



Report on Public Consultation undertaken to inform the new National Drugs Strategy

May 2017

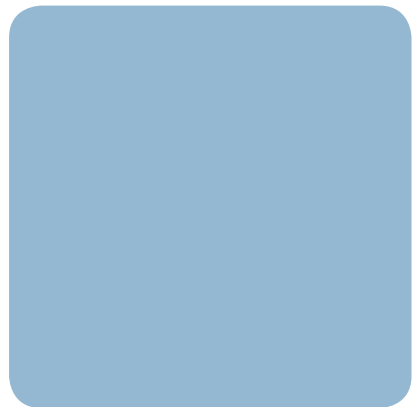


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Appendix B Public consultation questionnaires

Appendix C List of Organisations who made written submissions

GLOSSARY

Abbreviation	Term
AA	Alcoholics Anonymous
ARBI	Alcohol-Related Brain Injury
A&E	Accident and Emergency
BBV	Blood Borne Viruses
CAB	Criminal Assets Bureau
CDA Trust Ltd	Cavan and Monaghan Drug and Alcohol Service
CDATF	Clondalkin Drugs and Alcohol Task Force
CE	Community Employment
CHO	Community Healthcare Organisation
CRA	Community Reinforcement Approach
CSPE	Civic, Social & Political Education
DATF	Drug and Alcohol Task Force
DLR-DATF	Dun Laoghaire-Rathdown Drug and Alcohol Task Force
DPU	Drugs Policy Unit
DRHE	Dublin Region Homeless Executive
DRP	Drug Rehab Project
DTCB	The Drug Treatment Centre Board (formerly National Drugs Advisory and Treatment Centre)
DTC	Drug Treatment Court
D12DATF	Dublin 12 Drugs and Alcohol Task Force
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
FASD	Foetal Alcohol Spectrum Disorder
GAA	Gaelic Athletic Association
GHB	Gamma Hydroxybutyrate
GP	General Practitioner
HIQA	Health Information and Quality Authority
HNA	Holistic Needs Assessment
HPRA	Health Products Regulatory Agency
HRB	Health Research Board
ICGP	Irish College of General Practitioners
IMO	Irish Medical Organisation
IPU	Irish Pharmacy Union

ISPC	Irish Society for the Prevention of Cruelty to Children
KPI	Key Performance Indicator
LDATF	Local Drug and Alcohol Task Force
LGBT	Lesbian, Gay, Bisexual, and Transgender
LSD	Lysergic acid diethylamide
MDMA	methylenedioxy-methamphetamine
MQI	Merchants Quay Ireland
MSIC	Medically Supervised Injection Clinic
MSM	Men who have sex with men
MWRDAF	Mid-West Regional Drugs & Alcohol Forum
NACDA	National Advisory Committee on Drugs and Alcohol
NDS	National Drugs Strategy
NDRIC	National Drug Rehabilitation Implementation Committee
NSMS	National Substance Misuse Strategy
NEP	Needle Exchange Programme
NICDATF	North Inner City Drug and Alcohol Task Force
NPS	New Psychoactive Substances
NDTC	HSE National Drug Treatment Centre
NDTRS	National Drug Treatment Reporting System
NWRDATF	North West Regional Drug & Alcohol Task Force
OAD	Opioid analgesic dependence
OST	Opioid substitution treatment
PASS	Pathway Accommodation and Support System
PHCP	Primary Healthcare Project
PSI	Pharmaceutical Society of Ireland
RDATF	Regional Drug Task Force
RSA	Road Safety Authority
SPHE	Social, Personal & Health Education
SWANFSO	Swan Family Support Centre
WHO	World Health Organisation
YPFSF	Young People's Facilities and Services Fund

EXECUTIVE SUMMARY

Drugs misuse is a complex and constantly changing issue that has an impact on individuals, families and communities across Ireland. Ireland has a National Drugs Strategy which sets out Government policy on tackling the drugs problem in Ireland. It is an integrated public health approach to substance misuse, that is, the harmful or hazardous use of psychoactive substances, including alcohol and illegal drugs. It involves a range of Government departments and agencies, in partnership with the community and voluntary sectors and the Drugs Policy Unit of the Department of Health.

The current strategy needs to be updated and replaced with a new National Drugs Strategy for 2017 onwards. In 2015 a steering committee was established to provide guidance and advice in the development of the new strategy involving representatives from the statutory, community and voluntary sectors.

As drugs misuse is such an important issue that is relevant to everybody in Ireland, in cities, towns and rural areas, the Department of Health held a six week public consultation in August / September 2016 to ask the public for their views and feedback on the existing strategy and what issues were important to consider in the new Strategy. This public consultation process is one of a number of important contributions towards the development of a new National Drugs Strategy. Everybody from our society, including parents and young people, community groups, people who use drugs and drugs services, and service providers, was invited and encouraged to provide their views.

The Minister of State for Communities and the National Drugs Strategy, Ms. Catherine Byrne, T.D., launched the public consultation at a high profile press conference in Dublin in August 2016. National newspaper and radio news coverage and social media coverage of the event ensured that there was strong public awareness of the consultation that resulted in queries and submissions being made from the very start.

People could provide their feedback on the phone, by email, by post, through a questionnaire on the Department's website and at six regional events, in Carrick-on-Shannon, Cork, Dublin, Galway, Kilkenny and Limerick. A separate event and questionnaire was developed for young people to ensure that everybody who would be affected by the new National Drugs Strategy had the opportunity to inform and shape it.

Summary of Feedback

Nearly 3,000 individuals and organisations from across Ireland provided feedback to this public consultation. As well as young people, parents and members of our communities feedback was also provided by Drugs Task Forces from rural and urban areas throughout the country, as well as those providing treatment, counselling and support services to people who use drugs and their families, voluntary organisations working with the unemployed and homeless people, addiction counsellors, primary care professionals, political parties and elected representatives.

It is important to note that this was a voluntary public consultation process that the entire population could choose to participate in, rather than a quantitative research project among a representative sample of the population. Responses to the questionnaire, which was strongly promoted to the general public in media, was high, but the majority of respondents chose not to answer questions regarding their age or background including whether they were a professional, service user, individual or the family / carer of a person who uses drugs. This has no bearing on the outcome of the consultation as it was not a quantitative process.

The consultation report summarises the views received, and these views are opinions from our broad society. A vast amount of issues were raised and this report should be read in its entirety to fully understand the breadth and extent of the many views and feedback provided.

The following is a summary of the key issues raised repeatedly by respondents.

There was an overwhelming response calling for Alcohol and Ireland's drink culture to be included in the Strategy from respondents across all sectors and backgrounds. This included calls for Alcohol to be recognised as a major drugs issue in Ireland, particularly among younger people. There were also calls, on a lesser scale, for other addictive substances such as gambling, tobacco and caffeine to be considered within the strategy.

Another strong and repeated theme across all submissions was that drugs are not just a city or urban issue but are available throughout Ireland in small towns and villages and rural areas. In this regard, responses from individuals, service users and professionals emphasised the need for greater access to information, treatment and rehabilitation services for people in every part of the country and also for supply and the widespread availability of drugs to be tackled throughout Ireland.

Education featured prominently in views received and the view of many was that the "war on drugs" has been ineffective; and that education programmes should be factual and evidence based. A large number of questionnaire respondents stated that education should begin in primary school (around age 10 was the most prominent suggestion); and many service users felt education should be provided to children age 6-11 with factual information about the effects of drugs (both legal and illegal).

Many submissions and questionnaire respondents felt that cannabis/marijuana should be legalised for medical use, available by prescription for same and its potential medical benefits were cited frequently in questionnaire responses.

Another recurring theme that came up in feedback through the questionnaires was that more education and public awareness campaigns are needed for prevention and treatment, including the need for information to be provided through schools, parents, communities, television, internet, advertisements, talks / open days, social media and mobile phone apps. People who use drugs also called for more information campaigns to contribute towards prevention of drug misuse and for more information on treatment / rehabilitation to be made available and accessible.

A recurring theme in submissions from professionals and the public said we need to change the negative attitude or stigma towards people who use drugs because they should not be treated like criminals and that drug misuse should be a medical and health issue rather than a criminal issue.

Many people who use drugs said they are subjected to debt intimidation and violence and cited the loss of self respect in addiction and the shame and stigma that goes with it. Many service users said they wanted to feel the values of respect, compassion, and a sense of choice at the heart of services provided to them, as well as wanting to have a say in their treatment options..

Among service users themselves as well as organisations representing their interests, a recurring theme was the need for more treatment and rehabilitation to be made more available overall; that there should be better access to treatment and rehabilitation no matter where people live in Ireland or what their background is; and that there is a need for more treatment and rehabilitation services for specific groups including for under 18s, women and mothers, prisoners, Travellers and homeless

people, for example. Many people cited having to travel large distances to access their service supports or treatments.

Many respondents across all sectors felt that the term “illicit” is problematic and that “harmful” drugs may be a better term to focus on - many pointed out alcohol and tobacco as “legal substances” yet causing significant harm. Demand is what drives availability according to some, and the reasons for demand need to be tackled.

Mental Health and Dual Diagnosis, was a recurring and major theme throughout the consultation feedback. Views included a substantial number of people stating there were significant blocks in the system currently for people who have both a mental health and addiction issue. There were significant problems noted in gaining access to addiction services for those with mental health problems, and vice versa. The connection between addiction and mental health difficulties was a recurring theme among respondents from all aspects of society. This included that the current services are separate and that there is need for both issues to be treated together. There were calls for increased training for frontline staff in dual diagnosis issues; and a need for there to be services with the capacity to treat the person as a whole.

A substantial number of respondents called for alternatives to Methadone to be made available.

There was also extensive feedback from professionals and organisations working with people who use drugs that misuse of prescription medication is widespread; recreational drug use is widespread including using performance enhancing drugs for sport, clubbing, sex and other activities. The use of multiple drugs (polydrug use) is now the norm in Ireland. These respondents also called for greater co-ordination and communication between statutory, community and voluntary services and raised the need for more funding as a recurring issue. There were also a number of calls for an increase in the establishment and/or development of quality standards across the existing pillars of the strategy.

Another recurring theme among many professionals and service users alike was that mental health, poverty, housing, employment and education are all part of the drugs issue and should be dealt with as part of a holistic approach.

There was a significant number of calls for services for children to be improved, including safeguarding for young people whose families/caregivers are affected by addiction (both in terms of developing support services for children affected by addiction, implementing Children’s First guidelines, and “childproofing” existing policies in the area of addiction services).

Most young people who responded to the Youth Questionnaire called for increased, better and more factual education to be provided. Many young people cited there is a need for more information and an overriding theme was that obtaining drugs and alcohol is not difficult for young people. A majority of respondents believed that consumption of drugs was bad or unnecessary. Feedback from the youth questionnaire is reported separately in Chapter 9.

Respondents to the questionnaire, as well as professionals, called for research to inform how we prevent and treat drug misuse. Many respondents said research should inform other parts of the strategy and there were suggestions that we should have a centre of excellence for research in substance misuse attached to third level institutions.

There was extensive feedback from many respondents - service users, professionals and individuals - that the family and the community are key to awareness, prevention and treatment. Respondents also called for families to be given greater supports in order to cope with a family member with addiction issues, and for their voice to be more included in both policy and service development.

Structure of this Report

Detailed feedback is provided in this report as follows:

Chapter(s)	Title	Content
1	Introduction	Overview of the structure of the NDS including the steering committee.
2	Public Consultation	Detail of the six-week public consultation process that was carried out between in 2016.
3 - 9	Feedback and Views Received	Presentation of the views that were received during the public consultation.
10	Next Steps	Information on the next steps to be undertaken by the Department of Health.

This report is being provided to the National Drugs Strategy Steering Committee to inform its Members and relevant feedback will be considered by the Committee when preparing the new National Drugs Strategy for 2017 onwards. Further details on the development of the new National Drugs Strategy will be announced by the Department of Health in due course.

1 INTRODUCTION

RPS Project Communications (part of RPS Group) was commissioned by the Department of Health to undertake a public consultation process to inform the development of the new National Drugs Strategy for 2017 onwards.

This public consultation report has been prepared to document the process of consultation undertaken, the level of participation that took place and to present the output of the process.

By means of providing a context for this consultation report, this chapter first sets out some background information as follows:

- The existing National Drugs Strategy (2009 – 2016);
- Roles of those involved in the development of the new National Drugs Strategy;
- The role and purpose of public consultation (including an outline of the chapters to follow in this consultation report).

In the context of legal obligations in respect of data protection, as required under the Data Protection Acts 1998 and 2003, the personal details of participants, and the submissions that they have made to the public consultation process, have not been published.

1.1 EXISTING NATIONAL DRUGS STRATEGY

The existing National Drugs Strategy (2009 – 2016) is a cross cutting area of public policy and service delivery which brings together Government departments, agencies and the community and voluntary sectors to provide a collective response to tackling the drugs problem.

The overall objective of the existing strategy is to tackle the harm caused to individuals and society by the misuse of drugs in Ireland through the five pillars of:

- Supply reduction;
- Prevention;
- Treatment;
- Rehabilitation; and
- Research.

The strategic aims of the National Drugs Strategy included the creation of a safer society through reduction of supply and availability of drugs for illicit use, minimisation of problem drug use in society, the provision of appropriate and timely treatment and rehabilitation services tailored to individual needs, the availability of accurate, timely, relevant data on the nature and extent of problem substance use in Ireland, and to have an effective framework in place for implementing the National Drugs Strategy (2009-2016). The National Drugs Strategy (2009-2016) Steering Group developed 63 actions that were designed to drive the implementation of the strategy. These actions are based on the five pillars.

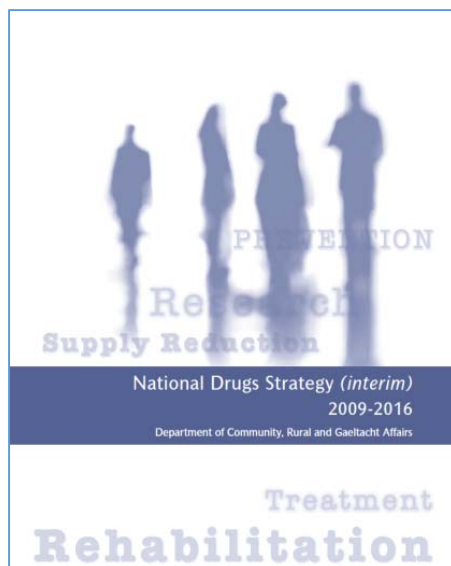


Image 1.1 – National Drugs Strategy (interim) 2009 – 2016.

Further information on the existing National Drugs Strategy, including a link to the complete strategy document, is available on the Department of Health’s website link: <http://health.gov.ie/healthy-ireland/national-drugs-strategy/>

1.2 ROLES

1.2.1 Minister of State for Communities and the National Drugs Strategy

The existing National Drugs Strategy is being led by the Minister of State for Communities and the National Drugs Strategy, Ms. Catherine Byrne, T.D., and involves a range of government departments and agencies, in partnership with the community and voluntary sectors. The Minister is supported in that role by the Drugs Policy Unit of the Department of Health.

1.2.2 National Drugs Strategy Steering Committee

In 2015 a steering committee was established to provide guidance and advice in the development of the new strategy. Mr. John Carr, former General Secretary of the Irish National Teachers Organisation (INTO), is the independent chair of the Steering Committee. The steering committee will advise the Minister on the new policy (to take effect from 2017 onwards). The committee comprises representatives from the statutory, community and voluntary sectors. Further details of the membership of this committee are provided in **Table 1.1**.

Table 1.1 – Membership of the National Drugs Strategy Steering Committee

Sector	Body
Statutory Sector	Department of Health
Statutory Sector	Health Service Executive
Statutory Sector	Department of Justice and Equality
Statutory Sector	An Garda Síochána
Statutory Sector	Department of Education and Skills
Statutory Sector	Department of Communications, Climate Action and Environment
Statutory Sector	Department of Children and Youth Affairs
Statutory Sector	Department of Social Protection
Statutory Sector	Health Research Board
Community Sector	Community Sector - represented by City Wide Drugs Crisis Campaign
Community Sector	National Family Support Network
Community Sector	UISCE – Union of Improved Services, Communication and Education
Voluntary Sector	Voluntary Sector - represented by the Voluntary Drug Treatment Network
Cross-sector Task Force network	Local Drug and Alcohol Task Force Chairs Network
Cross-sector Task Force network	Regional Drug and Alcohol Task Force Chairs Network
Cross-sector committee	National Advisory Committee on Drugs and Alcohol

1.2.3 Local and Regional Drug and Alcohol Task Forces (LDATFs)

The role of the Local and Regional Drug and Alcohol Task Forces (LDATFs) is to assess the nature and extent of the drug problem in their areas, and co-ordinate action at a local level so that there is a targeted response to the drug problem in local communities.

They coordinate the implementation of the NDS in the context of the needs of the local/regional areas. Drug and Alcohol Task Forces (TFs) comprise representatives from a range of relevant agencies, such as the Health Service Executive (HSE), An Garda Síochána, the Probation and Welfare Service, Education and Training Boards, Local Authorities, the Youth Service, as well as elected public representatives and voluntary and community sector representatives.

There are ten Regional Drug Task Forces (RDATFs) and 14 Local Drug and Alcohol Task Forces (LDATFs). The complete list of these TFs is provided in **Table 1.2**.

Table 1.2 – Details of Regional and Local Drug and Alcohol Task Forces

Task Force	Area Covered
East Coast RDATEF	East Wicklow
Midland RDATEF	Laois, Longford, Offaly and Westmeath
Mid-Western MWRDAF	Clare, Limerick, Limerick City and Tipperary North Riding
North Dublin RDATEF	North Dublin City and Fingal
North Eastern RDATEF	East Cavan, Louth, Meath and Monaghan
North Western RDATEF	Donegal, Leitrim, Sligo and West Cavan
Southern RDATEF	Cork and Kerry
South Eastern RDATEF	Carlow, Kilkenny, Tipperary SR, Waterford and Wexford
South Western RDATEF	South & West Dublin City, South County Dublin, Kildare and West Wicklow
Western RDATEF	Galway, Mayo and Roscommon
Ballyfermot LDATF	Ballyfermot
Ballymun LDATF	Ballymun
Blanchardstown LDATF	Blanchardstown
Bray LDATF	Bray
Canal Communities LDATF	Bluebell, Inchicore and Rialto
Clondalkin LDATF	Clondalkin
Cork City LDATF	Cork City
Dublin 12 LDATF	Crumlin, Drimnagh, Kimmage and Walkinstown
Dublin North East LDATF	Coolock, Darndale, Donnycarney, Artane and Killbarrack
Dun Laoghaire Rathdown LDATF Southside Partnership	Dun Laoghaire Rathdown
Finglas/Cabra LDATF	Finglas and Cabra
North Inner City LDATF	Dublin 1, 3 & 7 (part)
South Inner City LDATF	Ringsend, Dublin 2 & 8
Tallaght Local Drug and Alcohol Task Force c/o Dodder Valley Partnership	Tallaght and Whitechurch

1.3 DEVELOPMENT OF THE NEW NATIONAL DRUGS STRATEGY

The National Drugs Strategy Steering Committee will advise the Minister on a new strategy with a view to developing an integrated public health approach to substance misuse, which is defined as the harmful or hazardous use of psychoactive substances, including alcohol and illegal drugs.

1.3.1 Public Consultation

As part of the development of the new National Drugs Strategy from 2017 onwards, the Department of Health undertook a public consultation in autumn 2016 to gather the views of the public, stakeholders, community and voluntary organisations. The six-week public consultation served to provide people with an opportunity to participate in the development of the new strategy and to provide their views on drugs issues in Ireland to help inform the new strategy.

Figure 1.1 below illustrates those involved with the development of the new strategy. The public consultation sits within the development of the new strategy because relevant feedback received will be considered by the National Drugs Strategy Steering Committee in the context of framing it.

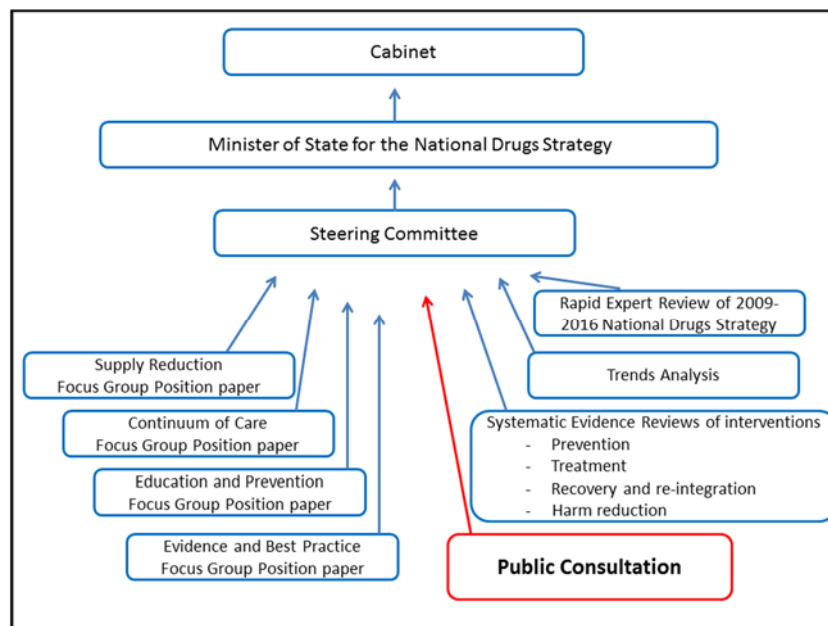


Figure 1.1 – Process for the Development of the New National Drugs Strategy for 2017 Onwards

2 PUBLIC CONSULTATION PROCESS

2.1 OVERVIEW

A public consultation was held during the six weeks from 6th September to 18th October 2016.

This non-statutory public consultation was undertaken by the Department of Health to help inform the development of a new NDS.

As a voluntary process, there was no defined or prescribed parameters regarding from whom or where feedback would be sought, i.e. it did not survey a defined representative sample of the population. Rather, it was an open and voluntary process that invited, encouraged and welcomed views from all; everybody who wanted to participate had the opportunity to do so.

The public consultation was publicised by the Department to invite and encourage participation from everybody, including members of the public of all ages, service users, their families and carers, professionals and organisations. In the same spirit, a number of methods were provided to make the process accessible, including a dedicated lo-call telephone number, email, post, a questionnaire in a number of languages, a youth questionnaire and roundtable events.

The following chapters of this report present a summary of the views that have been received through the public consultation, i.e. via the questionnaires, events, phone line, post and email. As such, these views do not necessarily represent the views of the Department of Health.

All feedback received was reviewed and reported. This Report provides a summary of raw data organised into themes. A range of views are contained within it, ranging from average to extreme.

As this was not a quantitative research gathering exercise, the number of people / organisations who raised issues is not indicated when reporting feedback. Likewise, the age or background of respondents was not a requirement of the process but some respondents chose to provide that information.

We apologise for any offence that may be caused as a result of repeating feedback in the language it was provided via submissions and questionnaires and advise that such language is not that of the Department of Health.

There will be feedback that may be factually inaccurate, however the purpose of the public consultation was to ask for views and record what was received. It is important to note that views expressed, including statistics, are reported as provided in feedback to the consultation, and that these may not necessarily be factual.

Some submissions were longer and / or contained more issues or details than others. Reference to some organisations' feedback may therefore be lengthier or more prevalent than others and this is merely in order to reflect an accurate summary of the issues they raised. On the other hand, feedback on issues has not always been attributed to the organisations who provided that feedback, nor has reference been made to individuals. It is important to note that many of the views expressed were shared by a number of respondents and where an additional specific point/elaboration/issue was identified, this has been attributed to the organisation.

Where there is overlap or repetition of feedback and views on particular issues, these may not be repeated but have been presented in the most appropriate section within the report.

For the purposes of this feedback report, a full bibliography is not included. Core texts, publications, and/or programmes referred to within the submissions are located in the original submissions which the Department retains for future reference in line with Data Protection requirements.

In the context of legal obligations in respect of data protection, as required under the Data Protection Acts 1998 and 2003, the personal details of participants, and the submissions that they have made to the public consultation process, have not been published.

The Department of Health acknowledges that there were a number of submissions seeking / calling for additional funding for services and facilities.

2.2 PUBLIC CONSULTATION OBJECTIVES

The purpose of the public consultation was to engage with the public, service users, families, communities and organisations from our society to obtain their views on the drugs issue in Ireland to help inform the new National Drugs Strategy.

Specifically, the public consultation sought to obtain views from the public on:

- The existing National Drugs Strategy (NDS) 2009 - 2016 policy document where views were sought under each of the existing five pillars:
 1. Supply Reduction;
 2. Prevention;
 3. Treatment;
 4. Rehabilitation; and
 5. Research.
- The key issues that the Department of Health should consider in the development of the new National Drugs Strategy;
- Views on the roles involved in the management of the drugs issue in Ireland; and
- Views on emerging trends about drugs misuse in Ireland.

2.3 PROMOTION OF THE PUBLIC CONSULTATION

A range of communications and engagement tools was employed to both promote the consultation itself, and to gather views from the public. Maximising opportunities for public participation and building awareness of the consultation were key to ensuring an inclusive and robust process.

The public consultation was thus promoted extensively through national, local and online / social media, as well as through direct contact with elected public representatives and other stakeholders, to ensure widespread awareness of the opportunities to participate.

Key components employed to promote the public consultation throughout the six-week period were:

- Ministerial launch to generate national, local and online media coverage;

- Dedicated web page hosted on the Department of Health website that provided details of the public consultation (including a link to the public consultation questionnaire);
- Advertisements in national press;
- Social media engagement via Department of Health and Healthy Ireland social media accounts; and
- Direct mail to elected representatives and stakeholder groups.

Copies of press releases, examples of advertisements issued and samples of email issued to public representatives are all contained in **Appendix A**.

2.3.1 Launch and Announcement of the Public Consultation

The public consultation was launched by Minister of State for Communities and the National Drugs Strategy, Ms. Catherine Byrne T.D, on 6th September 2016 in St. Andrew's Resource Centre, Pearse Street, Dublin 2.

The purpose of the launch event was to build a profile for the public consultation and to publicise the ways in which the public and interested bodies could participate. Members of local community and voluntary groups, organisations and drug and alcohol TFs were invited, as well as national media.

The Minister provided details of the consultation questionnaire, phone line, regional events, postal and email address that would operate throughout the six-week consultation period.

The event was chaired by Cllr. Dermot Lacey, Chairperson of the South Inner City Local Drugs Task Force and was addressed by the following:

- The Minister of State for Communities and the National Drugs Strategy, Ms. Catherine Byrne T.D. who gave the keynote address and launched the consultation;
- Mr. John Carr, Independent Chair of the National Drugs Strategy Steering Committee; and
- Mr. Philly McMahon, Dublin Gaelic Athletic Association (GAA) Footballer and Advocate.

Each of the speakers addresses were filmed by Drugs.ie who uploaded the videos of the event along with information about the consultation process to the link: http://www.drugs.ie/features/feature/public_consultation_on_the_new_national_drugs_strategy1. The videos were also posted on the dedicated public consultation page on the Department of Health's website and were publicised to participants who attended the regional consultation events.



Image 2.1 – Pictured at the Launch of the Public Consultation on the new National Drugs Strategy, 6th September 2016, were Minister of State for Communities and the National Drugs Strategy, Ms. Catherine Byrne T.D. with (L-R) Dr. Fiona Weldon, Clinical Psychologist, and Mr. Philly McMahon, Dublin GAA Footballer and Advocate.

2.3.2 Engagement with Media

Press releases were issued by the Department of Health’s Press Office to national and regional media organisations to generate press, radio and online media coverage at the launch stage and during the consultation in order to:

- promote the six-week public consultation period;
- encourage participation;
- promote awareness of the methods by which people could participate; and
- advise on channels for further information – website, phone line, email address; and
- remind people of the consultation dates and deadline for receipt of submissions.

The press releases were also published on the Department’s website. See **Appendix A** for copies of press releases issued.

2.3.3 Social Media

The launch of the public consultation was promoted on the Department of Health’s twitter accounts: [@roinnslaite](#) and [@HealthyIreland](#).

Tweets were published at the start of the public consultation and again during week five to remind the public of the pending deadline for receipt of submissions.

2.3.4 Advertising

A public consultation advertisement was placed in four national newspapers at the commencement of the public consultation period. The publication details of these advertisements are provided in **Table 2.1** and an example provided in **Appendix A** of this report.

Table 2.1 – Details of Advertisements Placed to Promote Awareness of the Public Consultation

Date	Title
09. 09.2016	The Irish Times
09. 09.2016	The Irish Independent
09. 09.2016	The Irish Examiner
09. 09.2016	The Star

2.3.5 Website

A dedicated page on the Department of Health’s website (www.health.gov.ie/drugs-strategy) hosted information about the public consultation and provided the following information:

- Background and context to the public consultation;
- Dates of the public consultation period;
- Information and details on how the public and interested parties could participate in the public consultation, including email address, phone line number, postal address questionnaire, regional events;
- Links to online and downloadable versions of the public consultation questionnaire (available in English, Irish, Spanish, Polish and Urdu);
- A link to the downloadable version of the existing National Drugs Strategy (2009 – 2016) document;
- Information on what is meant by the term “drugs” and the substances covered by the term;
- Other relevant documents and information including a downloadable version of the Rapid Expert Review of the National Drugs Strategy 2009-2016 (August 2016); and
- Link to online questionnaire.

The website was maintained and updated throughout the public consultation period and served as one source of information on the consultation process.

Videos of those who spoke at the launch of the public consultation on 6th September 2016 were also posted to the website.

2.3.6 Elected Representatives

All elected public representatives of the Oireachtas were issued information about the public consultation process via email, including the variety of opportunities to provide feedback, the timeframe of the consultation and details of the regional consultation events. Members were encouraged to share information on their websites, social media accounts and public information material (such as newsletter email circulars).

A sample copy of email issued is provided in **Appendix A**.

2.3.7 Other Stakeholder Groups

An invitation to attend one or more of the regional events, along with information about the public consultation process and wider opportunities to engage in it, was issued via email to a stakeholder mailing list that included the following:

- Statutory bodies and Government Departments;
- Community and voluntary groups and agencies;
- Local authorities (including public participation networks);
- Local and Regional Drug and Alcohol Task Forces (LDATFs);
- Service user representative groups;
- Enforcement and regulatory bodies;
- Business representative groups;
- Representative bodies of the following sectors (homeless, refugees/asylum seekers, Travellers, parents, children and young people, LGBT, sex workers; sports and recreation; entertainment and leisure; and
- Treatment and rehabilitation services.

2.4 PUBLIC PARTICIPATION METHODS

The Department employed several methods to facilitate an accessible public consultation, regardless of people's location, educational background, nationality or access to computers. This included a telephone line for oral submissions, email and postal address for written submissions, an online questionnaire (in several languages), separate youth questionnaire and regional events. All of these methods of engagement were extensively publicised, as outlined above.

2.4.1 Regional Consultation Events

As part of the consultation process, four regional public consultation events were announced at the commencement of the public consultation on 6th September 2016 (Dublin, Limerick, Cork, and Carrick on Shannon). In response to requests for additional events at the outset of the public consultation, a further two events were added by the Department of Health (Kilkenny and Galway).

The objective of the regional events was to:

- Reach out and engage with representative groups from the community and voluntary sectors;
- Provide information to participants on the existing strategy and timeline around the production of the new strategy;
- Provide information on the public consultation process and the variety of ways in which the public participate in the public consultation;
- Obtain the views/feedback from the participants from a sample selection of questions drawn from the public consultation questionnaire;
- Facilitate interactive and informal discussion of a sample of the questions from the consultation questionnaire;
- Invite and encourage participants to discuss the event with their friends, families, community, organisation and/or colleagues with the view to making a considered submission to the public consultation process; and
- Encourage participants to disseminate information about the public consultation process with their networks and contacts.

2.4.1.1 Speakers

Minister Byrne attended each of the regional events and delivered an opening address to participants.

Mr. John Carr, Independent Chair of the National Drugs Strategy Steering Committee chaired each event.

Senior personnel from the Department's Drugs Policy Unit (DPU) presented at each of the events and provided information on the following:

- Content and overview of the existing National Drugs Strategy (2009 – 2016);
- An overview on how the drugs situation in Ireland has changed since 2009;
- Details of what the Rapid Expert Review panel had reported on the existing strategy; and
- Information on how the new strategy would be developed.

A number of guest speakers addressed these events, including service users who spoke of their personal experience. **(Refer to Table 2.2)**

2.4.1.2 Gathering feedback

There were opportunities for interactive discussion on the existing strategy and on issues that participants thought important to inform the new strategy, including between the Minister, Drugs Policy Unit (DPU), guest speakers and participants.

At each event, participants worked in groups to discuss questions from the consultation questionnaire, facilitated by a nominated note-taker and a person to present the views from each table. Subsequently each table's spokesperson presented the participants' views and feedback.

The feedback was reviewed as part of the evaluation process and presented in **Chapters 3 - 9** of this report.

Table 2.2 – Details of the Dates, Locations and Guest Speakers for the Regional Public Consultation Events

Regional Event	Date & Time	Venue	Guest Speaker(s)
1	12 th September 2016: 2pm – 5pm	The Landmark Hotel, Carrick on Shannon, Co. Leitrim	Garda Drugs and Organised Crime Bureau
2	14 th September 2016: 2pm – 5pm	The Limerick Strand Hotel, Limerick	2 Service Users, from Aiséirí Céim Eile and Talbot Grove
3	15 th September 2016: 2pm – 5pm	The Metropole Hotel, Cork	2 Service Users from Aiséirí and Talbot Grove
4	19 th September 2016: 2pm – 5pm	O'Callaghan Alexander Hotel, Dublin	Senator Lynn Ruane 3 Service Users including one from Aiséirí Aislínn
5	30 th September 2016: 2pm – 5pm	Kilkenny Ormonde Hotel, Kilkenny	Senator Frances Black
6	3 rd October 2016: 11am – 3pm	The Ardilaun Hotel, Galway	Garda Drugs and Organised Crime Bureau

2.4.2 Public Consultation Questionnaire

A public consultation questionnaire was developed. Copies of the questionnaire were available at each of the six regional events and were available to fill-in online or download a hard copy from the Department of Health's dedicated website page. In addition, copies of the questionnaire were available on request via the phone line, email and postal service.

The English language questionnaire is provided in **Appendix B**.

2.4.3 Dedicated phone line

A dedicated lo-call phone line number (1890 10 10 53) operated between 9am and 5pm throughout the six-week public consultation timeframe. It served as a means for the public and interested parties to obtain information about the public consultation process and/or to provide their views and feedback verbally.

The phone line number was listed in the public advertisements, website page, and public consultation questionnaire and information distributed in the electronic mail-outs.

2.4.4 Surface mail address

A dedicated postal address operated throughout the six-week consultation period to accept written submissions and/or receipt of completed public consultation questionnaires. The postal address of the public consultation was:

National Drugs Strategy, PO Box 12778, Glenageary, Co. Dublin.

2.4.5 Electronic mail address

A dedicated email address, yourviews@drugsstrategy.ie, was provided to manage invitations to the regional events, facilitate enquiries about the consultation process, and to receive written submissions and completed public consultation questionnaires throughout the six-week consultation period.

2.4.6 Youth Questionnaire

A specific public consultation questionnaire was developed to obtain the views of young people on the existing National Drugs Strategy. The questionnaire was circulated by The Department of Children and Youth Affairs to the 31 branches of Comhairle na nÓg, local councils for children and young people aged 12-17, to provide them with a voice on the development of local policies and services.

The youth questionnaire circulated to Comhairle na nÓg is provided in **Appendix B**.

2.5 LEVEL OF PARTICIPATION

A breakdown of the level of participation, including the number of questionnaires and submissions received, is provided in **Table 2.3**. Organisations that made a written submission are listed in **Appendix C**.

Table 2.3 – Summary of feedback received during the six-week period of public consultation on the existing National Drugs Strategy

Consultation Channel	Feedback Received
Consultation Questionnaires	2,115
• Online	1,730
• via Post	363
• Email	9
• Phone	1
• Regional Events	13
Youth Questionnaires	265
Feedback/Submissions received via email	177
Feedback/Submissions received via post	26
Feedback/Submissions received via phone line	7
Video submission	1
Regional Events (Total Attendance – Breakdown provided below)	363
• Carrick on Shannon – 12 th September 2016	41
• Limerick – 14 th September 2016	47
• Cork – 15 th September 2016	51
• Dublin - 19 th September 2016	121
• Galway – 30 th September 2016	23
• Kilkenny - 3 rd October 2016	80 (approx.)*
Total submissions received (including views received at consultation events)	2,954 (approx.)

* Number is approximate and based upon head count of those participating at the event.

2.5.1 Who Responded to the Questionnaire

As this was not quantitative market research there was no requirement to gather data about age or background. Respondents were provided with the option to provide such information if they chose. The following categories were listed towards the end of the questionnaire and respondents could check the box beside more than one to indicate what age / backgrounds they came from, if they wished.

1. Individual
2. Young Person (a) Under 18
3. Young person (b) 18-25
4. Service User
5. Professional
6. On behalf of an organisation
7. Carer
8. Other, please state

The majority – more than half - of respondents chose to not indicate their background or age. Of those who did indicate their age or background some indicated belonging to two or more categories. The following chart summarises information that was provided voluntarily by respondents. The provision or not of this information by respondents has no bearing on the outcome of the public consultation process and is provided for the purpose of ensuring that information provided by respondents is reported on.

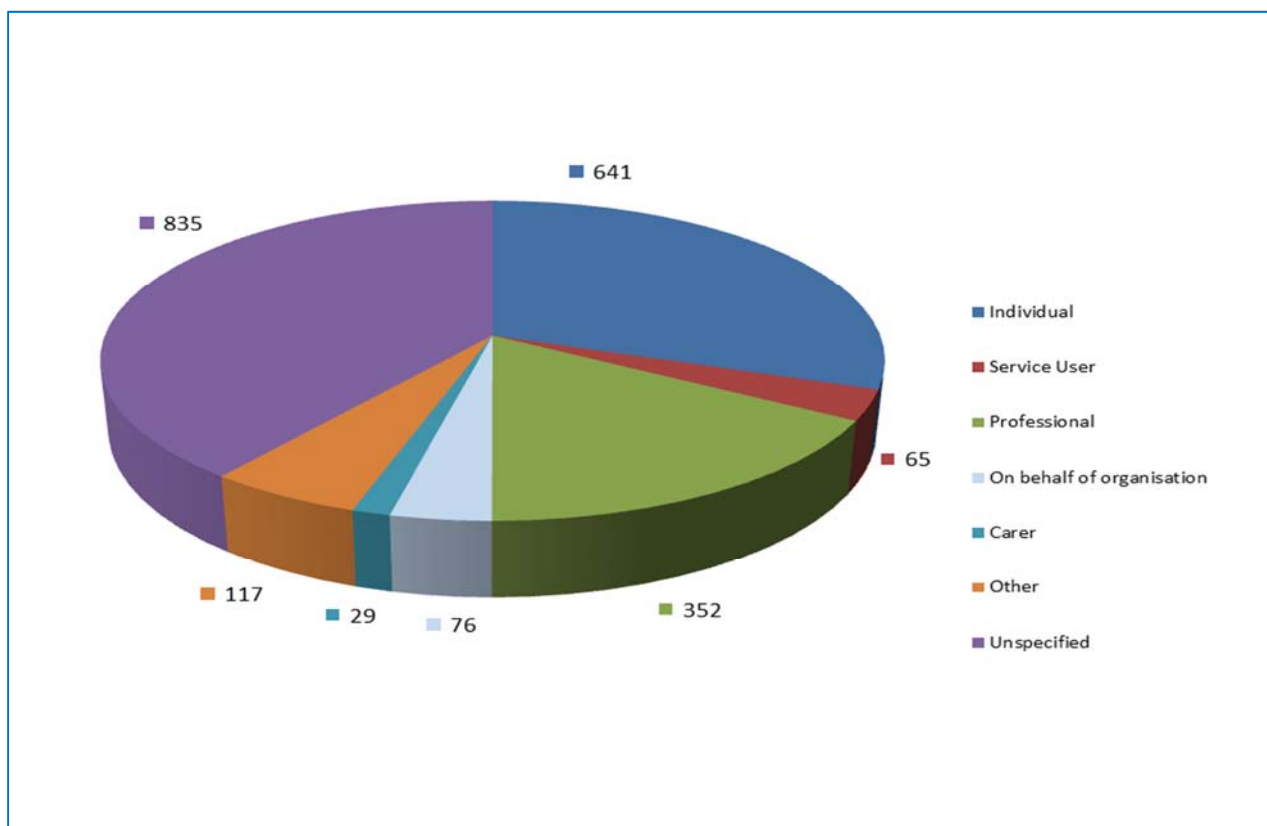


Figure 2-1: Summary of responses to optional question on Respondents' Background

3 FEEDBACK ON STRUCTURE AND CONTENT OF THE NATIONAL DRUGS STRATEGY

3.1 NATIONAL DRUGS STRATEGY 2009-2016

The public consultation asked if people were aware of the National Drugs Strategy 2009 – 2016 and for their views on it. The following views were received on its structure and content and important issues to be considered in the new National Drugs Strategy.

For those who were not aware of the strategy, the consultation asked what they felt to be the important issues for consideration and what drugs they consider to be the most harmful in their community. 73% of those who submitted views using the consultation questionnaire indicated either that they did not know there was a drugs strategy, or had very limited knowledge of what it contained; while the remaining 27% were aware of the strategy.

Views received from those who advised they were aware of the existing strategy were both positive and negative. Many were of the view that the strategy was broad ranging, comprehensive and focussed, and has highlighted Ireland's drugs issues and maintained it on the national agenda. The implementation of the National Drugs Rehabilitation Framework (NDRF) was considered by many respondents to have been a success.

There was a recurring view that the strategy is underfunded with many calling for funding levels to be restored to 2008 levels. Some were of the opinion that it contains good strategic planning and had made very positive progress but, despite its robust structure, was constrained by budget cuts during the recession. Some felt there had been a lack of governance to implement the strategy, that it had not been actively implemented. Many felt there are issues with voluntary agencies, in some cases, competing with each other for funding and referred to how the UK had encouraged voluntary agencies to form partnerships and then to apply for funding.

Alcohol featured prominently in views received where it was considered by some that alcohol was mentioned rather than being meaningfully included. The inclusion of alcohol was welcomed but many said it was of little use without the allocation of additional resources.

St. Patrick's Mental Health Service's submission noted that a key strength of the current National Drugs Strategy (2009-2016) has been the bringing together of departments, agencies and the community and voluntary sectors to develop a collective response to tackling the drugs problem. Interagency working and a more cohesive working approach for the strategy was considered necessary in some submissions. Some felt that establishment of the Health Service Executive (HSE) as the lead agency was not effective with some of the view that they are responsible for areas of the NDS that they cannot deliver on. It was felt that there was not enough synergy and inter-departmental working with other Government departments and calls for this to be addressed going forward.

Many felt the existing strategy actions require to be identified and re-visited and implemented. Many felt the strategy was well assembled in terms of content and is largely consistent with other EU strategies and action plans of many other member states. Some felt the strategy was a useful tool when planning work and they considered it had informed the direction of the work required and provide clarity about who should be doing the work. There was a view that the strategy is promoting the right ideals by restricting supply of illicit drugs and promoting criminalisation of usage.

Some thought the current strategy was strong in some areas while weaker in others, misguided or misinformed in places or too problem focussed and reactionary. In terms of analysis and evaluation, many felt that the strategy lacked mechanisms to evaluate or measure its effectiveness and/or progress. Some views referred to the key performance indicators (KPIs) and considered they were not measurable and that too many KPIs were directed at services with not enough support in place. Others asked for evidence and/or reports to demonstrate where the drugs strategy has been effective and to build upon progress identified in the new strategy. Some questioned the usefulness of the KPIs and felt there was no fall back where KPIs were not achieved. Submissions on homelessness and poverty included that the existing strategy had included only a solitary reference to poverty.

Many of the views of those who were aware of the drugs strategy stated that there is not enough public awareness of the policy and that more public input is required. Some added that its progress and/or effectiveness had not been publicly communicated.

Young people featured in much of the views received and it was felt the strategy overall was good but was light on provisions for under 18s and there were calls for the new strategy to link in with related strategies of other Government departments including the Department of Children and Youth Affairs (DCYA). Similarly many felt that there was little included in the existing strategy about the impact of addiction and substance misuse on the family and children. There was feedback that the current strategy includes the Lesbian, Gay, Bi-sexual, and Transgender (LGBT) community as “at risk” but called for wider consideration of this group, particularly as the group is not homogenous.

It was widely felt that the timeframe of the existing strategy is too long. Some felt it needs to be reviewed annually while others considered it needs to be looked at up to every five years. It was thought by many that the drugs strategy should have scope for improvement and/or flexibility and to respond to changing need or trends. Some felt the existing strategy had placed too much emphasis on heroin and had not considered other drugs (including new and/or synthetic drugs).

Another respondent felt that the NDS has served Ireland well, saying it has maintained a specific public policy focus on problem drug use even in the face of the economic shock in recent years; and has helped to ensure that the problem of drug use does not fall off the political agenda completely.

Alternate views suggested that

- The drugs trade is being helped by the strategy which it was felt is hindering recovery of “addicts” by not engaging with drug use in Ireland on a realistic or consistent level.
- Some were of the view that the strategy of prohibition has not been effective and called for this to be examined in the new strategy.
- There were recurring references to the issues of criminalisation and decriminalisation or legalisation of drugs.
- Some expressed a stronger view which considered the existing strategy has failed and does not understand the needs of people.
- It was also thought that the current strategy does not allow for personal responsibility to be applied to those who choose to take drugs / alcohol.
- It was said by some that the existing strategy is over reliant on “saying no”, instead of preventing harm, responsible usage and/or harm reduction. One view considered the current strategy appears to primarily target service users, or those in need of addiction services; those who try and offer services to "recreational drug users" are often considered enablers of criminal activities and that this is exacerbated by the multiple government departments involved (Health, Justice and in some cases Environment (event licencing). By means of example, they said The Department of Health may be encouraging

harm reduction at events, however local Gardaí/Courts will use licensing laws to ensure these activities do not take place.

- It was felt by one independent counsellor that the current Irish State policy on drugs is directed almost solely on harm reduction, at the expense of tackling demand or prioritising education. Their view is that the attempts to liberalise Irish drug legislation, the proposed supervised injecting rooms, continuation of the Methadone programme, etc., all have the common feature of normalising drug use. In their view, the policies of the drugs strategy have not failed but instead have not been allowed to progress fully due to lack of sufficient resourcing and funding.
- Some felt the strategy is out-dated and is not reflective of the current and emerging drugs culture in Ireland. There was a view that the strategy is too fragmented, unreflective of the drugs issues in Ireland and has become increasingly less effective due to the changing nature of addiction.
- Others were of the view that the strategy was a copy of the 2001-2008 strategy while it was also suggested that it is a copy of UK policies.

3.1.1 Pillar Structure of the Existing Strategy

Overall it was felt by many that the pillar structure has been helpful in maintaining a focus on the complexity of the drug problem across statutory and community and voluntary sectors. Some felt the structure works well but that the strategy needs an implementation plan and more governance. Many considered the pillar format was well defined, addressed the issues and covered most aspects while some thought there was significant overlap between the pillars.

Some thought the division of this complex issue into the five pillars had allowed a clear focus on particular aspects of the problem while also highlighting cross pillar issues. Some thought many of the pillars were well meaning but were misguided in their execution.

There were some who thought the five pillar structure set different people involved in delivery of the strategy against each other with not enough emphasis on interagency work. Some felt it was effective for illicit drug use but is not effective for other drugs such as over the counter medicine or alcohol.

Many asked for there to be more emphasis on the pillars of treatment, rehabilitation and research in the new strategy. Some were of the view that although the supply reduction aspect is important that there should be more emphasis on prevention and rehabilitation. Many welcomed the separation of treatment and rehabilitation into two different pillars while conversely others thought it should be one pillar. Some felt treatment and rehabilitation pillars could benefit a lot by examining the Portuguese model. There was another suggestion that detoxification be included in the title of the treatment and rehabilitation pillar.

Many were of the view that rehabilitation should continue to be a pillar on its own, while other views provided were that the treatment and rehabilitation pillar should be removed and come under the banner of recovery. Canal Communities said there needs to be an explicit community pillar in the next National Drugs Strategy as the Drugs TFs came into being due to communities' requests for action to be taken on the issue in Ireland.

Many said that the drugs strategy needs to focus more on recovery and on the positive aspects of

Some felt that research is a weak pillar, not informing practice and had not been adhered to. It was said that research is by and large narrow based and is mostly confined to one organisation carrying out quantitative studies. Some were of the view that the research pillar has detached from the other

pillars. There was a recurring view that research be incorporated across each of the pillars; it was felt that research should more fully inform and drive the supply, treatment and prevention pillars.

Some considered that the new strategy needs to have a distinct pillar included for recovery to promote recovery as an option, as well as treatment and rehabilitation. There was a wide view that services must be responsive and focus on addressing individual needs in order to help recovery; a local elected representative said they had been contacted by a number of people in recovery who requested this be included in the new strategy. The NICDATF said that recovery should be fully integrated into the strategy as part of the continuum of care.

A recurring view called for more community involvement and for there to be a distinct community pillar in the new strategy. Canal Communities highlighted in a video submission their call for a community pillar and made their submission publicly available at: <https://youtu.be/CKCn1EQK1eE>. Its key message is that the communities most affected by the drugs crisis in our society need to be at the heart of the efforts intended to address the crisis.

Some were of the view that family support is needed across all pillars. Barnardos asked that there be a child and family pillar in the new strategy.

A significant number of views called for improved communication and co-ordination between pillars in the new strategy.

There was agreement by many on the views of the Rapid Expert Review Report (August 2016) which offered examples of key goals for the new strategy and considered the views of this report should be adopted in the new strategy.

Some were of the view that the complexity of the issues faced by people is evolving and that the pillars do not adequately provide for this. Some suggested that instead of pillars that the new strategy should focus on themes and examples received including: family support; community; community impact and crime; prevention and early intervention; emerging needs and continuum of care (to include treatment and rehabilitation); mental health; public education; harm reduction; treatment; and education.

Views that opposed the pillar format of the strategy considered it too conservative, not sufficiently specific or ineffective.

3.2 NEW NATIONAL DRUGS STRATEGY

Views received on what was important to be considered in the new strategy were wide ranging and encompassed all five of the existing pillars. The views have been incorporated into each of the following individual chapters on the pillars and key points are summarised in this section.

A key objective of the new National Drugs Strategy should be to reduce deaths from drug overdose, which are described in the National Drug-Related Deaths Index (NDRDI), it was stated by many respondents. It was claimed that Ireland currently has the third highest number of drug related deaths per capita in the European Union at 71 cases per million population, a figure three times that of the EU average of just over 19 cases per million population (*European Monitoring Centre for Drugs and Drug Addiction, European Drug Report 2016, Lisbon, 2016, p. 76.*). The Irish Medical Organisation (IMO) said a detailed and adequately funded plan to reduce drug-related harm and deaths must form part of a new National Drugs Strategy. The North Inner City Drugs and Alcohol Task Force (NICDATF) said that an emerging notable trend this year in their area is the anecdotal reporting of a significantly

high number of local drug related deaths, including overdoses and drug-related suicide; the high-profile murders occurring in the area are also drug-related. They are of the view that slow disclosure of full information relating to drug-related death (takes 2 years approx.) impedes rapid responses.

A recurring and prominent issue raised in feedback throughout the consultation was that the new strategy needs to take a broader and holistic approach and should consider the associated social and economic factors that can lead to substance misuse. Some views asked for other forms of addictions to be considered including pornography and gambling. Consideration of mental health and dual diagnosis issues featured prominently throughout the consultation in feedback from professionals and organisations representing service users. CityWide recommend reinstatement of the link between the new National Drugs Strategy (NDS) and the National Social Inclusion Policy and to integrate the NDS actions into a Social Inclusion Framework.

The Health Products Regulatory Agency (HPRA) considers that section 3 of the Rapid Expert Review Report (August 2016) of the existing NDS provides much useful information and guidance for the structure, content and management of the next strategy. The HPRA considers that a long-term vision and objectives with shorter-term strategies would give sufficient structure and direction while also allowing flexibility and responsiveness to changes in the environment. The National Drugs Treatment Centre (NDTC) said there is a need for an annual review of the new strategy in order to stay current.

There was a view that the new strategy should focus on existing provision instead of new innovative projects as it was considered that current provision needs to be resourced. There was another view that use of innovative interventions should be encouraged and both supported and researched more. Many suggested that Ireland should look at the policies of other countries and international models of best practice and referenced countries including Portugal, The Netherlands, Canada and Uruguay.

There was a recurring view that the drugs strategy needs to be evidence based, should look at all interventions, have increased focus and outreach on areas outside of Dublin and/or major urban centres.

3.2.1 Management and Roles for Driving the Strategy

The role of a dedicated minister to oversee the National Drugs Strategy was a welcome measure and a role that many called to be retained. It was felt that a minister with designated responsibility for the strategy and/or a committee to support the role is required to lead and ensure resources are available. Waterford and South Tipperary Community Youth Service proposes the appointment of a full time Junior Minister dedicated to the issues of substance misuse with a designated budget and full support of the Cabinet in holding all agencies and departments to account for implementation of the new National Drugs Strategy.

DLR-DATF recommended that a new alcohol and drugs advisory group be constituted under legislation as an independent State entity with a remit to advise Government on drug and alcohol related issues in Ireland, and on international developments, as they impinge on policy and other matters here. It was claimed that ongoing austerity programmes have had a significant impact on the NDS and at community level, not just through cuts to drugs budgets.

The NICDATF said there is a need for a coordinated national implementation body to oversee, evaluate, focus and refocus actions of the National Drugs Strategy, and a need for better-resourced regional and local implementation. This view was consistent with many others who raised this point during the consultation.

Some views called for Government to lead by example with some of the opinion that the Dáil bar should be removed, while others felt its operation should be reduced.

Simon Communities Ireland suggested that a post of National Policy Coordinator should be established to deliver national objectives and standards pertaining to primary care and community interventions for drug and alcohol use and their linkage to mental health services. It also suggested a specific action plan on overdose prevention with clear timelines and targets should be developed.

3.2.1.1 Stakeholder Involvement

Alcohol Action Ireland recommend establishing a stakeholder forum to oversee the implementation of the National Drugs Strategy and deal with issues as they arise, with representation at senior level from key organisations (e.g. Department of Health, HSE, Department of Justice) and encompassing representation from the wide range of stakeholders involved in the strategy (e.g. treatment and rehabilitation services, community and voluntary sectors). The North Inner City DATF (NICDATF) said there is a need to continue and improve engagement from all relevant stakeholders at the different levels of the National Drugs Strategy structures, with sufficiently high level of authority to make decisions.

It was said that the new strategy would be stronger if it pays attention to traveller strengths and uses them to address gaps. The Primary Health Care Project (PHCP) and Traveller Regional Drug and Alcohol network, supported by the MWRDAF, recommended that current structures continue to be utilised.

Trinity College's Student Union Lobby Group suggest consideration of the Union of Students of Ireland report which recommends the shift towards a drug policy model similar to that in existence in Portugal. This view was also the recommendation of the Oireachtas Joint Committee on Justice, Defence and Equality in 2015 after considerable consultation and deliberative processes (reference: Hoey, A. (2015). USI Drug Policy Review. [online] Union of Students Ireland. Available at: <http://usi.ie/wp-content/uploads/2015/08/USI-Drugs-Submission-2015.pdf>).

3.2.2 Harmful Drugs in the Community

When asked what people thought were the most harmful drugs in their community, there was a noticeable trend of references to alcohol, prescription medication and New Psychoactive Substances (NPS). Many considered alcohol to be the most harmful drug in Ireland and that there was a widespread issue of the lack of association between alcohol and the word "drug". There was a view that there is no drug more harmful than the next as the potential for increased personal and social harm is directly linked to recreational drug use no matter what the drug of choice is. It was widely felt that the word "drug" is more associated with harder drugs including cocaine and heroin and this in itself needs to be addressed.

Other drugs that also featured in drugs considered to be most harmful were:

- Amphetamines;
- Over the counter medication (including codeine);
- Opioids;
- Psychedelics;
- Synthetic drugs;

- Nicotine;
- Cannabinoids; and
- Steroids and image enhancing drugs (SIEDs).

Other views received were that it was not drugs alone that are harmful but that the issue needs to be considered alongside social issues such as poverty, homelessness, a lack of opportunities, boredom, stress and mental health issues. Some views felt that not all drugs are harmful but that the issue lies with lack of education about drugs, misinformation and/or excessive use of substances.

3.2.3 Inclusion of Alcohol in the Strategy

The national relationship with alcohol and its role as an initial addictive substance was regularly cited in consultation feedback. Constant exposure to alcohol consumption either through the media, in retail or in family activities brings normality to excess consumption of a dangerous substance, according to feedback from some respondents. There was a view among many that prevalence of alcohol in Irish daily life gives younger people the impression that it is acceptable and education on the topic needs to address this issue.

There were many calls for alcohol to be named, addressed and recognised as a major drugs issue in Ireland, particularly among the younger population. Feedback was received that alcohol be specifically named in the title of the new strategy and / or included as a key drug of use with a defined strategy, services, objectives and Key Performance Indicators (KPIs). A predominant and consistent view received was that alcohol must be specified in the title as National Drug and Alcohol Strategy. An alternative name suggested was the “*National Substance Misuse Strategy*”. Many referred to how they considered the alcohol industry to have an advantage over what they said, as they were less resourced/funded, pointing out that the remit of local drugs agencies and TFs had been extended to include alcohol without additional funding and resources being established.

In its submission, the Dental Health Foundation (DHF) advised that there is a considerable burden of disease from unhealthy lifestyle choices such as smoking and alcohol. The DHF welcomes the inclusion of alcohol in the strategy but recommends that tobacco should also be included.

There is extensive feedback regarding all aspects of Alcohol in relation to the NDS throughout the following Chapters of this report.

3.2.4 Funding and Resources

The issue of funding and resources for facilities and services was a significant recurring theme throughout the public consultation, including how it was felt that cuts in funding has impacted on services and how more funding and resources are needed to improve systems and services. Respondents called for greater investment in and funding of:

- Community based infrastructure and locally based services;
- Addiction Centres and services;
- Post addiction services;
- Drugs charity programmes;
- Education;
- Training;
- Health;
- Mental health services;

- Social Services;
- Rehabilitation;
- Housing;
- Job creation initiatives and apprenticeships; and
- Research.

3.2.5 Rural and Urban Issue

Another overwhelming / recurring theme across all submissions was that drugs are not just a city or urban issue but are available throughout Ireland in towns, villages and rural areas. In this regard, responses from individuals, service users and professionals emphasised the need for greater access to information, treatment and rehabilitation services for people in every part of the country. Many people cited having to travel large distances to access their service supports or treatments. Feedback in this regard also called for supply and the widespread availability of drugs to be tackled throughout Ireland.

3.2.6 Poverty and Homelessness

COPE advised of a growth in heroin use among the adult homeless population over the past two years most notably among single people. It added that abuse of benzodiazepines is also featuring in this population and that alcohol continues to be a problem among the adult homeless it works with.

In its submissions Peter McVerry Trust said that, given the major role that poverty plays in communities most impacted by drug use, it is imperative that the new National Drugs Strategy secures increased involvement from the Department of Social Protection, Department of Public Expenditure and the Department of Finance.

Simon Communities Ireland and the Dublin Simon Community recommended that people who are homeless should be named as a specific target group in the new NDS and that Housing First must be recognised in the new Strategy as key to ending long term homelessness among those with complex need including drug and/or alcohol use. It added that the new Strategy and action plan should be aligned to the “rebuilding Ireland a Housing and Homeless Action plan” which made firm commitments on initiatives to address the needs of those with addiction.

3.2.7 Harm Reduction

Submissions on harm reduction included that the new National Drugs Strategy must set out a timetable to deliver and enact new legislation that enables and supports a shift towards a harm reduction and rehabilitative approach. It was said that such a legislative framework is essential in avoiding legal uncertainty, delays and grey areas that would undermine any attempt to shift towards a health led approach to tackling drug misuse.

3.2.8 Substance Misuse and Mental Health among Adolescents

Matt Talbot Adolescent Services Ltd. aid there is a lack of consistency in different parts of the country on the services available to adolescents. It quoted that the 2006 Report of the Expert Group on Mental Health Policy entitled ‘*A Vision for Change*’ highlighted in recommendation no. 15.3.6 that ‘*Two additional adolescent multidisciplinary teams should be established outside Dublin to provide expertise to care for adolescents with co-morbid addiction and mental health problems. This provision should be*

reviewed after five years. Additionally, the 2015 publication *'No Wrong Door'* by HSE personnel in the Mid-West region, following a year-long process of research, design and development also highlights that there is clear consensus that integration between mental health services and addiction services is sorely needed. It also noted that no. 33 of the actions designed to drive the implementation of the new strategy states: *"Maximise operational synergies between Drug Addiction Services, Alcohol Treatment & Rehabilitation Services, General and Emergency Hospital Services and Mental Health Services. Within this context, there should be a focus on addressing the needs of dual diagnosis clients."*

It said this service stated that young people with co-existing substance misuse and mental health difficulties are not being given access to psychiatric services until they address their substance misuse first; and that provision needs to be made for both to be addressed together allowing young people who are engaged with treatment for substance misuse to access psychiatric services at the same time.

3.2.9 Dual Diagnosis

Mental Health and Dual Diagnosis, was a recurring and major theme throughout the consultation feedback. Views included a substantial number of people stating there were significant blocks in the system currently for people who have both a mental health and addiction issue. There were significant problems noted in gaining access to addiction services for those with mental health problems, and vice versa. The connection between addiction and mental health difficulties was a recurring theme among respondents from all aspects of society. This included that the current services are separate and that there is need for both issues to be treated together. There were calls for increased training for frontline staff in dual diagnosis issues; and a need for there to be services with the capacity to treat the person as a whole.

3.2.10 Service User Involvement

The Dublin 12 Drugs and Alcohol Task Force (D12DATF) said user involvement needs to be prioritised and resourced to move from *"tokenistic"* representation to support meaningful participation structures. The participation of people who use drugs in the NDS structures has not been fully developed and needs to be prioritised and supported in a meaningful way in the next strategy.

UISCE recommends the inclusion of people who use drugs and services in the development of the 2017 strategy. UISCE recommends a strategic communication plan be developed for the strategy which includes people who use drugs and services. Before designing any new services UISCE recommends seeking feedback from people who use drugs in the immediate geographical area and developing unique services based on this information.

CityWide support the development of a peer-led *"drug user / service user network"* and ensure *"drug user / service user participation"* as partners on all NDS structures. Other feedback was provided that assistance can be achieved via regular meetings and better relations between users and An Garda Síochána.

The North West Inner City Network's submission advised that it had carried out a consultation process over two years that included a conference, *"Let's Talk About Recovery"* hosted by it and Soilse. Its submission advised that all stakeholders had participated in the conference and in particular had included addiction services service-users in their community. The service users' views, it advised, are clearly documented in their conference report (*Let's Talk About Recovery 2, Conference Report, 24th September 2015*) which it hoped would be included in the new strategy.

The Southern Regional DATF also identifies service user involvement as an important addition to the new strategy. It advised of how in partnership with South/South East, an incremental strategy is being built into local service delivery and will have agreed minimum levels of service user involvement built in. It considers this action to have huge value and would like it to remain and be championed.

The NICDATF said there is a need for service user representation at all levels of National Drugs Strategy structures. It called for genuine engagement with service user representatives including those from different cultural and vulnerable groups, within all existing services and during the development of new services, with a structure for continued assessment and feedback.

In partnership with South / South East an incremental strategy is being built into local service delivery with agreed minimum levels of involvement built into the service plan which will form a baseline to increase further levels of involvement to achieve current SUI targets. The value of this action pointed out along with a request to see it remain and be championed.

3.2.11 Population Health Approach

The HSE National Social Inclusion Office recommends that the new drugs strategy considers the benefit of developing a population health approach to service development. The population health approach encompasses structures, policy, planning, funding and delivery of services and is in keeping with current government policy and planning approaches. This, it said, is particularly applicable to clients who are marginalised or have emerging needs e.g. homeless, new communities, Travellers, people with deprivation issues and adolescents with dual diagnosis and addiction or disability.

The population health approach, it advised, would serve as one of the starting points set out the needs of the population with regard to substance misuse, develop projections over the lifespan of the strategy, identify the most effective responses that need to be universal (e.g. education, prevention, early intervention, research) and the responses that should be targeted; identify the population mass at a regional and local level; and take an overview of what services are in place that serve those populations and then plan how services will be reconfigured and further developed to best serve the targeted population.

The HSE National Social Inclusion Office recommended the following six response options to Ireland's drug issue be prioritised:

1. The provision of supports to roll out the recommendations and aspirations of the National Drugs Rehabilitation Implementation Committee and the National Drugs Rehabilitation Framework as the number one priority;
2. A resourced treatment strategy for the 150,000 to 180,000 alcohol dependent individuals (HRB figures);
3. Further roll-out of Suboxone (currently constrained by finances) as it offers another choice which is actively sought by people who use drugs and service providers;
4. The overdose prevention strategy and response is garnering genuine support in communities where drug problems are severe and the new strategy should continue to support these communities in this fashion;
5. Re-focus on new psychoactive drugs and stimulants and less focus on opiates. The emergence of these new patterns of drug use need to be acknowledged and resources allocated to dealing with this problem. These new issues include New Psychoactive Substances (NPS), Chemsex, Image and Performance Enhancing Drugs, and fentanyl derivatives;
6. Recognition and response to the use and misuse of a range of prescribed drugs.

An action recommended by CityWide is to implement the Public Sector Duty to engage with communities of interest/minority in a process that ensures their full participation in the NDS, in all its policy structures and in design and delivery of services.

3.2.12 Indicators

To measure the effectiveness of the NDS, CityWide recommend that a new data set of indicators of a Community Drugs Problem be developed which build on those set out in the NACD 2006 study by Loughran, H., & McCann, M. (2006). *A community drugs study: Developing community indicators for problem drug use* (Dublin: NACD).

The commitment to providing fora for service users and people who use drugs, such as Service Users Rights in Action Group (SURIA) that is working in partnership with The Irish Human Rights and Equality Commission (IHREC), should continue to be built-on. Service user representatives should also be included in the NDS National Committees in order to ensure the voice of a crucial stakeholder is not left out.

3.2.13 Role of Awareness in Prevention

There was a broad view among all respondents, including from service users, that Ireland needs to change its attitude towards drugs and/or people who use drugs; and that awareness and education have strong roles to play in prevention. Many were of the view that there needs to be a national awareness campaign, astute public health warnings, an anti-stigma campaign, to highlight and make the general public informed and aware of the issue of drugs, including alcohol and prescription drugs; to address the negative attitude or stigma towards people who use drugs; to make people more informed and aware on the content of the strategy; and to provide consistency in messaging about the issues.

Many called for the new strategy to be published in an accessible, “layman’s” language that the public can clearly understand. A public awareness campaign was also suggested by many respondents and that it include the use of video, internet, as well as traditional information methods. Students for Sensible Drug Policy (SSDP) said its goal is to have a society where drug use can be openly and honestly discussed and a drug policy developed that will be best for all citizens of Ireland.

Education featured prominently in views received and the view of many was that the “war on drugs” has been ineffective; and that education programmes should be factual and evidence based. A large number of questionnaire respondents stated that education should begin in primary school (around age 10 was the most prominent suggestion); and many service users felt education should be provided to children age 6-11 with factual information about the effects of drugs (both legal and illegal). Early education surrounding the consumption and abuse of alcohol is also required and was a recurring issue received as was the view that there should be greater emphasis on education around drinking culture and misuse.

Peter McVerry Trust said it believes that the Minister for Communities and the National Drugs Strategy and the Minister for Education should work closely in the development of the new National Drugs Strategy to develop a coordinated investment in schools and education centres in communities with high rates of drug misuse. It said funding and supporting children and their schools to reduce the rates of early school leaving and providing secure pathways to further education, training and employment are critical in building strong communities and offering young people alternatives. It would like to see a specific commitment contained within the National Drugs Strategy to address the stigmatisation of

people who use drugs, both in awareness campaigns associated with the strategy and also through youth education and community awareness campaigns.

People who use drugs also called for more information campaigns to contribute towards prevention of drug misuse and for more information on treatment / rehabilitation to be made available and in accessible formats including mobile phone apps and TV.

(Refer to **Chapter 5** for detailed feedback on Awareness and Education and **Chapter 9** for Youth Questionnaire feedback).

3.2.14 Recovery

A strong view among professionals was that the drugs strategy needs to focus more on recovery and on the positive aspects of recovery. There was feedback that training and support services be provided for those in recovery, similar to services available to mental health service users, and that a pathway for those in recovery should be created to re-integrate into their community e.g. access to education and training in their community.

The IMO, in its submission referred the Department of Health to its publication, "*IMO Position Paper on Addiction and Dependency*", published in June 2015, which it advised contains evidence based recommendations for policy makers, which, if adopted would significantly improve the manner in which dependency and addiction issues are addressed by Irish public policy. Its position paper includes a series of recommendations which it considers will improve treatment and rehabilitation services in Ireland. In its submission, it made additional recommendations that have been incorporated within the relevant sections of this consultation report.

3.2.15 Other Recurring Issues Raised for Consideration in the New Strategy

- Polydrug or poly substance use is now the norm and services need to have scope to adapt quickly to changing trends in substance use and behaviours.
- Recreational drug use is widespread including using performance enhancing drugs for sport, clubbing, sex and other activities.
- Widespread misuse of prescription medication in Ireland with benzodiazepines and pain medication featuring prominently is an issue to be addressed.
- Calls for alternatives to Methadone to be made available.
- Holistic approach is preferred - mental health, poverty, housing, employment and education are all part of the drugs issue and should be dealt with as part of a holistic approach.
- Need for more treatment and rehabilitation services for specific groups including for under 18s, women and mothers, prisoners, Travellers and homeless people, for example.
- Calls for services for children to be improved, including safeguarding for young people whose families/caregivers are affected by addiction (both in terms of developing support services for children affected by addiction, implementing Children's First guidelines, and "childproofing" existing policies in the area of addiction services).
- Views that the term "illicit" is problematic and that "harmful" drugs may be a better term to focus on; respondents pointed out alcohol and tobacco as "legal substances" yet that cause significant harm. Demand is what drives availability according to some, and the reasons for demand need to be tackled.
- Calls for legalisation of cannabis/marijuana for medical use and its potential medical benefits were cited frequently in questionnaire responses.
- More funding and resources for community based initiatives, community awareness, involvement of all social groups in the new strategy.

- Interagency working and the work of the drug TFs should be considered.
- Ireland should examine the drugs issue within the wider social context including housing-need, employment and education.
- Address drinking and other drug use by young people, early intervention and prevention, support young people and identify underlying issues (including mental health, lack of social supports, etc.).
- Family and family support identified as a recurring important issue to be considered in the new strategy.
- Address widespread availability of drugs including emergence of new drugs, polydrug use, examining the legal and enforcement issues (including crime and drug related intimidation) and methods to examine the supply chain of drugs in Ireland.
- Examine treatment options and alternatives, equity of access, general accessibility and funding issues, detoxification and to address the provision of detox beds, effectiveness of treatment and to recognise the role of the family in treatment and rehabilitation, addressing the issue of drug misuse as a health issue as opposed to a criminal issue.
- Examine the various rehabilitation options, address accessibility and funding issues and to support better integration for those following treatment and rehabilitation.
- Support research to examine population trends, why people take illicit drugs, outcome evaluation and treatment efficacy, holistic, psychological and social issues, investigate potential medicinal and beneficial effects.

3.3 FEEDBACK FROM POLITICAL PARTIES

The Fianna Fáil spokesperson for Community and the National Drugs Strategy made a detailed submission which includes proposals to develop and implement an effective National Substance Misuse Strategy inclusive of all drugs including alcohol and cannabis; rational systems for the dispersion of funding under the new National Substance Misuse Strategy which is cognisant of level of need, evidence base for interventions, measurement of outcomes and equity of provision; ensuring that the National Strategy works for both rural and urban drug users; and that a once-off drugs summit be held to hear a broad range of views on drug use. The submission also included the role of and need for awareness raising campaigns in prevention as well as suggestions regarding research, resources and community impact and crime. The submission included calls for the roll-out of Naloxone to be expedited and widened as it says Naloxone has prevented overdoses and saved lives and it called for a collective approach to ensure Suboxone is dispensed. The submission said that a “drug related intimidation” strategy should be developed in conjunction with the regional drug and alcohol TFs to support people affected by intimidation; that anti-drug legislation and drug treatment policy should be reviewed to optimise resources so that those who engage in the exploitation of young people and other vulnerable groups should be punished in a more severe manner, including higher mandatory sentences; it included proposals for the implementation of Community Courts to deal with low level offences such as vandalism and drug use with a focus on restorative justice and a problem solving approach to local crime and safety concerns. It also proposes introduction of a delayed criminalisation model where drug offences, currently defined for personal usage, are directed towards proper treatment and intervention so healthcare is prioritised over a criminal justice and prison process.

The Green Party acknowledged the work behind the 2009-2016 National Drugs Strategy which identified five key areas of priority; supply reduction, prevention, treatment, rehabilitation and research. It said their approach to a National Drugs Strategy would envision a shift in focus without losing sight of the core aim of harm reduction. It said Ireland should demonstrate leadership among a

progressive vanguard of countries rethinking their drugs policy and implement a National Drugs Strategy that prioritises an evidence-based approach to harm reduction. The party called for commitments in the National Drugs Strategy to include the following twelve elements:

1. A timeframe for decriminalising the use of drugs in national law;
2. A review of the legal status of drugs with established medicinal properties;
3. A particular review of the legal status of cannabis;
4. Legal availability of cannabis products for medically-prescribed use;
5. Research focus on effective intervention with young adults who use drugs;
6. Provision of information exchange between people who use drugs and researchers;
7. Provision of centres for safe access to drugs under medical supervision;
8. Provision of drug-testing services;
9. Monitoring quality and public health impact of drugs on the Irish market;
10. Research focus on lifestyle factors that reduce the likelihood of drug use;
11. Research focus and public education on effective rehabilitation strategies;
12. Require sports clubs to promote responsible alcohol consumption.

People Before Profit, in its submission, advised it recognises the issue of drugs as a social problem or as a recreational pastime and is one of the most complex and troubling issues we face today. It believes that the State's approach to the drugs market via policing and teaching abstinence in schools has often caused more harm than good. It proposes the establishment of a State body, working in close collaboration with the Health Products Regulatory Authority (HPRA) to oversee recreational drug testing and dissemination of information regarding social drug taking; it proposes banning advertising to increase consumption of food or drugs and replacing it with reliable information on quality of contents and more regulation, control and public consultation regarding chemicals added to food, water or air; scientific education programmes in primary and secondary schools; increased funding for public health education campaigns including through community based services; treatment of drug and alcohol dependency as an interconnected medical and social issue and not a criminal one. It called for improved access to alternatives such as social support, OT and Psychotherapy to reduce the over-reliance on multiple drug prescription and coercion in Mental Health Care. It said there should be improved funding for services and facilities for assisting safe withdrawal and longer term rehabilitation in people who use drugs with long-term use of psychoactive drugs including prescription drugs. It said a clean needle exchange service should be established and safe injection rooms in urban areas including the option of access to medical preparations to replace street drugs. It said criminalisation of drug-users should end; medical marijuana should be researched and made available as an evidence-based option for health care providers and patients (the Party included a copy of its "Cannabis for Medicinal Use Regulation Bill 2016" with its response to the consultation); drug-testing kits should be made freely available at music festivals, etc; non-commercialised legalisation of cannabis should be regulated by a new State body and dispensed via designated stores and said this could be a publically owned and controlled version of what the State of Colorado has done; and that those working in the production of drugs should have the same rights and entitlements as all other workers

3.4 FEEDBACK ON THE PUBLIC CONSULTATION PROCESS

The inclusion of public consultation to inform the NDS was widely welcomed and received significant positive feedback. The opportunity to participate and provide views was welcomed by many who felt it was an important element of informing the new strategy. Some were of the view that the six-week period of public consultation was not sufficiently long enough and that a much longer timeframe was required.

Provision of a variety of ways to participate in the consultation process was also widely welcomed and acknowledged. In particular, the attendance of Minister Byrne at each of the six regional consultation events was acknowledged and welcomed.

The format and structure of the events was well received, in particular group discussion and use of round tables; choice of questions to stimulate discussion and thoughts about the issues; and the inclusion of service users who provided an account of their personal experience. Many were of the view that Ireland needs to have more of those who are directly affected and/or in recovery or former users speaking directly to people around Ireland (including to children and young people). Some considered that presentations were too detailed in content and that more time should have been allocated to round table dialogue. One view was that professional rapporteurs/facilitators should have been provided at each table to keep the focus on the key questions. Views were received that the Department of Health should have provided organised means of transport for people to access and attend the events and that people who use drugs and services had not attended and/or been in a position to attend the events due to a lack of transport. It was also suggested in these views that flyers could have been distributed by outreach workers and posters displayed in drop-in services to promote the events further. There was a request that the Department of Health engage with people who use drugs and service providers when planning consultation processes.

Some felt that the consultation questionnaire was too long, repetitive and/or was too open ended. The phrasing of some of the questions was criticised by some, predominantly the uses of “drug free” and/or “misuse of drugs” as it was felt these terms came from an “all drugs are bad” stance.

There was a view expressed that not everyone might be aware that the consultation included alcohol, given the consultation was called consultation on the National Drugs Strategy. Some felt that the language used in the questionnaire was not widely accessible including for those who use drugs and/or services.

4 SUPPLY REDUCTION

Public consultation to inform the development of the new NDS sought feedback on the availability of drugs in Ireland, who in the community plays a role in reducing the availability of drugs and what can be done to reduce the availability of supply of illicit drugs in Ireland. Views on other issues in the context of supply reduction were also sought and are included in this chapter.

4.1 AVAILABILITY OF DRUGS IN IRELAND

The majority of respondents felt that the availability of drugs is widespread throughout Ireland, affecting cities, towns and rural areas alike. Many noted that drug dealing is clearly visible on the streets of Dublin and that one only needs to drive into any town or village and a local dealer can be easily spotted. Many respondents felt that there is a broader range of legal and illegal drugs including alcohol and tobacco widely available, easily accessible and affordable. Some raised the issue of grow houses in Ireland, particularly in rural areas.

Many were concerned that children as young as nine years of age are able to get access to drugs, particularly in socially disadvantaged areas, noting that some school children smoke cannabis on their lunch break. They felt that certain drugs such as cannabis, ecstasy, synthetic cannabinoids and benzodiazepines are actually easier for minors to gain access to than alcohol.

Some noted the enormity of the supply reduction task, being of the view that drugs are freely available in prison, a supposedly secure and policed area.

The IMO referenced the European Commission, *Flash Eurobarometer 401 – Young People and Drugs: Report, Brussels, 2014, (pp. 8-33.)*, which found that the availability of drugs in Ireland appears to be well in excess of the EU average. According to *Flash Eurobarometer 401*, Ireland reported the highest number of people who had tried new substances that imitate the effects of illicit drugs such as cannabis, ecstasy, cocaine, etc., in the EU, with 22% saying that they have tried at least one of these substances at some point in the past. This compares to an EU average of just 8%.

The IMO presented further feedback from *Flash Eurobarometer 401* stating that when questioned on whether it would be easy or difficult to acquire illicit substances within 24 hours, 72% in Ireland stated it would be easy to obtain cannabis, the highest figure in the EU and 14% higher than the EU average; 36% stated it would be easy to obtain cocaine, the joint second highest figure in the EU and 11% above the EU average; 34% stated it would be easy to obtain new substances that imitate the effects of illicit drugs, the fifth highest figure in the EU and 9% above the EU average; 48% stated it would be easy to obtain ecstasy, the highest figure in the EU and 25% above the EU average; 17% stated it would be easy to obtain heroin, the joint fifth highest figure in the EU and 4% above the EU average.

In its submission, SSDP, said drug culture in Ireland has taken immeasurable shifts since contemporary drug laws were first implemented and the harms being done due to these outdated laws, it said, can no longer be ignored. Based on a survey of its students over the past twelve months, it said cannabis is being used among 49% of students surveyed and ecstasy at 32%.

4.2 AVAILABILITY OF ILLICIT DRUGS IN IRELAND

There was a prominent view that the availability of drugs had increased since the last strategy had been prepared and are widely available throughout Ireland. Polydrug use was raised as a widespread issue along with the increased use of New Psychoactive Substances (NPS).

In September 2016, CityWide surveyed its drug task force community representatives and identified the following drugs as causing the most problems in their communities:

- Alcohol (identified by 97% of respondents);
- Cannabis (86%);
- Prescription Tablets (also 86%);
- Cocaine (66%);
- Heroin (59%);
- Crack Cocaine (45%);
- Head Shop Drugs (41%);
- Ecstasy (35%).

In its submission, Addiction Response Crumlin Ltd. referred to a report by the Women's Council which said that there has been a definite increase in illicit drug use in disadvantaged communities and urban areas and noted that local children's Accident and Emergency (A&E) Departments are reporting an increase in the number of young people being admitted primarily over the weekend as a result of an overdose from alcohol, drugs or a combination of both.

Some respondents felt that there had been a reduction in the availability of some drugs, like MDMA, heroin and cocaine as a result of the efforts of the Gardaí and tighter customs controls. Some stated that there is less cocaine in Ireland since the recession. However, respondents felt that with shortages or reduction in the availability of one drug, that the availability of other cheaper synthetic drugs simply fills that space. As a result respondents expressed the view that there is a much wider range and variety of drugs available in Ireland now than ever before, noting increases in synthetic drugs or designer drugs and new substances such as oxynorm/oxycontin and fentanyl.

Respondents further noted that while the availability is increasing, the quality is deteriorating. The HSE National Drug Treatment Centre (NDTC) also raised concern about the arrival of synthetic Fentanyl which it said will have devastating consequences. The changing patterns of drug use, including the use of drugs such as fentanyl was considered by many to be an important issue for Ireland with calls for the allocation of resources for programmes to be able to respond to emerging trends in drug use.

Other figures quoted by the IMO from the *European Commission, Flash Eurobarometer 401* in this regard are that the number of people who report it to be easy to obtain cannabis in Ireland has risen by 5% since 2011; cocaine by 5% since 2011; ecstasy by 16% since 2011; and heroin by 1% since 2011.

Some views challenged the assumption that illicit drugs are more problematic than legal drugs with notable recurring references to the issue of alcohol in Ireland. It was also felt that there is a significant issue with legal drugs in Ireland that needs to be addressed, i.e. prescription medications.

Respondents felt that there certainly appeared to be an increase in the availability of prescription medication and benzodiazepine in particular. The widespread marked increase in the use of benzodiazepines was frequently raised during the consultation. For example, a Tier 3 service, operating in Cork City (CHO4) said that while there was a marked reduction in supply from the medical profession, its main concern is around supply through the internet and the ease of access that is apparent with direct delivery available to a person's door without any difficulty. It also expressed concern around deaths where one third of reported poisonings have benzodiazepine in their system and referenced statistics presented by the Benzodiazepine Working Group in 2010.

Respondents felt that with access to the internet and smart phones, there has been increased online purchase of head-shop type drugs and New Psychoactive Substances (NPS). Addiction Response

Crumlin Ltd. specifically noted the dark net where people can purchase with bit-coins through the internet and that this has increased over the last five years.

Another issue raised was that the use of steroids is increasing with no obvious impediment to availability in the 'gym' scene. Clenbuterol used in fat loss by many anabolic steroid users and competitive body builders featured in views received. Melanotan, used for skin tanning, given by injection also featured in issues, particularly emerging trends of drug use. Young traveller women were specified as a group with noted increased usage of melanotan.

Some felt that MDMA was increasing in popularity with the decline of the head shops, as it is viewed as a safer and more desirable drug than any of the head shop drugs used.

While not an illicit substance, some respondents felt that better enforcement of the 10pm off licence ban and under 18s sales had reduced the availability of alcohol, while others felt that the availability had increased due to the low price of alcohol in supermarkets, as well as the ability to purchase it online.

4.3 ROLES IN REDUCING AVAILABILITY OF DRUGS

There was a wide ranging response to the question of “who in your community plays a role in reducing availability”. Many respondents felt that everyone in the community has a role to play in aspiring to create a better, fairer society where the use and misuse of drugs is tackled as a community, from educators and health care professionals to parents and sports clubs.

Government policy on inclusion and economic development should nurture communities where everyone is valued and actively contributing and thereby reduce the risk of people becoming heavily involved in illegal drug use.

Respondents called for an Oireachtas committee to consider whether legislative changes on drug controls are needed.

Feedback stated that parents and families play a huge role in relation to mirroring of behaviour and being role models in relation to our own relationship with drugs and alcohol; and that parents need education about drug use to address common misconceptions that some drugs are harmless, leading to giving permission to use.

The majority of feedback included the Gardaí as those who play a major role in reducing the availability of drugs and felt that they should be allocated more resources and/or funding. However, it was felt that their role was limited by the enormity of the task, the legislation that they are enforcing, the lack of training in drug identification and the limited resources in comparison to the wealth of resources available to those bringing drugs into the country and selling them. Many felt that they were fighting a losing battle in trying to reduce availability, as where there is demand there will be supply. Some referred to the Garda Confidential phone line and suggested that this service be promoted more widely among the public.

Respondents felt that Gardaí are reluctant to target large scale criminal gangs due to fear of intimidation or attacks on them or their families and that they end up targeting smaller dealers and people who use drugs, which ultimately has little impact on the availability of illicit drugs. There was reference to Garda collusion regarding the supply of drugs.

Some respondents questioned if there was anyone addressing the reduction of drugs in a rural setting where there is limited if any Gardaí in some areas, no community policing or no prevention programmes locally. It was recommended that the new strategy resource policing forums to build links between Communities in Ireland and the Gardaí.

The following list of groups, organisations and individuals were identified as having a role in reducing the availability of drugs in Ireland:

- Customs Officers, Airport security; Coast Guard; Immigration Officers;
- Health care professionals including the Medical Council; General Practitioners (GPs); Nurses; Psychiatrists and Counsellors; Pharmacists; Staff in treatment and rehabilitation facilities; Health Service Executive (HSE), Health and Social Care Services, Social Workers;
- LDTFs; Community programmes, projects and initiatives;
- Peers; Mentors;
- Sports Clubs; Coaches;
- Schools, Colleges, Teachers; Lecturers; Educators;
- Religious leaders;
- Youth Leaders, Foróige, Youthreach and people who are involved in early intervention with young people; Diocesan Youth Service;
- Businesses and shop owners selling tobacco and alcohol; Owners, managers and staff of public houses, off-licences and clubs, restaurants; event promoters (including festivals);
- Courts; Prison; Probation Service;
- Non-Government Organisations; Advocates and Advocate Groups;
- County and City Councils;
- Residents Associations; Flats Superintendents;
- Community Groups and Organisations including Family Drop in Centres; Community Centres and Support Groups; Community Development Projects; Community Safety Fora; Youth Projects; Harm Reduction Centres;
- Republican Action Against Drugs (RAAD), paramilitaries and vigilantes;
- The media; and
- People who use drugs (also referred to in feedback to this consultation as “addicts” and “drug users”).

4.4 MEASURES TO REDUCE THE SUPPLY OF ILLICIT DRUGS IN IRELAND

4.4.1 Illicit Drugs

Respondents felt that the use of the word “illicit” in this question is problematic and that perhaps “harmful” drugs would be a better term to focus the debate not on the legal status of a drug but on the harm it causes to society. Many pointed out that alcohol and tobacco were both legal, however they are both addictive substances which can cause significant harm.

4.4.2 Supply Reduction is One Part of the Solution

Some respondents felt that supply reduction was a waste of resources and that cutting the supply without tackling the demand would force up prices. The view was expressed that this would ultimately have the effect of punishing the vulnerable people who use drugs and potentially leading to more damaging petty crime on a community level, while at the same time incentivising the criminal element importing the narcotics as their margins are improved.

Others felt that supply reduction of itself only deals with part of the problem and should be a component of combating drugs addiction and not the main effort.

There was a view that the only way to “get rid” of the problem was to stop drugs at source in the drug producing nations; while another view was expressed that “making it legal for civilians to police people who use drugs” and drugs providers was the “only way” to stop the problem.

4.4.3 Drug Use is a Health Issue Not a Criminal Issue

A key theme across responses was that substance abuse must be considered as a health issue and not a criminal justice issue. Many felt that continuing to criminalise drug use is further segregating the addict from society and wasting resources on the treatment of symptoms of drug abuse rather than tackling the root cause.

ACT UP Dublin urges the Department of Health to focus the new strategy on the welfare, health and human rights of people who use drugs. It considers that policy based on criminalisation and punitive measures have failed, creating international criminal enterprises that drain law enforcement resources, stigmatising those who use drugs and deterring them from accessing services and care, and unnecessarily drawing vulnerable people into the criminal justice system. It considers that resources currently devoted to law enforcement would be better used to strengthen and expand struggling community services that will actually make a difference. Their view was shared by many. Respondents felt that addiction and mental health services should be provided rather than treating users as convicts. They felt that by decriminalising all drugs, the money that is saved from the criminal enforcement and incarceration could be used more effectively on treatment and rehabilitation. Decriminalisation would help to remove some of the social stigma of being a criminal as a result of addiction. Respondents also felt it was important to remove the criminals who prey on people who use drugs.

Matt Talbot Adolescent Services Ltd. recommended the provision of diversion programmes to allow the Gardaí redirect low-level offenders to community based Tier 3 services. Simon Communities Ireland said all non-victim crimes (begging, possession for personal use) should be quashed upon completion of residential treatment programmes as these are small crimes that are addiction driven. They also called for further exploration of the de-criminalisation of drug use and that policing emphasis should shift from small scale personal use to large scale supply.

4.4.4 Treating the Demand

Some respondents felt that there is bias in this question in that it assumes a viewpoint of drug availability being the problem. They felt that demand is not driven by availability, but that availability and supply is driven by demand. Therefore to achieve successful Supply Reduction, the reasons for the demand need to be tackled.

Some referred to major international bodies such as the United Nations Office on Drugs and Crime (UNODC), the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), and national bodies like Public Health England. The view was expressed that the reasons people use drugs are complex and are closely tied to social exclusion, economic disadvantage and life traumas. The link to substance abuse between all these factors, including generational poverty, treating the emotional issues in poorer communities and providing better mental health treatment, needs to be recognised and addressed by social investment to tackle the root of drug abuse.

Many felt that true supply reduction will only be realised by diverting people who use drugs away from misusing substances through investment in education, local communities, employment and other initiatives to divert people away from habitual drug use and toward better, healthier lifestyle choices. Non-drug lifestyles should be promoted and facilitated through training and apprenticeships. Some respondents felt that the provision of better facilities for young people and adults in disadvantaged areas, such as free or affordable physical activities programmes, will contribute towards diverting them away from getting involved in drug taking.

4.4.5 Early Intervention

Respondents felt that early intervention and education is key to reducing the risk of taking drugs and becoming involved in crime. Many suggested that age appropriate education should start in primary education, as many children may already be exposed to substance abuse in the home. Respondents suggested that there should more funding of resource teaching for those struggling with school to encourage them to stay in school and not be lured away by the temptation of making easy money by getting involved in the drugs trade. There should also be intensive support packages for early school leavers to support them in accessing training schemes and employment. Free accessible specialist services should be provided for young people who are developing problematic use of drugs and/or alcohol. Respondents also recommended increased preventative supports for families such as the Strengthening Families Programme.

4.4.6 Education

A key theme in feedback received on what should be done to reduce the supply of illicit drugs is education. Increased investment in education would lead to less people on social welfare, reduced homelessness and positively affect people's mental health giving them a purpose in life, ultimately reducing the number of people taking and selling drugs. Respondents felt that the importance of educating young people, parents and families on the dangers of substance misuse and of promoting and fostering healthier lifestyle options could not be underestimated.

Many felt that there needs to be a stronger emphasis put on drug awareness starting in National School. It is important that children can feel that it is acceptable to talk about drugs, ask questions and seek help if needed. Some noted that schools should be drug free areas where students can learn in a safe environment.

Respondents felt that more age appropriate drug education should be available to all young people in schools about the effects of both legal and illegal drugs, including prescription drugs, alcohol and tobacco. They felt that this information should not be dumbed down or delivered in a preaching, sensationalist, and outlandish way. It should be sensible, realistic, evidenced based and unbiased, frank open and honest. Many felt that real information should be provided on the effects of different narcotics on the brain and body for people who use drugs both short term and long term, including the pros and cons of drug use from a personal, ethical and societal point of view. The glamorisation of 'lifestyle' and quick way to make money should be balanced by the provision of information on the dangers of being involved in drug dealing, drug running and/or drug storing.

Many felt that real information should be provided on the effects of all drugs so that people can make informed decisions. They said that should people decide to use drugs then they should know how to use them as safely as possible and how to moderate themselves.

Respondents felt that students should be encouraged to engage positively in drug awareness and that rewards could be offered in schools for the design of effective drug awareness campaigns.

Many felt that drug awareness information should be delivered by an external resource and that there should be a realistic or practical element to drug education including:

- Drug Awareness workshops;
- Visits to drop in centres so that they can see the effect of long term abuse on people;
- Recovering "addicts" telling their stories from their side, but also getting the perspective from their family and/or those that have been the victim of drug related crime;
- Use of educational videos like the 'In a Nutshell' video.

Respondents felt that young people should be supported with their personal development by teaching them life skills, self-esteem building and how to relate to each other in school and community environments with a focus on their strengths.

A key theme reiterated in feedback was the stigma associated with substance abuse. Respondents felt that people should be educated on how to offer support and empathy and not stigmatise people who use drugs.

The stigma of criminality and the fear of legal repercussions discourage people who use drugs from seeking support and services until problems become acute.

Respondents felt that parents need to be educated in how to recognise the signs of young people using or selling drugs and how to deal with them if they are.

Respondents felt that there should be ongoing education of communities on the issues they face and what role they can play in tackling the problem.

There was a variety of information campaigns proposed. Respondents noted that in the delivery of these information campaigns, it is important the information is accessible to all and delivered in a variety of ways and media including having peer and celebrity involvement. Some information campaigns proposed include:

- An awareness raising campaign aimed at making the link between recreational drug use and the vast amount of money this generates for criminal gangs who are willing to intimidate, rob, steal and even murder those who owe them money, targeted at third-level students and

young professionals who don't seem to see the connection between their recreational drug use and the violence and mayhem caused by drugs;

- A series of information advertisements to explain the initial harms of each "category" of drug including alcohol and tobacco, and then focussing on the medium term and then the long term effects of drugs on the individual and on the individual's family and relationships;
- An information campaign along the same lines as the 'don't drink and drive' ads, with previous drug "addicts" showing the bare naked truth about addiction, combining an element of education while reinforcing the message of non-acceptance of drug use in public places.

4.4.7 Mental Health

Respondents felt that the recent economic depression has accentuated anxiety and depression levels. The lack of assessment and treatment of mental health issues has led to increased use of alcohol and other legal and illegal highs as a form of self-medication, escape and stress relief. Early diagnosis and appropriate treatment of mental health issues is vital. Taking care of people with mental health issues should be a primary goal of the Irish government and should be considered in the development of the new Strategy.

4.4.8 Community

Greater community involvement was a key theme in feedback on how illicit drug supply could be reduced. Respondents felt that there should be a greater effort made to reduce demand through the provision of more community services under TFs in tandem with a more active Garda determination to stem the supply. They felt that there should be more Garda presence on the ground in communities and there is a need for improved communications between the community and the Gardaí. Some proposed that every community should have a local committee whose members are trained to look out for illicit drug purchase and who would work with the local Gardaí to control it.

Some respondents referred to academic literature that indicates that factors such as socio-economic class and standing, peer use, level or standard of parental or guardian supervision, and drug market forces such as availability and cost, are causes of drug use, something recent research by the NACDA has reaffirmed. Respondents stated that there needs to be investment in poorer communities in the form of increased community employment schemes, educational and training schemes as an alternative option for people to getting involved in drugs.

Some respondents referred to "recent reviews [that] indicate that geographically targeted problem-oriented policing interventions aimed at drug hotspots and involving partnerships between the police and wider community groups appear to be more effective at reducing problems related to the drug market (such as street-level dealing, crime and other forms of anti-social behaviour) than conventional law enforcement-only approaches. The available evidence indicates then that street-level drug law enforcement efforts should focus on forging productive partnerships with local residents and community groups in order to identify and tackle the causes and consequences of street-level drug market problems more effectively. The few systematic reviews that have been undertaken in this area have found that the most effective strategies for tackling drug dealing from residential and commercial properties display the following characteristics: an emphasis on improving the built environment; multi-agency working, involving the police and other stakeholders (e.g. housing management teams); not relying solely on police crackdowns; and the use of civil law and related interventions (e.g. measures equivalent to anti-social behaviour orders) rather than criminal law."

4.4.9 Society and Policy

Respondents suggested that the best possible solution to drug demand and supply is societal change, as demonstrated in Portugal and the Netherlands, where society itself takes a responsible role towards drug use, this especially applies to alcohol.

Many respondents referred to the lax social attitudes towards alcohol in Ireland. Many felt that it is hypocritical to challenge the use of illicit drugs while the culture of alcohol abuse is endemic throughout the country. They felt that the issue of acceptance of alcohol abuse almost as a point of national pride should be challenged and addressed and that moderation should be encouraged in all things. Without taking steps to address and challenge this social attitude there is little incentive for the alcohol abuser to seek medical assistance or for social/family/community intervention to at least try and convince the person that they can change.

Some respondents felt that the Pharmaceutical and Alcohol industries had far too big a voice and influence on National Policy.

Some respondents felt that there seems to be a normalisation of the use of certain drugs within the community, and a tolerance for an acceptable level of dealing in disadvantaged communities which is allowing a culture of dealing to expand and grow. Worse still, respondents felt there was an apathy about drug deaths, with some noting that ten people could overdose in a weekend and it wouldn't get any media or attention. They felt this apathy and normalisation needs to be addressed in the new NDS if there is to be any impact on supply reduction.

Many views focused on the role of national legislation and international agreements in framing and exacerbating problems arising from addictions; it was considered that major and significant changes would be required to wrest these problems from criminal empires. It was acknowledged that such a move would not necessarily have direct benefits for most affected communities as other intensive interventions in fields of housing, education and social services are required to rectify their problems. References were made to the British System (until the 1960s); the current Portuguese system which was seen as having a significant impact on reducing harms despite its critics; and Uruguay which has controversially opted for a regulated domestic cannabis market (although it has attracted criticism from the United Nations).

It was felt by some that a drive for legislative change unsurprisingly needs to come from legislators and there was a need for an Oireachtas Committee, perhaps the Committee on Justice and Equality, to consider whether legislative changes on drug control are needed in light of new developments in societies such as Portugal and Uruguay and in individual States in the US.

4.4.10 Prohibition

Many respondents felt that prohibition as a policy or strategy was ineffective and the fact that prohibition is still being considered a valid strategy shows just how disconnected the policy makers are.

In its submission the Green Party advised a re-evaluation of priorities in light of current international evidence. It considers the “*War on Drugs*” has proven to be costly, ineffective and counterproductive, and that it is time for a more compassionate policy that does not compound the challenges of reintegration by giving people who use drugs a criminal record.

Some respondents felt that we will never achieve a reduction in the consumption of drugs until we know how much drugs are being consumed and that we will never know that, in a prohibitive market. Others felt that given that there has not been a reduction in supply as following the 2009-2016 NDS

that the prohibition strategy should be reviewed. Some felt that the "just say no" approach has never worked, so a better approach to keeping kids safe would be to say "it's better if you don't try drugs, but if you do then this is how to do it in the safest way possible".

4.4.11 Decriminalisation of Drugs

Many respondents felt that decriminalisation of drugs needs to be reviewed as an alternative to incarcerating people for drug use and many called for a national debate on the subject. Decriminalisation allows for ill people to be helped, instead of spending their lives in and out of prison it was said. The legalisation and regulation of the supply would mean that people who use drugs would be much safer – they would not be dealing with a criminal element anymore and they would have a safe supply of drugs. Also, feedback said that with regulation, the Government could better assess the true statistics on drug use to better tailor services. Some respondents felt that many people use drugs in a responsible manner and should be allowed to do so without fear of conviction.

On the other hand some respondents advocated that people who use drugs and drug suppliers should be arrested and prosecuted and heavily penalised.

Respondents recommended that the Spent Convictions Act be reviewed with a view to removing of minor convictions from an individual's criminal record to better enable those convicted of minor possession offences to re-enter the workforce.

Respondents asked that the decriminalisation, legalisation and regulation of policies of other countries, such as Portugal, Uruguay, Switzerland and American States, such as Colorado and Washington, be reviewed with respect to their efficacy in the reduction of drug use and harm.

CityWide recommends that an interagency working group with a mandate to look at how best a model of decriminalisation can be implemented in an Irish context be set up and that it report back to Government within six months. The Cavan and Monaghan Drug and Alcohol Service (CDA Trust Ltd.) said that Ireland has not invested in treatment and support services to the same extent as the Portuguese, and that increased investment in treatment services is necessary to reap the rewards of any form of decriminalisation. The IPU suggested that a Drug Treatment Court Programme be rolled out throughout the country in advance of the implementation of a Portuguese model.

Act Up Dublin suggested that international research has indicated that drug courts do not typically save money or reduce people's involvement in the prison and criminal justice system, rather it is better to reduce the number of people through the criminal justice system in the first place, than to waste resources trying to expand the number of paths through that system.

They also referred to a Committee for Addiction Dissuasion. Under the Portuguese model if a person is found with up to ten days' supply for personal use, they may be required to report to a Committee for Addiction Dissuasion, where an assessment is carried out and education/treatment provided or, in some cases, a return to the criminal justice system can result. Each Dissuasion Committee is headed by a psychologist, a social worker and a person with legal expertise, along with other staff, such as a counsellor, etc., as required. The Irish Pharmacy Union (IPU) suggest that a community pharmacist should be included on each Dissuasion Committee.

Some respondents felt that the possession of small amounts of the most commonly used drugs for personal use should be decriminalised. Others sought the decriminalisation of Class A drugs and the legalisation of what they referred to as 'non-harmful' or 'softer' drugs. What constitutes non-harmful

or 'softer' drugs varied from one respondent to another. Some referred specifically to cannabis with others referencing magic mushrooms and/or MDMA and/or other psychoactive substances.

Respondents felt that the decriminalisation of some or all drugs would lower expenditure on policing and court/prison which could be diverted into education, and support for people who use drugs in their treatment, rehabilitation and reintegration into society.

Some respondents noted that criminalisation of drug use impedes effective HIV prevention efforts. Some also noted that it sometimes stops people who use drugs from contacting emergency services in an overdose situation due to fear of criminal repercussions.

SSDP Ireland said it endorses the decriminalisation of personal possession of all drugs to achieve the following:

1. To end the criminalisation of people in Ireland for the possession of small amounts of drugs. This is currently restricting people's possibilities for travel and limiting their employability, productivity and full integration into society.
2. To enable police and legal resources to focus on more serious crime and to transfer financial savings from criminal justice into education and health.
3. To allow for more harm reduction and education around drug consumption rooms, drug purity testing and heroin-substitute therapy.

4.4.12 Legalisation of Drugs

Many respondents argued for the legalising and / or decriminalisation of drugs claiming that in countries where drugs are legalised and regulated, there is a reduction in people who use them. As with the subject of decriminalisation, respondent opinions varied widely as to what drugs should be legalised, if at all.

Some felt that the State should provide a regulated supply of medical quality drugs and suggested that these be supplied in modest quantities from licensed dispensaries and that such certified dispensaries would conform to laws to ensure that the person who uses drugs is aware of the effects and health risks of the chosen drug and would in no way promote or advocate the use of any substance or drug. All illicit drugs would be provided to such dispensaries to ensure efficient and consistent dispensing of excipient and active ingredients in a secure environment with full audit traceability.

There was a claim that the chemical "THC" that is found in cannabis and which causes the 'high' effect is actually a natural chemical produced in everyone's brain and the respondent felt that people should be allowed to grow and consume their own cannabis for medicinal, therapeutic or personal needs therefore. That view included that people could thus regulate the quality and those who felt they needed cannabis for medicinal purposes would not have to consort with a criminal element in order to attain it.

Respondents in favour of the legalisation of cannabis also felt that buying cannabis from a dealer normalises the effect possibly leading to it being easier to move onto harder drugs and that legalising it would reduce this "gateway" to harder drugs. They argued that the sale of legalised cannabis products would create a revenue stream for the Government which could be used to fund educational programmes on drug-use awareness campaigns.

Further feedback claimed that countries that legalised illicit drugs and sold at a price cheaper than the street price, almost wiped out illegal sales overnight.

Respondents in favour of legalisation and regulation of illicit drugs felt that by more developed control, regulation and decriminalisation policies would have the following results:

- Criminal enterprises would no longer have an incentive to traffic illicit drugs, less resources would therefore be spent on the policing of this criminal element, allowing these resources to be channelled into the treatment of people who use drugs;
- Removal of the taboo and perceived 'cool factor' of taking illicit drugs and replacing it with a system that encourages responsible and safe decision making on drug taking;
- Removal of issues with respect to the quality of the product being taken could save countless lives;
- People would not choose the hassle of the illegal option if there's a cheaper safer legal option available;
- Drugs would be used less for evading, emotional and recreational purposes and more used in context linked to spirituality, psychological treatments, counselling, arts and creativity, personal growth and discovery;
- Drug use could be monitored more easily via regulated dispensaries to identify and treat addictive drug use appropriately.

Other respondents questioned the efficacy of the legalisation of illicit drugs, feeling that legalising possession doesn't help people who use drugs, but rather, allows free reign to continue using, and expressed concern that it could make drug gangs far more powerful and richer. Some felt that one of the biggest obstacles to applying this approach was that legalised use of drugs would be a 'Gateway' – i.e. that young people, who might never otherwise have an opportunity to try drugs, would experiment with legal drugs and get a taste for psychoactive drugs, and move one step towards addiction.

Some respondents felt that drugs should be assessed and that those that are safe enough to be legalised should be legalised.

In its submission, NORML Ireland, said it supports the Medicinal Cannabis Regulation Bill and calls for an extended process of consultation which would build a model of cannabis legislation in Ireland that will work for and benefit our community. It says it supports decriminalisation and eventual legalisation of cannabis for medicinal, therapeutic and personal use. It advised how it is working towards the removal of all penalties for the private possession of cannabis by adults, cultivation for personal use, and the casual non-profit transfers of small amounts through the Cannabis Social Club model.

SSDP said it is important to look beyond cannabis and to deal with each illegal drug according to its unique properties and average user profile. It said that only by regulating each drug based on these factors can a government truly start to reduce its country's drug demand, right from the user to the criminal gangs importing the drugs from abroad. It said that this would be a bold step by the Irish Government, but like the smoking ban and the recent gay marriage referendum it could prove to be another proud achievement where Ireland were world leaders in a difficult and important field.

The HPRA issued GW Pharma with a product authorisation for Sativex Oromucosal Spray, to be used for symptom improvement in adult patients with moderate to severe spasticity due to multiple sclerosis (MS) who have not responded adequately to other antispasticity medication and who demonstrate clinically significant improvement in spasticity related symptoms during an initial trial of therapy. Treatment must be initiated and supervised by a physician with specialist expertise in treating this patient population. MS Ireland has lobbied for a long time that people with MS should have the choice to use and benefit from this treatment to assist them manage the impact that

spasticity may have on their life. IPU said it was disappointed that the HSE has still not issued a reimbursement code for Sativex, thus depriving MS patients of this much needed medicine.

SSDP advised of their involvement with a recent global medical cannabis summit held in Dublin organised by “*Help not Harm*” which brought together experts from around the world on the area of medicinal cannabis. SSDP are supportive of the view that cannabis be used and made available as a medicine.

4.4.13 Classification of Drugs

A key theme among many respondents was the classification of drugs. Some felt that legal and illegal drugs should be reclassified based on their risk of real physical and/or mental harm. Respondents felt that there needs to be robust legislation in place around the classification, supply, and sale of drugs and alcohol following research and study of all drugs and reviewing of the risk of harm for each one. Some called for a full analysis of the Irish population's views and attitudes to drugs. Some respondents felt there was a need to “call it as it is”, instead of increasing confusion and to then challenge society's complacency about softness towards drugs.

Some felt that any drug that can be grown naturally should be classified as legal.

4.4.14 Cannabis/Marijuana

Cannabis was an issue that featured widely in responses. Many respondents felt that cannabis should, as a minimum, be decriminalised with many calling for its legalisation and regulation. Some respondents called for barriers to the access of cannabis-based medicines to be removed through compassionate access programmes and to legislate to allow for prescription based access.

The potential medicinal use and/or benefit of drugs, currently illegal, was a prominent issue raised during the consultation, particularly involving cannabis. It was widely felt that drug policy in Ireland should examine and consider legalisation of drugs known to have beneficial medical uses/applications. People before Profit submitted its “Cannabis for Medicinal Use Regulation Bill 2016” as part of its response to the consultation.

Some called for the establishment of the cannabis social club model which would be regulated by a Cannabis Regulatory Authority. Some advocated smoking centres where people could learn about cannabis in a safe environment.

Some respondents felt that cannabis is not a drug but a psychoactive substance with far less negative effects than alcohol when used recreationally and that was exceptionally powerful in the relief of symptoms of medical conditions such as multiple sclerosis, cancer and glaucoma, with some claiming that in countries where cannabis is legalised that suicide rates have dropped by 25%.

Other respondents stated that persistent marijuana consumption can have negative effects, particularly to young people and on addictive personalities, and that steps should be taken to curb what they felt was a growing culture of tolerance towards cannabis and that there should be a clamp-down on the supply and use of cannabis.

Bray LDATF advised that other services in Bray are stating that there is an increase and normalisation of “weed” use and related issues such as debt, intimidation and people being forced into criminal activity.

4.4.15 Drug Debt Intimidation

The issue of drug related intimidation and drug debt intimidation and violence towards people who use drugs, their families and/or communities featured as a prominent issue occurring throughout Ireland. Respondents felt that the nature and scale of intimidation experienced by family members has increased. CityWide, in its submission, highlighted this issue through findings of an audit it undertook with the Health Research Board (HRB). The audit involved intimidation report forms from 13 LDATFs which found:

- 74% of people who experienced drug related intimidation did not report to the Gardaí because of fear of reprisal;
- 90% of those who reported did so to a community or family support organisation;
- 67% of victims reported mental health problems as a result;
- 37% reported physical injury; and
- 52% of victims of intimidation were women and girls.

The Fianna Fáil spokesperson for Community and the National Drugs Strategy proposed that a “drug related intimidation” strategy be developed in conjunction with the regional drug and alcohol TFs to support people affected by intimidation.

Respondents recommended that specific actions around drug debt intimidation need to be included in the new NDS and that supports be increased to people experiencing drug-related intimidation. Some suggested the enhancement of the Drug-related Intimidation Programme in conjunction with the Family Support Network (FSN) and the Garda National Drugs Unit (GNDU). It was also recommended that awareness be created about the programme. It should form an active part of all Garda areas and Gardaí should be trained in dealing with victims of intimidation.

The NICDATF advised that there have been a number of local initiatives and work undertaken by CityWide, but that a comprehensive local adaptable programme needs to be piloted with young people and families. CityWide said the issue for young people will require collaboration between relevant stakeholders including the schools, youth services, family support services, Department of Education, Department of Children and Youth Affairs and the Irish Youth Justice Service. CityWide’s view is that Local Community Policing Fora have a crucial role to play in supporting victims of drug related intimidation and acting as a link to the NFSN/Garda Intimidation Reporting System; Citywide proposes that Community Impact Statements be endorsed as a tool for tackling the impact of drug related crime and anti-social behaviour on communities; and that the Department of Justice needs to take a lead on bringing together the relevant agencies to tackle this issue.

There was also concern about the intimidation of witnesses when reporting dealers; and respondents felt that the courts need to change legislation to enable people to report dealers without fear of intimidation.

The NICDATF said that a Drug Crime Gang Exit Programme, particularly targeting young people, should be established in identified local areas, informed by international examples in England, particularly London and Birmingham, and the US examples of New York and Los Angeles.

4.4.16 Drug Related Violence

Many respondents said that there has been an increase in drug-related violence in line with increased drug usage. They felt that the cut-backs in Garda resources has meant limited availability of policing in the community resulting in increased personal safety risk as a result of increased drug related crime

and violence. Addiction Response Crumlin Ltd. referenced a report by Corrigan and O’Gorman that reported that most residential services in Ireland are geared towards men, despite the increased treatment needs of women. It also referenced a study by Moran (1999) that showed that even when women want to take steps to address their problem drug use, child minding often prevents them. This is compounded by their fears of being seen as “unfit mothers” and having their children taken away if they seek treatment.

4.4.17 Prescription Medication

Many responses to the public consultation spoke about prescription medication being misused, shared, over-prescribed and/or sold on and that this issue needs to be considered in the new strategy. Members of the travelling community highlighted this as a particularly prevalent issue within the travelling community.

While some respondents felt that prescription drugs are scheduled well and not that easy to abuse, many felt that prescriptions for anti-depressants, anti-anxiety medications and sleeping pills are unregulated and far too easily attained from doctors without any referral for assessment to a psychiatrist. Many felt that there was a need for stricter prescribing regimes around GP prescriptions and in particular about the over prescription of benzodiazepine, Z drugs, Methadone and anti-depressants. Some proposed that there should be pharmaceutical inspectors and more frequent audits of pharmacy chains and distributors.

The North Tipperary Community Cluster said prescription drugs are remaining on prescription even when they are no longer needed. It said a lot more education is needed when people are getting or renewing prescriptions and it was felt that questions should be asked by the three participants (client, doctor and pharmacist) about the medication. Prescriptions are being repeated without review and on a long term basis incurring cost to the State/taxpayer. The excess availability of prescriptions is then being sold. It asked for tighter controls on prescriptions, how they are issued and their use is needed, and that doctors need to monitor their patients need for drugs on their prescription at every consultation.

The Dublin 12 Local Drugs and Alcohol Task Force (DATF) recommended that the supply pillar for the new strategy should contain an objective on supporting an application of legislative controls to regulate the prescribing of benzodiazepine and other Z drugs.

The Health Products Regulatory Agency (HPRA) suggested that the integration of electronic health records into the health system (e.g. in GPs and retail pharmacies) for individuals could reduce the level of “doctor shopping”. Respondents suggested that an online database with unique patient identifiers be explored and included to assist health care professionals. This would allow the tracking of patients through services, allow for outcomes to be reviewed and also allow the identifications of drug seeking patients.

Some respondents felt that there should be awareness campaigns run on the side effects of prescriptive drugs and the harmful effects to the system.

The Pharmaceutical Society of Ireland (PSI), in its submission, advised how pharmacists are vigilant of forged prescriptions but suggested that an alert system be put in place, in addition to the introduction of a standard form by the Minister for the writing of controlled drugs and monthly reporting systems as envisaged during the Department of Health’s consultation on the Misuse of Drugs Act in 2013. This would integrate pharmacies into national communication structures which could be used, for example, where a prescription pad has been stolen from a hospital. The PSI also claimed that there

are further opportunities to reduce the level of unintentional misuse of prescription-only medicines through introduction of prescribing guidelines and supports for patients and healthcare professionals.

There was feedback that Gardaí report that the majority of seizures from street searches of those engaged in nuisance drug related behaviour are found to be in possession of a range of tablets, most commonly, benzodiazepines and Z drugs (Zimovane, Zopiclone, etc.). While these drugs are “not legal” Garda powers are limited when they detect these drugs on a person (even when intent to supply is obvious).

A submission by HSE Addiction Services, Ballymun said it is important that proposed legislation to change the schedule of Zopiclone from S1A to CD4 is enacted and would give the Gardaí more powers to prosecute illicit suppliers.

The HPRA suggested that controls for new substances under the Misuse of Drugs Act might be best informed through review and consideration by an advisory group to the Minister.

Respondents recommended that the introduction of regulations required to fully implement provisions of amendments to the Misuse of Drugs Act (2016) to address issues in relation to supply of such drugs be expedited and that a plan for its implementation be included in the new NDS, ensuring that Gardaí are empowered to pursue criminal proceedings against offenders. A national campaign should be launched to highlight to service users, families, prescribers and law enforcement that the law has changed.

Some respondents noted that there should be a plan to return unused medicines when a person dies.

4.4.18 Over-the-counter (OTC) Medication

Respondents noted that the supply of OTC medicines continues to be a significant issue and that current protocols do not appear to be effective in curtailing the sale of drugs such as pain relievers, etc. Existing strategies to prevent and treat codeine misuse and dependence are insufficient and need improvement. Respondents felt that while pharmacists are strict in what medicines they dispense, their judgement is based purely on presentation and no available clinical history, which is impractical. Therefore it was recommended that a quantity limit per purchase be implemented and an awareness campaign mounted on the dangers of un-prescribed medications and of polydrug use. Addiction Response Crumlin Ltd. stated that polydrug use presents a difficulty for services in relation to engaging service users due to the chaotic nature of their drug misuse and therefore creates challenges for treatment services.

In their submission, the Pharmaceutical Society of Ireland (PSI) believes that primary care, including the community pharmacy, could be a key point of contact to identify polydrug patients, to provide treatment or a referral to a specific treatment programme. The PSI referenced the CODEMISUSED Project which examines this issue in Ireland, the UK and South Africa.

The over use of codeine in particular arose frequently as an issue during the consultation. It was considered that codeine abuse and dependency should be considered in the new strategy. Focus was brought in a submission to a research project operating in Ireland and in complete stages of investigating codeine misuse, abuse and dependence in Ireland and referred to a number of publications of relevance to this issue:

- *A Comparative Exploration of Community Pharmacists' Views on the Nature and Management of Over-the-Counter (OTC) and Prescription Codeine Misuse in Three regulatory Regimes:*

Ireland, South Africa and the United Kingdom. Carney et. al (2016). Int. J. Ment. Health Addiction;

- *“Codeine is my companion”: misuse and dependence on codeine containing medicines in Ireland. Van Hout et al. (2015). Irish Journal of Psychological Medicine;*
- *Dependence on Over the Counter (OTC) Codeine Containing Analgesics: treatment and recovery with Buprenorphine Naloxone. Van Hout et. al. (2015). Int. J. Ment. Health Addiction*

4.4.19 Alcohol

Many respondents felt that Alcohol is one of the most prolific drugs with widespread availability, and that all Irish people, in particular our youth, are subjected to widespread exposure to alcohol through advertising and cultural acceptance. Alcohol places a huge burden on the health services and costs the State an estimated 3.7 billion euro per year. The Health Research Board (HRB) data indicated that alcohol is now the most prominent drug for primary reason for referral for treatment in Dublin 12 and other areas and D12LDATF noted in its submission that alcohol was implicated in the majority of drug related deaths in the area. Respondents noted that alcohol is also a significant factor in people who use drugs being addicted to other substances.

Many respondents noted that supply is not the reason for abusive alcohol consumption in Ireland and felt that alcohol is harder for young people to get now than drugs - because it is legal and controlled. Respondents spoke about the culture of tolerance with respect to alcohol consumption and abuse. They felt that binge drinking and underage drinking has its roots in that culture of tolerance and that it is almost an acceptable norm.

The Green Party submission suggested that communities could make a difference by discouraging the normalisation of excessive alcohol consumption in local sports clubs. A designated committee member or official in any sports clubs with an alcohol licence should hold a workshop on substance abuse and addiction for club members under the age of 25. Sports clubs should also adhere to guidelines with a view to minimising any potential addictive behaviour among young members.

Barnardos recommended that alcohol be afforded priority in the new strategy proportionate to its widespread use as the drug of choice within Irish society and should include measures to change public discourse and attitudes to alcohol and alcohol misuse, as well as sufficient resources to support families impacted by alcohol misuse. Parental responsibility and parenting skills need to improve, with some calling for it to be a criminal offence for a parent to give a drink to a child. Others noted that as farmers have to have veterinary medication in a locked cabinet that maybe this should apply to our houses. There also needs to be more accountability on those who are supplying to underage people.

In its submission, the D12LDATF stated that evidence indicates a reduction in alcohol consumption can be achieved by enforcing policies on supply, availability, marketing and minimum pricing. They suggested that this should be factored into the new strategy under the supply pillar with national leadership identified and local implementation by Drugs TFs.

While some respondents called for further restrictions on alcohol marketing and sponsorship, others called for a complete ban on alcohol advertising and sponsorship of sporting events. The Irish Cancer Society referred to studies and evidence which shows children are influenced by alcohol marketing. It believes that a ban on the sponsorship of major sporting events by alcohol companies, in conjunction with the measures detailed in the Public Health (Alcohol) Bill 2015, is one step in addressing Ireland’s unhealthy attitude to alcohol. Respondents felt that the enactment and full implementation of the Public Health (Alcohol) Bill along with the introduction of minimum unit pricing would assist in limiting access to alcohol through pricing measures, and thus reduce alcohol-related harm.

A set of comprehensive, evidence-based recommendations that are required to tackle the harm caused to individuals, families, communities and society by alcohol misuse already exist in the report of the National Substance Misuse Strategy Steering Group. Those recommendations which have not yet been implemented must be incorporated into the new National Drugs Strategy, as suggested by Alcohol Action Ireland and CityWide.

Respondents also made the following recommendations:

- Increase the legal age of 18 to 21 to delay the onset of drinking alcohol and increase the opportunity of brain development;
- Restrict the number of units of alcohol that can be bought at any one time;
- The enactment of the Public Health (Alcohol) Bill and the introduction of minimum unit pricing would assist in limiting access to alcohol through pricing measures, and thus reduce alcohol-related harm;
- Reduce the supply of cheap alcohol;
- Introduce a mandatory 'social responsibility' levy on the drinks industry;
- Retain or increase excise on alcohol;
- Review pricing for non-alcoholic drink in pubs as it is cheaper to buy a pint of beer than a pint of a non-alcoholic alternative;
- Ensure prosecution and stiffer penalties where establishments have sold alcohol to young people, without reasonable requirement for underage witnesses.

St. Patrick's Mental Health Services referred to policies and programmes highlighted by the World Health Organisation that have been shown to be effective in tackling alcohol misuse and recommended that such policies and programmes be further developed in the new National Drugs Strategy. (*Second Report of the World Health Organisation (WHO) Expert Committee on Problems Related to Alcohol Consumption, 2007*).

4.4.19.1 Funding

Respondents claimed that the absence of appropriate resources / funding for community alcohol treatment service provision, to reinforce the work of local communities engaged in community mobilisation, means that the treatment pillar of the process is limited in terms of its response. Respondents also recommended that funding should be made available for people who have been impacted by parental alcohol and substance misuse. This will prevent the legacy of mental health and addiction issues being passed down through the generations it was said. It was suggested that this and other funding could be made available from another round of Dormant Account funds.

4.4.20 Treatment of Alcohol Abuse

The IMO referred to what it termed a clear disparity in the uptake of treatment services for problem alcohol use nationally, with treatment incidence ranging from 52.4 cases per 100,000 population in Roscommon to 311.9 cases per 100,000 population in Waterford (*Health Research Board, Treated problem alcohol use in Ireland – 2013 figures from the National Drug Treatment Reporting System, Dublin, 2015, p. 10*). It said that such a wide discrepancy is unlikely to be linked to equivalent regional differences in problem alcohol use, and so suggests that prevalence of problem alcohol treatment in Ireland is not responsive to the prevalence of alcohol dependency, but is instead dependent on other criteria other than patient need. This point was reinforced by respondents stating that there is no adequate treatment and support for those presenting with alcohol related issues. In many cases services are underdeveloped and are not available locally.

Ballymun LDATF noted that Ballymun has engaged in a community mobilisation approach around alcohol over the last five years, the effective implementation of which relies on delivery of an integrated set of actions operating at multiple levels. A range of other areas and communities have also engaged or are currently engaging in Round 2 of the CAAP training (Community Action on Alcohol Programme). Ballymun LDATF made a number of recommendations in respect of alcohol as follows:

- Due to the pervasiveness of problematic alcohol use across society in Ireland and the growing problems of dependency, advanced liver disease, co-morbidity with mental health and self-harm, etc., a national treatment response is required to be rolled out at local regional and residential levels. This includes defining effective care pathways, ensuring high standards of care and clinical guidelines, providing adequate range of options including detox support, liver screening, thiamine support, family involvement/support, co-ordination with existing statutory and community based drugs services, referral pathways from hospital A&Es and mental health hospitals, etc.
- Ensure that existing evidence based community responses which have been found to reduce alcohol related problems and dependency are fully resourced and the learnings used to inform development in other areas (e.g. CARE Alcohol Treatment Programme in Ballymun, Finglas and North Dublin). (CARE was a twelve-month pilot project in which the HSE Addiction Service, DATFs and community based services in each of the three sites worked together with HSE medical practitioners to provide integrated community based and cost effective alcohol treatment pathways. An evaluation was undertaken by Quality Matters and is available through <http://www.drugsandalcohol.ie/24700/>);
- Provide a range of specific alcohol prevention, intervention and treatment interventions, responses and pathways for those with alcohol related brain injury (ARBI) and Foetal Alcohol Spectrum Disorder (FASD);
- Increase provision and scripting of B1 (Thiamine) for those engaged in regular heavy episodic drinking in order to prevent cognitive impairment and improve outcomes when engaged in treatment;
- Ensure the commencement and enactment of the Public Health Alcohol Bill which comprises of key evidence based responses which have shown to reduce alcohol related harm;
- Programme for the full implementation of all of the recommendations of the Steering Group on a National Substance Misuse Strategy February 2012 including alcohol marketing, sports sponsorship, structural separation, etc;
- Look at increasing the tax of sugar sweetened alcoholic beverages particularly alcopops in terms of also meeting the outcomes relating to A Healthy Weight for Ireland, Obesity Policy and Action Plan 2016-2025; and
- Consider further measures to update alcohol licensing laws to reflect current developments in alcohol supply, including distance sales – deliveries, secondary supply and most importantly, the formation of Local Alcohol Licensing Committees/Boards as operated in Scotland and other parts of the UK where appropriate representations may be made on behalf of the community.

4.4.21 Alcohol and Road Safety

The Road Safety Authority (RSA) in its submission outlined its Irish research in the context of road safety and the range of interventions it is currently taking. Issues highlighted are drink and drug driving, medical fitness to drive and RSA interventions. The RSA advised its most recent research showed alcohol to be a factor in 38% of fatal collisions over the period 2009-2012. It identified males, age 16-24 to be a high risk group and also alcohol consumption by motorcyclists and pedestrians. The RSA advised how it is currently engaged in research to identify the extent to which drugs are a contributory factor for these groups. In the context of the new National Drugs Strategy, the RSA's submission specifically highlighted relevant actions taken from the 2013-2020 Road Safety Strategy which addresses alcohol/drugs (Actions 1, 14, 70, 74, 75, 76, 77, 78, 106, 107, 119, 120, 121 and 124) developed by the RSA and stakeholders of the Government Road Safety Strategy.

4.4.22 Alcohol and Children

Alcohol use by children and young people is a substantial issue which is rising exponentially. In the context of supply reduction, Barnardos made a number of recommendations for this issue as follows:

- Develop and implement a Children's Protocol for carrying out Garda raids;
- Develop a new model in which diversion programmes and interventions by Gardaí are a part of a suite of integrated supports in the community which target whole families for early intervention;
- Greater enforcement of legislation on sale, supply or delivery of alcohol to minors and restrictions and regulations on the volume, content and placement of alcohol advertising.

The Irish Society for the Prevention of Cruelty to Children (ISPCC) referred in its submission to its own research that found one in ten Irish children felt their life was significantly affected by their parent's alcohol use (*"If they're Getting Loaded. Why Can't I? ISPCC National Children's Consultation, 2010*). In 2015, the ISPCC received 3,853 contacts from children and young people related to the issue of drugs or alcohol. The ISPCC recommended the inclusion of specific and appropriate referencing of the rights and needs of children in the new Strategy and also made the following recommendations:

- A robust framework of service provision for children and young people;
- Provision of a national network of detox beds and rehabilitation places available in the community for people under 18. It said these should provide detox facilities on a residential basis no further than 2.5 hours away from families throughout Ireland followed by appropriate step-down facilities made available in local communities;
- There is a need for a national, consistent level of early intervention supports aimed at those with a lower level of need to address drug and alcohol misuse at the early stages;
- Delivery of a national/universal drug and alcohol education programme needs to be delivered to children and families across all communities, using schools and community outreach services. It added that cross departmental cooperation is required in order to deliver a robust national substance misuse education programme.

The Irish Cancer Society called for strident measures in the next National Drugs Strategy in relation to alcohol and said it should contain the following provisions:

- Regulations to be enforced under Section 16 of the Intoxicating Liquor Act 2008 that ban the supply of alcohol at reduced prices – for instance a minimum price per container that cannot be reduced through multi-buying. Under this section enforcement mechanisms need to be developed as well.
- Review brief alcohol interventions in the health system to ensure those most at risk are being reached (e.g. women, young people, low income, homeless) There is strong evidence of the

effectiveness across the social gradient of using brief interventions to address alcohol problems (referenced a study by Littlejohn C “Does socio-economic status influence the acceptability of, attendance for, and outcome of, screening and brief interventions for alcohol misuse: A review”. *Alcohol and Alcoholism* 41(5));

- Introduce zoning restrictions to reduce the number of alcohol outlets in low-income or other areas with high levels of alcohol-related harm, and reduce alcohol outlets near schools and youth venues. In indigenous Australian communities, for example, a tailored combination of measures to reduce availability of alcohol has proven to be effective at reducing harmful alcohol consumption, crime and alcohol related hospitalisations. To limit the availability of where you can buy alcohol, local authorities should monitor the level of off licence trade in their area, and impose a cap on the number of retail premises licensed to sell alcohol within their areas.

Many respondents referred to the requirement for minimum unit price (MUP), and the provision of MUP in the current legislation was welcomed. The ICS recommended that that the new NDS should contain a plan for annual increases for alcohol taxes. It was also recommended that the labelling provision in the Public Health (Alcohol) Bill 2015 go further than planned and that a specific warning such as “*alcohol can cause fatal cancer*” be displayed on alcoholic beverages for sale.

The Irish Cancer Society, in its submission, referenced numerous publications that document widespread evidence of the link between alcohol and cancer. It called on the next strategy to raise awareness of the link between alcohol and cancer, as there is little public awareness of the causative link. It said we need Irish people to be aware of the impact alcohol has on their cancer risk. Based upon studies of alcohol consumption, referenced within its submission, it said it is essential that the strategy recognises that the burden of alcohol consumption and alcohol related harm is felt greater by those in the most disadvantaged communities.

Respondents felt that the inclusion of alcohol in the new NDS would greatly change the supply reduction policies as supply is not only limited to illegal activity but is based in local shops, supermarkets and pubs. They called for new actions to be included to address the lack of community based alcohol treatment & rehabilitation services.

4.4.23 New Drugs

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) report that they identify two new substances on a weekly basis. Some respondents noted the increase in psychedelic drugs such as 2Cb, 2Ci, 25i and 2Cd. Many are purchased without anyone knowing what the substance is, or the dosing levels. It was felt by many that services and the wider general public may have never heard of these and are not prepared if they come across incidents involving these drugs, particularly in a polydrug scenario. There needs to be information generated on what drugs are in circulation and how to deal with incidents involving them.

Respondents were concerned that there is insufficient communication between relevant agencies on new drugs and possible side effects. Some recommended that there be an Early Warning System (EWS) in the form of email alert system set up for health care professionals, providing information on any new information on drugs and/or new drugs currently on the market.

The CDA Trust Ltd. said that information on new substances needs to be collected and disseminated as quickly as possible, warning people of the dangers of New Psychoactive Substances (NPSs) formally known as “legal highs”. Evidence has shown that web based information may be the most expedient way of reaching at-risk young people. It recommended that a national training programme be

developed for front line workers on how to best respond with a particular focus on young people's mental health services. It added that the legal position of these new substances must be clarified and the manufacturers/purveyors targeted by a concerted international policing effort. It suggested that the Psychoactive Substances Act (2010) could be amended to refer to a newly adapted list of known psychoactive substances which can be regularly updated by expert pharmacologists / medical professionals and the National Drugs Unit.

The Health Products Regulatory Agency recommended that measures are required to reduce the supply of new psychoactive substances (NPS). These would include targeted surveillance of the open internet and darknet; a focus on modes of delivery and collection points; increased activity in the areas of precursors, particularly high risk and potential chemicals and substances; and engagement with service providers and international partners. It added that involvement of forensic scientists, regulatory agencies, Revenue, Customs and the Gardaí would be required.

The use of psychoactive products containing one or more synthetic cannabinoids (SCB's) being sprayed onto a herbal substrate (dried plant material) remains a serious drug policy and public health concern, as referenced by Teach na Daoine.

The NICDATF recommended that monitoring of drug trends needs to be continuous, properly resourced and integrated across a number of platforms (Gardaí, community, outreach teams and treatment programmes). The Drug Treatment Centre Board, formerly known as the National Drug Advisory and Treatment Centre, felt that there should be a National Drugs Testing Laboratory testing and monitoring of trends in existing and new drugs. Trinity College Students Union Lobby Group recommends the establishment of State-funded drug analysis centres (like similar services operating in Wales and The Netherlands), a harm reduction measure which they felt would reduce the uncertainty around pills or powders that can result in considerable harm or fatalities.

4.4.24 Harm Reduction

Respondents felt that the promotion of harm reduction initiatives would take people who use drugs out of the black market and create an environment where they feel they can reach out to services and help themselves without fear of falling foul of the law. Many respondents recommended the provision of supervised injection clinics. Some suggested that consumption rooms - protected places for the hygienic consumption of drugs in a non-judgemental environment and under the supervision of trained health and social care staff - would be better than just safe injecting in a safe environment. Respondents felt that these facilities are important to allow "prescription heroin users" to get away from dealing with criminals.

Respondents noted concern about the unregulated quality of illicit drugs, some cut with toxic chemicals and are often dangerous. Respondents proposed the provision of drug testing kits. The Green Party proposed that a legal framework where more resources are available for harm reduction would be timely and just.

The College of Psychiatry of Ireland calls on the new strategy to develop harm reduction strategies for novel psychoactive substances, chemsex, image and performing enhancing drug use and for illicit purchase of drugs over the internet. The new National Drugs Strategy should address the issue of chemsex in men who have sex with men (MSM) and should include all aspects of this issue including harm reduction, supply reduction, prevention (including education and awareness), treatment, rehabilitation and research.

Respondents were concerned that with the increase in availability of drugs, there was a huge variance in the quality of the product. They recommended that drug testing kits be made available to all people who use drugs so that they can check what is in the drug they are taking. There was feedback referencing the Kelleher Report (2016) that personal pill testing kits are superfluous and ineffective. According to the National Students Drug Survey 2015, less than 10% of third level students were sure of the contents of pills or powders that they have consumed.

Respondents suggested that the Misuse of Drugs legislation be amended to allow for on-site forensic drug checking at festivals, nightclubs, injection sites and other environments associated with high levels of drug use.

The Peter McVerry Trust said it believe that the new National Drugs Strategy must set out a timetable to deliver and enact new legislation that enables and supports a shift towards a harm reduction and rehabilitative approach. It says that such a legislative framework is essential in avoiding legal uncertainty, delays and the rise of 'grey areas' which would undermine any attempt to shift towards a health led approach to tackling drug misuse. In its submission, Peter McVerry Trust referred to the Committee on Justice, Defence and Equality's report on a Harm Reducing and Rehabilitative approach published in November 2015. According to the Peter McVerry Trust the report sets out whereby the possession of a small amount of illegal drugs for personal use could be dealt with by way of a civil/administrative response and rather than via the criminal justice route as in Portugal; and that this measure is of critical importance and should be prioritised in the new National Drugs Strategy the Trust believes.

Simon Communities Ireland said the NDS should prioritise the resourcing, expansion, availability and accessibility of harm reduction strategies and services; establish and resource a full range of harm reduction services for those in rural settings including an adequate spread of residential treatment and rehabilitation places; and fast track legislation to establish medically supervised injecting centres (MSIC) in advance of the delivery of the NDS. It said MSIC should allow for the consumption of all 'carry in' substances and should promote the use of foil for smoking substances as a harm reduction measure rather than focus entirely on injection drug use; expand the needle exchange programme and put in place funding for disaggregated data collection and service provider and practitioner training; increase funding for needle exchange service providers to formalise referral mechanisms for Blood Borne Viruses (BBV) and Tuberculosis (TB) screening and to carry out BBV screening where expertise is available to do so.

Some respondents felt that harm reduction centres should be made available outside of Dublin city centre.

4.4.25 Enforcement and Legal Issues

Enforcement featured widely in the feedback on what should be done to reduce the supply of illicit drugs. Many felt that while the authorities are doing their best, they are fighting a losing battle due to lack of resources to combat the huge resources of the criminal suppliers. A wide range of views were expressed with respect to enforcement, ranging from targeting only significant drug dealers to employing a zero-tolerance attitude. Community policing was a significant theme, with many respondents feeling that confidence needs to be restored in communities by providing a visible Garda presence on the streets. The following recommendations were made with respect to enforcement:

4.4.25.1 An Garda Síochána

- Increased funding, presence, training and education of Gardaí to tackle supply reduction;
- Gardaí should be trained in how to deal with both drug dealers and people who use drugs, with some stating that the policy of just treating everyone as the same type of criminal was an ineffective one;
- A national training programme should be implemented for all Gardaí in how to respond to suspected drug use and how to refer into services as an alternative to criminal justice proceedings. There should be a response to under age drug use geared more towards child protection than punishment;
- More Gardaí should be employed in the National Drugs Unit and in gathering intelligence on drug dealing locally, nationally and internationally;
- Establish high visibility dedicated support units within An Garda Síochána in areas where drug dealing and alcohol related anti-social behaviour is most persistent;
- Increased identification and prosecution of large organised drug groups;
- Some respondents felt that the larger dealers should be targeted as opposed to the very small dealer, while others felt that anyone involved in dealing drugs should be arrested and jailed; Some felt that the small dealer should be particularly targeted as these were role models for disaffected younger people while others felt that these should be left to free up resources to tackle the more serious players;
- Concentrate efforts on the harmful, lethal drugs;
- Concentrate Garda resources in areas known for illegal drug activity;
- More monitoring of home labs;
- More drugs raids;
- Provide more security checks for drugs with sniffer dogs and drug-testing, particularly in known drug blackspots;
- Publish success stories where drug dealers are caught or driven out of communities;
- Use of undercover guards to try and buy drugs and arresting those that sell to them;
- More search warrants and frequent searches of previous offenders;
- More Armed Response Unit s(ARU);
- A drug task force operated outside but alongside the Gardaí;
- Monthly infrared helicopter sweeps across the country;
- Increased community policing and foster better relationships with young people in communities;
- Increased Community Liaison Officers;
- Provide a specific Garda division dedicated to drugs;
- Provide the Gardaí with protection against guns such as bullet proof jackets;
- There should be more Garda surveillance and CCTV especially in low socio-economic areas, bars and nightclubs;
- Provide rewards for information on drug pushers in small communities;
- The practice of law enforcement trading drugs for information (referred to as “chiz”) should never be considered;
- Need to provide a secure line (online, phone, text) for witnesses; and
- Salaries of the Gardaí should be increased so that they are not ‘bribe-able’.

Ballymun LDATF noted that Ballymun has hosted one of three national Joint Approach to Reducing Crime (JARC) pilot schemes. It recommended that the new strategy consider the national roll-out of the JARC programme in areas with heightened drug use.

4.4.25.2 Criminal Assets Bureau (CAB)

Views in relation to the Criminal Assets Bureau (CAB)

- CAB should tackle all of the main drug dealers; investigate the finances of criminal organisations and the banks who help launder their money and continue to remove assets of known dealers;
- Create a 'mini criminal assets bureau' in each Garda District, including provision of training of 'local profilers' to assist in identification of those profiting from the sale of illegal drugs at local community level, highlighting these successes in order to increase confidence in the community.

The NICDATF recommended the continuation of asset profiling of lower level drug dealers as initiated in Dublin's North Inner City in mid-2016 and that this be rolled out across other DATF areas.

4.4.25.3 Customs

In the context of customs, many raised issues about border control and policing approaches, taken in Ireland, as follows:

- Calls for more border controls, more control at harbour/airport/ Northern Ireland frontiers including and co-operating with the Coast Guard and Naval Service;
- There should be greater cross border co-operation with customs and excise of other European states and beyond;
- Review current cross border policing approaches to address cross border drug tourism;
- Increased maritime patrols and tighter customs screening of vessels from high risk countries such as Spain, the Netherlands, and Britain;
- Ireland should work in partnership with Interpol and other international policing and security organisations;
- More scanning of packages coming into the country is required.

4.4.25.4 The Courts and other legal issues

Views on courts and other legal issues included:

- There should be more drug courts, more options for judges rather than sending individuals to prison and more drug free residential programmes;
- Give the Gardaí and the courts more power to keep drug dealers off the streets;
- Ireland should have better anti-gang and money laundering legislation;
- Provide legislation to assign greater responsibility on proprietors of pubs and clubs to ensure that illicit drugs are not being dealt or taken on their premises through testing of surfaces to identify if usage is taking place;
- Legislate for the requirement to carry out random drug and alcohol testing in the workplace.

A submission received from an independent counsellor remarked that there appears to be a refusal by judges to implement the mandatory ten-year jail sentence for possession of drugs with a street value above €12,500 and that statistics show few drug dealers caught in possession above this value receive a mandatory sentence. In their view, new legislation on drug crime would be necessary if the existing laws such as this are not used by the judiciary. They added that the planned introduction of

injecting centres will lead to an effective decriminalisation of heroin and other injectable drugs) in certain areas where an individual carrying drugs can claim they were on their way to a facility, will not be convicted in a court and are unlikely to be prosecuted in the first place. In their opinion, politicians promoting this policy had not addressed the issue of de-facto decriminalisation of Class A drugs.

4.4.25.5 Penalties / incentives

Views on penalties and/or incentives were also received and included:

- Provide incentives to stay clean, such as having one's criminal record wiped after a period of time for less serious offences;
- Stricter programmes and/or jail sentences for personal usage, and very severe penalties for drug suppliers;
- While some respondents sought stricter penalties for first use and for anyone in possession of drugs illegally, others suggested that first time offenders should be required to spend a few weeks helping out in a drug treatment centre;
- Respondents varied in their attitude to penalties for drug dealers, with some simply suggesting mandatory jail sentences, others suggesting life sentences, and others suggesting mandatory death sentences;
- Fines in place of arrest;
- The custody of children should be removed from addicted parents;
- Consequences for young teenagers & parents of these teenagers that are selling or using drugs;
- Penalise judges who hand down lenient sentences/suspended sentences/no penalty;
- Make prison harder/less comfortable and with no luxuries;
- Give offenders long community work sentences where they have to work to better the community;
- Stop sending the higher criminal suppliers to the central criminal court as this is only aiding in their early release;
- Address the issue of repeat offenders walking free and offending while on bail;
- Mandatory penalty (minimum sentence and/or financial penalty) for anyone involved in the supply of drugs - not just the dealers but anyone involved in the supply chain;
- Crimes committed under the influence of drugs should carry a more severe penalty;
- Introduce mandatory jail sentences for producing illegal drugs;
- Carrying of un-prescribed medications should be an offence and carrying un-prescribed medications with intent to supply should carry the same penalties as possessing heroin and cocaine;
- Selling alcohol to underage people should carry a severe punishment. People who become alcoholics should be imprisoned with "hard labour" and be made dry out the hard way. People who sell drink to underage people should be sentenced to at least 6 months with hard labour. First time offenders smoking cannabis should get a minimum of 3 months imprisonment with hard labour and repeat offenders should get double that time for every offence. People who sell drugs should get 4 years hard labour for a first offence. People who sell drugs as a business should get 20 years hard labour in prison. There should be no remission, no suspended sentences, no changes and no reprieves for any drug offences;
- Name and shame convictions for drugs offences in the media;
- Restrict money available by welfare recipients (e.g. pay for bills directly);
- Review the job schemes programme – give social welfare for six months and afterwards there is a choice of getting a job or no dole.

4.4.25.6 Internet

Many respondents noted that there are significant supplies of various drugs increasingly available online which can be delivered to people's homes. They felt that there needs to be better regulation of online purchasing and that Gardaí need to focus on the internet, with greater internet surveillance and blocking of internet sites selling 'legal highs'. Similarly the issue of delivery of drugs via parcel delivery, parcel motels, taxis and via surface mail were also raised as issues that need to be addressed, particularly by customs (including at ports, airports, etc.) and the Gardaí. There was a view that the 2009-2016 NDS was not focused on the internet and that this needs to be remedied in the new strategy.

4.4.26 Supply Issues Related to Treatment

A significant theme throughout the consultation was that assessment, treatment and support should be offered to people who use drugs, as opposed to criminally charging them. However, significant barriers and difficulties for people to receive treatment were also identified, with access to treatment varying considerably depending on your age, location, primary drug of choice and mental health status.

Respondents felt that demand and consequently supply would be reduced through adequately resourced public health responses noting that Methadone clinics without multi-disciplinary supports, social care and social work staff achieve very little impact on quality of life for people who use drugs and their families.

Respondents felt that a greater focus on treatment, rehabilitation and recovery would lead to less demand. They suggested that employment opportunities for people with criminal records would maintain that recovery. Addiction Response Crumlin Ltd. said there are no specific employment support services targeted at those in recovery from drug or alcohol misuse. CityWide referred to the National Drug Agency in Portugal who work with companies that employ people who use drugs during treatment and called for models of funded internships to be developed here.

Respondents felt that demand should be addressed by investment in treatment services alongside a continuum of care approach to long term psychosocial interventions to support the transition from dependence towards rehabilitation and social reintegration. Addressing demand in this way, while at the same time investing sufficient funds in prevention initiatives with young people to reduce the numbers of those starting to use drugs, will have an impact over time.

Respondents felt that there should be stronger incentives for rehabilitation such as making it a condition for suspended sentences and introducing a lien on wages or social welfare for non-completion.

Respondents also noted the difficulty of achieving recovery, when there is drug dealing taking place outside Methadone clinics and Gardaí do not have the resources to police this.

The IMO recommended the expansion of opioid treatment protocol to "target the approximately half of the State's 21,000 problem heroin users who are not currently receiving treatment" and that this would reduce the demand for heroin, in turn reducing its prevalence and supply. They also recommended funding and resources be made available to State agencies tasked with seizing illicit substances in order to reverse the trend in recent years of a sharply declining number of drugs seizures. It said improved funding and resources should be provided to support community organisations focused on young people and young adults that promote drugs education and

prevention programmes, and organisations and public programmes that help to alleviate many of the social factors that contribute to drug use.

4.4.27 Services Staff Training

A national training programme (incorporating SAOR) should be rolled out for all front line services. There should be specific training and clinical guidelines for alcohol treatment, including inpatient/community detoxification with Addiction Clinical Nurse Specialists able to provide advice and support to community GPs. The CDA Trust Ltd. suggested that a similar model should be implemented for benzodiazepine addiction. Training is also needed for frontline staff in appropriate areas to assess for benzodiazepine misuse problems.

The HSE CHO 6&7 Rehabilitation Integration Service recommend the inclusion of addiction modules in nurse training to be extended to all health and social care professionals.

The College of Psychiatry of Ireland called for a clinical lectureship in addiction for psychiatrists in training to support medical undergraduate and postgraduate training in addiction. It also called for all third level institutions to offer addiction modules/courses.

5 PREVENTION

The prevention pillar of the existing strategy aims to promote greater awareness and understanding of the dangers of drug misuse in society. It also aims to promote healthier lifestyle choices.

There was acknowledgement in public consultation feedback of the prevention, and particularly of education initiatives, that have been undertaken as part of the existing strategy. Funding for the prevention pillar featured in views received. Respondents claimed that the prevention/education pillar of the NDS has been affected by cuts of up to 60-70% in recent years and that it is essential that the new NDS recommits to the importance of reinvesting in these vital services. Many called for reinvestment in prevention, including education, in the new strategy. Some felt that drug education is uncoordinated at a national level and asked this be addressed in the new strategy. It was felt by some that prevention starts from infant mental health and early intervention/prevention is necessary particularly in the context of intergenerational patterns of substance use and misuse. There was a recurring view that there must be a focus on mental health as a means to address prevention.

The HSE Mid-West Drug and Alcohol Service said to retain prevention as a concept as distinct from education alone to ensure a broad set of objectives are developed which tackle the many risk (and protective) factors for substance abuse.

With regard to prevention, The Green Party recommended there should be a holistic exploration into balanced lifestyles that minimise the likelihood of drug and alcohol abuse, considering factors such as education, exercise, diet, genetics, public space, economic opportunities, social marginalisation, and mental health issues.

In its submission, Ballymun LDATF provided information about a special engagement project called Jumpstart which was established to provide a targeted intervention for an identified group of young people (age 12-14 years) who had complex needs and were demonstrating concerning anti-social behaviour & criminal conduct. The Jumpstart programme aims to support young people who are deemed "high risk" and include complex needs e.g. anti-social, criminal and other behavioural issues, substance misuse, gang membership, ADHD, ODD, familial difficulties, poor school attainment (poor literacy/numeracy). The Ballymun LDATF refers significantly to those with dual diagnosis issues. The project was delivered in 2015 with relevant agencies agreeing to work together in its implementation. Funding was provided by Dublin City Council for a one-year pilot project. One of the main findings from the evaluation of this project was that the existing education system and curriculum does not meet the needs of these young people and that longer term alternative education programmes are necessary. It is important that the prevention and intervention pillar of the next strategy takes on board the need for tailored, long term, multi-agency planning and collaboration for such needs groups. While small funding such as that provided by Dublin City Council can have positive effects, longer term planning and funding by the Dept. of Education and Dept. of Children and Youth Affairs is required where such ongoing needs are clearly identified.

Ballymun LDATF made a number of recommendations for the new strategy in relation to prevention and education/intervention as follows:

- Recognise that the structure provided by the DATFs is ideal in harnessing the goodwill and input of the many services, departments and agencies needed to provide the full range of interventions required to delay onset and reduce problem drug use at community level;⁷
- Support the delivery of tailored approaches for children and young people that identify and take account of those who may have multiple needs and are currently experiencing issues relating to

participating in the education system, behavioural problems, drug/alcohol use and mental health concerns;

- Support timely assessment and equal access to appropriate treatment within the community in particular in relation to mental health services for children and young people;
- Ensure greater links between DATFs and children's services by seeking membership of Tusla on DATFs;
- Support implementation of *Meitheal* processes, and support and advocate for the needs of families in the region, in collaboration with locally based Networks and Children and Young People's Services Committees;
- Ensure promotion and support for evidence based programmes for families and young people aimed at reducing risk factors and increasing protective factors;
- Continue to build the capacity of those involved in all types of prevention and intervention work by ensuring the delivery and promotion of evidence based practice and interventions and ensure effectiveness and adherence to evidence based practice;
- In line with Action 1.14 of *Connecting for life, Ireland's National Strategy to reduce suicide 2015-2020*, build the link between alcohol/drug misuse and suicidal behaviour into all communication campaigns.

The IMO stated that academic literature indicates that factors such as socio-economic class and standing, peer use, level or standard of parental or guardian supervision, and drug market forces such as availability and cost, are causes of drug use, something recent research by the NACDA has reaffirmed (*J. Connolly and M. Donovan, Illicit Drugs Markets in Ireland, National Advisory Committee on Drugs and Alcohol, 2014, pp. 1-10.*)

Within Dublin 12 LDATF and other task force areas there has been a move towards more evidence informed prevention strategies and proven models that reduce risk factors and increase protection factors such as family programmes (*SFP, Triple P, Putting Pieces together, and STORM*, etc.). The TFs have made efforts to focus on supporting and increasing the skill sets of non-drug specific service providers working with high risk groups through models such as CRA, ACRA, and SAOR. ETB active involvement at local level has not only facilitated a focus and provision of supports in the area of prevention but has also led to good support and partnership working around provision of education to those on special status drug ring fenced Community Employment (CE) schemes. This provides an opportunity for this vulnerable group to increase educational levels ranging from basic literacy and numeracy and educational attainment to supporting progression into further education and employment. This has been an invaluable resource and partnership in D12. The D12DATF made the following recommendations for the new strategy in terms of education:

- while some work has been done in this area, there is a need for a greater emphasis on targeted prevention in the NDS;
- Greater investment in evidence based family systems programmes (*Strengthening Families Programme, Incredible Years*);
- DATF to be resourced to help develop early intervention initiatives to target highest risk populations; and
- The importance of the need to reverse the separation of the Young Persons Facilities and Services Fund from NDS and TFs. This move has greatly reduced the input and scope of TFs to ensure that measures funded under this initiative are reaching the most vulnerable and address risk and protective factors for young people engaging in drug misuse.

It was suggested that identification and engagement teams be established in conjunction with youth related services to identify the most at risk young people to interrupt their potential trajectory into

problem drug and alcohol activities. It proposed that sports groups could have an invaluable role to play.

HIV Ireland called for the issue of HIV prevention to be clearly named as a key objective in the new strategy. It said to ensure substance misuse policies are inclusive of harm reduction information and education/ training on infectious diseases. It also said to ensure relevant actions within the new National Drugs Strategy are strongly linked with those in the Healthy Ireland Framework, the National Sexual Health Strategy, the National Hepatitis C strategy and other relevant strategies. HIV Ireland also asked to ensure that drug education (including SPHE/RSE programmes and education in and out of a school setting) and awareness programmes/campaigns are inclusive of education and training on infectious diseases including HIV and Hepatitis. HIV Ireland also asked to ensure education and prevention initiatives are targeted to population groups at risk of drug use and other associated risk behaviours (e.g. young people, early school leavers, LGBT young people/young MSM, travelling communities, new communities, homeless people, prisoners, sex workers, etc.). HIV Ireland also said to increase availability of and access to free condoms for all population groups at risk of drug use and associated sexual risk behaviours. In particular, ensure ongoing sustained health promotion and harm reduction activities for people who inject drugs (PWID).

The Clondalkin DATF said prevention programmes must be responsive to new and emerging drug trends and needs. The U-Casadh Project said actions taken to reduce drug use in Ireland did not influence people's attitudes towards drugs and/or drugs misuse prior to their first experiences of using drugs. INCADDS, the Irish National Council for AD/HD Support Groups, said investing in substance abuse prevention and treatment can yield savings that exceed costs by a ratio of 12 to 1.

There was feedback relating to homeless people's needs under a number of Pillars, including prevention, documented in **Section 6.1.16**.

5.1 LEVEL OF UNDERSTANDING AND AWARENESS OF THE DANGERS OF DRUG USE

The consultation process asked how well informed people think they are about the dangers of drug use. Views representative of those who indicated that they were aged under 18 ranged between being very well informed to having an understanding and awareness while others advised they had little or no understanding at all. Those who advised they were well informed cited their parents, school and community and hearing news coverage as the sources of their information. Many who said they had some understanding expressed a wish to be provided with more information. Some described how they are aware of the dangers but despite that had used them because of peer pressure to do so. Drug education programmes in schools was referred to by many as a source of their information (including talks and videos). There was a view that drug education can focus on hard or illegal drugs, there is little or no information on synthetic or prescription drugs and/or that not enough of time is devoted to the subject in school.

Some of the views received from those aged between 18 and 25 said they were not well informed, that information provided in their school had been limited, brief in duration and/or had focussed on abstinence only. Some said they knew very little before researching the information for themselves online. Most of the views received from those aged between 18 and 25 were that they were "reasonably to well" informed about the dangers of drug use. Many referred to the school talks they had received in school (including by people who use drugs, teachers and/or the Gardaí), by their parents, seeing the effects of drug use first hand in their community/area and through college course modules (courses cited were healthcare, healthcare and leisure, nursing). Some said that although they were well informed of the dangers that people still use them as an escape mechanism or for

acceptance. There was a view that many are aware of the dangers but were not well enough informed of the effects and said that more information is needed. Similarly to those aged under 18, many said how education had focussed on abstinence, hard drugs and were not well informed of the effects of a variety of drugs.

Views representative of those who best described themselves as a service user advised of being well informed. However, there was a general view that the public are not well enough informed and that young people in particular need to be better informed. Some service users advised they were well informed of the dangers but had still chosen to use drugs, while others said they were unaware of the dangers before they started using. Service users attributed their awareness of the dangers as a result of their own personal experience and/or addiction issues, information provided through the services (including treatment services, community drugs workers, key workers and prison key workers). Some said that although they were aware of the dangers that they'd still used drugs due to a lack of support while they were younger and/or because they thought it was normal to use them. It was felt that more education of the dangers was needed and to include the dangers of prescription medication. Many said they had not been well informed of how to access help, support and treatment with some advising that while the information is there, people do not always know where to look.

Service users of the Drug Treatment Court (DTC) advised they are fairly well educated on the dangers of drug use but that their knowledge was acquired through life experience rather than through the Department of Health or the media. The group felt more awareness of the dangers of drug misuse is needed through talks in schools and media campaigns that provide accurate and factual information. Service users of the group considered educating and informing children about drugs should begin at age 11. The group said that when they were younger, adults in their lives and the media had simply told them all drugs were bad without providing any factual data. They felt this information was mistaken for exaggeration and some of the group thought this led to their progression from gateway drugs, like alcohol and cannabis, to amphetamines, heroin and cocaine. Service users advised of difficulty obtaining employment or further education as clinic times are often 9 to 5 or because many were kept in drug using circles or had access to other street drugs often sold close to Methadone clinics.

UISCE advised that people who completed the questionnaire as part of their submission were predominantly "active drug users" who believed that they were "well to very well informed" of the dangers of drug use. It was identified by the group that the information they received was communicated by peers and not services. UISCE concluded that peer to peer education is effective and warrants further development. It added that no one who completed the survey as part of their submission mentioned any need for education among the community of people who use drugs. With these responses UISCE believes that people who use drugs feel more information should be available to the general population, before people engage in drug use. They also believed that the primary responsibility for drug education lay with parents and that this education should start when children are between 6 and 11 years of age.

Views representative of those who best described themselves as a professional were that they are very well informed and attributed their awareness to their professional experience and training in health and/or treatment services, community projects and/or frontline services (including medical practitioner, addiction specialist, front line worker working with "active drug users", workers in homeless shelters and treatment centre workers). There was a view that the general public needs to be better informed and/or that if the issue does not affect you (professionally or personally) that there is less or little awareness. Limitations or difficulties expressed included difficulty to stay/remain informed, particularly as new drugs emerge, that everyone does not have all the answers given and that each person is different. Ongoing training and professional development along with engagement

with service users, carers and their families featured in reasons why professionals were well/better informed.

Other feedback was that respondents were either not very informed of addictive substances and the dangers of drug use, while conversely others felt they'd been well informed through college, friends and family and having seen people affected by drugs and their outcomes, witnessing drug use and its effects first hand.

The Pharmaceutical Society of Ireland (PSI) highlighted the important role of community pharmacies and their ideal placement within communities to help educate and inform the public and patients about public health issues. It referenced successful health campaigns it had partnered with the HSE and Department of Health on including smoking (www.quit.ie) and mental health (www.yourmentalhealth.ie). It encourages the national provision of services in community pharmacies that encourage healthy living, so people in all parts of the country can avail of these services on an equal and ongoing basis. It highlighted the importance of pharmacists being made actively aware of all services and supports available across the health and social care system so that they can inform patients and members of the public.

It was suggested that drugs and alcohol needs to be discussed at teacher's conferences, union conferences, the faith community, the Gaelic Athletic Association (GAA), the Football Association of Ireland (FAI), Irish Business and Employers' Confederation (IBEC), farming organisations, childcare services, youth conferences, etc., to develop best practice in informing everyone who has contact with people with relevant information. Addiction Response Crumlin Ltd. suggested information on the misuse of alcohol and drugs should be on all national and local organisation websites.

The Mid-West Regional Drugs & Alcohol Forum (MWRDAF) said that minority groups, including the Travelling Community, face discrimination and inequality in many aspects of their life. Traveller responses to inequality can perpetuate problems (e.g. denied right to drink in pubs where drinks are measured, increased unmeasured drinking in the home). Travellers are more represented in prison than the settled population, and many are leaving prison addicted to drugs (having been non-using entering prison). There needs to be support programmes for Travellers on release and the issue of drugs in prisons needs to be addressed. It was also suggested that there is a need for early intervention services for drugs and alcohol in the travelling community and that drugs and alcohol play a role in the high suicide rate among Travellers. There is a need for a contact person in the Travelling Community (not necessarily a traveller but someone the travelling community can trust) that could help with information regarding substance misuse.

5.2 INFLUENCE OF PREVENTION MEASURES

Views were sought during the public consultation on the prevention measures taken in the existing strategy and whether they had influenced people's attitudes and behaviours towards drugs. Views that indicated they had been influenced are presented here and similarly those views that advised it had not influenced them are also presented.

5.2.1 Influenced by Prevention Measures

Many respondents advised that measures taken in the existing strategy had influenced them and their attitudes towards drugs and/or drug misuse. Some attributed their influence to actions and measures that were in the existing strategy and included education programmes and initiatives received in school regarding drugs and alcohol.

Others attributed their influence to the strategy coupled with information generated by debate, research, media coverage of drugs issues and/or seeing first hand effects of drug use in their communities. Many were positive towards actions that had been taken under the existing strategy while others called for prevention to feature more prominently in the new strategy and to be better funded and resourced.

5.2.2 Not influenced by Prevention Measures

Those who advised that they had not been influenced by the prevention measures in the current strategy provided a variety of reasons for this opinion which included:

- They had received a greater influence on their attitudes and/opinions from their own personal experience, parental and peer influence, personal research and/or community groups;
- The information provided on drugs were misleading or had focussed on “hard drugs” with not enough emphasis on other types of drugs, including the latest information on drugs such as potential medicinal effects;
- That the actions intended to dissuade use of drugs by the public were dishonest and served to encourage personal research, experimentation and use of these drugs;
- That the ‘legal is good, illegal is bad’ stance had limited the effectiveness of the information provided with some of the view that it had undermined prevention efforts; that drug education should be based on medical facts, experience and facts;
- Some felt actions taken had failed and based this opinion on Ireland’s widespread and increasing drugs problem;
- Some measures had been misguided and/or misinformed and should be addressed in the new strategy; many felt effects of some drugs had been exaggerated and led many to question the credibility of the information being provided;
- Some said they were not aware of measures taken and their knowledge was based on local knowledge or information covered by the media;
- That measures taken to prevent the sale and use of drugs have been ineffective; and
- The prioritisation of measures taken within certain demographics was criticised by some who felt the strategy did not address addiction and drug misuse in middle class society or for people with mental health issues. It was felt the new strategy must widen its focus and not concentrate on disadvantaged areas.

5.3 INFORMING PEOPLE OF THE DANGERS OF DRUG MISUSE

The consultation process sought views on what more can be done to inform people of the dangers of drug misuse. Some views questioned the term “*misuse*” adding that not every use of a drug is misuse because some people use drugs for medicinal and/or recreational purposes. Some felt that people are well informed and know how to use and/or consume drugs responsibly. Another view was that not everyone who uses drugs will become addicted and not everyone will misuse drugs. It was suggested that people be allowed to legally use drugs after completing a certified course. Some asked if the Department of Health produce documents on e.g. effect of specific drugs on brain/mood, etc.

More raised or reinforced views consistent with those already reported here under **Chapter 3** calling for Ireland’s new strategy to replicate the models of other European countries, to invest in communities, in addressing Ireland’s social issues (housing, mental health, homelessness), focus on dangerous drugs, to tackle the issue of alcohol (particularly its links to medical conditions such as cancers), address the issue of widespread misuse of prescription medication and over prescription of medications.

Similarly, issues were raised that are documented in **Chapter 4** (Supply Reduction) calling for Ireland to treat the issue as a medical one as opposed to a criminal one. There should be a focus on drug dealers instead of people who use drugs and in particular to decriminalise cannabis to allow the conversation to move to drugs that threaten societies and individuals who consume them. For these reasons, it was considered there must be a distinction made in the new strategy between the type and / or effects of drugs when considering the prevention pillar.

Other views considered that more can be done to inform people of the dangers of drug use by Ireland investing in research and by providing facilities for people to test their drugs, both of which are documented in **Chapter 8** (Research). Remaining views featured recurring issues relating to public awareness, education, family, communities and treatment/rehabilitation and recovery.

PHCP networks were referenced as being a key means of assisting the Travelling community in addressing drug and alcohol issues. The Mid-West Regional Drugs & Alcohol Forum (MWRDAF) suggested using the PHCP networks to influence specific youth programmes for the Travelling community. Awareness campaigns to address and reduce stigma (e.g. the Clare PHCP “Give it up” DVD) were referenced. The use of other creative means to get messages across i.e. art, music, stories and Facebook/social media were suggested. It was also suggested to integrate drug education and awareness into all PHCP activities e.g. when a wellness day is organised, drug education project workers could attend with their promotional material. Further collaboration between PHCP workers with other drug and addiction workers was recommended. These workers could liaise with PHCP and advocates and be introduced to the community this way. Supporting parents and children to improve the way they communicate and the education of parents on the signs and symptoms of drug misuse were referenced. The Travelling community should be engaged through the media, on the news and current affairs programmes.

5.4 PUBLIC AWARENESS AND INFORMATION

There was a broad view received that Ireland needs to change its attitude towards drugs and/or people who use drugs.

There was a significant and recurring view that more public awareness campaigns and initiatives should be considered to provide information about drugs, drug use and drugs misuse; assist in informing people of the dangers of drugs; alert people to the signs of substance misuse; and make people more aware of the support services are available to them.

Many were of the view that there needs to be a national public awareness / advertising campaign, across multiple information channels including astute public health warnings, and an anti-stigma campaign, to highlight and make the general public informed and aware of the issue.

Some described current information on drug misuse circulated in Ireland as judgemental, dictatorial, inaccurate and/or misleading. The widespread use and misuse of alcohol was the basis for much of this commentary with repeated calls for alcohol to feature strongly in the new strategy. There was a recurring view that information/materials/support made available to parents needs to be correct,

based on facts, be non-biased, non-judgemental and/or be accessible in a variety of ways (including taking account of those with literacy issues).

The Irish College of General Practitioners (ICGP), among others, said it would welcome an opportunity to become involved in any national campaigns for drug and alcohol awareness. It was suggested that a campaign, similar to the one highlighting the risks of inappropriate use of antibiotics, may be effective to reduce demand for benzodiazepines where their use is not necessary.

The Family Addiction Support Network said to resource and support a public awareness campaign on the issue of intimidation and the promotion of the drug Related Intimidation Reporting Programme, alongside an evaluation of this programme, to ensure barriers/gaps in family members reporting intimidation are addressed. Dun Laoghaire Rathdown Drug & Alcohol Task Force (DLR-DATF) recommended that a new, designated youth prevention resource for Travellers and other minority groups be made available.

SSDP advised it is committed to breaking the taboo around drugs and to foster an honest debate. It advised how it strives to engage with both the public and international experts in the field to expand its knowledge on the topic. It said that it wants to use its skills and knowledge in this area to help the Government decide on important decisions to be made on drug laws in Ireland for the benefit of the vulnerable, the young and anyone who suffers as a consequence of the current prohibitionist system. It believes its strongest asset is outreach and training in Irish colleges and said it hopes to offer its assistance to the Government with opportunities like this in the future. Its goal, SSDP, said is to have a society where drug use can be openly and honestly discussed and a drug policy developed that will be best for all citizens of Ireland.

Others cited what they consider to be the inaccurate and misleading information relating to cannabis which they think undermines the other messages coming from Government. Many considered that going forward, Ireland must use evidence based, scientific, factual and non-judgemental information (without scare mongering) and that the positive effects of some drugs should be acknowledged/mentioned.

5.4.1 Suggested Initiatives

- Provide highlighted health warning signs on packaging (including alcohol and prescription medications);
- Require public houses, clubs and nightclubs to post warning and/or information signage about the dangers of alcohol and drug use;
- Use public advertising space to highlight the dangers including public billboards and bus shelters;
- Position signs in every Irish town/village of the number of people who died from drug overdoses.
- The Government should provide a resource for translating relevant scientific studies into non-technical and accessible language, so that up to date, factual information is made available in printed material;
- Model drugs literature on safe sex literature. It was thought that parents should know that their kids will take drugs and was suggested that instead of the "*just say no*" approach, parents need to be assisted how to educate their kids about responsible drug use. Some views suggested that drugs education be tied in with sex education;
- Promote parental responsibility (particularly related to the use of alcohol);

- More encouragement and awareness of the importance of returning unused prescriptions;
- Stop or reduce (with some suggesting to ban) alcohol advertising which some said skews people's views on the use of this drug;
- Recruitment of well-known public personalities, stars in public awareness campaigns, role models, public figure/admired role model who young people look up to speaking about/raising awareness of dangers (such as Gaelic Athletic Association (GAA), rugby, soccer players and musicians);
- Involve service users, and particularly those in recovery, to tell their stories as part of public awareness initiatives; and
- Restrict availability of alcohol such as in supermarkets and off-licences.

5.4.2 Phone Line

A dedicated phone line was suggested as a method to support and provide parents with information relevant to drugs education and awareness for their children and/or the contact details of a service nearest to them. It was suggested that a free phone help line number be specifically provided for new mums and/or parents and that this number be included in the information packs distributed to new mothers by maternity hospitals.

5.4.3 Printed Information Materials (including Signage, Books and Leaflets)

Many views considered printed literature and information such as leaflets, books/booklets as useful resources to have to hand when educating/discussing their children. Conversely, some expressed a view that printed literature and information are not as useful compared with face to face meetings/workshops or online information.

Regardless of where or how the information is provided, there was a wide view the information must be non-biased, factual and be presented in an accessible format using non-scientific/technical, plain English language. Many felt that information of a graphic nature should be presented while others had the view that the information presented be age appropriate and not adopt a fear or scare based approach.

It was suggested that printed information to assist parents be prepared and provided universally throughout Ireland in locations such as post offices, GP surgeries, local health centres, community centres, Citizen Information Centres, public libraries, community centres, schools, colleges, etc. Such a leaflet should include how to best approach discussing the subject of drugs. Suggestions were made that leaflets be provided through the post or letterbox to all households, particularly for parents who may be too shy/afraid or unable to attend public meetings. Some felt leaflets should be posted to households in Ireland twice a year.

Reference was made to a booklet produced for parents by the NDRDTF and Crosscare Homeless Services called '*Don't Lose the Head*', that had been distributed widely in their area by Home School Community Liaison teachers. This was stated by many to be a useful reference for parents and views received that there should be more of this type of literature produced and distributed (for example among parent's groups/associations/committees of schools).

There was feedback that pamphlets should be provided by mental health professionals and addiction / drug use specialists; including that patient Information Leaflets (PILs) need be provided to service users in medical settings to outline the risks of prolonged use of benzodiazepines.

Postcards with information on all drugs – in simple language, brief, concise and to the point – were also suggested.

5.4.4 Visual Information

To support and assist parents while educating their children about drugs, many considered that visual information would be useful and included suggestions for visual aids including video and television content as well as infographics to attract people's attention.

Feedback also called for greater use of illustrations such as illustrated booklets with facts and anecdotes, in a user friendly and colourful format that are age appropriate. For young children, there was a recurring view that materials be colourful, contain helpful analogies, use imagery and a storybook and/or colouring book format. For older children, materials should include visual information on the types of drugs and real-life stories about affected communities, families and/or individuals. The following suggestions were also made regarding visualising information:-

5.4.4.1 Visual Aids

- Pictures of and/or props of drugs (e.g. tablet form, type of casing, packaging) both to inform parents themselves initially and then to use while explaining drugs issues to their children. It was thought this could help parents and children know what to look out for, particularly so children could refuse it if offered to them by a stranger;
- Use of 3-dimensional models of the human body showing what happens to the organs, etc., when drugs are taken;
- Document and show, using pictures, the effects of drug use in case studies using information available from hospital admissions and/or treatment centres. It was suggested that the side effects that have been documented in our hospitals should be shown in pictures and given full description of what has happened and the length of using-time beside the picture be shown;
- Produce charts to allow legal substances (alcohol, paracetamol, coffee, etc.) compared to illegal substances showing all types of effects;
- Make use of infographics in materials to visually explain drug issues for parents and their children. Safer Blanchardstown also suggested that information needs to be visual and referenced their Safer Blanchardstown's "*Think Before You Buy*" infographic.

5.4.4.2 Television

There was feedback that Ireland should produce non-biased TV advertisements that are written by scientists and psychologists. A prominent suggestion made was to implement a campaign of televised public service announcements such as those used to inform people of the dangers of drink driving by the Road Safety Authority. Some called for harder hitting or "shock factor" televised campaigns on drug use in Ireland to inform the public of the dangers. Some considered the tobacco model works well and it was their view that it is clearly a lot more effective than prohibition seems to be.

There were suggestions that more television programme content be produced to inform people of the dangers of drugs, with suggestions for the topic to be highlighted in specific programmes including more Prime Time Specials; storylines in popular television programmes such as "Fair City", "Nationwide" and children's programmes; use of home-grown television shows around the topic of drug misuse; raw footage of the effects of hard drugs on the mind and body; documentaries of communities, families and individuals affected by addiction. References were made to television programmes and movies such as "*The Union*" and documentaries from people who use drugs e.g. "*What's in my baggie*".

The HSE Phoenix Pharmacy Department suggested that a television show, similar to RTE's documentary series on the health service, be produced that focuses on drug related harm.

5.4.4.3 Video

There were contrasting views received with respect to content of video with some of the view that the content to assist parents should be graphic and contain a shock factor; while others considered it should present and show the outcome of drug use in an age appropriate format. Many suggested that video should include and show the effects on the family, as well as on the individual; questions and answers (Q&As); and contact information for further support. Some referred to videos produced by SpunOut that are aimed at young people having tough conversations and that there should be a drugs version produced for parents.

Other views and suggestions relating to the use of video were:

- Produce short online information videos and make them available on the Department of Health's website (www.health.gov.ie) and schools;
- Produce cartoon style videos for children. One view suggested the use of a character that takes something from an 'older' character and is then unwell or lonely/angry. Videos on asking for help when feeling down or confused/left out, etc., were suggested;
- Video guides for parents to show them how to talk about drugs;
- Produce narrated animated videos that children and adults can watch together;
- Video/documentary featuring people who use drugs from all backgrounds and all types of drugs describing personal experiences;
- Produce TV documentaries which deal with drug addiction. Examples that were referred to in views received were those by Louis Theroux, Ross Kemp and Russell Brand. It was considered that these documentaries would hold a teenager's attention and similar productions have shown the dark side of both drug supply and addiction in some countries;
- Suggestion to watch online video examples including: <https://youtu.be/ao8L-OnSYzg> and <https://www.youtube.com/watch?v=TKx9sUclOlk>; and
- References were made to specific authors including Melody Beattie, Dr. Gabor Mate, Dr. Gordon Neufield, Mark Lewis, etc., whom it was said all have online video resources on addiction, emotional awareness, attachment, childhood trauma, etc.

5.4.5 Information Technology

With increasing use of technology and a shift towards usage of digital methods within society, information technology and use of digital methods, was said by some to be preferable to the traditional methods of printed information material and books. It was suggested by many that parents should make use of online platforms to communicate with children using the methods that children themselves use; examples provided were YouTube, SnapChat, Facebook and other social media tools.

There was feedback that social media be used by the Government in public awareness campaigns.

Some felt that mobile phone applications (apps) could be used to make a game out of explaining the issue of drugs with young children using a phone or tablet device. Others suggested an awareness app be created and provided for parents / guardians.

There was a view was that internet advertisements would be important as most people who use drugs would be of a younger age, and they considered it would be important to not waste resources by advertising on radio, television or in newspapers

Many views considered online sources of information to be useful for parents. Some referred to existing websites that are available while others made suggestions for content to be made available

online including an interactive learning game for children to engaged with; blogs by people who formerly used drugs; and podcasts.

It was suggested that there be a centralised website to provide all of the information useful for parents; similar to that of the Referendum Commission with non-biased, non-judgemental, factual information in plain English and containing downloadable and printable information for parents (some also suggesting online articles, quizzes and games).

Some suggested websites contain the facility to host a standardised toolkit for parents and/or an online chat where parents can easily and quickly check facts before/during discussions with their children.

5.4.5.1 Campaigns Referenced in Feedback

Examples of public information / awareness / advertising campaigns people referenced as being effective included:

- Smoking campaign www.quit.ie;
- *What's in the pill*" campaign by Dublin Institute of Technology – which it was said is a great example of how to educate people;
- Drug outreach projects like the safer send campaign;
- Public ad campaigns warning people of "*bad batches*" of drugs (such as the Blue Ghost pills). It was suggested to make it clear that people who present in Accident and Emergency because of drugs will not be arrested or charged with a crime. An example provided in support of this view is the 2014 Amsterdam drug deaths in which tourists were sold white heroin instead of cocaine. In this case, digital public signs (akin to those Dublin City Council use to show parking spaces) were used to warn tourists, as well as leaflet campaigns;
- Use of a podcast called "*Say Why To Drugs*" which it was considered as very informative that could be shown on television, possibly including interviews with people who use drugs;
- The Limerick City Community Network referred to its poster campaign ("*Just a Naggin??? Really*") aimed for display including in schools, community centres, shopping centres, sports halls and youth clubs.

References were made to websites as existing sources of support and/or useful information for parents. It was suggested that comprehensive education material for parents be provided on the '*Citizen's Information*' website. It was felt by many that better awareness for parents and/or discussion of the content of existing websites is needed:

- www.alcoholireland.ie;
- www.drugs.ie;
- www.erowid.com and other websites in order to reduce harm reduction;
- www.nhs.uk – National Health Service, UK;
- www.normlireland.ie;
- www.pillreports.net;
- www.spunout.ie;
- www.tripsit.me;
- www.talktofrank.com.

5.5 EDUCATION

To inform people of the dangers of drug use, education featured prominently in views received. It was felt again that information in education initiatives/programmes must be evidence based, balanced, accurate and non-judgemental and enable citizens to make their own informed choices. That education should shift its focus from the dangers of misuse to the effects of use. It was the view of many that the “*war on drugs*” model had been ineffective.

Some views highlighted that a rapid review of Education & Prevention measures, undertaken by the Health Research Board (HRB) had found that these programmes have little, significant impact. There was support for Strengthening Families Programme, reflecting the need to improve family communications. Many views lacked positivity in relation to any programme that put too much emphasis on damaging or dangerous effects and/or that targeted individuals. It was felt that more emphasis on targeting communities and populations was needed and indeed it was felt that the best prevention programmes needed to give more attention to the positives inherent in youth, sporting and cultural activities at local levels.

Many raised the issue of the blanket use of the term “drugs” and recommended that education needs to recognise that not all drugs are bad, acknowledge medicinal use and/or how some choose to use drugs for recreational purposes (alcohol being widely used). Many felt that drugs education going forward must be linked to health issues including medical conditions (cancer, diabetes, fertility, mental health).

There was a wide view received on how information can often be judged by its source and/or delivery. It was suggested therefore that people with first-hand information and/or experience in drug addiction, be actively involved in education initiatives. Some raised the issue of drug awareness presentations taking place around the country where people are educated in the issue but who do not necessarily have first-hand knowledge of the effects. Some were of the view that such professionals may not be “street wise” and suggested that those in recovery / people who formerly used drugs, be involved in the delivery of education and real life accounts including in delivery of workshops and talks.

The Dales Centre said when we teach people how to swim we call it swimming lessons and not drowning prevention. It said the same paradigm needs to be used in drug education.

The HSE Mid-West Drug and Alcohol Service recommended Youthreach and non-mainstream education deliver universal and targeted interventions in relation to substance use.

UISCE recommends people who use drugs are involved in the development of education programmes for young people. Experiences and pathways to addiction can be plotted and robust intervention programmes developed. It said that as evidenced by the responses of people who use drugs, UISCE recommends that education programmes developed are based on fact. It recommends furthering peer led education which supports accurate and timely information to the community and capacity building in peer educators. The NICDATF also raised the issue of peer workers and acknowledges the value of peer workers with personal experience of addiction in rehabilitation and recovery, including stable substance users and drug-free peer workers. Models it referred to include Recovery Academy, SAOL and Chrysalis.

Trinity College Students Union Lobby Group said a radical change in how we teach our nation's students about the dangers of drugs, and the provision of harm minimising information if they do choose to experiment with drugs, is needed. Early intervention is urgently required in order to effectively minimise harm, and so the social, personal and health education (SPHE) curriculum for all age groups at second level must be transformed and adequately age-tailored. Cross platform awareness campaigns utilising social media could be an effective option to disseminate this harm-reduction information. Similar to the 'What's in the pill?' campaign, which was a very progressive initiative, these could be launched across various media platforms and utilise the power of social media to its full extent. They also felt that the voice of third level students in Ireland, should be clearly represented in this National Drugs Strategy. Third level students have experienced the terrible consequences of misinformed and uninformed drug consumption first hand and have recently passed through an education system that is completely insufficient to deal with the realities of the drug situation in Ireland. The level of drug use prevalence amongst the student population cannot be denied and should not be ignored. As a society there is an onus to take an active interest in ensuring that the least harm possible results from drugs. State funded drug monitoring and analysis systems similar to that in existence in the Netherlands, were proposed alongside proposals for better education and an increase in awareness campaigns.

Alcohol Action Ireland believes that education has a part to play in the new National Drugs Strategy and particularly supports the recommendation that a mandatory senior cycle programme for schools should be rolled out. It added that it is crucial that any education initiatives undertaken are completely independent of the alcohol industry and its funded ventures. In its submission, Alcohol Action Ireland referenced a publication by the World Health Organisation (WHO) (*Loring, B. Alcohol and inequities. Guidance for addressing inequities in alcohol-related harm. WHO. 2014*) which warns that education and persuasion alone do not work to reduce alcohol harm, and are likely to make inequities worse as they are most effective in more advantaged groups. The WHO said that education and persuasion "should not be relied upon as the only strategies to reduce the harmful use of alcohol, as not only are they less effective than other interventions (such as increasing process and restricting availability), they are strategies which have a high potential to increase inequities". It notes that where these strategies are used, specific efforts are required to ensure the messages and methods are designed with and for the most disadvantaged groups.

5.5.1 Provision of Information through Schools

Respondents said there must continue to be a schools programme on drug and alcohol prevention education with many requesting that funding for such initiatives be increased and rolled out more frequently. A standardised drug education programme that is age appropriate, that could be rolled out across schools as well as youth groups, sporting clubs, third level institutions and work places was suggested.

A recurring view was that there should be mandatory classes at school on drug use and drug abuse; and that such education needs to form part of the basic curriculum. There was feedback that a mental health and drug education class be introduced that was mandatory and /or part of the school curriculum and that parents should have to sign homework undertaken for this subject. A few suggestions were received to replace religion with such a subject. Such education should be delivered by experienced professionals and those with first-hand experience of the issues (and not as an "add on" duty of teachers who may not be in a position to deliver the class effectively).

It was also suggested that all new second and third level students be provided with comprehensive drugs information and educational materials; and that events are organised for incoming first year secondary school students, e.g. delivered by local groups / Drug TFs.

There were a number of suggestions regarding the Junior Cert curriculum including to use the Junior Certificate Civic, Social & Political Education (CSPE) class to inform young people of drugs issues; use more medical evidence and include drug elimination in the CSPE programme; and references to SPHE at Junior Cert level, including a call for it to continue to be included as a core subject delivered to all with the substance use module remaining mandatory (as it is currently).

It was suggested that best practice school based programmes be rolled out to support the SPHE programme with Jigsaw initiatives being provided as an example. There was a view that classes, especially science based or social based such as CSPE/SPHE classes, be more open minded, provide useable information and for the focus on abstinence and/or content (to include all drugs) to be re-examined. Teach na Daoine said to consult with primary and secondary schools locally to establish what supports are required to deliver social, personal and health education (SPHE) and or drug education programmes to include Novel Psychoactive Substances, synthetic cannabinoid's and or emerging trends.

The Dental Health Foundation (DHF) considers that the SPHE in the primary curriculum plays a very important role. It also referred to a smoking prevention programme, aimed at 13-14 year olds recently developed in Northern Ireland, "*Dead Cool*", and said its results show it to be an effective tool in prevention of young people smoking.

According to the National Institute for Health and Care Excellence (NICE), school education programmes should seek to encourage children not to drink, delay the age at which they start drinking, and reduce the "harm" it can cause among those who do drink.

The CDA Trust Ltd. said that education initiatives that have had a positive impact have centred on simple harm reduction messages and advised to refer to the UK's "*chill out*" campaign for ecstasy. The CDA Trust Ltd. also advocates a new approach to drug and alcohol education, centred on individual empowerment and choice and delivered through the School SPHE model along the same lines as sexual health education.

Regarding who should deliver education in schools there was a range of views. It was said that it should be delivered by / left to those trained in the subject; and that Healthcare professionals / pharmacists / scientists should be part of the education process and give talks in schools. There was feedback that principals and teachers can and should be supported and trained to spot potential problems; recognise signs of drug misuse; provide guidance on next steps; and be aware of potential services to which they can refer.

There was a view that the Department of Education needs to take a lead in actively promoting and supporting the formal engagement of schools with local community projects in the delivery of the social, personal and health education (SPHE) programme at a local school level and in developing appropriate referrals to family and community support services as required. The Killinarden Drug Primary Prevention Group (KDPPG) was referenced in this regard as a partnership between the local community, the schools and the Department of Education and which has been evaluated as a model of best practice in how SPHE can be delivered in a local community context.

The Clare Community Cluster said the Department of Education and the Education and Training Boards need to play a full role from in-school education to adult and community education.

There was feedback that programmes like '*Kerry Life Education*' and "*On your own two feet*" be supported and mainstreamed. There was feedback that school based education needs to be culturally adapted to meet the needs of the area where the schools are based and there should be avoidance of

a 'one size fits all' approach. It was also said that evidence informed prevention strategies need to be in place within identified areas.

The NICDATF advised how schools regularly seek support and expertise from local community resources but that this is currently done in an ad-hoc way and often in response to a crisis. It said there is a need to explore ways to strengthen links between schools and community /youth groups and support this collaboration while ensuring quality of provision. Locally, it advised that there have been examples of experienced and properly trained youth workers working collaboratively with schools with highly successful outcomes. As part of its submission, the NICDATF referenced and provided a copy of its publication containing feedback/issues of relevance to the prevention pillar called "*Just Saying: The views of young people about drugs and alcohol*", *NICDATF Prevention and Education Youth Conventions, 2014*. CityWide called for a strengthening of the role of the Department of Education as a partner in local education initiatives and to ensure that local partnerships between schools and community projects are promoted, supported and extended.

The North West Alcohol and Other Drugs Schools Advisory Group said multi-element programmes which have whole school, parent and community support strands, coupled with a harm reduction approach, appear to offer considerable advantages as regards effective substance use education programmes for young people. This innovative programme includes modules on the developing adolescent brain and understanding of the "*Hidden Harm*" children who live with problem parental alcohol and other drug use which was identified as areas of interest by teachers. The effectiveness of education depended on how "effectiveness" was defined and measured. If it meant an increase in knowledge and drug use, a change in attitude, or a reduced number of drug incidents; teachers and consultants judged it to be effective. However if effectiveness meant change in an individual's behaviour, they argue it was impossible to make a judgement about whether or not this had occurred. It claimed that the pockets of funding (from drinks industry) usually given are to strategies/initiatives that are evidenced to have the least impact in reducing alcohol harm. The new drugs strategy must clearly state this philosophy within its actions on alcohol and other drug education and prevention both within schools and out of schools settings it said.

Secondary school alcohol and other drug education and prevention should be based on the highly effective and evaluated Netherlands Parent Student Intervention Programme, namely "Prevention of Alcohol use in Students" (PAS). The North West Alcohol and other Drugs Schools Advisory Group recommended that the Department of Education and Skills explicitly advise schools to review their Substance Use Policies to ensure that the Department's position on the avoidance of Alcohol Industry funded resources is adhered to.

The delivery of evidence-based education programmes which actively engage with young people in schools and non-school settings need to be supported, prioritised and endorsed by the new strategy for both the general population and high risk groups. To support this, the new strategy should aim to establish quality standards in relation to the training of those who deliver drug education programmes. Outside of teacher training there are no certified training courses in relation to the design, delivery and evaluation of drug education or prevention programmes and this lack of any recognised qualification undermines the development of this area of practice significantly, according to the HSE Mid-West Drug and Alcohol Service.

The external evaluation of the "*Lets Learn and Alcohol and Drugs Together*" (LLADAT) conducted by University of Limerick was suggested as being overwhelmingly positive in terms of outcomes, delivery and acceptability from the perspective of students, parents and teachers. Support should be given to family initiatives such as this one which aim to educate both young people and their parents/guardians. A number of suggestions / lessons learned were provided from this programme:

exploration of the scope for including benzodiazepines and prescription medication in the programme is suggested; investigation of the potential that participation in the programme by teachers may count towards their CPD hours would greatly aid school and teacher involvement; consideration of clustering of schools might be useful in terms of streamlining of resources; recognise the value that visiting speakers/supplemental programmes can play in consolidating learning; retain synergies between drugs and alcohol at all levels of prevention/education; social, personal and health education (SPHE) in the new junior cert to remain a core subject delivered to all; support the development of national teaching resources to support the substance use social, SPHE module; review the substance use learning objectives of the National Council for Curriculum and Assessment (NCCA) curricula for Junior and Senior cycle on a regular basis; Dept. of Health to develop and provide hard copy resources to support education, brief intervention and harm reduction initiatives nationally; drugs.ie is a most valuable resource for prevention and education initiatives; develop a national prevention/education information hub where examples of national/regional/local good practice initiatives can be shared for other project development purposes (Lets Learn About Drugs and Alcohol Together Initiative steering committee comprising: Midwest Regional Drug and Alcohol Forum, Mid-West Drug and Alcohol Services, Mary Immaculate College Health Promotion Service, Professional Development Service for Teachers).

The Church of Scientology advised it provided humanitarian campaigns to communities affected by drugs, crime or homelessness. Through its *“Foundation for a Drug Free World Ireland”* (DFWI), it has provided drug education lectures to more than 2,000 Irish school children and distributed over 250,000 *“Truth About Drugs”* booklets throughout Ireland. Its experience is that young people appreciate straightforward, audio-visual led information to enable them make informed decisions.

5.5.2 Other Views and Suggestions on Education in Prevention

- There was feedback that more mandatory classes on drugs should be taken during a person’s life including their place of education or their place of work;
- It was highlighted that there is a clear gap in relation to supports for those who have either left school when reaching their 16th birthday or those leaving school after the Leaving Cert Applied and who have poor literacy and workplace competencies;
- Some felt that the school curriculum should have parenting skills as a fixed item to assist the next generation, as it was felt that it is taken for granted in Ireland that parents have a natural ability to parent which is not always the case;
- Suggestion for parents and schools to devise a programme together with both groups mandated to teach the children; and a call for more peer to peer education, from parents to children and from teachers to pupils;
- Involve schools and all health care providers in health assessments, including alcohol and drug use;
- Funding Young Person's Services and Facilities Fund (YPSF&F);
- Some asked to reinstate the Department of Education on local DATF structures;
- The Irish Childhood Bereavement Network said education and training in understanding grief and loss should be a core requirement for health and community professionals and volunteers;
- Schools need to get over stigma – not just Delivering Equality of Opportunity in Schools (DEIS) schools have a problem;
- Bring children and young people on school tours of rehabilitation centres;
- Training of former “addicts” and those in long term recovery and rehabilitation to become educators and / or counsellors;
- Focus on the psychological and social effects drugs can have, rather than solely the health effects;

- School counsellors should be available full time in every school in the country to manage mental health issues; and there were calls for funding of guidance counsellors to be restored to secondary schools across Ireland to cater for student's overall wellbeing.

5.5.2.1 Age to Start Education

The consultation asked respondents at what age should we begin to educate and inform children about drugs. Respondents indicated a wide range of ages from infants to late teens, a preference for ongoing progressive education and provision of information at various points in the education cycle.

A recurring view called for early childhood education with many of the view that school education programmes are starting too late; that education surrounding drug use and abuse should begin as early as possible in an age appropriate manner; that information provision could be increased at stages in the primary or secondary education cycle. A large number of respondents said that drug education should begin in primary school and continue through secondary school. Education on the topic could be included in the social, personal and health education (SPHE) programme. There was a strong view that education surrounding drug and alcohol use should be an ongoing process and structured to suit the development of children.

Early education surrounding the consumption and abuse of alcohol is required and was a recurring issue received. There were also references to a need for education regarding early exposure to cigarettes and other addictive substances.

The Youth Service Ballymun, Finglas Addiction Support Team and the Community Policing Forum shared the view that universal drug education can begin early in the primary school cycle. Some respondents indicated that education around drugs should begin at the junior and senior infant ages and levels. The largest groups of views stated that education on drugs and drug use should begin at ages ten and 12, indicating a preference for the late primary and early secondary cycles. A large group of stakeholders stated that education should start "as early as possible" in the primary cycle indicating that education could start at junior and senior infants level children aged between six and seven. PALLS, D12 Local Drug Addiction Task Force and the Tolka River Project stated that education could begin at this age. The Child and Family Agency stated education should begin from age eight onwards. The North West Regional Drug and Alcohol Task Force suggested 4th class as a starting point for drug education. Those who suggested age nine as a starting point for drug education considered this age the age of reasoning; or because in fourth class they should be mature enough to take on the concept that recreational drug use causes serious harm to their community. A large number of views received indicated that late in the primary cycle during 4th, 5th or 6th class was the favoured time to begin educating and informing children about drugs. It was recommended that education surrounding drugs be commenced before children move onto secondary school where they may encounter drug use more frequently. Organisations including the Mayo Travellers Support Group and the Dublin North East DATF indicated that the 10-11 age cohort is where drug education should begin.

Many views favoured drug education and information to be provided to children and young people in early secondary school, from age 12 upwards, where encountering drug use may be more common than in primary school. Many indicated a preference for beginning this education with 12 – 13 year olds at the beginning of the secondary cycle with much lower numbers indicating a preference for beginning education at 14 years old and upwards. A Youthreach representative and the White Oaks Rehabilitation Centre expressed a preference for education to begin in the early teens or 12. North West Alcohol and other Drugs Schools Advisory Group suggested that young people who start drinking before 15 years of age are four times more likely to develop alcohol dependency than those who wait

to 21 years. A smaller number of views indicated that education should begin at 14 years of age and upwards in secondary school.

Many were cautious of starting education too early with younger children. A very small number of respondents indicated education to begin at any age over 15.

EQUAL Youth said that prevention initiatives should start with young children and families with early engagement and break cycles where there are inter-generational issues of cannabis use.

A number of views stated that teaching encouraging self-esteem and confidence early on can prevent later drug use and abuse. Others emphasised that education at preschool age require focus on health, mental health and open conversation on the topic of drug use. Feedback from some indicated a preference to move away from formal education at this age and encourage emotional and social competency which will manifest itself as a protective measure in future regarding drug use. There should be a renewed focus on teaching children how to relate to each other, how to be kind and how to socialise. Education based on positive mental health and wellbeing should incorporate drug education.

Other suggestions

- Discussions of dependency, be it legal/illegal substances or addiction to food-stuffs or activities should be undertaken in all levels of primary school, in a manner and level appropriate to the age groups' understanding of nutrition and personal health;
- Provide early education that is careful in using messages that are honest, evidence based and careful to not trigger unwanted behaviour;
- Educate at primary school level as children this age have access to some "information" through social media and will need some facts;
- Teach primary school children through modelling positive behaviours and building resilience;
- It was felt by many that informing and providing education to children surrounding drug use should be initiated when they enquire or ask questions and that information should be provided in a responsive and age appropriate manner;
- Some views felt providing drug education at younger ages could be counter intuitive as it could encourage experimentation;
- The emergence of new information and evidence relating to drug use should be matched with an education according to some respondents;
- Many were of the view that the age at which education around drugs should begin at is dependent on the environment the children are raised in or exposed to. Some stated that urban areas in which children are exposed to different social and economic issues may require education to begin at an earlier age. It was considered by some that the demographics of certain areas should be considered as it could influence the requirement for earlier intervention regarding drug education. Some felt education should begin in national schools in cities;
- The Clare Practitioners Forum acknowledged and welcomed the LLADAT programme but said that education needs to begin earlier and continue beyond it;
- Early exposure to alcohol, cigarettes and other addictive substances was cited and early education and intervention encouraged. Understanding of why individuals may be addicted to these substances or abuse them was mentioned by some.

Some other views for providing education at secondary school age included:

- A drug information class should be given at least twice a year to all secondary school students;
- Age 12 is when children are more susceptible to peer pressure;

- Some kids were already abusing alcohol, tobacco and cannabis at this age (when it is harmful to their brain development);
- Begin with education about softer drugs and continue every year throughout school providing more detailed information thereafter;
- Begin education at the start of secondary level education as in reality when they reach college they will be exposed to drugs on a vast scale and this can be very dangerous if they are not well informed of the dangers;
- Introduce from age 12 given that children of this age see and hear about drug issues on the news and/or in their local communities;
- Many felt education should be targeted at age 12-13 given it was the age when they started to drink alcohol and/or use drugs;
- International and national research suggests that at the age of 13/14, children's attitudes change towards drugs. This is therefore the time to have an honest conversation with them about drugs;
- EQUAL Youth stated that links between mental health and cannabis use and vice versa, mental health promotion initiatives can be a useful way to engage young people in preventative work which would include drug use (cannabis and other drugs such as alcohol).

5.6 FAMILY

Family and involvement of family was raised significantly during the public consultation. To inform people of the dangers of drug use, family and community groups featured in the views received.

It was felt that more conversations within families are needed with a recurring view that we need to address the widely available drug, alcohol. It was regularly raised how alcohol features prominently, and often centrally, in family social occasions and life events such as births, deaths and marriages. It was widely felt that funding support of family and community groups is greatly needed throughout Ireland. There was a significant view that families and communities can do more if they are resourced and harnessed to do so. Many expressed the view that initiatives in socially disadvantaged and/or marginalised areas are greatly needed, calling for investment in such areas e.g. to provide alternative lifestyles and options for people there.

There were calls for extra supports needed for addiction services in responding to child protection issues, including organisations working with adult clients who have children.

St. Patrick's Mental Health Services said families and significant others affected by a loved one's substance use problems are a key group requiring consideration in the new National Drugs Strategy from several different perspectives: there is a need to consider provision for family support to safeguard the children of people with substance use problems; family members of people with drug and alcohol problems suffer significant harms, such as mental distress, and require support in their own right; and the international evidence shows the value of families in supporting treatment and recovery. The new National Drugs Strategy should take into account these different aspects of family involvement. Access to skills-based Family Programmes designed to influence their loved one's behaviour towards recovery and help reduce the negative emotions that comes with living with substance misuse should be considered in the new National Drugs Strategy.

The NICDATF said there is a need for enhanced supports to address current patterns of behaviour among young people that is causing concern, which includes group misuse of drugs, sexual abuse of vulnerable young people in combination with generating explicit content on social media. It considered that the impact on the individuals experiencing multiple addictions may be beyond the capacity of existing structures to address.

It was also felt that many children and young people do not get adequate positive experiences in the home, and they therefore needed to get positive experiences outside the home through community centres, family centres and youth projects – family resource centres, community projects, could potentially play a vital role in providing these experiences, when they were not provided in the home. While it was important to emphasise the critical role of parents the fact was that many children would simply not get any positive reinforcement from their parents and alternatives were required.

Service providers locally also report risky sexual activity especially among younger people, resulting in promiscuous behaviours, pregnancies, sexually transmitted infections and associations with risky environments and violence. Of particular concern noted by Ballymun LDATF is the increase in reported exchange of sexual activities in return for alcohol and drugs.

Support for individuals and their families has to include support and related training being provided to staff in services especially in areas such as emerging trends. Due to the chaotic nature of some individuals accessing services support also needs to be in place regarding health & safety issues and related costs. Bray LDATF said the continued provision of family support services at every stage of a person's drug using career, their recovery and their aftercare.

Barnardos, in its submission, considered that the current strategy is comprehensive in its approach to drug misuse and the adult misusers of drugs however, it fails children in families where drug misuse is present by focusing on the adult in isolation. It recommends a Child and Family pillar be included in the new strategy. The Child and Family pillar should cross cut all other pillars ensuring the children and families of "problem drug users" are considered at every stage of the strategy. The Child and Family Pillar should have clear measurable objectives and actions, with the inclusion of child focus policies beginning prenatally and stretching throughout all stages of a child's development. Objectives and actions relating specifically to adults with problem drug use should be 'child proofed' to ensure policies don't have unintended negative consequences for children in these families. In the context of the prevention pillar of the new strategy, it made the following recommendations:

- More research, information and services to tackle prenatal drug and alcohol use;
- Greater funding for and availability of prevention in the community including parenting and family supports for at-risk families and accessible sport, leisure and social activities for children and young people.
- It is important that child protection and welfare thresholds for interventions are consistent across the whole of the system and thresholds are not increased in response to the scale of a problem. Maintain consistent thresholds for child welfare and protection interventions across all areas.

The Clare Community Cluster noted that grandparents are taking on the role of raising grandchildren as a result of substance abuse. This places financial, physical and mental burdens on them for which there is little understanding and support.

The Department of Social protection's rule on the payment of Guardian's Benefit to grandparents caring for their grandchildren is limited to situations in which parents are deemed to have "abandoned" their children. This rule acts as a disincentive for substance misusing parents who wish to enter residential rehabilitation but need someone to care for their children while they do so.

CityWide, in its submission, recognised the introduction of the Young People's Facilities and Services Fund (YPSF) as a key element in the existing strategy and that it is crucial it be continued to be part of the new strategy so that its resources can be targeted at the young people who are most at risk. CityWide said the strategy should mandate the National YPSF Committee to carry out its role in monitoring the effectiveness of YPSF in meeting the needs of the most at risk young people; and that

YPFSF was put in place as part of a broad based drugs prevention strategy and it needs to remain as a core part of the new NDS. It said the recent review of YPFSF carried out by the Department of Children and Youth Affairs identified the difficulties of measuring outcomes for young people at risk, therefore it is essential that the National Monitoring Committee for YPFSF is convened as part of the new NDS to lead out on monitoring and evaluation to ensure YPFSF is responding effectively to the needs of the young people who are its target group.

The RISE Foundation said peer support and continuing care must be explicitly recognised and supported in treatment planning.

Feedback noted the importance of family in the Travelling Community and its impact on prevention, as members of the community rely on each other with values and beliefs being passed on from one generation to the next. Travellers are meeting each other and talking about issues that are relevant for their community and parents and older people are respected and listened to. The importance of religion and faith was referenced and the role this can have in providing support at times of crisis. The role of the priest is important as this can be a person Travellers go to when they need help. With more young people (and older people) in the Travelling Community attending school for longer and obtaining qualifications, literacy levels are improving. Travellers are seeing other Travellers having successful careers as doctors, Gardaí, boxers and this has an impact on young Travellers and the hopes they have about their futures. Feedback indicated that the PHCP is having a positive impact in the community.

A respondent said children who live with parents who have drug and alcohol problems are amongst the most vulnerable in society and that approximately 110,000 children are being impacted by parental substance abuse which indicates the hidden harm being experienced by children throughout the country.

The Rise Foundation said it is imperative that we ensure the best possible start in life for every child through effective prevention and early intervention. Most addiction services focus on the person with the addiction and families can usually only avail of support when their loved one is in recovery and the service and support provided as part of the recovery programme is only for the person with the addiction. The Rise Foundation suggested that family supports need to be prioritised in any future strategy as this is one way of breaking the cycle of addiction. It was also suggested that more resources, funding and support should be given to family and children of the person who is addicted to substances, that funding be allocated to families dealing and coping with sudden addiction related details and for the associated funeral costs.

North Tipperary Community Cluster recommended that services for families are critical and a preference should be made for services that adopt a whole family approach and accept that everyone in the family has been affected because of a loved one's substance misuse. Clare Community Cluster stated that all family members are affected by someone in the home abusing substances and that work in this area is important and needs to be recognised, resourced and supported.

It was claimed that parental disapproval of substance misuse can lead to a delay in the initiation of drug use.

Irish Childhood Bereavement Network said that children bereaved through substance abuse have a higher chance of experiencing a traumatic death or suicide and as they may already lack any secure attachment they can become highly vulnerable. Regional and Local Drugs Taskforces should prioritise the funding of training and support for staff working with children bereaved through addiction and adequately resource them to provide quality support to children bereaved through substance abuse.

Tusla should integrate support for children bereaved through addiction into their Child Protection and Welfare services.

5.6.1 Support Materials and Programmes for Parents

When asked about the kinds of support / materials that parents would find useful in educating their children about drugs, some were of the view that this education should come via the schools and not from parents. Reasons provided for this were that it is not the parent's job, that education should be led from schools, that children / young people will disobey and not listen and / or that the resources should be put into treatment rather than prevention.

The majority of views expressed put forward views and suggestions for support and/or materials for parents to educate their children about drugs. A significant amount of views received advised that education for parents themselves is of great importance, with many calling for systems to be in place for parents to examine their own substance use. Many felt parents need to be educated themselves so that they can pass on the information to their children and/or lead by example. Support for younger parents and/or parents raising children by themselves, Travellers, parents with mental health issues were included as specific parental groups who require educational assistance/guidance.

5.6.1.1 Suggests for Provision of Education and Supports for Parents via Schools

- Provision of a FETEC level 3 course for parents;
- Information evening, presentations/ speeches, seminars, classes and workshops to be provided for parents and pupils through the school and/or community system, including by those in recovery as well as organisations who work in substance misuse, An Garda Síochána and/or drug P&E workers, etc. Examples referenced included *Triple P* and *Don't lose the head*;
- Information on available family support resources and/or programmes (including family therapy) to be proactively provided; the Strengthening Families Programme featured in views received as an effective service for families;
- Support and education for parents on how to help/teach their child to be happy and content (including how to look after mental health); parenting courses; mindfulness, self-esteem and self-respect; importance of positive role modelling; supporting family communication and cohesiveness and health promotion through recognition of good diet and a healthy lifestyle;
- Provision of behaviour management techniques to parents similar to the training that is provided to teachers, youth workers, etc.;
- Provision of guides to communicate the issues with children; including information about how drugs are harmful and tips on how to discuss drugs with their children. Provision of information evening(s) in each school on what signs and symptoms to look for with drug misuse; how to communicate with children about drugs; provision of hard copy information and on how/where to find further information and support (to include names/numbers and further links to support resources available locally);
- Arrangements to be in place in schools where parents can speak to their school principal and/or teacher if they have concerns;
- Provision of information and guidance booklets/books for parents. The *"Give us a Chance at Life"*, published by the Drug Prevention Alliance (DPA) was included with a submission by means of an example of such resources;
- Parents should be able to work alongside a professional in order to prevent problems escalating to drug misuse. Specifically in disadvantaged schools, there should be a go-to professional (with a view that teachers are not qualified to fulfil this role). It was felt that early school-leavers in particular should be targeted as these are a high-risk group.

5.6.1.2 Community Based Support for Families

In terms of providing support for parents to educate their children about drugs, access to community based support and services was considered to be important. It was widely felt that community resources (e.g. parents, teachers, local Gardaí, churches, sports clubs, businesses) should work together, with financial support from Government, to provide local, community based support and information for parents and families. Suggestions and/views received were:

- Provide support through community groups (The Young Ballymun group was included as an example);
- Provision of family education days / workshops / clinics where information is made available for parents, children and their families about drugs; public awareness meetings in all communities where parents, among others, could voice concerns and / or access information; workshops with guest speakers (people who formerly used drugs, those in recovery, parents of a child with addiction/drug misuse issues); information clinics in local communities with access to clear, factual information from an expert; question and answer sessions locally with services; community evenings for families with their young teenagers including videos of what drugs can do;
- Provide family drug education groups with more social settings and fun activities for the family without alcohol;
- Provision of liaison workers in the community, active workshops in schools and/or youth clubs;
- Information from community services to educate parents first – with views expressed to see this information being provided by maternity hospitals, public health nurses and GPs, etc.;
- Availability of family supports e.g. to support parents to have the ability to confidently talk to their child about the dangers of drugs, etc., so that children do not go down the same route; support is needed in general to help with communication and building relationships, e.g. Strengthening Families Programme, family support workers, family therapy;
- CAD delivers training for parents which is useful. However, parents are often reluctant to sign up to this as they think people will judge them and make assumptions;
- Parents to visit a rehabilitation centre and to listen to people's testimonies/experiences;
- Provide step by step leaflets for parents on the signs and symptoms of drug or alcohol use. However parents with substance misuse problems or who are on prescription Methadone will need extra support around educating their children.

5.7 COMMUNITY

CityWide believe the new strategy should recognise inequality and disadvantage as an underlying cause of community drug problems and should specify measures to address social exclusion. Inequality is an issue that the Social Inclusion and Community Activation Programme (SICAP) says needs to be addressed. CityWide recommend developing the SICAP in partnership with communities most affected by drugs so that community capacity to respond is strengthened and supported.

The new strategy must ensure services are accessible to new communities e.g. culturally proofing services to ensure new communities are not precluded from accessing treatment on the grounds of language, cultural and/or religious issues.

CityWide researched community drug projects involved in delivery of services. It advised that a key recommendation from this research is the development of a streamlined interagency system for funding and monitoring Community Drug Projects which adheres to all the governance and reporting needs in relation to good practice. It recommends as part of development of the new NDS that work be commissioned to design and develop a new funding and monitoring system that is efficient,

effective, appropriate and supportive for the delivery of integrated interagency drug services on the ground.

Waterford and South Tipperary Youth Community Service said to implement increased supports to facilitate meaningful community involvement in tackling substance misuse at local, regional and national levels. They believe that there should be a clear recognition and declaration of the role of community as a key partner in combating substance misuse. It has been expressed at community meetings that over the last number of years there has been a retrograde step in relation to communities' involvement in the issues of substance misuse. Community representatives felt that over the last number of years there have been fewer opportunities for consultation and involvement in issues of substance misuse, and that some of the present community structures are not "community friendly", either in terms of times of meetings, structure of meetings or expectations of time commitments to attend meetings. They have also expressed concern that drug project workers time is being diverted to support other areas of work within substance misuse, coupled with an increased requirement for reporting, all resulting in less time for support to the community sector.

Focus Ireland recommends that adequate funding of community based drug and alcohol supports be prioritised in the forthcoming drugs strategy.

The DLR-DATF recommended that the Community Development Programme be restored as a mechanism to provide social capital development resources to small disadvantaged communities, particularly those where drug problems are evident. It further recommended that a revised programme would recruit, at local Government level, support-personnel relevant to the task of promoting and developing community engagement.

5.7.1 General Recommendations

General recommendations in relation to family and/or community to inform people in Ireland of the dangers of drug use were:

- Provide a more supportive network, like drop-in centres and investment in more family centres;
- Calls for increased funding to be allocated to local and community groups and TFs; more funding for community support groups e.g.; neighbourhood youth projects who it was said assist the community with supply reduction by linking with the Gardaí, educate for prevention and assist people who use drugs to get support;
- Education required for care professionals for better awareness of the impact of addiction in the family;
- SWANFO recommended that there be more mental health awareness for children in schools and information available if they need help with family members in addiction;
- Engage people who use drugs or those in long term recovery to tell their story in a community setting;
- Address the issue of inequality and poverty in Irish communities;
- Allow for more treatment centres to be opened in communities around Ireland;
- More meetings to take place within communities.

5.8 ADDITIONAL COMMENTS ON PREVENTION

Additional views were received in relation to individuals and systems involved in prevention. These were:

- Support kinship carers by resourcing support and information specifically for this group (family) (Family Addiction Support Network);
- Conduct training needs analysis for frontline staff (Tusla, Primary Care, GP, Gardaí, etc.) to establish current levels of drug education, brief intervention skills, ASIST/Safe Talk and referral pathways to identify gaps in existing knowledge and skills (Teach na Daoine);
- Consult with agencies regarding addiction specific training and employment initiatives i.e. DSP drug specific C.E. Schemes (Teach na Daoine);
- People serving alcohol should have knowledge of alcoholism;
- GP's brush over the effects of alcohol on the addict or his / her family;
- Awareness should be brought to schools, to the police force and people in recovery;
- The community has a responsibility for prevention;
- Prevention work needs to challenge media prejudice as well as advertising ambivalence;
- It is recommended that the training of health and social care personnel incorporate joint training opportunities in the field of addictions (DLR-DATF);
- Opportunities for in-service training have been reduced within cutbacks for those working in the addiction sector. Staff could benefit from education around prevention approaches.
- Provision of Naloxone as a preventative and treatment measure was raised including reference to the Naloxone Demonstration Project – see **Section 6.3.8.1**.

6 TREATMENT

The public consultation sought views on the existing treatment pillar. This area of the 2009-2016 strategy aims to help people with drug problems access treatment and supports and reduce the harm caused by drug misuse to them, their families, and communities.

6.1 OBTAINING TREATMENT FOR DRUG & ALCOHOL PROBLEMS IN IRELAND

Feedback on how easy it is to get treatment for drug and alcohol problems varied widely. Issues were raised relating to waiting times, access to treatment, types of treatment and lack of residential treatment. Some felt that access to treatment was widely available through GPs and other organisations and that considerable resources are available for helping people with drug and/or alcohol problems. However, a clear theme reiterated throughout the public consultation was that there are significant barriers and difficulties for people to access treatment, depending on age, location, primary drug of choice and mental health status. Youth RISE called for age to be removed as a barrier to service provision. UISCE advised that 60% of the service users it had assisted to complete the consultation questionnaire highlighted their main concern is that they experience great difficulty accessing treatment. Some noted that an adult in Dublin using heroin can relatively quickly and easily access treatment. In rural areas it is very difficult to get treatment. It is more difficult for “polydrug users” to access treatment as services have not kept up with changing drug trends. People who use drugs cannot access residential treatment if experiencing harm due to cocaine or benzodiazepines, etc., unless they are on opiate substitution treatment.

Feedback was received that it is extremely difficult to access combined treatment for substance problems and mental health problems. It was also stated that it can be difficult to access treatment for substance use problems for those that experience enduring mental health problems. It was also stressed that those with mental health problems found it difficult to access treatment if they had a substance use problem.

Views were received that referred to addiction from within different perspectives.g. ‘addiction is an illness, addiction is not an illness, addiction as self-medication, harm reduction, recovery, abstinence’.

6.1.1 Lack of Resources and Range of Treatment

Many respondents felt there is a high demand on treatment services and insufficient resources available to cater for treatment needs. They felt that there are insufficient numbers of treatment services available and that the range of treatment services is not extensive enough including:

- A lack of affordable, accessible counselling;
- More access to Cognitive behavioural therapy (C.B.T);
- A lack of residential beds;
- A lack of holistic community based supports for people who use drugs and families;
- A lack of life-change and rehabilitation and facilities;
- A lack of step-down facilities;
- No treatment for benzodiazepine;
- Lack of treatment services for “non-opioid drug users”;
- There is no respite facility in the State and a lack of resources for respite and family counselling; and
- Ibogaine therapy or psilocybin therapy is not easily available.

Some respondents felt that whilst treatment in Tiers 1, 2, and 3 are readily available and accessible, Tier 4 is much more difficult and usually involves a long waiting period and overly strict entry criteria.

Respondents also noted that services should be secular and that religion should not be forced on vulnerable people who use drugs in order to receive treatment.

The IMO recommends a cross departmental and integrated approach to treatment and rehabilitation to ensure that the education, housing, and social protection needs of patients and their families are met, thus reducing the probability of relapse into drug use. This view was received widely throughout the consultation.

6.1.2 Criminalisation

Respondents felt that there is a stigma around drug use and seeking treatment, a lot of substance users don't see themselves as "addicts", but having trouble with drugs, and the treatment models do not make it easy for them to commit to the treatment. Some felt that GPs should be obliged to prescribe Methadone, which would reduce stigma and help to clear waiting lists for Methadone treatment. There are no programmes aimed at people who use drugs for recreational use and who do not consider themselves addicted. People are also afraid that there will be legal ramifications if they get treatment for illicit drug use.

6.1.3 Information and Referral

People felt that there is a lack of information on available treatment options and on how to access services, noting that GPs are not always aware of how to deal with drug and alcohol problem or where to refer the patient. They noted that the referral process is lengthy and unclear and varies from service to service. Some felt that you needed to be in need of acute treatments before you get a clear pathway to treatment. UISCE recommends a self-referral pathway be developed and treatment options communicated to any person seeking support. There may be educational or social barriers that make it difficult for people to navigate their way through the system to obtain services. HSE Donegal Alcohol and Drug Service recommended that there should be an increase in access for HSE services to refer to a residential treatment service if needed.

The NICDATF said the new strategy must support the range of outreach taking place in various settings and to acknowledge the value of outreach to access service users who are not accessing services.

6.1.4 Cost

Cost was a key issue raised that can make access to treatment prohibitive, with those most in need unable to pay. Respondents felt that many people who use drugs or their families come from disadvantaged areas, do not have health insurance and are not able to pay the fees for private treatment centres. The treatment choice is very limited for those with low incomes or the homeless as there are few low threshold facilities. It was noted that some services are only available to medical card holders. Respondents called for more community based services available at no cost to the service user. Financial support should be provided for service users to access residential treatment services locally.

6.1.5 Entrance Criteria

Entrance criteria to treatment facilities can be complex, time consuming and unrealistic including:

- The requirement of having a place to stay, when many of those seeking treatment are homeless; or
- The requirement to be drug-free or sober for a certain period of time in order to get treatment.

Respondents raised the issue that most publicly funded residential services in Ireland do not accept people who currently use drugs. They felt that these entry criteria allowed facilities only accept service users with a high success rate and meant that clear windows of opportunities to capitalise on the user's desire to get treatment are lost. The NICDATF recommended that the new strategy addresses blocks to residential treatment such as high expectation access criteria.

Dr. Siobhan Rooney's (Consultant Psychiatrist in Addictions) Clinical Team recommended that Maslow's Hierarchy of Needs should be considered when assessing a person's ability to access and engage in treatment. Basic needs such as the availability of food, shelter, accommodation, safety need to be present to support a person's ability to engage in treatment.

6.1.6 Detox and Stabilisation Services

A clear issue raised by respondents was the lack of dedicated inpatient beds for detoxification, including for alcohol, benzodiazepines, Z drugs along with other drugs. There is also a lack of pre-entry stabilisation programmes. To get residential treatment is difficult and the focus needs to be on stabilisation and respite and not just detox as the thresholds and entrance criteria are too high and/or restrictive for many people. Many treatment centres will not admit people who are not 'clean' however access to detox beds is almost impossible. Therefore many people are struggling to manage detox on an outpatient basis with varying degrees of support. Respondents called for an increase in the number of beds for stabilisation and detoxification.

There was feedback that there needs to be a range of services that can respond to people's needs, across the spectrum ranging from harm reduction to stabilisation to detox. The recurring view of respondents was that there is a shortage of detox beds and calls for a substantial increase in numbers were received. The funding and development of community detox teams with proper structures which offer consultation and advice to community GPs and pharmacies in relation to detox and treatment should be explored as well as the funding of different detox facilities for different addictions. Detox beds were particularly called for in the Northwest and West regions.

It was claimed that while there are a number of good treatment centres for residential detox and aftercare, there is insufficient co-ordination and widely differing approaches which are not necessarily based on evidence based practice. The value of residential detox facilities was questioned by other views, especially taking into account the enormous expense involved in providing such facilities as against the much cheaper cost involved in community models. There was a view moreover that the key objective of community reintegration is very hard to achieve in residential settings, where people are removed from their families, friends, prospective employers and others, with whom they need to form new relationships. It was pointed out that often, as a result of health insurance and Employment Assistance Programmes (EAP) schemes, that people with better incomes are able to access residential treatments otherwise denied to those without insurance or employment with EAPs. There was a lot of support for community detox programmes that would employ community health nurses, who would link in with community services and it was felt that a completely new funding line would be needed for such facilities.

Coolmine, in its submission, recommend the provision of a residential stabilisation and detoxification unit for “polydrug users” to enhance treatment access and pathways into residential and community rehabilitation service providers.

The College of Psychiatry of Ireland, in the context of access to inpatient stabilisation, called for an increase in the number of beds and that access be improved for pregnant women; acute hospital patients with alcohol/drug related admission; and psychiatric hospital patients with alcohol/drug related admission.

The ICGP advised how patients who do not require 24 hour medical supervision are often placed in these facilities and patients who may benefit from this level of care cannot access the service.

Tiglin recommended that doctors be incentivised to promote/encourage detox and that detox beds be increased by merging them with an existing rehabilitation programme. It felt this will allow someone to detox safely and in an environment where there is many people around them who have also detoxed and have a variety of recovery times. It said that stand-alone detox facilities work well when a well put together care plan is established and the rehabilitation progresses into a drug free day programme but that for many they need to be removed from their immediate environment into residential programmes.

The CDA Trust Ltd. also raised the issue that most publicly funded residential services in Ireland do not accept people who currently use drugs and that there are very few inpatient stabilisation services. Its service users, they said, have consistently articulated a need for such services, particularly when they feel trapped in chaotic drug use. Access to medium term inpatient beds in specialist, clinically led services, they felt, would allow them to break their pattern of drug use and access the necessary medication to do so.

The HSE Donegal Alcohol and Drug Service said a purpose built detoxification unit, that could serve the North West, exists in Donegal but remains not in use due to lack of funding and priority status, and described how this issue is placing a burden on general hospitals and Emergency Departments. They recommended that there be accessible available alcohol and drug detoxification beds for elective and emergency detoxes in the North West.

Hope House advised its biggest concern is related to funding, that access to funding for clients needing residential treatment varies from region to region and from county to county within regions. It said this inequality of access to funding needs to be addressed in the new strategy.

Aiséirí said there is a need to fund and reward recovery oriented services adequately and additional community based services will need to be developed and existing supports strengthened.

It was also raised that the ability of the voluntary and community organisations to fundraise has been reduced due to recent scandals in the Non-Governmental Organisation (NGO) sector. Aiséirí said that the statutory sector needs to recognise and work on this with the voluntary and community sector. Another view received sought support for the training and creation of specialist nurses in detoxification.

Respondents called for clear referral pathways to be provided for complete detoxes to the National Treatment Service and that there would be secured beds for each CHO area. They recommended that there be standardised community detox protocols and clinical guidelines in line with best clinical evidence based practice.

It is recommended that training and creation of specialist nurse positions in detoxification be supported in the new strategy. The IPU said community pharmacists would be willing to play a role in supporting people through an outpatient alcohol detoxification programme, using diazepam, or chlordiazepoxide, alongside the doctor and key social workers.

6.1.7 Location

While those with treatment facilities in their local area find it easier to access treatment, access can be difficult and challenging for service users depending on their location in the country, with respondents noting the lack of access to services in rural areas and that this need to be factored into the new strategy. While some felt that services should be centralised where possible to counteract geographical constraints for service users, many identified the issue of a lack of transport and significant travel times for rural communities as a significant barrier to access services. Location can also determine the approach and type of intervention received, limiting the effectiveness of the interventions made.

The Clare Community Cluster said that people are coping with rural isolation through the use and misuse of legal drugs (alcohol) and prescription drugs and these are hidden harms not recognised in statistics.

The Irish Medical Organisation claimed that while the majority of people who use opioids are based in Dublin, approximately 30% live outside of the capital. Despite this, they said, the distribution of Methadone treatment services remains concentrated in Dublin, with few Level 2 GPs practising outside of the Dublin region, thus limiting the treatment options for those in need.

There needs to be a standardisation of the type of Drug and Alcohol Treatment Services being provided throughout the country with established standards. Tier 2, 3 and 4 services should support a person with any type of drug or alcohol use. It was put forward that support clinics should be provided and include walk-in crisis centres, health screenings and monitoring.

Respondents felt that services need to be accessible, appropriate and adaptable for all users including families, Travellers, migrant communities, homeless people and for people with a dual diagnosis. Some felt that treatment options should be accessible at every local medical centre and called for the provision of accessible services across Ireland with services supporting satellite clinics in remote areas.

6.1.8 Treatment and Services Hours

Respondents felt that there is currently very poor out of hours support available for people who use drugs, highlighting the fact that most services, including non-residential treatment services, work "office hours", which does not allow easy access for those with work or family commitments. They also noted that the times when services are required the most does not necessarily correspond to office hours. They felt that a 24 hour service that supports clients is needed.

6.1.9 Waiting Lists

Respondents noted that there are significant waiting lists for almost all services, due to demand and lack of in-patient beds, with access to some kinds of treatment being particularly slow depending on location, including Methadone and residential treatment. However, this depends on location and service type, with some noting that there are few waiting lists in Dublin for Opiate Substitution Treatment (OST), accessibility remains a problem outside Dublin. Many also noted that there is a lack

of public places on treatment programmes, adding to the delay for access to treatment to the most vulnerable that do not have medical insurance and cannot afford private treatment.

On this issue, Addiction Response Crumlin Ltd. said the drugs and alcohol service should be community based and have easy access, that in urban areas like Dublin, Galway, Cork, Athlone, etc., services should be delivered in the local community as opposed to the centre of the city. In its view, this gives people access into the service so that they feel integrated and supported in their own community. It said Ireland is one of the few countries in Europe where there are waiting lists for treatment while other countries have outreach staff encouraging people to avail of services.

Many views raised the issue about long waiting lists to access Methadone maintenance treatment throughout Ireland, including COPE who asked that these waiting lists be reduced. Views received expressed how many people who need the service have to move to Dublin to access treatment and it was felt this was putting strain on associated services such as housing and could be contributing to homelessness. Kildare West Wicklow Community Addiction Services had 481 individuals present themselves for treatment and rehabilitation supports in 2014. Kildare West Wicklow Community Addiction Service reported a 13 month waiting list for Methadone treatment for those in Kildare and West Wicklow as compared to a maximum of one week in the Tallaght Drugs Task Force area, highlighting the inequalities that exist for individuals and families that live outside of Dublin. A range of treatments and rehabilitation supports in Kildare West Wicklow need to be developed for those dependent on heroin and other substances.

The ICGP noted that the previous strategy indicated that the reason for the waiting times is the lack of Level 2 GP's. The ICGP believes that this is oversimplified. If local HSE addiction services are fractured and functioning poorly it makes local GP's resistant to initiating treatment or taking patients into their own practice.

6.1.10 Dual Diagnosis

It was felt by some that every aspect of our services needs to be revamped to form an integrated approach and that this integrated approach needs to address dual diagnosis properly. It was frequently said that Ireland should bring treatment and mental health services together to treat the individual as a whole and to provide more services and access to treatment for those with dual diagnosis. The treatment and rehabilitation services must be linked with mental health services and dual diagnosis must be addressed in the new strategy. By means of example, it was said that drug/alcohol use is a huge barrier for people trying to access the mental health services.

The Walkinstown Greenhills Resource Centre said a big improvement would be the recognition by treatment and rehabilitation services that dual diagnosis is something that they must develop a coherent response to, rather than ignoring it and acting as if it does not exist. It was also suggested that easier entrance criteria would create a greater through flow of those seeking treatment and rehabilitation. There was a suggestion that Ireland should develop a specific clinic that deals with dual diagnosis and psychiatric help.

Many respondents highlighted that while drug and alcohol treatment is available, services will not deal with people who use drugs and who have mental health issues. They highlighted that there are growing numbers of service users with dual diagnosis needs and that dual diagnosis is a serious concern for frontline staff. Respondents said addiction services are under resourced and under staffed and therefore ill equipped to provide the supports necessary for people with significant mental health issues. They called for the review of mental health policies regarding addiction and access criteria.

Respondents felt that existing mental health services are insufficient and ineffective, with a lack of specialist services available for clients with a dual diagnosis. Feedback was provided that general mental health services are extremely difficult to access and in particular, hospital services for those with dual diagnosis are almost non-existent. Submissions said there is an absence of dedicated services throughout the country for managing people with co-morbid mental health needs and substance misuse disorders. This can lead service users to feel that they go “*from Billy to Jack*” as they try to access treatment from the mental health and addiction services.

It was suggested that medical professionals should be trained on the Mental Health and Drugs Acts. Some were of the view that there should be a licensing system whereby mental health facilitators should be allowed to use healing drugs as part of addiction treatment. People with mental health difficulties and drug addiction need support and this support needs to address them as a person, and as having a dual diagnosis. If people present with dual diagnosis issues, they need to be treated with that and not sent over and back to mental health services and drugs and alcohol services. Designated dual diagnosis teams should be made available to support people with a history of co-morbid mental health disorder and substance misuse disorder.

There was feedback that those with ADHD are more likely to become substance addicted (IACDDA).

Submissions proposed designated Dual Diagnosis Teams could support people with Substance Misuse disorders and mental health disorders across the country with appropriately trained staff providing assessment and treatment and provide a mechanism for referral pathways to appropriate Tier 2, Tier 3 and Tier 4 services. The availability of crisis beds for these individuals also needs to be considered.

Views were expressed that there is a need for designated assessment centres in the community for all drugs and alcohol use and, from this assessment, care-pathways can be developed to other supportive specialist services in primary care, community services, tertiary services and Tier 4 services.

Dr. Siobhan Rooney’s (Consultant Psychiatrist in Addictions) Clinical Team recommend the development of Tertiary Specialist services similar to the National Drug Treatment Centre throughout the country to manage people with challenging behaviours, dual diagnosis and homelessness / Complex cases, with designated speciality services.

The RISE Foundation said there should be a consensus that integration between mental health and addiction services is sorely needed and long overdue, and that there is an equally pressing need for transformation to recovery oriented care in both systems.

Addiction Response Crumlin Ltd. highlighted that young people’s mental health is being severely affected by the misuse of alcohol and drugs with an increase in the number of children developing early stages of dual diagnosis. There was a broad and recurring view throughout the public consultation that the issue of mental health and dual diagnosis needs to be addressed in the new strategy, noting that there is no public dual diagnosis service in Ireland. Focus Ireland recommended that the drug strategy commits to increasing awareness of dual diagnosis amongst service providers and considers the introduction of specific services to support this cohort of individuals.

The College of Psychiatry of Ireland recommended that a dedicated specialist centre, set up to support regional and local services, be established under the umbrella of mental health. For this centre it recommended standalone facilities with a senior management team, executive clinical director and on-site drug testing laboratories. It recommended adapting the National Treatment Centre (Tier 3), Cuan Dara (Tier 4) and St. Michael’s Unit (Tier 4) for this purpose. It asked that Cuan Dara and St. Michael’s Unit be resourced to become national beds.

Coolmine said there is a need for increased resource allocation to services such as its service to provide quality healthcare, physical and mental health supports, at point of contact and during treatment.

In the St. Patrick's Mental Health Services submission they stated that a process to review and update "*A Vision for Change*" is also underway. This presents a unique opportunity for addiction and mental health services to jointly address the needs of people with co-occurring addiction and mental health problems. Common goals in the two strategies could lead to joint actions and targets set in order to promote progress in this area. Ireland's National Strategy to Reduce Suicide 2015-2020 identifies the risks and links between suicide and alcohol and drug problems and again would provide an opportunity for collaborative working on shared targets to reduce such devastating outcomes.

The Clare Practitioners Forum submission stated that training and education is needed for frontline staff who are not mental health or drug workers about how to distinguish between anxiety, anxiety associated with detox, with drug use and with separation anxiety for young people who are in a drug free centre for part of their day and stated that there needs to be dual diagnosis trained addiction counsellors in mental health services. They advised that there were four addiction counsellors as part of mental health services in Co. Clare at the start of the last strategy and advised that now there are none.

Alcohol Ireland stated that cross-sectoral working for the alcohol, drug and mental health services must be made a priority to facilitate the development of an integrated approach that provides greater access and improves outcomes for service users and their families. In particular, the failure of Vision for Change to link the treatment of mental health issues and alcohol misuse must be addressed.

Respondents called for review and increased support of mental health services as related to substance misuse, particularly in the area of teenager's access to mental health assessment and services, as well as increased support for people with dual diagnosis. Many expressed the view that addiction and mental health services need to be directed to work together to develop a dual diagnosis assessment for people who use drugs.

Dual Diagnosis Ireland claimed that 74% of users of drug services and 85% of users of alcohol services experienced mental health problems. 44% of mental health service users reported drug use. They stated that there is a reduced chance of long term recovery and increased risk of suicide attempts as users must be "dry" to access most addiction rehab services but they can't get dry because of mental health issues. They stated that services should be planned to treat people not conditions and that it should be accepted that substance abuse with mental health problems is the norm and adapt policy accordingly. It added that there is a conflict between treatment paradigms – traditional treatment methods for drug addiction and alcoholism have been characteristically intense and confrontational. In contrast the newer treatment methods for mental illness have been supportive, benign and non-threatening. It quoted Fr. Peter McVerry who in relation to this issue said, "To put it in the simplest terms if someone has multiple problems you make treatment more difficult by treating each problem in isolation". Dual Diagnosis Ireland want people with a mental health and addiction problem to get the right kind of treatment at the first time of asking.

The NICDATF said that dual diagnosis supports need to be addressed urgently and access to services is needed for individuals who currently don't fit the available treatment options such as those with dual diagnosis, drug-induced psychosis and personality disorders. That access to similar services was required for under 18s.

The Clare Community Cluster recommended that mental health services need to start working with drugs services for the good of the client. They noted that there is a lot of emphasis on mental health but there is no dual diagnosis and treatment at Tiers 2, 3 or 4 in the Midwest.

The IMO in its submission claimed that, bar a dual-diagnosis clinic at the National Drug Treatment Centre, few developments have been made in the establishment of services for patients with comorbid substance abuse problems and mental illness, or in the development of agreed protocols in the management of patients with co-existing disorders. It said that greater planning and resources must be devoted to providing an adequate dual-diagnosis service, based on patient need.

CDA Trust Ltd. expressed the view in their submission that the “A Vision for Change 2006” mental health policy document effectively divorced substance use and addiction from mental health issues. The refusal of many mental health practitioners to assess or treat those with current (or in some cases even historic substance use) must be addressed they said; the responsibility of mental health services to engage with substance use issues must be made explicit and a condition of continued funding; and drug induced psychoses/suicidality requires a structured, clearly articulated policy response from acute mental health services.

Crosscare Homeless Services recommended that mental health service providers work with those with a dual diagnosis to provide them with housing support. Dual diagnosis should not preclude residents from on-going housing support.

The College of Psychiatry of Ireland, in its submission, proposed three steps to develop psychiatric services access to addiction treatment as follows:

- 1) Support the implementation of the Clinical Care programme for Comorbid Mental Illness and Substance Misuse;
- 2) Clinical Nurse Specialist Liaison to ensure continuity of care across services;
- 3) Recommendation that the review of “Vision for Change” address alcohol and drug problems by a) developing local teams to manage complex alcohol and drug problems and comorbidity; b) defining clinical care pathways from regional or local areas to a specialist centre.

Some respondents asked the question of whether psychiatric services could function as the lead agency on drug treatment if they were funded properly. They suggested that they undertake a psychiatric/psychological assessment of users prior to receiving Methadone, which would highlight the need for dual diagnosis treatment. Aiséirí recommended that in service screening for mental health issues before or at admission and in-service training to all staff so that they can cope with this level of referral complexity.

Respondents recommended that clear national guidelines be established on what constitutes a dual diagnosis. National protocols need to be developed to address the complex needs of service users using excessive amounts of benzodiazepines, with mental health needs and often other substance misuse. Respondents also suggested that it would be useful to consider dual diagnosis programmes currently running in CHO 4 and to increase the number of programmes in the coming years.

Ballymun LDATF stated that a more definite role for HSE Addiction Services to respond to dual diagnosis issues among clients should be provided and suggested that provision of psychiatric nursing roles at treatment centres be explored to respond to dual diagnosis/mental health concerns as it presents. It said that drug using clients with psychiatric health issues constitute an extremely

vulnerable sub-group with complex poorly understood needs and in its submission advised how two of its long-term clients had taken their own lives with a further two having attempted to do so. In the context of co-morbidity of substance use and mental health disorders, Ballymun LDATF made a number of recommendations for the new strategy as follows:

- Review *Vision for Change* (Ireland's mental health policy) and how this has blocked access to essential and life-saving psychiatric care for clients with dual diagnoses;
- To have the needs of this (dual diagnosis) group explicitly defined in the new National Drugs Strategy and to include actions which are related to co-ordination of both national and local responses;
- The establishment of protocols which identify those groups who are particularly "at risk". A standardised needs assessment for the presence of dual diagnosis should be a feature of any systematic assessment of people entering addiction or mental health services so that treatment can be progressed. It is also important that such assessment is repeated throughout the treatment process in order to gauge any increase severity, feedback/progress on any referral options undertaken at initial assessment, etc.;
- Collaborative working practices between substance use and psychiatric health specialists should be developed, ensuring the development of joint policies around assessment, intervention and management. This would help to ensure earlier identification and more effective interventions. Examples of collaborative working practices include formal service liaison arrangements, multi-disciplinary teams and community care initiatives;
- There is a need to encourage new learning and ways of working to bridge gaps in service provision and understanding. It will be important that clinicians in either addiction or psychiatric health services are adequately trained in both disciplines to respond to the issues that present;
- It is recommended that an updated audit and mapping of services, policies and admission criteria is undertaken in order to highlight barriers that may exist so that improvements to the current difficulties can be adopted; and
- Increased contact with services can help reduce the intensity and onset of psychiatric complaints. In this regard, specific referral options and arrangements from generic (e.g. GP) to more specialist services could be implemented as a preventative or early intervention approach to dealing with concurrent drug use and psychiatric issues.

The HSE Donegal Alcohol and Drug Service also highlighted dual diagnosis as an important issue for the new strategy and in doing so referenced Irish studies (Dixit and Payne 2013) and treatment of PTSD cited by Lisa Najavits PhD on treatment innovations 2015 (www.treatment-innovations.org). Its recommendations for dual diagnosis were consistent with many others received throughout the consultation and were:

- Work with the national lead in mental health on the development of the Clinical Care Pathway for Dual Diagnosis and the creation of a National Practice Guide for Dual Diagnosis;
- Dual diagnosis profile – to be gathered nationwide and current practice examined to inform future recommendations;
- Services, where possible, to develop a specialist dual diagnosis team led by advanced nurse practitioners within services to respond to the needs of those presenting with co-morbid mental health problems and drug and or alcohol problems;
- Alcohol and Drug Services must be part of the Multi-Disciplinary Team (MDT) structure within Community Mental Health Teams – where this does not exist;
- Screening and brief-intervention training in addiction behaviour should be afforded to all frontline mental health practitioners, such as the SAOR or MECC models;

- Mental health first aid training should be a minimum for all those working within addiction services, such as ASSIST, Risk Assessment and symptom recognition and the importance of prescribed psychotropic medication;
- Appropriate pathways of referral in and out of services and standardised protocols for care;
- Ensure both mental health and drug and alcohol services are trauma informed.

SAOL considers that trauma informed care should be the norm. It said that based on emerging evidence based research it is known that the vast majority of people presenting with addiction issues are traumatised. Implementation of trauma informed care could be overseen by structures already in place (e.g. TFs). They referenced California, USA where training in Trauma Informed Care must take place before one can work in the addiction field. The Clare Practitioners Forum also recommended that drug services, emergency services and care services need to be trauma informed and compassionate in their dealings with clients. Education and training with a priority on CBT, Trauma Informed Care, and Dual Diagnosis needs to be continued to be supported across services, and workers to be upskilled within their area of competence and to refer when clients are beyond a worker's sphere of competence.

6.1.11 Opioid Substitution Treatment

The Health Products Regulatory Agency said there have been few new pharmacotherapies for substitution treatment in opioid addiction while there has been innovation for treatment of co-existing conditions of HIV and HCV. It advised that where new therapeutic agents are known but not marketed in Ireland, it can assist under the National Drugs Strategy in identifying potential sources and encouraging the companies to apply for authorisation.

The ICGP recommends that the strategy should plan for the move to the provision of Opioid Substitution Treatment in primary care centres with all new primary care centres designed to include drug treatment services including dispensing services if this is an identified need in the area.

School of Nursing and Midwifery TCD recommended that all registered nurses and midwives would be invited to undertake additional training on addictions nursing. They recommended that the role of the nurse-prescriber be expanded to cover opiate substitution treatment services.

6.1.12 Polydrug Use

Respondents felt that treatment from the HSE is too focused on heroin/opiate use when there are significant issues with polydrug and alcohol use. Some noted that clinical care pathways for opiate dependent individuals have been well defined over the years, however the services for primary alcoholism and primary benzodiazepine addiction and for pregnant women in particular do not exist in many areas throughout the country.

Other respondents felt that there should be separate treatment facilities for heroin, alcohol and prescription opiates. There is limited choice, if any, for people who are poly-substance abusers. It was felt that when homelessness is added to this, it is nearly impossible to obtain residential treatment.

6.1.13 Language Difficulties

Respondents noted that there are difficulties for immigrants in accessing treatment who have a limited command of the English language. They also noted that the use of interpreters during counselling therapy was infringing on their right to privacy.

Respondents outlined that, while there are addiction counsellors available within the Health Service Executive (HSE) system to support the more than 150,000 Polish migrants in Ireland, there is no support available in their native language for the 70,000 Russian speaking migrants (including Lithuanians, Latvians and Moldovans). Respondents recommended researching and identifying non-Irish ethnic communities who might be missed in policy design, through language or cultural differences, and that the appropriate supports be provided to avail of treatment.

6.1.14 Family and Children

Respondents noted that there are difficulties around accessing treatment for those with children in particular, as there is little availability of services to support the family and children of women who require treatment making women less able to avail of treatment and rehabilitation. They felt that there needs to be increased residential treatment for women and children and more after treatment projects and supports needed that would incorporate family support in the homes.

Respondents noted that there is great difficulty in accessing treatment for the under 18 age group and residential treatment in particular. They recommended that more treatment, rehabilitation and support facilities should be provided for under 18s and that age should be removed as a barrier to service provision. They felt that these services should be ready to support a younger cohort that are using Gamma Hydroxybutyrate (GHB) / ketamine, stimulants, etc. This group has different needs and don't want to be stigmatised attending services associated with heroin use, which can lead this group to avoid drug treatment.

Coolmine recommend that an urgent national and local level response to the call for closer collaboration between Coolmine Ashleigh House and Tusla be put in place, to safeguard vulnerable children and support family unification, when appropriate. It further recommended that family support services, concerned significant others, be given prominence in the new National Drugs Strategy at national, regional and local level. It advocates for the Parents under Pressure (PuP) programme to be adopted as an Evidence Based Treatment (EBT) for drug and alcohol service providers engaging with substance misusing parents and the associated impact on their babies and young children. Furthermore, it seeks that this approach is recognised by Tusla and associated key stakeholders working with high risk families impacted by problematic substance use.

6.1.15 Travelling Community

The Clondalkin DATF recommended that culturally appropriate services for members of the Traveller community and other ethnic minorities need to be developed and resourced. The MWRDAF, in its submission noted the lack of availability of residential services for the travelling community. It said there is a lack of awareness in services of the issue of literacy for many Travellers, that paperwork can be a barrier and that services need to consider language/terminology/jargon that the travelling community use. They advised that traveller women are slow to access support for addiction as they don't know what will happen to their children. In their submission, they also advised that Travellers who have experienced poor services in the past are slower to seek access to supports again (specifically A&E/Crisis teams) and were of the view that Travellers are not doing as well in aftercare and with relapse prevention as the settled population.

The MWRDAF recommended that PHCP workers and advocates can support Traveller's awareness of services available, and explain issues to the services. They can also inform the Traveller Health Unit and MWRDAF about issues arising in relation to accessing services. PHCP workers and advocates can assist with filling out forms where there are literacy difficulties and can deliver cultural awareness training to frontline service staff. It also recommended information and education be made available

to priests as Travellers confide in them. The MWRDAF added that GP's need to be more aware of the issues in the traveller community and suggested an information campaign could be directed to them.

6.1.16 Homelessness

Respondents noted that there is a huge correlation between drug abuse and homelessness in Ireland. It was said that people are being evicted from their own homes and left on the street and may turn to drugs to cope with their new reality and if they get clean they are then sharing hostel rooms with other people who use drugs. This situation is an extremely hard one to get out of, as a vulnerable addict with the best intentions may be unable to get clean due to the people they are surrounded by. Respondents said there needs to be more drug free hostels for homeless people where they can focus on getting clean. The homelessness issue in Ireland, and especially Dublin, needs to be addressed before we can sufficiently support those who continue to misuse drugs it was said.

It was noted that there is a lack of homeless emergency spaces, particularly low threshold spaces. A range of accommodation options are needed: low threshold temporary accommodation; supported drug free accommodation; and long term accommodation including tenancy supports. Different types of accommodation needs to be distinct and separate to support people in various stages of rehabilitation and recovery. The ICGP stated that a new model of care for homeless people who use drugs needs to be designed with a redistribution of resources to support these services. The present system does not work and the model of care provided is not appropriate. There are major issues with retention and low dose programmes where little or no medical care is provided. All support and treatment service staff should receive training to recognise the vulnerability of those who are homeless and addicted.

Simon Communities Ireland called for residential treatment centres to be resourced to address post-traumatic stress disorder concurrently with addiction treatment given an estimated prevalence rate of 66% amongst residential treatment participants; that all HSE funded residential treatment services should be upskilled to manage dual diagnosis cases as a basis of best practice care; in-reach support be provided for people while in treatment to prevent homelessness on discharge; and develop, resource and implement discharge protocols for general hospitals, mental health services and drug treatment services for people who are homeless in conjunction with primary care networks and local primary care teams. They said nobody should be discharged back into homelessness. Access to aftercare housing is particularly important for homeless people exiting treatment, given the high risk of relapse in traditional homeless services settings. It further recommended that the NDS should include addictions across the board; that the destructive nature of process addictions and their linkage to problematic drug and/or alcohol use cannot be underestimated. It also said alcohol and drug services must be resourced nationally to target the needs of people who are homeless with alcohol and/or drug related problems in line with the Tier model⁴. This should include rapid access to substitution treatment, detoxification, rehabilitation/recovery and aftercare countrywide and include all substances.

Crosscare Homeless Services claimed that there are insufficient addiction counselling services within Homeless Services; and that addiction counselling services should be made available to all those in addictions. They also recommended that Naloxone be rolled out nationally to be available on-site in all homeless services and that on-going Naloxone training & refresher training would be available to all homeless services staff & residents.

It was noted that in the south a partnership has been developed with all Homeless Sector Providers and Drug and Alcohol Services. In 2015 the Case Management Manual was redrafted to facilitate

domains specific to the Homeless Sector. Now both sectors have received the training and are operating from the same manual which is delivering a more seamless process for both service user and provider. It is recommended that additional resources be provided for this work and that it be assessed and considered for implementation as a National initiative. Crosscare Homeless Services raised the issue that lifesaving training is not regularly and consistently available. For the new strategy, it recommended that there be on-going first aid/CPR/AED and refresher training provided for staff and residents in homeless services. They recommended relevant and up-to-date regular drug information training on emerging substances and the risks involved for users to be made available to staff and residents of homeless services. They also recommended that pre-entry groups be held on-site in STA/TEA Homeless Services in conjunction with relevant external agencies.

Merchant Quay Ireland recommended the urgent implementation of a Rapid Access Detox/Stabilisation model that will ensure that homeless “polydrug users” have rapid access to a suite of options including low threshold residential stabilisation (all substances) and the option of treatment, including OST and detoxification.

The ICGP recommended that services such as the Safety Net model should be set up in all hostels. These are one stop shops where appropriate frontline services are provided. They also recommended that the role of the National Drug Treatment Centre in providing services to the homeless urgently needs to be reviewed. A centralised service with a large cohort of vulnerable, unstable people who use drugs congregating together does not lend itself to optimum outcomes. The enhanced budget provided for the services could be redistributed to more localised services.

The HSE Mid-West Drug and Alcohol Service noted the emergence of rough/street sleepers in Limerick over the last 6 months for the first time. They recommended that effective solutions to secure appropriate accommodation for clients need to be found or their ability to offer effective treatment will be significantly undermined.

The HSE Mid-West Drug and Alcohol Service said it would question the impact the rehab strategy has had on the practice of services and whether or not it has made it harder for clients to engage with services when their needs are at the most basic.

It was suggested that wet hostels should be provided.

COPE Foundation highlighted that the lack of treatment and rehab beds in the western region suitable and available to those who are homeless further compounds an already difficult situation.

The submission by the Dublin Region Homeless Executive (DRHE) is underpinned by the recent Action Plan for Housing and Homelessness “Rebuilding Ireland”. Their submission builds on the DRHE submission to the Rapid Expert Review Panel. It said there is a cohort of service user that engages in episodic or long term use of services, accessing emergency accommodation services for lengthy periods of time often over numerous episodes. The development of more specialist and targeted services is needed for this group who often present with a range of complex needs including mental health and addiction issues. It said that service level agreements issued to all funded services in the region detail requirements to adhere to co-ordinating mechanisms developed for the sector in order to ensure a consistent, co-ordinated and evidence informed model of service delivery. Key initiatives include:

- The Pathway Accommodation and Support System (PASS) is a single shared client database for the region utilised by all Section 10 funded services. This has enabled detailed analysis of patterns of engagement and the development of targeting responses to meet the needs of service users;

- Holistic Needs Assessment (HNA): is a standardised single shared assessment system that reduces the need for multiple assessments, promotes consistency of assessment and improves data sharing. It focuses on 12 key support areas including General physical health, mental health, drug use, and alcohol use. This tool facilitates a case management approach to planning for the health and addiction support needs of individuals. The HNA document travels with the individual to services and a record is kept on PASS of levels of progression through each of the 12 key support areas.
- DRHE is leading a core programme of work in the development of a National Quality Standards Framework (NQSF) for homeless services. These standards are aligned to HIQA/HSE National Standards for Safer Better Healthcare, and also the Quality in Alcohol and \Drug Services (QuADS) Organisational Standards.

Peter McVerry Trust said it believes that a significant number of people who are in homelessness would benefit from accessing specialist residential homeless accommodation with integrated on site drug stabilisation programmes. Such services which combine the STA homeless model with Drug Stabilisation Services would provide a critical piece of infrastructure to individuals in homelessness seeking to address problematic drug misuse. It called for the development of such services to be included in the new National Drugs Strategy. It said that funding the creation of specialist addiction workers to engage with people who have exited homelessness and who are attempting to sustain their tenancies, should be included in the new Strategy. This should be expanded in both traditional housing support services and newer Housing First programmes.

Peter McVerry Trust also advised that its Cannabis Cessation Programme operated from the residential community detox service is an oversubscribed programme. The individuals accessing this service are predominantly young single males with very high support needs, higher than those accessing the Methadone programme on site. The demand on this programme, together with the factors surrounding the individuals' problematic drug use, means the new National Drugs Strategy should recognise the need for an expansion of such services.

Simon Communities Ireland made a series of recommendations in this regard:

- Rapid Access to treatment. People who are homeless often have to wait in homeless services until a treatment place becomes available. This in itself can make adherence to access criteria unrealistic for many homeless clients given their proximity in homeless services to substances and their inability to avoid triggers;
- Action item the Intermediate Healthcare Step up/Step down facility and development of Addiction Treatment Services on site at Ushers Island, Dublin 8 by Dublin Simon Community (DSC) in the establishment of up to a 100 bed low threshold addiction treatment facility. This development will consist of:
 - Implementing an Alcohol and Benzodiazepine Detoxification Unit for people who are homeless;
 - Pioneering a new Rapid Access Alcohol and Drug Detoxification Stabilisation service in partnership with Merchants Quay Ireland (MQI), in Dublin for people who are homeless, chaotic and require tailored treatment options;
 - Expanding the remit of HIV Stabilisation/Respite Service to include all blood borne viruses in particular Hepatitis;
 - Implementing a new Addiction Treatment (detoxification and stabilisation) service for people who are homeless and experience mental health difficulties;
 - Expanding Residential Addiction Recovery service and beds for people who are experiencing homelessness; and

- Creating a new Intermediate Care Step up/Step down Facility for hospital admission and discharge post-surgery and major treatment.
- Undertake a review of the efficacy of catchment areas in relation to access to drug detoxification, treatment and aftercare and mental health service to ensure those that need these services most have ease of access especially vulnerable target groups such as people who are homeless;
- Implement the prioritised recommendations of the National Hepatitis C Strategy 2011–2014.5
- The NDS should prioritise the implementation of the recommendations contained in the HSE Opioid Treatment Protocol Report;
- The NDS should prioritise trauma informed practices and counselling services including greater resourcing of social work, community and family services as a means of reducing the prevalence of problematic use and earlier drug taking by those that have experienced adverse traumatic experiences in childhood;
- Ensure that ring-fenced emergency accommodation options are in place for people who use drugs experiencing homelessness when they are detoxing, working towards Methadone maintenance or are trying to abstain from drug/alcohol use. This is a short term measure to facilitate the wider rollout of Housing First tenancies and the provision of in-house drug treatment and rehabilitation services;
- Expand the needle exchange programme and put in place funding for disaggregated data collection and service provider and practitioner training;
- Increase funding for needle exchange service providers to formalise referral mechanisms for Blood Borne Viruses (BBV) and Tuberculosis (TB) screening and to carry out BBV screening where expertise is available to do so.
- Introduce increased incentives for GP's to encourage them to become level 2 GPs under the Methadone Protocol for Methadone prescribing and Methadone management;
- Implement the recommendations of the Evaluation of the HSE Naloxone Demonstration Project.
- Introduce a pilot heroin administration programme for opiate users based on the model developed in Switzerland;
- All outstanding drug charges should be consolidated before an offender enters drug treatment. Historical charges not brought forward under this consolidation should be expunged;
- All non-victim crimes (begging, possession for personal use) should be quashed upon completion of residential treatment programmes. These are small crimes that are addiction driven. They do not have any direct victim and cause a strain on the legal system and tax payer (legal aid, court and Garda time) and create a huge relapse trigger in the anxiety and fear they create to clients compromising recovery.

Dublin Simon, in its submission, recommended that the new strategy should:

- Action the establishment and development of the 100 bed low threshold addiction treatment facility at Ushers Island Dublin 8 (Dublin Simon Community);
- Provide counselling services for homeless individuals engaging in addiction treatment;
- Implement the newly developed HSE national hospital discharge protocol for homelessness and continue to develop, resource and implement discharge protocols for mental health services and drug treatment services;
- Undertake a review of the efficacy of catchment areas in Dublin in relation to access to drug detoxification, treatment, aftercare and mental health services;
- Ensure there are pathways through treatment and recovery/rehabilitation for every person who enters a detoxification programme;
- Examine offering lower threshold residential treatment services to provide equality of access for rough sleepers for whom higher threshold services are a barrier to entering or engaging with treatment;

- Increase numbers and locations of level 1 and level 2 GPs⁴ who prescribe Methadone Maintenance Treatment in particular in Dublin and commuter counties through appropriate incentives;
- Provide an update on the planned second and third review on funding and governance for the Drug and Alcohol Taskforces and also provide an implementation progress report on the first review in 2012;
- Address the barriers to clinical innovation in regard to new pharmacotherapies for substitution treatment as referred to by the Review by the Expert Group of the NDS;
- Legislation for Medically Supervised Injecting Centres in Dublin to be passed and operational by 2017; and
- In Kildare, Wicklow and Meath resource a pilot outreach service to rough sleepers to encourage engagement using harm reduction approaches.

6.1.17 Criminal Justice System

Respondents noted that it is extremely difficult to access residential treatment for prisoners and a lot of the day programmes require a prisoner to be back in community to have an assessment completed.

Coolmine, in its submission, made reference to European research which has established that using the opportunity of contact with the criminal justice system to divert offenders with drug problems into treatment can be successful in tackling drug problems and reducing crime. (Griffiths, Strang & Singleton, 2016). One of its recommendations for the new strategy is related to prisoners and asks to establish a drug free prison therapeutic community to increase the service provision for prisoners with problematic substance misuse issues in the Irish Prison estate. Fianna Fáil spokesperson for Community and the National Drugs Strategy also proposed that therapeutic communities be established on a pilot basis in prisons to help inmates overcome their addiction while in prison.

Evidence based treatment options that are likely to be beneficial in prisons should be implemented in prisons, and include:

- Opioid substitution therapy to reduce deaths in prison;
- Continuity of treatment from prison to community to reduce post-release mortality;
- Naloxone training and prescription to reduce opioid overdose mortality after release from prison;
- Opioid substitution treatment (OST) to reduce injecting risk behaviour in prison; and
- Treatment can be with buprenorphine / Naloxone or Methadone.

The College of Psychiatry, in the context of prisoners' access to addiction treatment, said the new strategy must address the lack of resources, provide a clinical care pathway for those being released, provide access to stabilisation/detoxification beds and that there be a clinical nurse specialist liaison to ensure continuity of care across services. The IPU said in the Dublin area there is a co-ordinator in the prison service who manages the release of prisoners on Methadone back into the community. It said it would be helpful if such a scheme was extended to cover the rest of the country for both release from prison and Garda custody.

Crosscare Homeless Services said there are inappropriate and unsafe discharges from hospital or prison into homeless services. Its recommendation is that specialised residential treatment places be available to those leaving hospital/prison to avoid people with chronic drug issues or in recovery from coming into homeless services. On this issue it referenced the HSE guidelines – *“Integrated Care Guidance: A practical guide to discharge and transfer from hospital”*. A local elected representative submission also said support is needed for those at high risk, e.g. prison release and that a thorough

care plan for those in prison and a robust support plan on release is needed. In this context reference to prison prevention models such as the Dochas Women's Prison was made in the submission.

Crosscare Homeless Services recommended that Naloxone be prescribed to those in addiction who are being released from prison as part of current Prison Release programmes.

6.1.18 Post Treatment Aftercare and Rehabilitation

Respondents noted the difficulties of the stages between detox, treatment and rehabilitation. Many noted the difficulties and lack of support when transitioning from detox and residential treatment to rehabilitation, in particular in relation to accommodation. Housing stability is a key factor in dealing with addiction rehabilitation where the lack of secure housing can drive people back to the starting point, with many noting that it is easier to get drugs than treatment and rehabilitation.

6.2 QUALITY OF TREATMENT AVAILABLE FOR DRUG AND ALCOHOL PROBLEMS IN IRELAND

There was considerable disparity in responses to the question of the quality of treatment available for drug and alcohol problems in Ireland. Feedback varied from saying that it was excellent, world class professional expertise, to unregulated programmes with no evidenced theoretical basis to terrible and antiquated.

Some respondents felt that there are some great quality services in Ireland once the person can access them. Others felt that the quality was very poor, with some noting their experience of rehabilitation centres having more access to drugs inside the centre than outside. Others having been referred to mental health services, were met each time by a different person, often of a different cultural background, sometimes with poor English language skills, leading to an unsuccessful outcome. Others noted that patients are discharged on anxiolytics, and the GP continues to prescribe these ad-nauseam so that the patient continues with a different type of addiction. Some felt that there are far too many religion based treatment centres.

While some respondents felt that treatment quality is excellent once the problem is identified and the addict buys-in to the service, others felt that treatment quality is "terrible", that it is "insufficient" and "outdated", "reactive rather than preventative", in some cases "too academic", "not strict or effective enough". Some felt that while there may be some quality treatments available, the quantity is not enough to respond to needs. In addition to not having enough availability of residential beds, the residential treatment stay is too short, some only being 28 days. They felt that more support is required for families who want to help.

Respondents felt that those who can pay for private treatment have better outcomes than those that receive public treatment. Some felt that some of the projects enable people who use drugs by covering up for them and not telling other agencies or family the truth. They felt that there should be an overhaul whereby people are encouraged to allow projects to disclose or share information with relevant third parties that wish to help.

Some questioned the efficacy of harm reduction.

Respondents felt that available treatment is too focused on heroin and there should be separate treatment for all drugs, with, more focus and options for “polydrug users” needed urgently. Some noted that existing services are aimed at total abstinence with no flexibility in terms of treatment options, which they felt do not offer enough success. Others felt that the abstinence based approach should be followed instead of harm reduction.

Respondents felt that Methadone patients are treated badly in Opioid Substitution Therapy and that their human rights are being infringed upon daily.

The view was expressed that while there are a number of good treatment centres for residential detox and aftercare, there is insufficient co-ordination and widely differing approaches which are not necessarily based on evidence based practice. Many views expressed how individualised treatment is required because people’s situations, reasons, backgrounds are different and because not all addictions are the same.

Feedback from service users of U-Casadh Project is that the quality of treatment is seen as poor and ineffective. There is an opinion within their group that treatment is not effective and they knew people who had come out of treatment only to relapse quickly. Addiction Response Crumlin Ltd. advised that its monthly service user’s forum had highlighted that a medical team do not always give a good quality of service and that service users do not feel listened to.

Coolmine, in its submission, said all addiction treatment and rehabilitation services should be underpinned by evidence based treatments (EBTs) and subsequent good practice adopted. It said it advocates for a structure and co-ordination lead to be established in the new strategy to capture the range and implementation status of EBTs in services. In turn, it said, this would support the introduction, dissemination and project implementation of EBTs.

The National Drug Treatment Centre (NDTC) said there is a need for psychosocial treatments for stimulant use.

Ballymun LDATF made a number of recommendations for the new strategy, many of which were shared by others throughout the consultation, in the context of treatment, rehabilitation and service delivery as follows:

- HSE Addiction Service should cater for the full and complex range of treatment demands at local level instead of primarily being an opiate-only focussed service;
- The nature of service delivery and key elements/interventions provided by HSE Addiction Services should be fully outlined to include clear definition on the nature of the care offered to clients by its services;
- Provide clarity of management and governance structures and policies (e.g. clinical lead/governance and accountability, admissions/readmissions /sanctions) within HSE Addiction Services;
- Provide key health and social interventions to clients at local treatment centres alongside opiate replacement therapy for those who are engaged but still exhibiting significant risk behaviours (crisis interventions, housing, welfare and health support);
- Provide a more definite role for HSE Addiction Services to respond to dual diagnosis issues among clients. Explore psychiatric nursing roles at treatment centres to respond to dual diagnosis/mental health concerns as it presents; and
- Implementation of key recommendations of the *Review of the Dublin North City and County Addiction Service (2013)* to promote and enhance models of effective partnership and co-ordination of all services locally (community/voluntary and statutory) for the benefit of clients.

The report refers to the need to increase and develop care pathways for alcohol treatment and rehabilitation including detoxification services and facilities, and to adopt a greater inter-agency approach in their implementation and delivery, (Pilling & Hardy 2013).

6.2.1 Core Values for Treatment

Many of the views when discussing the quality of treatment, emphasised the importance of core values for treatment which included that treatment should be:

- Equal;
- Focussed on the person i.e. person/client centred;
- Compassionate and that compassion should be a standard of care and not an optional extra;
- The quality of relationship with staff is key;
- People need to be included in society; and
- Rehabilitation programmes and interventions need to be client centred.

6.2.2 Quality Standards

People felt that there should be a standardisation of treatment regardless of where you live or the type of drug, focused on the individual substance abuse issue. Some proposed that treatment centres should come under the remit of HIQA with national standards applying, others felt that all treatment projects should be subject to national quality standards. There was a view among some respondents that healthcare audit programmes (which include clinical and non-clinical) should be implemented and developed across the service.

UISCE recommended that service providers need to consult and engage with people who use drugs to define “quality” and that measurable outcomes are set and communicated to the service users in addition to clearly outlining what their rights are and what outcomes they can work towards in each programme. Some felt that existing quality standards, where established, are robust and provide some assurance of quality.

Respondents noted that a lot of work is required to improve the quality of services particularly in the HSE services. They said there is so much more accountability in the Community and Voluntary sector to have quality standards and operate in line with best practice because it is written into their SLA agreements and their funding requires it. They felt that the same accountability is not placed on the statutory services.

The HSE Mid-West Drug and Alcohol Service said it would promote better service delivery and development if services were funded on a three year basis and if the impact of cuts to core budgets were looked at in relation to the viability and security of projects. It noted the HSE Service Level Agreement (SLA) / Grant Aid Agreement (GAA) process requires funded projects to commit to a process of development in relation to quality standards for both clinical and financial governance.

The HSE Addiction Services (CHO 6&7) said current treatment services are uneven in terms of quality and governance and will require additional investment to ensure adherence to Safer Better Health Care standards. Within the context of this, it said, the current premises that Addiction Services operate from will need significant investment to come up to minimally acceptable HIQA standards for healthcare facilities.

The IPU noted their dismay that the requirement for the quantity of the preparation to be stated in words and figures now applies to medicines in Part 1 of Schedule 4 i.e. benzodiazepines and Z drugs.

Pharmacists already experience difficulty getting the prescribers to follow the current legislation for controlled drugs. Some respondents felt that a number of religious-affiliated, non-evidence based treatment centres need to be reviewed and regulated, while others felt that there should be more faith-based centres.

It was noted that many services are operating outside the National Drug Rehabilitation Framework. Respondents noted that there is a lack of trained psychologists and counsellors and a lot of unregulated, individual and client group work with treatment being done by people who are not members of Addiction Counselling Ireland; are not graduates; and who have not completed their own counselling to enable them to be in a counselling role. They felt that counselling and psychotherapy providers need to be regulated.

There was feedback that a standardised assessment form should be developed complying with the National Drug Treatment Reporting System (NDTRS) requirements to strengthen co-ordination among agencies; and standard outcome profiles which should be used across services to allow care to be monitored through routine outcome monitoring. It was also proposed that a local printed directory of services (Quality in Alcohol and Drug Services (QuADS) compliant) similar to “*Welcome to treatment – your information pack*” should be developed for all the Community Health Organisation (CHO) areas identifying community, voluntary and statutory agencies funded by the Department of Health or the HSE directly or indirectly.

It was suggested that treatment programmes be evidenced based. Some felt that quality is best judged by the lack of effective statistics on any of the available treatments. Others suggested that in order to truly monitor the quality of treatment there needs to be an independent assessment of services.

In its submission, the Southern Regional DATF raised the issue of there being no nationally agreed database and how many areas are operating from a variety of systems. It was felt that this is counterproductive, duplicates work and that agreement on a system would be hugely beneficial.

Some suggested that a database should be set up of everyone who goes through any treatment programme. This would allow tracking of patient welfare and progression through a programme of recovery, keeping track of recidivism and allowing analysis of what treatments are effective.

It was noted that in community pharmacies in Ireland, informal record keeping and awareness of customer’s frequency of requests for codeine impacts on the process upon which dispensing decisions are based. In the UK they have WWHAM (Who is the patient, What are the symptoms, How long present, Action taken, other Medication being taken) to help them make decisions.

The National Poisons Information Centre has a list of the stocks of antidotes available for each hospital however this is not always updated by the hospital. A centralised computerised system where stocks could be updated by hospital pharmacies would be useful.

The HSE Addiction Services (CHO 6 & 7) submission recommends direction on regular needs assessments at local and regional level to identify emerging issues and allow for reprioritisation of services. Some respondents felt that the HSE needs to develop a system of auditing and monitoring of all funded services to ensure that the service and staff meet a quality standard.

Respondents felt that there are no standards of prescribing, no standards in care plans, little or no realistic thought around recovery and no clinical governance nationally. They felt that every treatment service should be a hub for treatment and rehabilitation. They felt that all services should be

centralised within one area with access to highly trained specialist nurses and permanent doctors/psychiatrists/counsellors and speedy pathways to social welfare, probation and/or education through case management. They felt that this should be compulsory for all agencies.

Coolmine recommend that for Tier Four service providers operating across geographic boundaries there should be a centralised funding mechanism set in place so as to avoid the drafting and negotiation of multiple funding proposals with a variety of local, regional and national bodies.

UISCE also recommends people who use drugs have an opportunity to be involved in designing their own unique treatment pathway that would suit them best and believe this would result in more successful outcomes.

6.2.3 Continuum of Care

Access and availability were identified as major issues. The lack of availability of services, and the under-resourcing of available services, affects the quality of the overall care to people who use drugs as delay and interruptions to the continuum of services puts a successful outcome for the user at risk. It was stated that treatment should be available immediately for those who decide to seek help.

There was feedback that there are not enough beds available for detox and rehabilitation and that a person should not have to wait for a bed in rehab after detoxification. They felt that all of these facilities should be available and accessible to people at a local level, some suggested that more mobile units would be useful. There was feedback that the provision of a broad range of treatment options is essential to accommodate the different types of people who use drugs and their stage of addiction.

Respondents felt that a holistic approach should be taken to drug and alcohol treatment and rehabilitation. They felt that due to a lack of resources there are currently insufficient follow-up and counselling services available to people who use drugs who want to break their addiction. There is also insufficient harm-reduction approaches, such as supervised drug administration, developing clean regulated supplies for people who use drugs, and ongoing education and support for user self-assessment. Treatment should not only involve medication, but also psychological help and support with other aspects of the user's life to assist them in the transition. They felt that more specific treatment plans need to be designed, with tailored approaches needed for different substances and/or substance-combinations. Views were expressed that key counsellors should be encouraged and assisted to extend their work with clients beyond the residential treatment phase. There also needs to be more done in terms of support, mental health and counselling, education and motivation to empower the user to want to change for life.

Respondents felt that there needs to be a clear focus on supplying resources to ensure support through to aftercare. They felt that there needs to be more day-programmes and increased focus on out-patient treatment and outreach and a move away from a "one model fits all" approach. There was feedback that a move towards a standardised European model would be helpful. Some felt that the medical model doesn't work and/or that there has been an over reliance on the medical model and that the recovery model needs more attention in the local community.

Views were expressed that people need access to proper safe housing and mental health services and a proper plan devised immediately for their psychological, social and physical recovery from drugs.

6.2.4 Interagency Co-operation, Drugs Task Forces and Governance

Respondents felt that different services and agencies have a “*them and us*” mentality, which they felt was not helpful to service users. They felt that they should all work together, know what services are provided and available in each agency so that service users can be matched to appropriate services depending on their needs. There needs to be increased co-ordination, communication and liaison between services i.e. between drug treatment centres, hospitals, primary care, mental health services, prisons, Tusla, etc., and consider co-ordinating and liaison posts to support referrals and communication between services.

It was suggested that a “*Good Neighbour*” policy for drug treatment centres be established where centres can address any concerns held by local residents and businesses. This would require a co-ordinated approach to be taken by the Gardaí, HSE and treatment centres to operate in an effective manner while minimising any negative impact on their areas.

The value and importance of this partnership to include the independent sector is recognised and should continue to underpin the implementation of the new Strategy from 2017 over its lifetime.

The CDA Trust Ltd. recommended the creation of a New Drug and Alcohol National Treatment Agency similar in structure to the UK model. It said that this new agency should have central responsibility for administering all State funding for drug and alcohol issues, and ensuring correct clinical governance. It is of the view that Ireland has a proud tradition of formulating community responses to the drug issue, stemming perhaps most notably from the first heroin epidemic. This has however led to the development of fragmented services, with frequently incompatible ideologies, sometimes operating in complete isolation.

It was felt that the current structures of National Coordinating Committee on Drugs and Alcohol Task Forces (NCC-DATF and Oversight Forum on Drugs) needs to be reviewed and amended to support and monitor the implementation of the new strategy. The previous national structure National Drugs Strategy Team (NDST) seemed to work well and provided more scope for timely identification of issues and working on responses. Although all agencies were not around the table there was always an opportunity to submit items for discussion. The membership was smaller in size and therefore more workable and met fortnightly as opposed to every second month. In addition there was a direct link to the Cabinet committee on social inclusion which was chaired by An Taoiseach. Each of the members of this NDST acted as a liaison representative on each of LDTFs so there was a direct link. This has been lost in current structures according to the D12LDATF.

Views were expressed that challenges have emerged in securing the participation of statutory agencies, especially at DATF level including the Department of Education and the Department of Social Protection. National structures need to actively support full participation to allow TFs to implement plans effectively.

The Fianna Fáil spokesperson for Community and the National Drugs Strategy recommended that the role of the 10 regional drug and alcohol TFs be strengthened as commissioners and evaluators of drug and alcohol support services across Ireland. He also proposes that drug TFs receive ring fenced funding to pay for the costs of beds in treatment centres. He proposes establishment of community based support services, such as the North Dublin Community Care Service, in each area where adolescents, individuals and families impacted by drugs and alcohol can receive care. It also felt there is a disproportionate level of resources and services concentrated in local drug TF areas.

CityWide said there is a need to ensure that the interagency partnership model that underpins our NDS is effectively supported and developed into the future. It set out a number of actions to strengthen, resource and revitalise the drugs TFs:

- Adequately fund and resource the Drugs TFs to develop and implement local plans appropriate to their local/regional needs;
- Address the gaps in attendance by agencies and departments at Drugs TF level. Each department must commit the resources at local and regional level to ensure that Drugs TFs are capable of developing effective local area plans;
- Ensure that statutory reps at Drugs TFs are sufficiently senior to be able to make commitments from their own department/agency;
- Do not allow an agency or department to make a unilateral decision about whether it attends meetings or not;
- The Department of Health DPU as 'Parent Department' of the NDS should hold other departments to account for delivering on actions in the NDS and for working at Task Force level; and
- Ensure that TFs provide induction training to all members: statutory, voluntary and community. Special attention should be given to community reps/communities of interest and service users to support them with the technical knowledge needed to be involved with TFs.

Coolmine believes that a rehabilitative continuum of care must include access to childcare, education, employment, health, housing and training to allow clients to become meaningful participants in society. As such, it said it is committed to an inter-agency model of working to enhance its client outcomes. Coolmine, it advised, works in partnership with various statutory, voluntary and community agencies. One such example it provided is its strategic collaboration with the Peter McVerry Trust for shared services, namely aftercare housing, for those in recovery. The current National Drug Rehabilitation Framework and associated national protocols, Coolmine said, presents a good structure for ensuring treatment match and delivery of holistic case management for clients attending drug treatment services. It went on to say that the principle of common assessment guidelines and national case management protocols for addiction rehabilitation are sound and it supports implementation of the same; and notwithstanding this position, the lack of safe appropriate housing, a place to call home for clients and their children, presents a significant barrier to maintaining recovery.

Respondents recommended that there be continued community representation on the drugs TFs with increased support and promotion. This provides a strong sense of inclusion, ownership and a greater level of accountability to the community from TFs, statutory agencies and task force projects, and allows the experience/knowledge of those most affected by addiction issues to guide policies and actions.

The HSE Social Inclusion Office considered that given the TFs have been in existence for so long, they no longer are acting out the role of a task force structure but instead are more akin to localised drug strategy teams. It recommended they be renamed and there be a "*sundown clause*" where the number and role of TFs would be reviewed periodically by the Department of Health.

The important role that TFs play in local services, where they meet the needs within certain geographical areas, was acknowledged by Tiglin but added that residential programmes provide a national geographic reach. It raised an ethical issue where priority is given to people from areas sponsored by particular DATFs while those outside particular areas are given less priority. Its proposed solution to this issue is to mainstream funding for residential rehabilitation programmes that should be made available to separate the local from the national. It considered that this would make DATF budgets available for local services without getting tangled into national ones.

The D12DATF notes how the overall concept of a collective cross-agency community based drugs response in the worst affected areas is unique and should be maintained and supported in the new strategy. It said that TFs have provided a local structure which has facilitated an inter-agency response involving cross agency/sectoral partners working together. It referred to the Goodbody Report that reported DATFs to be an effective and low cost and effective mechanism to ensure a coordinated area based response to area based drug & alcohol problems.

In the context of co-ordination for the new strategy, Ballymun LDATF made the following recommendations, which were consistent with the views of other TFs received:

- It is important that the new Drugs Strategy maintains this recognition of the association between drug use and poverty that exists and which is more pronounced in LDATF areas;
- Secure the role of local DATFs in terms of providing and leading a co-ordinated and coherent local response to meet local needs;
- Strengthen the role of local DATFs by providing a national support unit with personnel from key Government departments similar to the model of the previous NDS Team;
- In addressing drug use, it is necessary to ensure that responses are equally promoted, monitored and integrated into other social policy and legislative agendas. Ongoing political leadership is required to ensure all departments and agencies fulfil their potential in the next Strategy;
- Establish an All Party Oireachtas Committee in relation to drug/alcohol use;
- Seek full membership and participation of all State agencies in the delivery of the next National Drug Strategy both nationally and locally through task force membership, and in particular ensure renewed commitment and membership from the Department of Education and Skills, and the Department of Social Protection.

In relation to the funding of DATF projects, Ballymun LDATF made further recommendations, which were shared by others including D12DATF, CityWide and The Waterford and South Tipperary Community Youth Services. These included calls for the restoration of the Young Persons Facilities and Services Fund; DATF project funding to be restored to 2008 levels and increased to meet new levels of demand; funding on a 3-year basis in order to build sustainability of work and allow for planning and integrated work programmes locally; a new mechanism of funding which removes the “split-capped” funding situation (HSE/non-HSE funding) and which would better facilitate TFs to determine their global allocations. Service providers sought the reinstatement of the Emerging Needs Fund to swiftly respond to new substances as they come onto the scene; and re-establishing the Emerging Needs Fund (as in 2005) whereby it allowed local communities to address emerging needs on a flexible, responsive basis. Feedback from Services was that the emerging changing need of addiction needs a budget to resource programmes to respond to changes in drug pattern.

The HSE National Social Inclusion Office raised the issue of a lack of local suitable treatment premises/available facilities in some areas. In some instances it said this is hampered by public acceptance and will require strong political support. D12LDATF said that capital premises funding was useful in the past for purchasing/updating premises, making savings in the long term on rent to reduce pressure on frontline service budgets. This should be revisited in the new strategy as many premises rents are starting to rise again and there is no real investment in existing premises.

The IPU said it would welcome the support of the National Drug Strategy Steering Group in ensuring that there is community pharmacy representation TFs.

6.2.5 Emerging New Need

Respondents noted that there needs to be a greater focus, and resultant service planning, on emerging needs including the aging opiate misuser population and the long-term physical and psychological impact of opiate use, the long-term impacts of alcohol use especially on women, the increasing use of steroids and an examination of the range of addictions some of which are stand-alone and some of which are co-occurring with process and behavioural addictions such as gambling.

Throughout the consultation, emerging and/or noticeable trends in drug use in Ireland were received, many of which have been discussed separately in other chapters of this report (including Supply Reduction and Treatment). Notable or recurring trends that were identified included:

- **Age:** Ballymun LDATF advised that there is an older cohort of clients on Methadone for a considerable length of time, some of whom have multiple and complex needs and present a range of needs which must be recognised and catered for in the next drug strategy.
- **Polydrug use:** Ireland has widespread polydrug use and this needs to be reflected in the new strategy. People presenting to services are using a range of drugs and alcohol. The experience of Bray LDATF is that this is leading to more erratic behaviour with a loss of inhibitions, reasoning ability and ability to meaningfully engage with services. Similarly, the NICDATF said that poly substance use is now the norm and that services need to have scope to adapt quickly to changing trends in substance use and behaviours.
- **Delayed disclosure of information/data:** Some felt that the slow or delayed disclosure of drug related deaths is impeding rapid response to the issues. The NICDATF, in particular, noted the anecdotal reporting of a significantly high number of local drug related deaths, including overdoses and drug-related suicide. The high-profile murders occurring in the area are also drug-related.
- **New Psychoactive Substances:** A recurring theme throughout the consultation was the rise of many New Psychoactive Substances and the implication of them across the pillars.
- **Recreational Use:** many people during the consultation raised the increasing and noticeable trend of recreational drug use, with many advising how this has become normalised in Ireland. Views received raised how people have ease of access to drug dealers, consume drugs of their choosing during their downtime or on weekends.
- **Pregnancy:** Use of drugs and alcohol during pregnancy was noted as an increasing trend. It was said that there has been an increase in pregnant women smoking cocaine (crack) in pregnancy and also heavy use of cannabis.
- **Prescription medications:** Overuse, dependency and abuse of prescription medications, it was widely felt, has become a significant issue in Ireland and the new strategy should include measures / responses to address this growing problem; e.g Benzodiazepines: The widespread marked increase in the use of benzodiazepines was frequently raised throughout the consultation. It was felt that these are being over prescribed in Ireland compared with other countries. For example, a Tier 3 service, operating in Cork City (CHO4) said that while there was a marked reduction in supply from the medical profession, its main concern is around supply through the internet and the ease of access that is apparent with direct delivery available to a person's door without any difficulty. It also expressed concern around deaths where one third of reported poisonings have benzodiazepine in their system and referenced statistics presented by the Benzodiazepine Working Group in 2010.
- **Over the Counter medicines (OTCs):** Abuse and/or dependency upon OTCs was raised as a growing trend with some of the view that it has become normalised behaviour for some in Ireland coping with daily life. In particular, it was noted that there has been a rise in the use and addiction to over the counter medicines containing codeine leading to the establishment of Codeine Anonymous. For example, Addiction Response Crumlin Ltd. advised that some of its service users have been taking up to 80 codeine based medications on a daily basis Misuse of over the counter

codeine, it was felt, is taking place with customers purchasing medication at multiple pharmacy outlets.

- **Methadone:** It was frequently raised that there is ongoing abuse of prescribed Methadone and that this is being sold on in some cases. The HSE NDTC Laboratory said many patients in Methadone maintenance programmes also use other prescription and non-prescription drugs in particular Benzodiazepines, Zopiclone and Pregabalin and recently, anecdotally it seems that Gabapentin may be emerging. It advised there were 51 deaths where Zopiclone was the main drug in 2013. Compare this to Methadone (93 deaths) as the main drug and Heroin (86 deaths) as the main drug and the scale of this issue is apparent.
- **Chemsex and Sexual Activity:** Recreational drug use for or during sex - includes an increasing use of crystal methamphetamine, ketamine, ecstasy and GHB/GBL, and synthetic cathinones. The issue of risky sexual activity among young people was raised resulting in promiscuous behaviours, pregnancies, sexually transmitted infections and associations with risky environments and violence, including the reported exchange of sexual activities in return for alcohol. Addiction Response Crumlin Ltd noted that young people are engaging in high risk behaviours in relation to sexual activity and this risk is heightened by the use of alcohol and drugs. Chemsex use among attendees of the Gay Mens Health Service has shown that more than one quarter of those who attended have engaged in chemsex. A chemsex group has been established (National men who have sex with men HIV/STI increase outbreak response group). It was claimed that drug and alcohol use among men who have sex with men (MSM) is at levels that are higher than the general population; and it was noted that there have been large increases in HIV and infectious syphilis notifications of 30% in 2015 mainly among men who have sex with men (MSM). It was suggested that a referral pathway and specialist service should be established to address the needs of those who seek help as a result of engagement in chemsex; it should be linked with an in-patient unit so that detoxification and rehabilitation can be facilitated in a timely manner and in a safe, supportive environment; and that there should be liaison with those working in acute services and those working in emergency medicine and intensive care to ensure the subject of chemsex is being accurately recorded and that opportunities to promote harm reduction strategies are maximised.
- **GHB:** Commonly known as a “club drug” or “date rape” drug. A view was expressed that a clear pathway of care is needed for people presenting to clinics who report GHB addiction. GHB detox should be carried out in treatment centres and should not be attempted at home.
- **Fentanyl:** Concerns were raised about the arrival of synthetic Fentanyl which it was considered will have devastating consequences in Ireland. It was recommended that we need to educate the public and service users and to be prepared for this drug to arrive and/or be made in Ireland.
- **LGBT:** Significant drug use among the young LGBT population (12-24 year olds) was reported. Views were expressed that many drug treatment centres have a religious foundation or basis, this can be particularly exclusionary for the Lesbian, Gay, Bi-sexual and Transgender (LGBT) community. Treatment centres and workers dealing with people who use drugs should undertake awareness training to ensure they understand the heightened risk of drug misuse that the LGBT community experience and the reasons behind it.
- **Image enhancing/performing drugs:** Another emerging trend noted during the consultation, including by the National Drug Treatment Centre in its submission, is the widespread availability and use of image enhancing and performance enhancing drugs in Ireland and included use of Clenbuterol, used in fat loss, by many anabolic steroid users and competitive body builders. Another substance noted was melanotan, used in skin tanning. Its particular increasing level of usage among traveller women was highlighted.
- **Cannabis:** It was said by many that there is a notable increase in the availability of higher quality potency strains of cannabis (EQUAL Youth). It was raised that there is an urgent need to target young people (age range 14-17) using cannabis and/or alcohol.
- **Cocaine:** The National Treatment Centre Laboratory said cocaine abuse is currently rising in the addiction population and needs specific targeted actions.

- **Heroin:** COPE said it has noted a growth in heroin use among the adult homeless population over the past two years most notably among single people, and that abuse of benzodiazepines is also featuring in this population, also that alcohol continues to be a problem among the adult homeless.

6.2.6 Alcohol

The IMO referenced figures in relation to problem alcohol use showing a clear disparity in the uptake of treatment services for problem alcohol use nationally, with treatment incidence ranging from 52.4 cases per 100,000 population in Roscommon to 311.9 cases per 100,000 population in Waterford. Such a wide discrepancy is unlikely to be linked to equivalent regional differences in problem alcohol use, and so suggests that prevalence of problem alcohol treatment in Ireland is not responsive to the prevalence of alcohol dependency, but is instead dependent on other criteria than patient need. Some respondents felt that the sheer number of people that die due to alcohol related problems in this country each year indicates that the quality of treatment is not sufficient. Respondents felt that the abstinence model should be reviewed and that the 12 Steps programme was notoriously unreliable and not necessarily suitable for everyone. Free psychological care should be more widely available for people struggling with drug and alcohol problems.

Many respondents felt that alcohol is one of the most prolific drugs with widespread availability, and that all Irish people and in particular young people are subjected to widespread exposure to alcohol through advertising and cultural acceptance. The Children and Young People's Services Committees (CYPSC) has stated that we need to change this mindset at a governmental, community and family level. We also need to accept that some level of experimentation will occur for young people as part of adolescence and that an addiction label should not be applied prematurely to these young people.

Respondents recommended that drink driving rehabilitation courses be introduced.

The Alcohol Forum recommends continued Community Action on Alcohol measures in the new National Drugs Strategy 2017. The Steering Group report on a National Substance Misuse Strategy (February 2012) recommended that there is a need for a community wide, inclusive and coordinated approach to promote greater social responsibility, prevention and awareness. High levels of social capital (encompassing input from families, community engagement, volunteering and overall positive community spirit and identity) can act as a buffer against harmful use of alcohol. Communities should be supported to develop the evidence based skills and methodologies to implement community mobilisation programmes with a view to increasing public awareness and discussion of alcohol problems. All acute hospitals should have a clear protocol for the prevention, identification and treatment of Wernicke's Encephalopathy. The Alcohol Forum would encourage the employment of Alcohol-Liaison nurses in all hospitals.

There was also feedback received that consideration should be given to the development of Alcohol-Related Brain Injury (ARBI) discharge pathways such as that currently in place in Donegal to prevent delayed discharges and to allow for the short term (up to 12 weeks) psychosocial assessment for those with ARBI. Each alcohol service should develop and implement a Treatment Improvement Protocol for People with Cognitive and Physical Disabilities. This is to ensure that alcohol treatment can be made available to all. Theoretical and experiential training on rights-based approaches and the Capacity Act should be offered as continual professional development modules for existing practitioners. ARBI Case Coordinators should be available in each CHO area to allow for evidenced based psychosocial rehabilitation plans to be delivered in accordance with local resources as well as the development of local care pathways. Training on the identification and management of ARBI should be made available to all workers and all professionals working within the National Addictions

Training Programmes. Consideration should be given to the development of regional Tier 4 supported independent living accommodation/facilities where long term and slow stream rehabilitation can be delivered for those individuals affected by severe brain injury. The Alcohol Forum recommends the establishment of a National Working Group for Alcohol-Related Brain Injury.

It is recommended to ensure a better understanding of Foetal Alcohol Spectrum Disorder (FASD) that aims to improve outcomes for children with FASD as well as reducing the incidence of this preventable disorder through workforce training. The Alcohol Forum recommends that the Minister view as a priority in the New Substance Misuse Strategy reducing the harms to children as a result of parental problem alcohol and other drug use. This was an issue that was frequently raised during the consultation.

The Irish Pharmacy Union (IPU) suggested that community pharmacists would be willing to play a role in supporting people through an outpatient alcohol detoxification programme, using diazepam, or chlordiazepoxide, alongside the doctor and key social workers.

Respondents felt that most alcoholics get detoxed in psychiatric wards through prescribed librium with little or no holistic treatment or aftercare. Feedback recommended librium maintenance for the safety and welfare of chronic alcoholics and adoption of a holistic care by triangulating a combination of medical and social model approaches. This, was said, can be achieved by promoting total abstinence more to stable clients and by creating easier access to addiction counselling.

The Alcohol Forum further said that particular emphasis should be given to actions which will allow individuals and professionals working alongside them to help them reduce their risk of developing Alcohol Related Brain Injury (ARBI). It also recommended:

- Information on ARBI should be integrated into all emerging social marketing campaigns communicating the health harms of drinking above the lower-risk guidelines. Including information on Alcohol Related Brain harm on the proposed labelling measures included in the Public Health (Alcohol) Bill should also be considered.
- Each service user should be provided with brief advice around nutrition with particular emphasis on thiamine rich food.
- All alcohol professionals should be trained in screening for malnutrition and all people presenting with alcohol use disorders be should be screened for malnutrition. Efforts should be made to increase the substantial under-prescription of oral thiamine which has a fundamental preventative role in the development of ARBI; and efforts should be made to effectively advocate for the reintroduction of Thiamine onto the GM's scheme.
- Each alcohol-treatment agency should develop local pathways and referral protocols to community and/or hospital dieticians

The National Drugs Treatment Centre (NDTC) stated that the extent of alcohol problem is grossly under captured and that there is a need for liaison officers (other than psychiatric liaison officers) to opportunistically approach patients in other hospital departments.

The HSE Donegal Alcohol and Drug Service identified ARBI as a challenging issue where services confronted with the condition are dealing with it with little or no clear guidelines. It called for a cross divisional response for management of individuals presenting with this condition and made a number of recommendations for the new strategy:

1. Support the work of the Alcohol Forum in targeting specific work with ARBI;

2. Training on screening for staff (ACE 111) which is proving to be sensitive for detection of possible ARBI;
3. Nutritional/dietary guidelines available for services with reference to importance of Thiamine in brain function;
4. Consistent administration of pabrinex for those presenting with alcohol detox; and
5. Promote the development of guidelines for cross directorates when dealing with ARBI.

6.2.7 Gambling

Some noted that there are very few services available for the treatment of gambling addiction with many of the opinion that this needs to be addressed given there is a relationship between drug and alcohol addiction and gambling.

6.2.8 Staff

Some respondents noted that while the quality of the staff working in treatment is excellent, they are undermanned, underfunded, overworked and frustrated by the lack of suitable services available for the increasing demand. Some felt that there should be increased staff training and specialism in addiction.

Many raised the issue that recruitment of staff has been difficult and slow since the embargo has been lifted. The U-Casadh Project suggested that employing drugs workers who have experienced drug use could be useful as it felt this would be respected by service users.

Aiséirí said there is a need to encourage and assist key counsellors to extend their work with clients beyond the residential treatment phase. This was a view shared by others calling for people to be provided with ongoing support by staff.

Aiséirí said Tier 4 services tend to work with those who have more complex needs often including mental health and addiction issues including addiction to multiple substances. It considers a better skill mix will be required in the professional staff teams and a wider variety of disciplines will be required to develop effective multidisciplinary interventions. It said there needs to be partnership arrangements with community mental health teams and providers, and with social services.

It was suggested to provide new drug treatment centres throughout the country with a multi-disciplinary approach including doctors, nurses, pharmacists, counsellors, outreach workers and rehabilitation services. A multidisciplinary centre would enable healthcare interventions to be carried out and could help prevent, for example, suicide, transmission of infections such as HIV and Hepatitis C leading to hospital admissions. Such a centre would facilitate monitoring of service users by staff and allow for effective treatment interventions/referrals to appropriate services.

The CDA Trust Ltd. advised there has been a very poor uptake on the ICGP training scheme across the north-east and that opiate/heroin users presenting to its service are waiting up to 16 weeks to access treatment. This, it said, has resulted in displacement of service users to Dublin or other locations and isolation from their necessary community supports. The CDA Trust Ltd. believes a new national directive of training for clinical nurse specialists in addiction could fill this gap. Clinical nurse specialists already manage complex health issues (diabetes/ schizophrenia) successfully in the community under the direction of a clinical lead. Such an initiative would represent huge savings in the cost of care, particularly if legislation was passed allowing nurses to prescribe newer, far safer drugs such as

Subutex/Suboxone. A practice nurse available to work through various GP surgeries has obvious advantages in terms of service provision across rural communities where drug use is on the rise.

Some respondents noted that medical professionals do not necessarily provide the quality of service that the service users are looking for. They felt that a large part of the service should include empathy and service users sometimes do not feel listened to. They felt that staff working in treatment services need to be non-judgemental. Some felt that services should be staffed by mainly recovered “addicts” who would be more understanding of what users are going through.

A pharmacy in addiction services in CHO 6&7 said specialism in addiction treatment for pharmacists working in statutory addiction services should be recognised by the Pharmaceutical Society of Ireland. It recommended that guidelines for addiction treatment should be provided based nationally on external peer review and international and national evidence. An increase in pharmacy staffing is needed in drug treatment centres.

The Pharmaceutical Society of Ireland (PSI)’s view is that pharmacy is a key contributor to drug treatment services and needle exchange programmes, and are often a source of information and advice on medicines and drugs for the public including being a readily accessible healthcare professional to support and improve the health and wellbeing of patients and members of the public.

6.2.9 Services for U18s

It was widely felt that there is a lack of specialist services for those in addiction who are under 18 and community services are struggling to meet the complex needs of the young people who are presenting to them. Views received were that there needs to be improved access to services for the under 18s group and also a view that access for the over 18s young adult age group also be improved. With reference to quality of treatment, Addiction Response Crumlin stated that services for under 18s substance misusers needs to be increased and be properly resourced with qualified addiction practitioners. This view was widely held and supported throughout the consultation. Others noted that there are very poor treatment resources available for young females. The D12DATF called for the new strategy to include specific actions for community based treatment/rehabilitation services for under 18s and this was a recurring issue raised throughout the consultation by others also.

HSE Donegal Alcohol and Drug Service made the following recommendations for Under 18s:

1. The appointment of a national lead to support services in dealing with those under 18s who are misusing alcohol / substances;
2. Continue Actions 49, 59 and 60 of current drug strategy;
3. The creation of an evidence hub, network supports for all staff working with under 18s;
4. Clear clinical governance structures to be put in place;
5. Identify the substance misuse needs of under 18s in generic screening and assessment procedures within child and family services;
6. Provision of accessible services across rural Ireland with services supporting satellite clinics in remote areas;
7. Provision of family therapy within Addiction Services;
8. Increase in access for HSE services to refer to a residential treatment service if needed;
9. Explore best evidence in this area and disseminate and action accordingly.

St. Patrick’s Mental Health Services’ submission suggested that programmes aimed at preventing harmful substance use among young people should be a core part of this new National Drug Strategy.

This area should strongly consider programmes to prevent use, delay use and reduce harmful patterns of use and should take place at different stages ranging from early childhood, through school years into young adulthood. The new National Strategy 2017 should continue to ensure that the opportunity exists for all those experiencing problems with substance use to access treatment and other services and to make progress towards full participation in society.

Feedback from one social worker said there is a clear need for education about Foetal Alcohol Syndrome for young adults of reproductive age who are considered social drinkers.

Despite the existence of Children First guidelines which are soon to become mandatory there is inconsistent engagement by addiction professionals in the process of safeguarding children. The medical council and other professional bodies should be held accountable regarding this. Children of substance misusing parents are referred to Child and Adolescent Mental Health Services for behavioural problems but are unlikely to attend and there are very few alternative services.

Services for under 18s substance misusers needs to be increased and properly resourced with qualified addiction practitioners. Dedicated services, separate to adult services, are required for children who are misusing alcohol or drugs.

Young people are coming to the attention of the Gardaí as a direct result of alcohol and drug misuse.

DLR-DATF recommended that:

- Additional funding lines be established to enable DATFs acquire youth intervention personnel at these levels; and it is also recommended that new forms of accredited training be made available to existing youth work personnel to enable them to acquire additional skills for one to one interventions with young people with substance misuse problems;
- Whatever additional resources become available for providing treatment services for young people should be invested in Tier 2 or 3 services, such as community youth intervention personnel at local DATF levels and Youth Drug and Alcohol Service (YoDA) type programmes on a CHO level;
- A peer-group funding line should be established, whereby either the National Family Support Network becomes a conduit for distributing grants to local support groups and networks, or alternatively a ring-fenced funding scheme is assigned to TFs for this purpose, thereby increasing both group and individual supports to parents, carers and other family members;
- Tusla should conduct a comprehensive assessment of the impact of addictions nationally, regionally and locally and also that it increase the level and intensity of its funding of these family support services.

A view was submitted that children in detention be included as part of the new strategy. The Oberstown's Children Detention Campus recommended that the new strategy considers the inclusion of children in detention. They suggest there is a need for a through care approach linked to community based services to address the risk and needs with which this population present *vis a vis* alcohol and drug use. Inclusion in the NDS would lead to the population being researched, providing comprehensive data on the impact of substance use on the health and wellbeing of children in detention. Findings would identify and then assist in developing evidence based service provision to address patterns of problematic drug use in the youth in detention / criminal justice system population. An Garda Síochána and the Probation Service are identified as involved in programmed work to address substance use in young people that are known to them. According to Osberstown, the next logical step is for similar work to be supported within the Oberstown's Children Detention Campus. Formalised links to community based Child and Adolescent Mental Health services as well

as treatment services under Tier 4 are needed for children who are in and are about to be released from detention.

It was suggested that the upcoming NDS includes an action plan to develop and implement a mechanism for early identification and the implementation of this mechanism is essential.

The HSE CHO6&7 Rehabilitation Integration Service said that equity of access to Tier 2 & 3 services for under 18s based on a multidisciplinary approach is urgently needed as currently such a service only exists in two CHO areas.

The College of Psychiatry of Ireland recommended that access be extended nationally to an under 18s addiction service using a local or regional service in urban (high demand) areas and a liaison model to access specialist support in other areas. It said that use of specialised technology, e.g. Project Echo/Skype, be used to facilitate liaison. The HSE National Social Inclusion Office also said targeted treatment for under 18s needs to be expanded so there is national availability.

6.3 SUPPORT FOR THOSE WHO CONTINUE TO MISUSE DRUGS

Respondents felt that support should be provided to those who continue to misuse drugs by accepting their drug use, not pushing recovery on them or abstinence. Drug misuse should be treated as a medical issue and not a moralistic and criminal justice one. The need to address the stigma attached to drug misuse was highlighted and users should be treated as part of the community and not isolated or stigmatised. People should not be viewed as being somehow less for wanting to continue to use drugs. We should support them with compassion, dignity, patience and perseverance, empathy, care, respect, understanding and love not judgement and degradation.

Some felt that classifying addiction as a disease abrogates people who use drugs of personal responsibility in their addiction. Some views encouraged eliminating concepts like addictive personality and de-frame the word misuse as it stigmatises all users. The goal should be to try not to marginalise them. It was also said that if we accept that addiction is a disease, then it should be treated as such. We need to look at the root causes of the addiction and try and support breaking that cycle, we should then assess the symptoms and treat them appropriately. It was also said that maintaining a link between use and the consequences of drug use is also vital for those who struggle to form motivation to change their behaviour.

Some felt that we should remove supports and use “tough love”, education and proper rehabilitation facilities to assist in recovery. Return-support once people sign up to a treatment or detox plan and provide support in recovery and not in misuse.

Views were expressed that the unfairness in society that drives people to drugs must be tackled. The CDATF recommended that the new strategy must be framed within a public health and human rights approach and include a social inclusion pillar. We need to treat the social, economic and psychological problems which lead to people misusing drugs in the first instance and find out why more people from disadvantaged areas suffer from addiction.

Another view is that a supportive environment must be created and support provided by building self-esteem through counselling, courses, training and employment and encouragement to play an active part in society if possible. Some respondents felt more day spaces and day programmes that support the development of skills based training, coping skills, life skills, ‘Seeking Safety Programmes’, “Reduce the Use programmes” and other skills based and evidence based programmes to support recovery should be provided. Community garden projects, volunteering in soup kitchens and other activities

where people can help will keep people occupied and employed. This in turn will influence their lives in a positive manner and give them a reason to stay off drugs.

Other respondents advocated for more resources directed at ensuring that young people are pro-actively supported to stay in school as there was little commitment given to this area in the previous NDS.

6.3.1 Family

It was widely felt that addiction is an issue for the whole family and the family needs support and it was widely felt that the strategy should focus on educating and providing counselling for the whole family, as it is not just people who use drugs that create an enabling environment for drug use. Submissions called for families to be educated so they change their behaviours and do not enable the addict to continue in addiction through their inaction and/or fear that people who use drugs will self-harm or be harmed by drug dealers if they owe money.

Family Addiction Support Network recommended providing an educational programme aimed specifically at families/significant others affected by a loved one's substance use, on the nature, causes and consequences of addiction to promote acceptance and understanding of recovery. They suggested that there is a need to ensure families are treated as service users in their own right and offered a needs assessment and support plan. Family should be involved in all decision making structures. There was a suggestion to develop and resource respite grants for family members affected by a relative's substance misuse; resource an awareness campaign on stress/mental health for families living with addiction issues; and resource and support peer led family support services in their own communities.

Wexford Family Support Group stated that families should be involved in the planning and commissioning of services. The RISE Foundation said family supports need to be prioritised in any future strategy as this is one way of breaking the cycle of addiction. It was widely suggested during the consultation that there needs to be more input and inclusion of families in treatment programmes.

Other feedback was that there be increased availability of family support services and evidence based programmes for families such as Parents Plus and Strengthening Families Programmes.

The Clare Practitioners Forum stated that there needs to be more support services for families in the Midwest including young teenagers as well as older family members who may have left home but struggle with what they have experienced and the impact it has had on them.

There was a view that recovery oriented services should be designed and commissioned in order to provide meaningful outcomes for problematic substance users their families and wider society.

The NICDATF said there must be recognition of the trauma in particular to children caused by homelessness and inadequate housing, as well as the impact of discrimination due to language barriers or cultural backgrounds.

Irish Hospice Foundation said service development should include provision for those who face bereavement as a consequence of addiction – appropriate services and supports including information should be widely available to those who have experienced a bereavement relating to substance use – the development of guidance for those who work with and come into contact with families bereaved through addiction should be prioritised.

6.3.1.1 Support for Children

Respondents called for a range of supports and services to be implemented for children affected by parental problems with substance misuse and additional funding to operate early intervention and early years' programmes. Children born with addictions was also raised and that this group need to be supported. It was widely felt that age appropriate services need to be provided in Ireland for children with many referring to the current lack of appropriateness using an adult model of treatment.

Youth services provision in Dublin 12 has an age restriction and children cannot join centres until they are ten years old, which is a barrier to some children, who may be living with a substance misuser. Addiction Response Crumlin Ltd encouraged the new strategy to review the youth service provision and reduce the age of engagement to target children who are living with substance abusers to 6 years old.

KCCP paid positive tribute to the establishment of SASSY, an initiative where young people in need of urgent psychological/psychiatric assessments can obtain such help; it said SASSY employed multidisciplinary staff and provided an excellent service and referenced the impact of funding cuts on staffing levels.

The needs of children living with families in addiction need to be assessed. There should be greater supports for young people in schools and for education of older primary school children to mitigate any stigma of having an alcoholic parent. Training should be provided to mental health professionals to understand the issues associated with growing up in a family with an alcoholic parent.

Barnardos recommended that staff in schools should be trained in how best to support children in families where problem drug use is present and when to seek additional interventions. They should be kept informed and included, where appropriate, in decisions affecting the child. The Home School Liaison model which works well in Delivering Equality of Opportunity in Schools (DEIS) should be made available in all schools or at least in areas with high prevalence of drug misuse. In the context of rehabilitation, Barnardos recommended the new strategy develops an area based integrated rehabilitation service delivery model which includes child and family supports and provides all services in one community location. Barnardos also recommended that the new National Drugs Strategy should closely link with the National Hidden Harm Strategic Statement - Seeing through Hidden Harm to Brighter Futures. CDATF recommended that there be an increased emphasis on addressing Hidden Harm.

HSE Donegal Alcohol and Drug Service made the following recommendations for Hidden Harm:

- Alcohol & Drug Services must begin to see the client from a family perspective and note their duty of care towards dependents of their service users;
- Services must upskill in the area of child centred/family focussed services and be able to offer support and onward treatment for children affected by parental problem alcohol and other drug use;
- Upon identification of Hidden Harm, services must be able to refer to appropriate family interventions and up skill staff in the delivery of family interventions;
- Clear service responsibility between Tusla and Alcohol & Drug Services;
- Joint training on Hidden Harm between Tusla and HSE addiction staff;
- Ensure services are equality proofed and made accessible to primary care givers who require treatment and have children in their care. This may include increasing the number of mother and

baby units attached to residential care – increasing the provision of crèche facilities attached to community based drug and alcohol programmes amongst others.

Barnardos also recommends in its submission that it is imperative that the new strategy takes a different approach to the previous strategy and that it promotes inter-agency working and inclusion of a child focus in treatment services. This could mean drug treatment services, including a child specialist or working closely with an agency such as Tusla or Barnardos which can supply the expertise required to appropriately incorporate and support the child. In other areas training or protocols may suffice to ensure children’s wellbeing is safeguarded. For example, GPs and pharmacists dispensing Methadone should be required to advise parents and other family members where children are present in a household how to safely store their medication. It summarised its recommendations for the new strategy, in the context of treatment, as follows:

- The new National Drugs Strategy should promote, encourage and facilitate interagency collaboration, demonstrating why this approach should be taken and insisting on it where appropriate. Furthermore a model should be developed which incorporates addiction treatment and child and family support services integrated in one facility; and
- Make provision for child specialist treatment supports for under 18 year olds which includes a comprehensive assessment of their needs and holistic services to meet these needs.

The Wexford Family Support Group says there needs to be more involvement from childrens’ services in drug responses across the pillars as it is a child protection and welfare issue. This view was consistent with many others throughout the consultation. The NICDATF called for extra supports for addiction services for responding to child protection issues, including organisations working with adult clients who have children. It added that education for care professionals to foster better awareness of the impact of addiction in family is required.

The Irish Childhood Bereavement Network said that childhood bereavement care in Ireland should be strategically led with agreed frameworks for interventions, competent staffing and consideration of psychological, social, economic, spiritual and physical sequelae of bereavement and loss included in relevant policies.

6.3.2 Women

SAOL recommended that “women” should be designated as an “*at risk*” group. They would like to see gender responsive treatment approaches promoted and supported. These approaches, it said, should specifically address the issue of children and their care, who all too often present a purpose for but also, unfortunately, a barrier to women/mothers seeking treatment. This was an issue raised by many others also throughout the consultation. Tiglin said the needs of women who have children and are in addiction is a large issue with many mothers remaining in addiction because they do not want to jeopardise access to their children in order to enter rehabilitation. Tiglin’s solution to this issue is that more residential options should be provided for women where they can bring their children and provision of more day care/crèche options for mothers who wish to address their addiction in the community setting.

Respondents said that female only, as well as male only, services should be provided that are planned and delivered in a gender responsive way.

The NICDATF also recognised the role of the family in supporting those in addiction treatment and recovery and called for childcare and family resources at all stages of treatment, rehabilitation and aftercare, in particular for women.

Respondents noted that the provision of childcare for parents/guardians and families, where there is an addiction issue, is an essential and integral element of drug services, in the continuum of care – from detox facilities to community projects.

It was suggested that women who experience domestic violence and who also misuse substances can sometimes do so as a consequence of the abuse. Alcohol/Drug Services are in a key position to recognise this link and it was proposed that women should be asked whether domestic violence is happening and if a disclosure is made, refer them onto an appropriate domestic violence service. COPE felt that alcohol/drug misuse can exacerbate an already abusive relationship and lead to serious physical violence. Its role in triggering domestic abuse needs to be taken seriously.

The Waterford and South Tipperary Community Youth Service said that increased supports are needed to encourage women to access substance misuse services. This issue was raised by others also throughout the consultation.

6.3.3 Pregnancy

Pregnancy and drug use was highlighted as an issue that the new strategy should take into account. Coolmine, in its submission, requested that a commitment is made in the new strategy to better meet the needs of pregnant women with problematic substance use. It said clinical governance structures should be developed to allow a specialist unit in a non-clinical setting be established to meet this vulnerable client group, facilitating equal access to treatment as their male counterparts by enhancing pathways to existing specialist gender specific treatment and rehabilitation services.

The College of Psychiatry recommended developing maternity services access to addiction treatment by continuing the successful model of the Drug Liaison Midwife to ensure continuity of care across services; address lack of resources; provide a clinical care pathway to specialist service for alcohol and drugs and access to stabilisation/detoxification beds.

It was felt that pregnant women dependent on alcohol are falling between cracks in the addiction, psychiatry, GP and obstetrical services. Pregnancy can be a window of opportunity for women to be motivated to stop using drugs. It was put forward that pregnant women outside Dublin cannot always get into the city for drugs clinics. Services are needed for pregnant women addicted to benzodiazepines and sleeping tablets, crack cocaine, and cannabis.

6.3.4 Environment

Views were received that people who use drugs should be removed from the environment where they have misused drugs if possible and provided with a safe drug free environment. It was suggested that support should be given to people who use drugs in terms of providing the information and skills needed to cope without drugs, educating people on the correct use, how to identify the triggers in their lives which lead to drug use and provide support to stop using.

The following recommendations were made in respect of the environment:

- Promote the safe use of drugs and provide real objective information on their use such as how often, how much, what damage is occurring, benefits vs consequences, money / social issues;
- Allow people to make their own choices, you can't force someone to get clean;
- Provide alternatives to drug use like sport, fitness, hobbies, something more productive for the self;
- Provide support with safe access to substances and provide real facts on them;

- Provide training for people who have come out of addiction themselves in order to offer their experience in a professional framework, to meet with users and explain the benefits of treatment and how life has changed without drugs;
- Provide information on available treatment and promote information on support services in a visual campaign so that people know where to go to get help;
- Provide information on drug misuse and how to tell if a person is taking drugs.

Service user forums for each CHO should be developed for consultation. This would allow for taking on board service users' needs and preferences in the planning, design, and delivery of care and support services and further enhance service user satisfaction and achieve a successful outcome.

In their submission, the Mid-West Drug and Alcohol Service propose that a "social care/buddy" type approach be examined to see if that would be an effective approach to work with these most vulnerable service users with a view to: actively supporting them to address their most basic needs in relation to accommodation and safety; actively supporting them to engage with and access treatment services in relation to attending and getting to appointments; working with them to develop their harm reduction and self-care strategies; working with them to develop their self-efficacy and empowerment so that they can take a more independent approach to engage with services when they are ready to do so.

In line with other submissions on the need for more awareness, it was suggested that, to help remove the stigma associated with drug use, Irish citizens should be educated on addiction and that current research be highlighted on how best to treat people and solve these problems. It was suggested that an open discussion on recreational drug use is required, along with what red flags should warrant intervention. It was felt that once the stigma has been broken, people who use drugs will be more likely to access treatment.

We should promote awareness by having a Drug Awareness Week, similar to mental health promotion. Information campaigns on the following would also increase awareness and support:

- Recreational Drug Use;
- 'White Collar' drug/alcohol abuse. An outreach Harm Reduction directed information campaign, with guaranteed confidentiality and/ legal protection of job (as appropriate);
- Harm minimisation campaigns;
- Mental health issues;
- Overdose and direct health issues; and
- Anti-Stigma campaigns.

6.3.5 Decriminalisation and Legalisation

As reported in detail in **Chapter 4**, respondents felt that drug use should be decriminalised; and that addiction and mental health services provided rather than treating users as convicts. They felt that by decriminalising all drugs, the money that is saved from the criminal enforcement and incarceration could be used more effectively on the treatment and rehabilitation.

Matt Talbot Adolescent Services Ltd. recommended the provision of diversion programmes to allow the Gardaí redirect low-level offenders to community based Tier 3 services. Simon Communities Ireland said all non-victim crimes (begging, possession for personal use) should be quashed upon completion of residential treatment programmes as these are small crimes that are addiction driven. They also called for further exploration of the de-criminalisation of drug use and that policing emphasis should shift from small scale personal use to large scale supply.

While some respondents advocated that people who use drugs and drug suppliers should be arrested and prosecuted and heavily penalised, others felt that the legalisation of drugs would remove this burden of enforcement.

6.3.6 Harm Reduction

Views were expressed that we can support those who continue to misuse drugs through the provision of harm reduction services in the wider community. These should be provided by qualified non-judgemental people, but with motivational pathways to exit harm reduction and with clear pathways available for treatment options. A view was expressed that harm reduction facilities should be provided on a 24-hours a day basis.

People can also be supported by offering drug testing kits or drug testing facilities in chemists similar to a service offered in the Netherlands it was suggested. Postal or "drop box" submissions, with online publishing of results was suggested. When contaminated drugs are found, warnings should be issued to protect people who use drugs. The National Poisons Information Centre highlighted that Welsh Emerging Drugs & Identification of Novel Substances Project (Wedinos) model in Cardiff, has helped in identifying new recreational drugs that are emerging. A similar laboratory is required in Ireland to identify "drugs of abuse". The National Poisons Information Centre provides a 24hr advice centre which could be used to coordinate the transfer of samples from hospitals to a laboratory centre. It could also be used to identify new trends throughout the country. This information could then be used to focus resources on prevention/supply reduction/rehabilitation services. The NDTC Laboratory has developed methods to screen for NPS drugs over the years and have kept them under continuous review but all is being done within existing resources which limits what is possible. They suggested they should provide inreach multidisciplinary service to advise others working in the area / sector / addiction field, e.g. clinics nationally.

It was stated that a Harm Reduction Pillar should be included in the new strategy and many felt that Portugal's model of harm reduction should be followed. The Irish Pharmacy Union (IPU) said supervised injection is one of many interventions offered in the harm reduction model for treating drug addiction which seeks to reduce the negative consequences of drug use. It said that among the services that could be offered in the supervised facilities is the testing of drugs that the clients are injecting. It said the roll out of the Pharmacy Needle Exchange Programme (PNEX) has been very successful with positive feedback from both pharmacists and clients accessing the service and recommended that the service be expanded to all areas of the country where a need is identified. Other supporting views for PNEX were also received including by the Clondalkin DATF who asked to provide resources for the expansion of needle exchange programmes, screening and treatment for blood borne viruses and communicable diseases.

It was suggested that Medically Supervised Injection Centres (MSIC) and expanded needle exchange services be provided to encourage safe injecting. Users of intravenously administered drugs should be able to access safe 'Drug Consumption Rooms' staffed by counsellors and medical professionals. Many felt the new strategy needs to plan around the introduction of Medically Supervised Injecting Rooms for areas other than Dublin with the suggestion from CHO 4 that a site in Cork City be considered. CityWide called for an agreed time scale for establishing the service of MSICs and for evaluation of the service to be built in from the beginning. UISCE recommends the people who will use the service are involved in the design and setting of outcomes for the project. Focus Ireland recommends that ensuring the speedy implementation of safe injecting facilities be a priority noted in the new drug strategy.

Merchant's Quay Ireland (MQI) referred to documented evidence of Sydney and other cities who have implemented MSICs that illustrate the importance of locating MSIC's in areas with pre-existing street injecting problems. It recommends that a pilot MSIC project would provide for 2 pilot sites within existing services in order to cater for city centre street based IDU, noting that there is a high prevalence of street injecting in the north and south inner city areas.

For injection centres, the Health Products Regulatory Agency (HPRA) consider that a review of the legislative framework may be warranted, for example, to consider how current controlled drug safe custody provisions would apply in the centres.

The CDA Trust Ltd. noted that the delivery of Needle Exchange Programmes (NEP) across Ireland has lagged considerably behind targets set out in previous successive drug strategies despite international evidence that suggests NEP to be one of the most effective public health interventions since the fluoridation of drinking water. The current pharmacy based NEP initiative has gone some way to meet this gap, but at present does not carry a full range of necessary injecting equipment. A fully functional NEP (i.e. attached to a community drug treatment service) not only encourages safe return of used equipment through establishing relationships with "injecting drug users", but is also able to routinely offer pathways into structured treatment and improves overall health outcomes for "chaotic drug users". This crucial link is missing from the pharmacy based initiative and therefore they suggested exploring the feasibility of pharmacy based needle exchange operating nationally (pharmacy in addiction services CHO 6 & 7).

Experience and research has demonstrated that outreach NEP services are paramount to effective delivery in non-urban areas. The lack of NEPs represent a serious and largely unaddressed public health threat that cannot continue, it was claimed.

The IPU stated that the roll out of the PNEX has been very successful with positive feedback from both pharmacists and clients accessing the service and it was recommended that the service be expanded to all areas of the country where a need is identified. CDATF recommends that resources be provided for the expansion of needle exchange programmes, screening and treatment for blood borne viruses and communicable diseases, a view supported by pharmacy in addiction services CHO 6&7.

While some felt stabilisation programmes should be provided in conjunction with harm reduction, others favoured abstinence and felt that the benefits of abstinence should be encouraged.

6.3.6.1 Supervised Injection Facility (SIF)

The CDA Trust Ltd. fully supports the roll out of supervised injecting centres, however they said the model currently proposed accommodates the continued use of street drugs. It is their view that without the provision of safe, pharmaceutical heroin (diamorphine hydrochloride), people who use drugs accessing these services will still be exposed to a whole range of drug related harms. It advised how the provision of heroin by the State is perhaps contentious, but in their view is less so than continued complicity in the illegal drug trade. Existing heroin prescribing projects across the EU conduct thorough assessments on all recipients before such a course of treatment is decided upon. CDA Trust Ltd. said it is imperative that any such initiative is implemented alongside meaningful expansion of rehabilitative services.

Crosscare Homeless Services recommend that medically supervised injecting centres be available in all appropriately identified Homeless Services throughout Dublin. It was felt that medically supervised

injecting centres have proven to decrease overdose fatalities in countries where they are available. It said there are unsafe injecting practices amongst people who use drugs in their services.

Some proposed that Ireland should go one step further than just the provision of MSICs and provide free heroin to “registered drug addicts”. This, they felt, would have the effect of reducing associated criminal activity by those addicted while at the same time drastically reducing the amount of money available to criminal gangs.

Some respondents felt that injecting rooms are counterproductive. An independent counsellor criticised the move towards supervised injecting rooms and in their view considers it flawed, agenda driven and not based upon proven success rates in any comparable jurisdiction. Their submission referred to an assessment of the Sydney Medically Supervised Injecting Centre (MSIC) which found that the centre did not deliver the promised benefits and that concerns expressed in advance had sadly proved to be well grounded. The assessment found that the overdose figures were actually higher in the centre than elsewhere in the catchment area. Their submission also referred to an example from Norway where an injecting room experiment was abandoned as a failure in 2009; and to a Canadian example, The Vancouver Drug Injection Site (INSITE), which had been ineffective.

Some other opposing views were received to MSICs which included the desire to locate them away from city centres and/or away from areas of commerce, tourism and/or residential areas.

The IMO made the following recommendations with respect to support in their submission:

- Research should be conducted that will assess the potential benefits and risks of utilising supervised injection/ingestion sites as a means of reducing drug-related harm and bringing people who use drugs into contact with drug treatment services;
- It said Ireland currently has the third highest number of drug-induced deaths, per capita, in the European Union at 71 cases per million population, a figure three times that of the EU average of just over 19 cases per million population. A detailed and adequately funded plan to reduce drug-related harm and deaths must form part of a new National Drugs Strategy.

6.3.6.2 Needle Exchange Programme (NEP)

Crosscare Homeless services recommended that Needle Exchange Programmes be provided in relevant Homeless Services and be made more readily available throughout the city, where needle exchange packs are made readily available to all residents. It is also recommended that there be on-going needle exchange & refresher training made available for all homeless services staff.

6.3.6.3 Drug Quality Testing

The HSE NDTC noted that there are reports of large variations in the dosage in similar looking tablets. Substances reported to be found in tablets sold as MDMA/ecstasy included 2CD, Ketamine, Piperazines (TMFPP, mCPP, BZP), amphetamine, PMA and PMMA. It recommended that amnesty bins and pill testing should be introduced urgently with an aim to reduce deaths and drug related admissions from NPS and party type drugs (ecstasy) by alerting users to dangerous drugs in circulation.

It said admission of blood and urine specimens should be taken as routine in drug related admissions to A&E and samples tested using advanced techniques which can detect NPS drugs. This should also

apply to festival first aid tents. Addiction treatment patients are currently only tested for Zopiclone and NPS drugs on request and not at all for Pregabalin, although there is evidence that this drug is being widely abused. There is currently no monitoring of synthetic Fentanyl's (implicated in recent deaths) or of synthetic cannabinoid (spice) use in addiction treatment patients. All of the new drugs of abuse (Zopiclone, Pregabalin, Fentanyls, Spice, NPS, etc.) should be monitored at least periodically or at a minimum on suspicion of misuse for patients in treatment.

This is not possible with current resources it said. There is a need to provide additional supports and research funding for Government laboratories engaged in drug testing and analysis and specifically the HSE- NDTC laboratory to enable informed decision making and trend monitoring.

6.3.7 Treatment Planning

Feedback was provided that we need to ensure that appropriate care-planning takes place with service users to support their goals and objectives, preparing them for treatment and most importantly including an exit plan. Continuing Care is essential as addiction requires ongoing management. The ownership of a care plan is rarely understood as being that of the service users and not the service. If outcomes were measured by the service user we may begin to see outcomes achieved.

It was felt that by supporting people who use drugs to have control in the decisions which affect their lives, the provision of stable housing and meaningful opportunities to be part of their community people will feel they are able to integrate more fully into society and make improvements.

The following feedback was provided in respect of treatment planning:

- Make it clear that a relapse is a set-back, not a failure and that treatment is available as long as it is wanted, just as a smoker with cancer is treated;
- Build up capacity incrementally through key working, with treatment as a final strategy with a pre and post care plan in operation. Understand internal and external motivating factors and the complexity of getting and staying drug free. Focus on capacity to recover and take incremental steps to achieve this;
- There needs to be pathways out of drug use and medication based holding interventions like Methadone;
- There needs to be a seamless treatment continuum, right up to and including rehabilitation, education and housing. This is so that people can see there is a better alternative to drug using;
- Put in place a flexible (and funded) approach which deals with each case on an individual basis to tackle the psychosocial issues underlying their substance misuse, with long term supports available.

Respondents felt that we cannot turn our back on those who suffer addictions in our communities. There is a need to have youth projects and open doors in our community and to link users into the appropriate services for their needs, while working with their children and families too.

It was reiterated that support for the user should be provided by continuing to offer a variety of accessible, quality and evidence based services and treatment options - community, inpatient, individual, group, Methadone maintenance, counselling, harm minimisation strategies, reduction programme and ultimately drug cessation where possible and at the earliest opportunity. Stabilisation should be offered where cessation opportunities have been missed with regular opportunities for re-emergence to treatment.

6.3.8 Opioid Substitution Treatment

A recurring view expressed throughout the public consultation was that Methadone is prescribed far too liberally in Ireland. Feedback was that doctors and clinics don't encourage detox and can in fact hinder treatment. Methadone needs to be prescribed on a short term basis only, to prevent people who use drugs from being in clinics for over 20 years. It was said that Methadone treatment needs to be monitored more effectively. The abuse of Methadone needs to be examined, both by GPs over prescribing it and the patient selling it. Some felt that treatment for heroin users should be separate from other people who use drugs, as "being around heroin addicts influences curiosity of the drug" and some felt that Methadone clinics should not be in the city centre.

Many suggested that alternatives should be offered instead of Methadone including subutex (buprenorphine) and suboxone (buprenorphine combined with Naloxone). D12DATF called for a move away from opiate focused treatment provision. Polydrug use is now the norm with heroin not indicated as an issue for young people who use drugs. This approach needs to be recommended for all treatment providers including the HSE and that greater provision be made for improved availability of pharmacological treatment/rehabilitation options (e.g.: Suboxone, Pabrinex, etc.) in GP led community based treatment. Many proposed that GPs and Pharmacies be trained and involved in the collaborative delivery of in community projects dispensing of Methadone and alternatives to Methadone.

It was felt by many that the HSE Addiction Services is mainly focused on provision of opiate substitution treatment and views were received that this service needs to be expanded for other drug problems and for alcohol in particular and for alternative treatments to be considered. It was felt that there should be access to a range of multiple addiction and non-opioid treatment services, with particular concern around responses to tablet use.

The Central Treatment List (CTL) recorded nobody from Dublin 12 under the age of 20 as having commenced Methadone treatment since 2008; that the number of people under 24 had been less than ten since 2010; however the number of people over 40 has increased.

Many respondents felt continued use of Methadone is not a solution to demand reduction, noting that service users were often on the programme for several years. They felt that people who use drugs should not be placed on a Methadone programme without it being part of a recovery plan. Many felt that the Methadone programme should be phased out and an alternative be introduced. A recovering "addict" (Methadone 11 yrs. and heroin 11 years) suggested that DF118 Liquid be used instead of Methadone and cited their experience of being referred to a course in Jersey, Channel Islands where they got clean in 15 day's with few or minor side effects (e.g. shakes, sweating, etc.). This service user also claimed that when they had asked about this treatment in Ireland they had been told it was too expensive.

While the Department of Health/HSE/National Drug Strategy may have limited control over the availability of most drugs implicated in deaths from drug overdose, Methadone is an obvious exception it was said. Respondents said there is a significant problem of diversion of Methadone and death by Methadone poisoning in Ireland. Some of the Methadone provided to service users as a "takeaway" is being incorrectly used and/or sold on illegally. There needs to be an increase in the supervision of Methadone consumption in both HSE Drug Treatment Centre Pharmacies and Community Pharmacies.

Numerous references were made by pharmacists, in their submissions, to a publication by *Strang et al. Impact of supervision of Methadone consumption on deaths related to Methadone overdose (1993-*

2008): *analyses using ODA index in England and Scotland BMJ 2010;341:c4851*) and suggested that the new National Drug Strategy set a target of reducing the number of deaths from drug overdose in which Methadone is implicated by fourfold as was achieved in the UK i.e. from approximately 100 per year to approximately 25 per year as measured by the National Drug-Related Deaths Index (NDRDI). It was felt this would require a reduction in the quantity of Methadone given to service users as takeaways and an increase in supervised Methadone dosing. This, in turn, would require national clinical guidelines on drug misuse and Methadone prescribing to be published, based on international standards which would largely restrict takeaways of Methadone to patients who were stable. (Submissions referenced guidance from Canada, the UK, Australia and the World Health Organisation.)

A pharmacy in addiction services (CHO 6 & 7) submission recommended a review of the fee structure for community pharmacists dispensing Opiate Substitution Therapies (OST), to review products in OST in order to provide choice, recommended the easier availability of Buprenorphine and Buprenorphine/Naloxone combination for patients who require OST.

The HSE Addiction Services noted that Suboxone treatment should be made more widely available as a treatment alternative to Methadone. This view was consistent with others, including COPE and the Pharmaceutical Society of Ireland, who considered Suboxone as an alternative treatment. Those in need of treatment e.g. for codeine addiction, are more likely to attend their GP for help, rather than a treatment centre, and it would be beneficial if Suboxone could be a treatment option available to GPs. The CDA Trust Ltd., in its submission, referred to the fact that the opiate treatment of choice for problem opioid addiction in an increasing number of EU states is Subutex or Suboxone. It said this medication has only seen limited availability in Ireland, the primary consideration being one of cost which it considers myopic. It added that the reduction of illicit drug use amongst those on Suboxone reduces the capacity of organized crime (reduced demand), reduces criminality of the users (savings otherwise spent in the criminal justice system, NTDRS 2001) and improves outcomes for recovering users (reduces the cost of healthcare attributed to drug related harm).

The SafetyNet service noted the growing number of people presenting to their SafetyNet service seeking treatment for heroin addiction and that there are 65 patients on their waiting list. They are providing Methadone treatment to 90 patients and believe that they could offer a treatment service to at least double that number of patients. SafetyNet is a GP service for people who are homeless and much of its work relates to the management of alcohol, heroin and benzodiazepine addiction. It has published two of its evaluation reports and presented later evaluation reports to the World Conference of Street Medicine in 2015. The 3 GPs based on the north side are limited to 15 patients each. Given the success of the programme and the need to increase capacity they believe the limits placed on the number of patients that the GPs can treat should reflect the capacity available to provide a service rather than an arbitrary number. SafetyNet community programme for Methadone treatment of homeless people has, they say, demonstrated that homeless people can successfully be stabilised in the community. Feedback given said it is a cost effective and treatment effective approach to managing substance misuse in the population. NICDATF stated that the SafetyNet model is working.

The Pharmaceutical Society of Ireland considered that Suboxone could be administered in the community and that such services have been successfully rolled out in countries such as Australia.

GPs should be encouraged to train up as Level 2 in prescribing Methadone and dispensing in a community pharmacy, it was proposed. The ICGP noted that the lack of GP community places must be viewed in the context of national problems currently facing GPs in their own practices. These include increased demands for medical card services, a man-power crisis with reduced access to locum cover and the difficulties of setting up a practice in a poor economic climate. In some areas GPs

already feel overwhelmed with general medical services and there is a perception that taking on Methadone patients would increase the workload to an unacceptable level.

The Irish Pharmacy Union (IPU) said there is an urgent need to reach out to “heroin addicts” who are not currently receiving treatment; and that there is considerable scope to expand the numbers of pharmacies participating in the Methadone Treatment Scheme, with a network of over 1,700 IPU member pharmacies across the country. It said pharmacists are interested in developing their role in this scheme, provided there is adequate support given to them. It added that it is up to 12 times more cost effective to treat opiate addiction in the community setting than in a specialist clinic. The Pharmaceutical Society of Ireland (PSI) suggested it may be useful to consider whether a structured protocol could be put in place, to support doctors and patients, encourage and enable detox where appropriate and suggested this approach could be effectively supported by community pharmacies.

A pharmacy in addiction services (CHO 6 & 7) suggested that increased pharmacy staffing is needed in drug treatment centres.

The IPU suggested that consideration be given to allowing for a limited exemption, on receipt of a verifiable communication from the named treating doctor, from the legal requirement to have a prescription for a Methadone patient with a valid treatment card, who has been attending regularly in the previous month. They also noted that community pharmacists are ideally placed to vaccinate both Methadone patients and Pharmacy Needle Exchange (PNex) clients against blood borne viruses. This could be facilitated by adding the relevant vaccines into the schedule of the current legislation.

The ICGP noted that the new strategy should plan for the move to the provision of Opioid Substitution Treatment in primary care centres with all new primary care centres designed to include drug treatment services including dispensing services if this is an identified need in the area.

Pharmacists in Ballymun advised that many of their service users do not avail of their entitlement to obtain a medical card, often due to chaotic lifestyles and/or literacy issues. This leads to service users failing to obtain treatment at an early stage, accessing services inappropriately, failing to attend dental services and presenting at A&E services instead of primary healthcare services. They recommended that a medical card be automatically granted to patients registered on the Methadone Protocol/Suboxone schemes.

There is an ongoing issue of lack of clarity in relation to access to local Methadone treatment (e.g. some clients cannot access local Methadone maintenance due to forensic issues or barring issues in the past whilst some with similar histories can). These are referred to the National Drug Treatment Centre (Trinity Court) and generally don't engage at that site due to unwillingness/incapacity to travel, risk to personal safety, cost, etc.

The HSE NDTC Laboratory said many patients in Methadone maintenance programmes also use other prescription and non-prescription drugs in particular Benzodiazepines, Zopiclone and Pregabalin and recently, anecdotally it seems that Gabapentin may be emerging. There were 51 deaths where Zopiclone was the main drug in 2013. Compare this to Methadone with 93 deaths as the main drug and Heroin with 86 deaths as the main drug and the scale of this issue is apparent.

It was suggested that brief periods of stabilisation followed by detoxification and repeated attempts is preferable to long term Methadone substitution which robs individuals of their health and life, just as much as heroin does.

Many expressed the view that the existing strategy is concerned with treatment and/or support of heroin users and that a shift in focus is needed now to consider the other problem drugs.

In its submission, Indivior Ltd. (marketing authorisation holder (MAH) for Suboxone in the EU, USA and worldwide) identified patients whom it considered can best benefit from buprenorphine/Naloxone as:

- Patients who are 18-34 years of age should be considered for buprenorphine / Naloxone due to its favourable properties in safety and flexibility, with a focus on provision of treatment on young adults, both entering treatment for the first time, or re-entering treatment;
- Patients who have parental responsibility should also be considered for buprenorphine / Naloxone for the same reasons, as well as the most vulnerable in Irish society, including Traveller and Roma communities;
- Patients who are at risk of injecting, misusing, diverting their treatment;
- Vulnerable patients such as Prisoners, Homeless, Travellers, New Communities, LGBTs and Sex Workers; and
- Individuals with lower intensity opioid dependence, such as prescription opioid dependence.

It said there is an international trend based on published evidence to support buprenorphine/Naloxone as the preferred buprenorphine in its sublingual form, due to its potential to limit misuse and diversion versus mono-buprenorphine. Abuse deterrent formulations buprenorphine should be used preferentially to limit the risks of misuse and diversion.

- Misuse and diversion have many unintended consequences, which are a key obstacle to recovery;
- Different opioids have different patterns of misuse and are more divertible;
- As many as 25% of patients misuse their medication (injecting or snorting);
- Suboxone is less likely to be injected than Methadone or mono-buprenorphine; and
- Suboxone is less frequently diverted due to its reduced abuse liability.

In the context of opioid analgesic dependence (OAD), key points it made were:

- Prescription opioid diversion, abuse and dependence are an important and growing public health issue;
- The evidence supports that OAD can be a gateway drug to illicit drug use (e.g. heroin), and can be treated effectively; and
- A Cochrane review showed that there was a significant difference in favour of buprenorphine maintenance treatment for retention in patients with OAD.

6.3.8.1 Naloxone

It was cited that the Naloxone Demonstration Project was established by the Health Service Executive (HSE) in 2015 to test the feasibility of making Naloxone available for opioid users in order to prevent death from overdose. During the course of the project, there were five administrations of Naloxone and potentially five fatal overdoses were prevented. Respondents called for the expansion nationally of the Naloxone Demonstration Project. Respondents including the College of Psychiatry of Ireland, CityWide, YouthRise, and CDA Trust Ltd., suggested that there should be a more comprehensive roll-out of the Naloxone demonstration project. The Pharmaceutical Society of Ireland's (PSI) said community pharmacists could play a key role in identifying those who could benefit from the service and that pharmacists could be included as trainers if the service is rolled out nationally.

Merchants Quay Ireland recommended the introduction of Take Home Naloxone (THN) at a national level to people who use drugs and their families as part of a multifaceted overdose management training programme encompassing THN, CPR and calling the emergency services. It considers that this initiative would not only maximise the advantages of peer intervention, but also serve as a mechanism to dispel myths and move such interventions from the criminal into the public health frame of reference, which would consequently reduce the severity of the risk environment.

The Irish Pharmacy Union (IPU) recommended that pharmacies that participate in the Methadone Treatment Scheme and/or Needle Exchange Scheme receive training from the HSE on the administration of Naloxone and receive an ongoing supply of Naloxone from the HSE, as these pharmacies are more likely to encounter a person with an opioid overdose. Crosscare Homeless Services recommend that needle exchange packs should include Naloxone.

It was widely felt that family members should have access to Naloxone and receive training on how to administer it. HSE Addiction Services (CHO 6&7) in relation to this issue said there is a need to support service users, carers and families with accessibility to Naloxone, by enhancing the provision of same across CHO areas and to effect a change attitudes and behaviours around drug overdose and prevention as evidenced by the Naloxone Demonstration Project.

6.3.9 Urine Testing

It was highlighted in feedback that recent clear evidence shows that unwitnessed random urine tests in the treatment of opioid dependence are not reliable. The submission cited *Mallya et al., (2013) Witnessed versus Unwitnessed Random Urine Tests in the Treatment of Opioid Dependence. The American Journal on Addictions, 22: 175-177.* The Ontario Addiction Treatment Centres treat over 10,000 patients and require supervised urine testing. Similarly, in sport The World Anti-Doping Agency (WADA) require that the collection of all urine samples for testing in all sports and at all levels is witnessed.

It was suggested, based on published evidence that the direct observation of urine (or saliva) specimen collection is recommended in opioid substitution treatment. This it was said, would support efforts to restrict takeaways of Methadone to patients who have achieved stability and, thereby, to reduce the diversion of Methadone and the number of Methadone related overdose deaths.

It was also widely felt that use of urine testing should not be used by State agencies / schools / educational institutions.

6.3.10 Health screening

Hepatitis C Partnership recommended that Opiate Substitution Treatment (OST) be tied to any other co-morbidities such as mental health, HCV, HIV as the “whole person” needs to be treated. The NICDATF raised the issue of increased incidences of HIV recommending the need to enhance and support awareness, prevention, testing, treatment and supports for BBV’s and that availability of new Hepatitis C treatment is needed at an earlier stage of liver disease. The National Hepatitis C Treatment Programme (NHCTP) wanted to highlight the interdependencies between the successful implementation of the multi annual public health plan for the treatment of Hepatitis C in Ireland and the significant investment of resources required within the addiction services in implementing the National Drugs Strategy

It was requested that the strategy ensures that the HIV Drugs/HIV Helpline number (1800459459) is widely available.

The NDTC recommended that there should be a National Clinical Programme for the health of people who use drugs.

HIV Ireland said that increased availability of and access to community based HIV, STI and hepatitis testing and counselling, was needed nationally with a particular emphasis on creating ease of access for people who use drugs, people who are homeless, sex workers, prisoners, MSM and new communities.

A pharmacy in addiction services (CHO 6 & 7) suggested that analysis of the role of pharmacists to participate in the roll out of Hepatitis C treatment is needed. The Clondalkin DATF recommended that the uptake of Hepatitis C treatment be increased.

6.3.11 Benzodiazepine

The IMO provided figures to show that the number of those seeking treatment for benzodiazepine use has more than doubled since 2009 with 9.6% of those in treatment in 2014 listing it as their main problem drug (*J. Connolly et al., Ireland: national report for 2015 – treatment, Health Research Board, Dublin, 2016, p. 10.*) In spite of the increase of benzodiazepines as a problem drug in Ireland, the IMO said that no appropriate acute treatment facilities exist for those with alcohol and benzodiazepine addiction. It is the view of Tiglin that the availability of benzodiazepines is a major block for entry into residential treatment.

6.3.12 Cannabis

Some respondents noted that there is an increase and normalisation of “weed” use and related issues such as debt, intimidation and people being forced into criminal activity. EqualYouth noted that there is only 1 cannabis detox bed in the country and felt that services for those misusing cannabis need to be developed to include accurate information provision and harm reduction interventions including training for frontline staff.

A recent survey of 96 local young people in Ballymun undertaken by a local drug service reported once a week / daily usage of 50% and a significant proportion reporting “being stoned” for in excess of six hours a day. In its submission, Ballymun LDATF recommends provision of tailored responses for problem cannabis use, including Detox Support – (Residential and Community level).

Bray LDATF said services for those misusing cannabis needs to be developed to include accurate information provision and harm reduction interventions including training for frontline staff.

6.3.13 Improvements to Treatment

Bray LDATF recommended that to improve treatment and rehabilitation services in Ireland, there should be continuation and expansion of the Integration Workers Role, continuation of funded services in Bray, continuation and expansion of under 18s programme development and a continuation and expansion of the progression fund.

The NDTC recommended that treatment programmes should have outcome measures such as reduced mortality.

The Southern Regional DATF advised that SAOR screening and brief intervention has been delivered throughout Cork and Kerry for the past 3 years. It recommended that this be resourced appropriately and rolled out nationally as an example of best practice.

HSE Addiction Services (CHO 6&7) recommended that the new strategy should allow for flexibility for more localised work plans which would be specific and tailored to each CHO area needs and requirements. The development of services in areas of need is hampered by an ongoing recruitment embargo in HSE and insufficient budgets.

In the context of treatment and rehabilitation, Dublin12LDATF included positive aspects from the previous strategy to include the huge move towards interagency working in D12LDATF (which has included the development of a number of new initiatives including a Community Detox Programme and early screening and referral to Education and Training Board and probation services and the development of a Community Mental Health Forum), the Family Support Network have made strides in making family support interventions in the community more evidence informed (5 Step Method); and work has begun on developing strategies for Service User Involvement locally. However if this is to be meaningful and effective, national leadership is essential in the new strategy. D12DATF made a series of recommendations for the new strategy in the context of treatment and rehabilitation, some of which support issues already raised by others, and additional points they made are:

- Clarity needs to be given to LDATFs regarding their role in addressing the alcohol issue. Resources need to be made available to do this if it is to be effective;
- New actions needed to address the lack of community based alcohol treatment & rehabilitation services. Alcohol is now the most prominent drug for primary reason for referral for treatment in D12 and other areas (identified in HRB data) and also implicated in the majority of Drug Related Deaths. Similarly there are little or no options for people with benzodiazepine addiction which again is a significant factor in drug related deaths. This needs to be considered in the new strategy;
- Standardised care planning IT systems need to be prioritised to support the implementation of the National Drugs Rehabilitation Framework (2010);
- Resources and supports made available to support the implementation of the National Rehabilitation Strategy locally. Training promised for frontline workers has not happened nor have dedicated Rehab Co-ordinators been put in place as was recommended in the strategy; and
- More robust 'shared care' partnerships to be supported in community based treatment (for e.g.: community GPs, pharmacies, mental health services, and community based drug & alcohol services). DATFs should have a key role in developing these partnerships.

It was recommended that the HSE Drug and Alcohol Services should provide support to people over 25 years old who have a problem with alcohol; there is currently no such support in the Midwest.

It was also recommended that funding be provided for screening/testing for lyrica, xanax, and aispin.

The HSE Mid-West Drug and Alcohol Service questioned the impact of the rehab strategy on the practice of services and whether or not it has made it harder for clients to engage with services when their needs are at the most basic. They recommended that it would promote better service delivery and development if services were funded on a three year basis and if the impact of cuts to core budgets were looked at in relation to the viability and security of projects. The HSE SLA / GAA process requires funded projects to commit to a process of development in relation to quality standards for both clinical and financial governance.

The HSE Mid-West Drug and Alcohol Service noted that they have a significant range of treatment options across the continuum of care for drug misuse but this range of options is not mirrored in alcohol treatment services with significant gaps in both statutory and non-statutory sectors.

DLR-DATF recommended that both HSE and Tusla convene a high level engagement with managers and leaders to assess the prospects of mainstream health and social care personnel becoming more aware of addiction issues in their work and in playing a more direct role in its management.

7 REHABILITATION

The rehabilitation pillar of the existing strategy aims to support those dealing with drug misuse problems to maximise their quality of life, and to re-integrate into their communities. The public consultation sought feedback on how people can be assisted to lead a drug free lifestyle and what can be done to improve Ireland's treatment and rehabilitation services. The views received were diverse and wide ranging in opinion. It was noted that some views related to the general population, including "non-drug users", and included for example, suggestions of ways to educate our children and young people about alcohol and drugs or general views on availability of drugs in Ireland. Views that overlap with other pillars have been captured under the relevant section of this report (i.e. availability of drugs under **Chapter 4**, Supply Reduction) unless there is a specific point related directly to rehabilitation (provision of assistance and/or improvement of the services). It was felt that some people need more of a harm reduction approach and that Ireland needs to be open to the preferences of service users. (See more feedback on harm reduction and its role in treatment in **Section 6.3.6**.)

7.1 ASSISTANCE TO LEAD A DRUG FREE LIFESTYLE

Views were sought on how it is thought people can best be assisted when dealing with drug misuse and about what improvements can be made to treatment and rehabilitation services in Ireland.

7.1.1 Personal Lifestyle Choice

Many questioned the term "*drug free lifestyle*" and/or "*misuse*" as they felt this assumes a stance where all drugs are bad and felt this attitude needs to change and be reflected in the new strategy. Many were of the view that some people need to remain on drugs and/or Ireland should examine and invest further in harm reduction strategies. It was felt by some that nobody in fact leads a drug free lifestyle and made references to Ireland's regular use of a number of drugs/substances including alcohol, caffeine, cigarettes, pain relieving medication (including paracetamol and ibuprofen), anxiolytics, and paracetamol and/or allergy medications. Many said these regularly used drugs, particularly alcohol, can sometimes be more dangerous than drugs currently classed as illegal drugs. There was a view that lifestyle is a personal choice in Ireland where we should be free to choose lifestyle, be that with the continued use of drugs or drug free. It was felt that this is not an issue that can be dictated by drugs policy, Government and/or the Department of Health.

A frequent view was that the State is not actively encouraging people to live an alcohol free lifestyle, alcohol being the most widely used drug in Ireland. The sponsorship of public events and sports by alcohol companies has not been banned by Government and it was considered that people in Ireland will not lead a drug free lifestyle as a result, and/or also as a result of significant revenue/monies generated by sales of alcohol and tobacco.

The view was made that rehabilitation does not necessarily mean drug free. It was suggested that people should be supported in managing their drug use by helping them to meet their goals using a case management process. Services need to be developed in line with international best practice which will need further resources. It was felt that service users can be assisted by having a distinct say in their own rehabilitation.

Other views considered that continued drug use is needed in people's lifestyle with a variety of reasons provided such as medicinal purposes, personal use and/or recreational purposes. It was felt that people do not need to be assisted to lead a drug free lifestyle unless their drug use becomes, or recurs as a problem.

Other viewpoints on leading a drug free lifestyle were either that it is not achievable, appropriate, necessary or acceptable with many of the view that Ireland should make drugs safer and/or better inform people with information and/or use drugs in moderation or to adopt a harm reduction approach. It was pointed out how many users will stabilise on doses of Methadone but for many users to maintain a drug free lifestyle requires provision of other services. Services referenced were housing, family support, education, community employment (CE) programmes, free legal aid, social welfare advice and budgeting services, treatment/rehabilitation in the community, psychosocial support in the community, counselling, and/or health support.

7.1.2 Meetings and Support

Many views received considered that people can be assisted through the delivery of meetings, support networks and continued aftercare. References were made both to existing services, such as the 12 step programme and conversely to suggestions that other meeting options be provided. These were:

- Attend support groups and meetings such as those organised by Narcotics Anonymous (NA), Cocaine Anonymous (CA), Alcoholics Anonymous (AA) and Gambling Anonymous (GA), LifeRing, Alanon, Naranon – and that these should be made more widely available in Ireland; There was the view that an AA facility suitable for younger people is required;
- A sponsor should be sought and/or provided to people to help people to work through the 12 Steps programme; and the sponsor should be someone who has been through the issue themselves and is available to be contacted when a person is in difficulty;
- There should be recovery meetings for people who use drugs and their families; meetings should be drug-free;
- Support and encouragement should be provided to self-started support groups; meeting space should be provided to them;
- Provide testimony meetings and individual meetings to guide those who don't know what way to go about recovery;
- Provide support groups hosted by those who have recovered from drug use;
- Provide community support groups and drop in centres;
- Provide counselling and more support groups, in warm and inviting areas;
- Provide support for services running drug free social nights and similar initiatives.

7.1.3 Supply Related

Some considered that providing assistance for people to lead a drug free lifestyle is linked to and/or associated with the supply and/or availability of drugs in Ireland. It was felt that the ease of availability of drugs (including legal drugs) must be reduced in Ireland to make it easier for people who have chosen to lead a drug free lifestyle to avoid drugs. There were calls for tighter control of the sales of alcohol and tobacco, to make it harder for people to access and obtain drugs (including minors). It was felt that the level of marketing and availability of alcohol in particular, including cheap prices, makes it difficult for people who experience a difficulty with alcohol. Many felt assistance for those who misuse drugs can be achieved through regulation of certain drugs and by pursuing people through the supply chain for criminal charges instead of the users. A few views suggested extreme measures such as introduction of curfews for late night drinking and conversely introduction of 24-hour public houses to reduce binge drinking. See **Chapter 4** for more feedback regarding Supply Reduction.

7.1.4 Public Awareness

A theme of public awareness featured in views received about how people can be assisted to lead a drug free lifestyle. Many views recommended there be a national public awareness campaign to change the public's negative perception of people who formerly used drugs, to de-stigmatise the act of drug misuse, educate people about addiction, while raising community awareness that it is a problem that can affect every family, regardless of social status. Others suggested there be public health promotions to highlight healthy lifestyle and alternative lifestyle options. It was considered that education of the general public is needed to assist people who use drugs to adapt and/or re-integrate into society/the community so that there is support for them. Some felt a drug free lifestyle is difficult in Ireland for people of all ages and social backgrounds given the level of marketing of alcohol and drugs. Refer to **Section 5.4** for detailed feedback on awareness.

7.1.5 Education, Training and Employment

Many views considered that people can be supported to lead a drug free lifestyle through education. As referenced in **Section 6.3.1** education should be provided for the whole family; and people who formerly used drugs should have a role in education as referenced in **Section 5.5**.

It was suggested that more investment is needed in local education supports, training, life and coping skills for "former addicts". The Community Reinforcement Approach (CRA) was provided as an example by a service user who asked that more such courses be made available in Ireland. It was frequently thought that people often turn to drugs to escape problems/stress/their issues and/or as a result of boredom and called for alternatives to be in place to help people rehabilitate. That meeting and satisfying people's basic needs helps them so that drugs don't have to be a feature in their life, with one of the view that Ireland should look at the approach by Martha Nussbaum (American philosopher and Professor of Law and Ethics, University of Chicago).

Employment featured prominently in views where it was considered access to and support to return to gainful employment would assist people to rehabilitate. In relation to this issue, the Walkinstown/Greenhills Resource Centre (WGRC) said more support towards progression into work experience, education and volunteering is needed. It was felt that some focussed support work at this stage is vital to assist the person in recovery to build a new life free of drug misuse. It also considered that the Government's initiative around promotion of apprenticeships might offer a practical way of combining these needs. Many views relating to employment referred to the Portuguese system where its Government subsidises former user's wages when they get a job as an incentive for employers to hire them.

Feedback noted a link between availability of good Community Employment (CE) schemes and their role in rehabilitation.

Other suggestions relating to employment for people who formerly used drugs were:

- Set up of a non-profit business designed to employ "recovering addicts" for those who are shut out of the jobs market by their criminal record;
- Provide entry level jobs to unemployed people who use drugs;
- Create initiatives for employers to hire "recovered addicts";
- Provide training and internships, job coaching; opportunities for up skilling/training support;
- Remove the source of the problems leading to dependence on drugs, e.g. assistance in finding and keeping jobs, change in background and living conditions (provide social housing in a different area).

In its submission, the CDA Trust Ltd. advised how participants of its Special (Rehabilitation) Community Employment Scheme come to work at a financial loss when compared with those remaining on Job Seekers Allowance. It recommends amending the national CE programme structure to guarantee medical card status for all participants, and to implement an attendance bonus of no less than €60 per week and additional allowances made for travel (which it said is particularly relevant in their rural setting). It also recommends that all previous entitlements are “frozen” on commencement of the scheme and reinstated upon their leaving and advocates for a significant increase to the training budget allowed for each participant.

CityWide also raised issues relating to the Community Employment Drug Rehab Projects (DRP) and recommended that:

- An assessment needs to be carried out on the impact of changes in the profile of DRP participants to ensure that access to the programme is based on rehabilitation needs rather than social welfare status;
- The limited budgets provided through Community Employment (CE) are not designed to meet the range of needs that DRPs have to address - housing, childcare, education, training, employment, legal issues, general health, mental health, etc. Other key agencies i.e. HSE, Department of Education/ETBs, Department of Environment/Dublin City Council, etc., need to contribute directly to the DRP budgets;
- The new Framework Agreement for DRPs put in place by DSP in early 2016 needs to be monitored on an ongoing basis and the Minister should be kept informed of the outcomes of the monitoring process;
- It is also important to recognise the needs of particular groups in rehabilitation/recovery.

The North West Regional Drug & Alcohol Task Force (NWRDATF) said the Community Employment (CE) Rehabilitation programme should facilitate those on disability benefit to keep this benefit and still join CE. This should apply to those on Carers Allowance as well. The rule where those wishing to take up a place on the Community Employment (CE) rehabilitation programme are ineligible if they have been on mainstream CE scheme within the last 5 years should be looked at. It should be taken into consideration that the mainstream scheme may not have provided the necessary structures, pathways, and supports to enable a person in recovery to successfully maintain/complete the scheme.

7.1.6 Health, Wellbeing and Lifestyle Alternatives

Views were received in the context of overall health and wellbeing and ways in which they could assist people to lead a drug free lifestyle. Provision of a network of support, in a non-judgemental way, with encouragement and friendships was cited by many as a good way to assist people. That assistance needs to be provided by their community and peers and more incentives need to be provided to stay clean. Many called for supports to be implemented so that people who use drugs can re-locate if necessary as it was felt that societal hooks often underlie the reason why users return to active drug use.

Many of the views received felt that alternative lifestyles and/or access to same need to be provided and that ways to engage people outside of a drugs environment should be considered. It was also felt that people need to be motivated to join such activities and that these be funded with the goal being to help people who use drugs to keep busy within a stable environment. Suggestions included:

- Community based activities including involvement in local projects such as Tidy Towns; voluntary work; involvement in charity projects; open up options for drug alcohol free lifestyle by supporting, funding and investment in organisations/clubs/churches/sports facilities public parks,

community leisure facilities which provide choices for activities not dependent on alcohol /drugs for social interaction and/or entertainment;

- Sports and hobbies – variety of sports such as football, cycling; equine assisted learning, boot camps, funded gym memberships; cookery, making healthy food more available and cheaper, horticultural therapy, mindfulness and meditation; purchase of sporting or hobby equipment in the effort to support an alternative lifestyle;
- Music, culture and other creative arts and/or activities;
- Funded supports: provision of grants to get people back on their feet if they can show they're better; a State payment upon completion of rehabilitation with no signs of misuse for a certain period of time.
- One view referred to a project that had integrated people who formerly used drugs in New York into a new apartment block where everyone had a job and assisted one another in recovery.

The Ballyfermot/Chapelizod Partnership's recommendation is to move away from focussing on the harms of substance misuse as such and place a renewed focus on the benefits of leading healthy and fulfilling lifestyles. This includes greater access to training and employment opportunities for the community and increased access to local leisure and recreational facilities.

7.1.7 Legal and Enforcement Issues

Legal issues also featured in views received relating to the provision of assistance to people who use drugs. Again, there was a recurring view that people who use drugs be dealt with through the health system and not the criminal justice system as reported in detail in Chapter 4. It was widely felt that criminalisation of people who use drugs resulted in difficulties for them to reintegrate to society with many of the view that criminal charges work against the goal of rehabilitation. Many reported that criminalisation of people who use drugs was affecting their employment prospects, difficulties obtaining car insurance and visas to travel, which, in turn makes the life of a person trying to rehabilitate more difficult. Other views called for mandatory treatment programmes after conviction while others considered that "reoffending drug users" should be tracked through the system and compliance should be linked to their sentence. There was a view also expressed that people who use drugs should not be placed in criminal rehabilitation services as it was felt this can deepen their involvement in illicit communities.

The Irish Medical Organisation suggested introducing spent convictions legislation that will allow minor crimes to be removed from an individual's criminal record, and thus better enable those convicted of minor possession offences to re-enter the workforce.

Within the prison system, it was felt by some that there is a lack of consistent and clear progression pathways for prisoners who have become drug free. Addiction Response Crumlin Ltd. said that provision of treatment and rehabilitation services in prison is recommended as part of the rehabilitation pillar. In Dublin 12, a service gap has been identified in relation to through the gate supports for ex-prisoners, i.e. a community prison links worker. They also noted that the recent move of the Probation Services out of the area was a loss and may result in inaccessibility issues for local clients of this service.

The Drug Treatment Court (DTC) submission referenced a publication by Paul O'Mahony (2008) called "*Key issues for drugs policy in Irish prisons*" which described the DTC as a long, overdue, positive, but as yet too small scale attempt to develop non-custodial responses for drug using offenders. The study had recommended expansion of the service. DTC advised it has managed this expansion but for it to continue its effective and positive impact on the community, and respectful way of working with participants with addiction issues as an alternative to custody, it needs to be better resourced and

supported by the community. It said in a time when it is recognised that a therapeutic approach is more effective than a punitive one when dealing with offenders with a history of substance misuses, it proposed continuation of the DTC system nationally, to ensure an equitable approach throughout the system.

The Clare Practitioners Forum said there is a need for designated prison in-reach workers to work with and liaise with addiction services and the prison.

7.1.8 Mental Health

Views were also framed in the context of mental health and/or provision of better mental health services and its role to assist people to lead a drug free lifestyle. It was felt that there should be better mental health services in Ireland given that users can have underlying issues that trigger their drug use. Some views suggested free counselling for those with mental health issues. There was a recurring view that people would be better assisted if there was co-ordinated drug treatment and mental health treatment. Some considered that recreational drug use is a large part of our modern society and that people who self-harm via drug abuse can only be helped by improving our mental health services

7.1.9 Housing and Accommodation

There was a recurring and consistent view received that people can be assisted to lead a drug free lifestyle with the provision of housing and/or housing support. Many views linked the issue of drug use with poverty and homelessness.

Many felt that stable accommodation is the key to rehabilitation. The experience of a group of service users was received which expressed that returning to an unstable accommodation situation such as emergency accommodation after spending six months or more in recovery increases the risk of individuals relapsing. Some individuals may need housing with low levels of support and reported there are few of these available. For those services that do exist, services reported being under pressure to move someone out before they were ready because of the high demands of the service. Single individuals spoke of being told by county councils that HAP-Housing Assistance Payment was the best chance they had of securing accommodation but that there was very few units suitable for single-people available.

The Dublin North East DATF said service users must be provided with every opportunity to seek and maintain a drug free lifestyle. This means addressing all social issues: housing, mental and physical health, education, training, family support and job opportunities. It was felt important to ensure service users are not turned away from mental health services due to their addiction. Matt Talbot Adolescent Services' view was also that people must be supported in aftercare with educational, work, housing, family support and legal needs. Their views were echoed by others throughout the consultation and are representative of a wide number of the views received in the context of provision of assistance during the rehabilitation stage.

The Clondalkin Drugs and Alcohol Task Force (CDATF) asked that Ireland deliver on the South Dublin County Council Traveller Accommodation Plan.

It was said that Ireland needs to provide all necessary support services to help those in housing to address other issues such as health care - including addiction support, mental health support, education, etc. Providing opportunities and decreasing isolation was considered paramount if people are to lead a drug free lifestyle.

There was a view that support be provided for people who need to relocate with the provision of relocation grants. Many felt it is important to provide housing away from the person's societal hooks; to be provided with a means to move from the area and away from temptation; away from the areas where they were taking drugs in and in some cases away from the people that may have influenced them to take drugs and/or their drug supplier.

Many respondents said for people to adopt drug free lifestyles that they need to be given access to drug free accommodation where they have a chance to sustain it. Many said that Ireland must provide: transitional housing; low threshold hostels and transitional/drug free housing; 24-hour access to alternative accommodation and better homelessness services; and more accommodation tiered to the level of need and supports required inclusive of "Step down" and "Recovery Houses" after becoming drug free and leaving residential rehabilitation programmes.

Focus Ireland said that any strategy must acknowledge the central role of safe and stable housing in tackling substance misuse. CityWide's view is that the Housing First model needs to be supported and extended to support the reintegration of people. Merchants Quay Ireland recommends doubling the current size of the Housing First initiative to cater for the additional 100+ individuals sleeping rough on the streets on any given night (a significant proportion of whom it says have multiple complex needs centred on substance misuse). For the new strategy, they recommend ring-fencing at least 100 units of housing annually to provide for the continuity of care and rehabilitation needs of drug free graduates exiting drug rehabilitation programmes.

Focus Ireland recommends that the introduction of drug free shelters be considered including practical implementation issues such as: what constitutes "drug free"? It recommends the introduction of a specific homeless prevention stream targeting tenancy sustainment supports based on Housing First approaches to individuals in accommodation who are battling substance misuse. Related services should link accommodation support with drug and addiction counselling. Crosscare Homeless Services also recommended there be housing provision made for those in addiction or recovering from addiction and also referred to the Housing First Model, which it said has been proven to work in other countries around the world that experience homelessness and/or addiction.

In its submission, the New Hope Residential Centre outlined its residential services for men coming from a background of addiction and homelessness. It advised how the groups it cares for are generally far down the housing list and experience difficulties obtaining accommodation. This centre, like other services, raised issues with funding and explained how they do not neatly fit into criteria for funding from the HSE or housing for funding. Its outreach programme provides ongoing informal supports for as long as a resident requires or wants it.

Aiséirí encouraged a wide range of sober living arrangements to be established which will require reconfiguring services, some additional funding, and greater co-operation between statutory, voluntary and community bodies. It also called to put in place housing projects particularly for women and young people; and that cross pillar co-ordination with local authority and social housing providers is essential.

More step down facilities/homes are needed post treatment (New Hope Residential Centre, NICCC, COPE, and Focus Ireland). Homeless services and residential centres need to have access to halfway houses or step down treatment facilities. A need for this facility in Clare/Midwest were identified by the Clare Practitioners Forum. Crosscare Homeless Services recommended that step down projects be made available for those leaving treatment to assist a person in their recovery and to avoid them using homeless services. The HSE Donegal Alcohol and Drug Service recommended there be closer liaison with local authorities on step down accommodation. The NWRDATF said that half-way housing

is needed as there is no point in someone being on a programme for five weeks and then in week six starting to address the fact that they are homeless.

Focus Ireland recommends the strategy should set out a coherent approach to the provision of step down beds including: assessing the total number of such step down beds that are required, the admission policies which would reflect real need and the funding of the accommodation and the support services involved.

A lack of stable housing was identified as a significant barrier by the Ballymun Youth Project. The Finglas Cabra Local Drug and Alcohol Task Force identified one of the main barriers to recovery for many people is access to accommodation. Identification of a housing need post residential treatment was also an issue raised by Tiglin when people's previous environment, though still available, may not be conducive to their sobriety or they entered a programme from a homelessness situation and lack family/financial supports to provide housing. Tiglin's solution to this issue is provision of aftercare/transitional housing that is strictly drug and alcohol free and allows housing benefits available to the service user in the community to follow them into recognised centres. It was the view of Tiglin that this means they have an active housing record available to them and have a proven track record to a potential landlord and the Department of Social Protection.

Dublin Simon recommended in its submission regarding Rehabilitation to continue and expand low threshold residential addiction rehabilitation/recovery services for people who are experiencing homelessness; continued provision of aftercare services for those recovering from problematic drug or alcohol use; and expansion of addiction specific In-reach Homeless Action Teams based on the Dublin pilot involving Dublin Simon Community, the DRHE and the HSE.

Simon Communities Ireland said that specific actions should be outlined to address the rehabilitation needs of people who are homeless with addiction issues as committed to in the Rebuilding Ireland Action Plan

In its submission, the Dublin Region Homeless Executive (DRHE) said that the rough sleeping count undertaken in the spring of 2016 confirmed 102 people were sleeping rough in Dublin. There were a number of individuals whose pattern of service use fitted the profile known as "*chronic rooflessness*" – a North American term used to describe people who endure long-term homelessness and rough sleeping. It said that, while the number of people was small, however their consumption of resources across Dublin's homeless services was high, with 19% of individuals accounting for 74% of all contacts with the Housing First Intake Team. These adults presented with high rates of severe mental illness, problematic drug and alcohol use, poor physical health, chaotic and anti-social behaviour and low level criminality it said. This meant barriers to regular and frequent ease of access to Pathway to Home services. DRHE made a number of further points about rehabilitation:

- The Housing First Programme project aimed to provide direct access to housing thus removing the need for individuals to be "housing ready". The evaluation revealed that those who participated were significantly more stably housed and experienced a range of positive outcomes in relation to their physical and mental health and overall general wellbeing. A fully commissioned and State funded Housing First service is now in place in Dublin Region and is delivered jointly by The Peter McVerry Trust and Focus Ireland. This service will be expanded to deliver 300 additional tenancies in 2017;
- There needs to be a more simplified and comprehensive pathway through addiction and health services. In particular there are an inadequate range of in-service or accommodation based supports available to service users. There is also a need for a more mutually interdependent range of harm reduction and abstinence models of support. There are two HSE actions that have been

outstanding since 2009 which are critical and urgent in order to ensure there is an equitable distribution of the available resources to all homeless funded emergency services, and that there is a robust policy and procedure in place for each Dublin Hospital with regard to discharge of patients whom are at risk of homelessness or are homeless upon admission. Combined policies and protocols for discharge from residential and health care facilities including acute settings to be developed and implemented across State institutions and homeless service providers;

- The existing specialist mental health psychiatric services to be developed and configured to ensure adequate resources available to inreach into all Supported Temporary Accommodation and Temporary Emergency Accommodation. GP and Nursing services should be configured into one team and to inreach into all STA/TEA accommodation. Homeless accommodation should be mapped against existing Primary Care Teams and linkages to be developed by the specialist GP/Nursing services to ensure a continuum of care plan is in place for people settling into their new accommodation;
- Extension of Housing First model to include long term and episodic service users in emergency accommodation as they are not currently progressing through services within the current service configuration;
- Interventions targeting poly substance use are required in a range of homeless services in the Dublin region and nationally;
- Dual Diagnosis should not preclude people from accessing substance misuse supports/mental health supports or housing;
- There should be increased capacity of drug detox/stabilisation beds in the Dublin region and nationally;
- Hospital discharge protocol should be refined to prevent homelessness and to ensure the requisite tier of support is in place on discharge;
- The interagency Group of a Fairer and Safer Ireland is developing recommendations in relation to progression pathways to promote and sustain community reintegration for those within and leaving the prison system. These recommendations should be factored into the New National Drugs Strategy; and
- In conjunction with key stakeholders represented on the Statutory Management Group continue to co-ordinate and monitor service delivery in the sector with an emphasis on improved quality standards and increased access to appropriate and adequate support services.

See also **Section 6.1.16** for feedback regarding treatment for people who use drugs and who are homeless.

7.1.10 Recovery

When asked how people can be assisted to lead a drug free lifestyle, some expressed their views in the context of recovery. Recovery was referred to throughout the consultation however it appears to mean different things to different people or appears to have different meaning depending on the model or approach used. Views were:

- There were calls for recovery to be named in the new strategy as it doesn't exist in the current one;
- Recovery needs an all-inclusive approach to include housing, treatment, education, employment;
- An approach that encompasses all parts of recovery with definite progression paths should be adopted, e.g. after residential treatment secondary treatment should be offered to all participants and then support around reintegration into either education or work should be provided;
- Do not over burden people; let them put their recovery first and provide them with a long term plan;
- Provide ongoing support services; and invest in the area of recovery;

- Provide recovery awareness campaigns;
- Change the approach that everyone can lead a drug free lifestyle because a lot of people who use drugs do not have the recovery or social capital to get clean and if society does not address the other issues of poverty, housing, employment, health, etc., then people who use drugs will not be able to recover;
- ADAPT said to provide an alternative lifestyle, worth changing for, as motivation and to combine recovery with hope for a future life of wellbeing and having enough money to live;
- Provide more recovery programmes especially for those who do not have health insurance;
- Provide weekly check-ins after they start their drug free life which reduces over time;
- The Community Substance Misuse Team (CSMT) Limerick said to have detox and treatment facilities that focus on pre and post exit. Focus on CE schemes, courses, education and employment. Focus on provision of practical and emotional support. While Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) are excellent supports, the low numbers attending reflect that they are not for everyone. Further understanding from people who have entered recovery is needed and the evidence in this reflects that those that reach a decision to change, often do so with the supports in place;
- The Swan Family Support Centre (SWANFSO), among others, asked that recovery be resourced and not just injecting rooms.

7.2 IMPROVEMENT OF TREATMENT AND REHABILITATION SERVICES

Views were sought on what more people think can be done to improve our treatment and rehabilitation services. Some of the views received re-iterated and/or reinforced the views expressed in response to the preceding question which had asked how people can be assisted to lead a drug free lifestyle.

In its submission, the Irish Medical Organisation (IMO) referred to its position paper on addiction and dependency where it made the following recommendations to improve treatment and rehabilitation services in Ireland:

- Establish acute alcohol and illicit drugs detoxification centres for those who wish to choose detoxification as part of their recovery;
- Develop appropriate acute treatment facilities for those with alcohol and benzodiazepine dependency;
- Fully implement the Farrell Report (2010) to allow for the expansion of the number of patients on the Opioid Treatment Protocol and increase access to treatment for heroin dependence throughout the country;
- Develop specialist services in dual-diagnosis, comorbid substance dependency and mental health illness, with appropriate pathways of referral in and out of services and standardised protocols for care;
- Appropriately train all physicians in treatment of addiction and dual-diagnosis, comorbid substance dependency and mental illness, with appropriate pathways of referral in and out of services and standardised protocols for care;
- Develop an effective substance abuse and dependence intervention programme, incorporating a referral procedure, for people who have come to the attention of various State authorities, such as An Garda Síochána or officers of the Department of Social Protection;
- Provide improved financial support to Local and Regional DATF s and other social services to address child and family-related drug and alcohol problems;

- Provide State funding for the treatment of gambling addiction, as the cost of treatment by providers acts as a significant barrier to care for those suffering with gambling addiction;
- Ensure that contributions from the alcohol and gambling industries assist the funding of the treatment and rehabilitation of those who have developed clinical dependencies on their products;
- Route proceeds acquired by the Criminal Assets Bureau (CAB) relating to drug crime to investment in drug treatment programmes.

Matt Talbot Adolescent Services suggested: a comprehensive, holistic and integrated approach is needed; develop a realistic, comprehensive, activity based programme with trained staff to work in particular with adolescents; prompt access to services when the young person is motivated to engage; and allow for diversion programmes to allow Gardaí redirect low-level offenders to community based Tier 3 services.

It was felt that community based supports are absolutely essential and that there is too much emphasis in Ireland on Tier 4 services for rehabilitation. It was thought that whilst they are useful for a small number of people the reality is that people need to learn how to live in their own communities and should be supported with a rehabilitation pathway that teaches them skills to do so. It was felt there is little point in remaining drug free in a Tier 4 'institution' for 6 months if service users go back to their community to the very people and places where they previously used. The provision of population based, community located, one-stop-shops using evidence based models to support people with rehabilitation pathway is essential. There was a view that evidence based treatment and rehabilitation options that match the need of the service user are needed.

There must be provision of appropriate care pathways/rehabilitation programmes and “continuum of care” principles, to support the client through all of the steps and services to becoming drug free and in helping clients develop the skills they need to remain drug free. Many said that there is a lack of seamless transitions through the rehabilitation pathway – blocked by lack of beds, different eligibility criteria and waiting lists. It was also said there is no clear mapping of services for service users and families to access services easily with a lot of running around experienced.

The College of Psychiatry of Ireland, in the context of rehabilitation, called for dedicated regional services in Tier 2-4 for the following groups:

- Released prisoners;
- Discharged patients from acute hospital or psychiatric hospitals;
- Pregnant women;
- Travellers;
- Migrants/refugees; and
- Those who are comorbid with mental illness.

It also recommended the development of regional rehabilitation services for the following groups:

- LGBT community;
- Ageing population on Opiate Substitution Treatment;
- Those engaging in chemsex; and
- People who use image and performance enhancing drugs.

The Church of Scientology recommends more beds for drug free detox and to teach appropriate life skills to prevent recurrence. It advised it will be sponsoring a non-religious drug rehabilitation facility, based on the research of the founder of Scientology. It said that its Narconon Ireland facility uses a

drug-free approach with the use of sauna and vitamins to flush unwanted drug residues from the body.

Bray LDATF feel it is crucial that the National Rehabilitation Framework is rolled out across the country as quickly as possible with related protocols in place in each area and a clear continuum of care available to each person which is not dependant on their geographic location, ability to pay or issues which may be barriers to service access such as childcare. In order for the national rehabilitation framework to be successfully and sustainably implemented, funding needs to be provided for both its initial implementation and ongoing maintenance and monitoring.

The DLR-DATF recommended that accredited collaborative practice programmes be implemented to support the National Rehabilitation Framework and other relevant inter-agency developments.

EQUAL Youth advised cannabis use among mothers has become a cause for concern particularly in recent years. The Infant Parent Support Project has been developed and piloted in Ballymun, and works with young mothers who are using cannabis both during their pregnancy and after birth. This type of programme can help break the cycle of cannabis use and support improved outcomes for the children).

Canal Communities said we need to take a broad based approach to understand the complex causes of people's paths into drug use.

7.2.1 Co-ordination and Integration of Services

To improve our treatment and rehabilitation services in Ireland, it was widely felt that there must be improved co-ordination and an integrated approach taken towards services. Many felt there is a lot of duplication within the services and that this is an issue that needs to be addressed. It was also said that a range of options for people is needed as everyone is different and responds differently to different treatments.

Suggestions to improve the services included providing a "*one stop shop*" where all services are accessed under one roof. It was considered that there should be collaboration and consolidation of drug treatment and support groups under one all-Ireland brand so people are more aware help is available.

Other suggestions were: to adopt a therapeutic and holistic approach linking-in several services to create a wrap-around support service for the user; more joined up, user-centred approaches that deal with service needs from the perspective of people who use drugs (and which take a human-centred design approach to make service improvements); and significantly more involvement with families of people who use drugs.

It was frequently felt that far greater coordination between statutory and voluntary sectors is needed. The White Oaks Rehabilitation Centre said there is a perception among the voluntary sector that it is seen as an ancillary/optional extra service rather than being central to the response to substance abuse.

Many views felt there needs to be more joint working between TUSLA and the HSE and other funded agencies when working with individuals who are using drugs. There needs to be a lot more joint treatment planning between agencies.

The Ballyfermot / Chapelizod Partnership said rehabilitation requires a concerted cross-sectoral effort. That is, greater coordination between employment and training/education services as well as health and social care services. Rehabilitation, it said, is best achieved through reintegration into mainstream activities. It added that better visibility and promotion of substance misuse services within the community is needed. More free residential treatment options for people and childcare services to be integrated within that. Communities also need support to recognise the importance of treatment and rehabilitation services within the locality, therefore supporting the increased visibility of services and understanding for those availing of those services is required.

Seabury Medical Centre also called for a co-ordinated approach, providing the Community Care Service in Swords, Co Dublin as an example while highlighting the urgent need for that centre to expand to meet the local need. The old piecemeal, ad hoc, patchwork approach to the provision of services, it said, results in variable quality and huge gaps.

Bray LDATF said that there are currently no drug-free day programmes available in the Bray or Wicklow area, meaning individuals have to access programmes in Arklow or Dublin and incur travel time and costs. The lack of a day programme impacts on the development of a complete care plan for post residential treatment/detox. Where drug-free day programmes are available some are based on a Community Employment (CE) model and others are not – this can result in individuals utilising, and maximising, the time available to them on CE while undertaking what is an aftercare recovery programme. Where day programmes are based on the CE model time utilised needs to be discounted from the lifetime CE allowance so that if you don't want to or can't come back to Bray after completion of rehab, then supports should be available to facilitate this. It was also felt that there should be joined up thinking and planning amongst all services dealing with the person. The LDATF recommendation is to allow payment to travel with service users for 5 years. Reliance on social welfare and a fear of losing their payment hinders the rehabilitation process. It was suggested to make access to CE available at a later, and perhaps more progression focussed stage in their lives.

The Dales Centre said rehabilitation needs to be more than just CE focused. It called for better facilities at drug projects, professionalisation of staff at these centres and better working relationships between voluntary services and statutory services. It suggested that funding should be provided on at least a three year basis, to allow services to plan and strategize more effectively, rather than running on just an annual basis. It also felt that asking the Department of Social Protection to monitor and control rehabilitation is not helpful, especially when their remit is employment.

Some felt that services need to be taken out of the voluntary sector with some of the view that there should not be any religious affiliations.

7.2.2 Investment and Allocation of Funding

Throughout the consultation, the issue of funding, cuts to funding and/or the need for increased funding was raised and also featured in responses to how our services can be improved in Ireland. It was widely felt that services are currently underfunded by the HSE and that waiting lists for treatment is a significant issue (particularly for those without the financial means to pay for services with calls for treatment to be made available via medical cards and/or private health insurance). It was also noted that funding cuts should be stopped and significant investment should be made in the services. Some said that increased funding will be expensive in the short term but as a long term strategy the benefits will be seen in a reduced prison population and less strain on the HSE. Many asked that funding be restored to the level received in 2008. It was suggested that funding should follow the clients - housing / Methadone costs / funding available in the community to those in addiction should follow them to support their treatment/rehabilitation. A suggestion was made to fund all drug free

centres, free psychiatry and counselling services and train facilitators for drug cessation groups in small towns in Ireland.

Funding for treatment and rehabilitation, it was thought, could be increased if drug use was regulated/taxed and/or decriminalised. The extra funding would come from the reduction in legal costs and resources required by the State as a result of chasing the current policy of treating drug-use as a legal issue, rather than a public health issue.

More finances should be invested in clinics and "safe injection sites" and should be provided to take people who use drugs off the streets and make our neighbourhoods a safer place. Some views also sought to modernise and improve the facilities of our treatment services across Ireland.

To improve services, many said we must provide more funding for the community groups on the ground who undertakes the majority of the work. There was a view that Ireland must have a clearer strategy nationally and not have to rely on charities for adequate support.

7.2.3 Family Supports

Bray LDATF advised it is their understanding that even where an individual accesses a HSE funded bed in a private treatment centre they may also be charged a fee – this situation needs to be investigated and clarified as it is currently not clear and transparent.

The role of the family featured in these views again and it was said that we need to invest financially in family programmes such as "Strengthening Families". Áit Linn's view is that there is a need for alcohol services to be resourced as there are children today growing up with heavy drinking parents. These are the immediate role models for these children. Families need support to deal with problem drinking while keeping the children safe. The non-alcohol misusing spouse needs support to rear the children while coping with his/ her own emotional difficulties from the relationship, often poverty and violence. Some people's view was that alcohol companies should have to fund treatment and rehabilitation services.

The NWRDATF said family supports are needed to enable the family to properly support the person in recovery – education for the family on what they need to do to support the person. Families often think the problem is solved when the person leaves treatment but this is not the case. Existing evidence based programmes such as M-Pact and Strengthening Families are good for the entire family (treatment and ongoing recovery). They also look at Hidden Harm which is one of the underlying issues that contributes to addiction.

7.2.4 Location of Services

To improve our treatment and rehabilitation services in Ireland, their location was considered by many to be a factor. Many views said that Ireland needs to provide more drug rehabilitation centres across the country and that they should not all be concentrated in city centres and/or large urban centres. A frequently raised issue was problematic access and/or accessibility to centres with many advising there is a lack of transport options, not enough services in rural areas, having to travel long distances for treatment and/or services located in unsuitable locations. It was thought by some that there should be a drop-in service in all towns and villages even if it is covered by volunteers.

Others held a view that centres should not be located in city centres with some of the opinion that Methadone treatment centres should not be located so close to the main area of commerce in Dublin and/or areas near tourists/visitors.

7.2.5 Operation of Services

Views were received concerning suggested ways in which the operation of treatment and rehabilitation services in Ireland could be improved. It was felt that the governance of the services should be reviewed, that the current structure of services yields limited results and that service user involvement is often tokenistic.

In Emilia-Romagna, Italy they have very effectively employed a co-op type system where social services including addiction services can be administrated. There is a long history of this and research has demonstrated its efficacy. In support of this view, a UK paper where this example is cited was provided, linking it to social care services in the UK, and how it has the potential to be transferable. (<http://www.cooperatives-wales.coop/wp-content/uploads/2014/07/CUK-Social-Co-operatives-Report-final.pdf>).

There needs to be more places on drug rehabilitation schemes for people who use drugs in recovery, and a separate scheme for those coming into recovery, distinguishing between harm reduction and abstinence depending on where the person is at.

It was suggested that the service should change its view from recovery as a medical/disease model to the idea that it's a choice/responsibility issue. There is a need to have fast response times to support alcohol misusers when their motivation for intervention increases as experience shows that connection with a service is more likely to happen within 48 hours of a crisis.

The Dublin North East DATF said to provide a range of community drug services through TFs far above what is currently available. Support should also be provided to their family members (Alcoholics Anonymous (AA) needs assessment/support plan should be offered as per National Drug Rehabilitation Implementation Committee (NDRIC) protocol) and to provide service users/family members with training on Naloxone.

Other suggestions representative of views received to improve our treatment and rehabilitation services were:

- Implement a co-ordinated response;
- Provide more rural support agencies for alcohol / drugs;
- Address the language used by services with some of the view that people think drugs services are just for heroin and not for addiction to legal drugs such as alcohol or prescription medication;
- Provide more day centres for treatment;
- Provide more alcohol specific services;
- Provide a community-led approach with a multi-disciplinary partnership;
- Too many services promote and assist stabilisation with no abstinence supports. There is a need for a clear pathway map of all possible service options for clients so they can see a potential drug free life;
- Address the issue of long waiting times and provide more free treatment services;
- Roll out NDRIC;
- Investigate moderation management, an emerging idea in addiction treatment circles;
- Develop better care pathways;
- Develop individual treatment plans, which have been developed collaboratively with the service user;
- Stop treating adolescents with adult treatment models of care;
- Provide treatment as part of the health service rather than through a voluntary organisation;

- Merge all the various agencies working in the sector to address duplication in operation within the services; integrate services into a national drug treatment service linked to social services and hospitals;
- Increase the number of services available and provide services in more locations;
- Standardise the criteria for admissions (with many calling for the requirement to be drug free to be removed);
- Make as many residential beds as possible available so that people who use drugs don't have to go on waiting lists for treatment (including provision of residential centres not separated by gender);
- Provide more supervised injecting facilities and needle exchange programmes;
- Provide more treatment options that can support “polydrug users”;
- Provide increased access to treatment and rehabilitation for women with children and under 18's;
- Treatment and rehabilitation needs to be at least a five-year programme to fully integrate users back into society;
- Provide free dental services for anyone on Methadone treatment;
- Provide easier 24/7 contacts and crisis centres; provide clients with a dedicated telephone number to call for assistance after discharge from treatment and continue to support them afterwards;
- Provide more psychiatric help in the services;
- Keep treatment options available for those who relapse;
- Access to quality assured inpatient stabilisation and detoxification beds in a timely manner;
- Ongoing quality assured psychosocial supports;
- Quality assured residential rehabilitation services that can support people with a dual diagnosis and have suffered past trauma;
- Better access to inpatient drug rehab programmes, better access to psychiatry and addiction services;
- Provide more detox beds, more continued support after treatment, especially for benzodiazepine / alcohol detoxes;
- Ensure that after care services provide training and support on coping skills, communication and have counselling services available;
- Provide more culturally appropriate services e.g. for Travellers, migrants, etc.;
- Provide more secondary treatment services;
- Existing services need to respond to service user needs in relation to changing drug trends;
- Make treatment in terms of abstinence the goal instead of harm reduction;
- Advertise support groups available similar to the quit line advertised to stop smoking;
- Create a live-in environment like a campus or resort to remove users from the dangers of the outside world while allowing visitation and all aspects of social living excluding drugs;
- Stand Alone, Detox Centres don't work as people need further residential treatment and very often individuals can't get from detox (St Michaels Ward / Lantern Detox / St Francis Farm) to further residential detox. It was thought that this increases chances of relapse;
- Day programmes should be available to all when they reach recovery;
- Consider alternative treatments to Methadone alone, for e.g. buprenorphine and suboxone.
- Provide Naloxone to every person who uses drugs, not just those engaged in treatment, and to all drugs workers across the country;
- Encourage treatment and rehabilitation centres to conduct their own research;
- Place less reliance on 12 Steps programmes and on the services of charities and religious organisations.

7.2.6 Staffing of Services

Many of the views received about how Ireland can improve its treatment and rehabilitation services centred on staffing and resourcing of the centres.

It was said that the ten positions of rehabilitation coordinator as outlined in the working group report of 2007 should be recruited but should report into the Department of Health rather than the HSE. The roles should be autonomous to reflect the crosscutting nature of addiction and the cross agency response that is required. The roles should report directly into the Drugs Policy Unit of the Department of Health. It was felt these roles are strategic rather than clinical or frontline and therefore should not be answerable to the HSE. The DLRDATF recommended that rehabilitation coordinators be assigned by the HSE to oversee case management in each relevant catchment area.

The Finglas Addiction Support Team's view is that the bulk of resources go into treatment with very little on rehabilitation resulting in higher relapse rates.

Ballymun Youth Project said we need to support people not to get lost in the system after treatment and that the reduction of rehabilitation and integration services staff across HSE areas continues to impact this group significantly.

Tiglin raised the issue of how few areas have adequately equipped workers who service more than just a "sign post" referral. It expressed the view that giving clients' information on potential help only shows them the gap between where they are currently and where they need to be in order to avail of the service. As a solution to this issue, Tiglin said to ensure rehab integration workers focus not simply on referrals but on goal setting to bridge this gap. It said the focus needs to shift from the number of referrals made onto the achievements made in getting to the appropriate referral option.

The North West Regional DATF said that more money is required for its after care and over 18s outreach workers and added that there is no over 18s outreach worker at all in Leitrim.

Aiseiri said we must strengthen the training supervision and co-ordination of all our volunteers across the country that provides aftercare programmes.

An experienced addiction professional expressed disillusionment in the staffing of services regarding what they described as a lack of informed opinion, informed academic backgrounds and informed/shared professional understanding. They questioned the role of the TFs and monies spent on them and expressed a preference to provide high quality treatment staffed by highly competent professionals.

Another professional working in the services stated that one of the biggest problems in their experience is trying to get the sufferer to agree to seek treatment, which is not made easier by making this exclusively via the GP/psychiatric services. They recommended that there needs to be an alternative informal option where sufferers can obtain information to understand the seriousness of their situation, as a precursor to formal treatment.

A specific request was received for a national post of Psychotherapeutic Manager for Addiction Services. It was stated that the current Clinical Director is a medical doctor and in their view would require another clinical person with a psychology/addiction background to facilitate the establishment of psychotherapeutic services. This submission also stated that all addiction services should be managed by people who have worked on the ground in services and recognise what is required. Addiction services have evolved from a medical model which is required but which has dominated the landscape. The submission went on to state that paying GPs to administer Methadone is not appropriate. This view questioned how the client can be incentivised to seek treatment if the doctor

is being paid to keep him on Methadone. The submission suggests setting up a counsellor based community addiction services with a visiting GP to offer detox services.

Addiction Response Crumlin Ltd. said fellowships are a great support to people in recovery or reducing their use, however they are not for everybody. Professionals should listen to service users to develop a care plan. Aftercare for people who succeed in giving up substance misuse should be ongoing and people in recovery should be engaged over a five-year period. There needs to be a detoxification facility and long term rehabilitation treatment needs to be resourced, particularly for people on treatment and for economically depressed regions.

The U-Casadh Project said being able to attend one's own GP is seen as a move which would ensure privacy and allow people to be spared all that comes with attending drugs clinics (such as lack of privacy, being identified as a "drug user" when entering and exiting clinic, meeting others they want to avoid, etc.).

Other views received that related to the staffing and resources of treatment and rehabilitation centres were:

- Ireland should hire highly qualified frontline staff to deliver evidence based interventions;
- Only hire and promote those that advocate harm reduction; increase spending and wages in the sector;
- Provide better training and education for staff; train existing counsellors to work in addiction;
- Provide training and conferences together for mental health professionals, drug workers and GPs;
- Recruit external expertise to deal with new drugs being abused;
- Provide more social workers, drugs workers, nurses (including community support nurses), doctors, occupational therapists, career guidance counsellors, dedicated resources to liaise with families, counsellors and addiction specialists (including specialist addiction doctors);
- A service user made reference to their positive experience in a community detox scheme which is being piloted in the Ballymun Youth Action Project - based on a US model of gradual and controlled tapering coupled with counselling. The service user advised how the scheme, which was not in-house, allowed them to get clean quite easily, by themselves at home, over a few months. It was their opinion that this model should be rolled out nationwide;
- "Recovered addicts" and people who have personal experience should be more involved in the delivery of services for others;
- Too many agency staff can lead to inconsistent treatment;
- Provide more focus on recovery, dedicated workers to support this – and provide more courses from level 3 upwards.

7.2.7 Evaluation and Monitoring of Services

To improve our treatment and rehabilitation services, many felt that there needs to be greater levels of transparency and accountability within services with greater levels of evaluation, measurement and/or monitoring of their service.

It was suggested that Ireland establish a Health Information and Quality Authority (HIQA) type body to ensure high standards of treatment and rehabilitation as well as education and counselling. It was felt that services need to be audited and required to document and publish information about their success rates. There was a view that projects and workers need to be audited to ensure they are delivering support to their service users.

It was felt that completion of National Drug Treatment Reporting System (NDTRS) forms should be a compulsory measure in all services. Some views requested advanced data analysis and the implementation of quarterly or annual data, produced on a per-county or regional basis, to inform the response to be adopted.

It was suggested that recovery rates be assessed and that this information should be published.

It was felt that there needs to be an accountability procedure in the medical community with a review of the prescription practices of GP's. Some people felt that prescribing GP's have too much power in deciding who receives what medication and for how long. On this basis it was felt that clients need more interaction, meaningful engagement and should not be sanctioned with reductions in medications.

7.2.8 Awareness and Promotion of the Services

Many people expressed the view that they could not provide any opinion on how services could be improved as they had either not seen or ever heard about the services. Some of those who advised this said that there needs to be better public awareness and dissemination of information about the type and location of services available, to make these services more visible. It was considered that if someone does not know about the service that they are already at a disadvantage. Many of the views received considered that Ireland has good services available but they need to be made more accessible with barriers to treatment (most notably cost) addressed. It was suggested that knowledge of services should be included within an active citizen's programme, as done in Switzerland, aimed at 18-24 year olds. There was also a view that more effort needs to be made in Ireland to let people know that it is acceptable to use these services and to provide information more widely on how to access services (with use of social media and television advertisements suggested to increase public awareness).

7.2.9 Other Suggestions to Improve Services in Ireland

- Talk to the Portuguese Health Minister;
- It was suggested that we look to other countries (e.g. USA, Germany, UK) who provide equine-assisted programmes; the use of other animals such as dogs was also suggested as a form of treatment that may heal people;
- Use of newer techniques and alternative treatments (refer to Chapter 6: Treatment);
- Greater consideration should be given to rehabs outside of the HSE;
- Experiment with alternative treatments and psychological/cognitive therapy;
- Feedback was provided that "rehabilitation is done in episodes and has no expiry date". It was felt that just because someone gets clean (which is considered to be the easy part) there is a need to ensure they stay clean by providing social activities, peer support, recovery cafe's, etc. It was suggested to look at these aspects in the US and UK models.

8 RESEARCH

The existing National Drugs Strategy contains a research pillar that aims to have valid, timely, and comparable information on the extent and nature of drug misuse in Ireland. Views were sought from the public and stakeholders on research, particularly what research people would like to see carried out in the future.

8.1 OVERALL NEED FOR RESEARCH

The majority of views received were supportive of research and made suggestions for topics or areas that merit research in Ireland, including a review of the effectiveness of the National Drugs Strategy. Views are presented in **Sections 8.2-8.15**. Some expressed the view that research needs to be a priority in the new strategy while others considered research of the effectiveness of the existing strategy needs to be carried out, to include research on the cost effectiveness of the “*war on drugs*” approach. It was questioned whether there is awareness of the extent of research that has been carried out and requests for improved and faster dissemination/publication of the results and to make information publicly available. It was widely felt that timeliness of research is important so that its findings and actions arising from it can be acted upon while the information remains current. Many valued research but thought the results are not available quickly enough with some calling for better correlation and dissemination of research data to better plan services. It was pointed out how not everyone involved in the services is required to report their data/statistics rendering it difficult to obtain accurate, inclusive data. Many responses advised that they did not have a view on research as they were either unaware of what research would be required or did not have an awareness of research done to date.

There was a view that more qualitative research is needed in Ireland with views suggesting this be carried out on social issues, on poverty and addiction, the social factors that contribute to high levels of ongoing drug use. The NICCC suggested to merge research on deprivation, deprivation index and also suggested to research how much money is generated from illicit drug use.

The Green Party, in its submission, said research, for example the exchange of information between researchers and people who use drugs, would be greatly improved if drug use was decriminalised. This would facilitate improved data gathering, and in turn lead to more up-to-date information for public health warnings and interventions. This would also facilitate better education and knowledge about drug use for those involved in harm reduction.

There was a widely held view that the blanket ban on research of illicit drugs be lifted so that both the positive and negative effects can be researched. The example of Lysergic acid diethylamide (LSD) trials for depression taking place in London and access to medical grade marijuana featured in these views. Research and monitoring of product quality and health standards of drugs on the Irish market and appropriate classification for different drugs should be undertaken.

There should be a particular investigation into the legal status of cannabis in light of developments in other jurisdictions that have legalised it for medicinal or general purposes.

The DTCB said that research should be funded appropriately, and included relapse prevention as an area of research.

There were regular references made to “*The Portuguese Model*” advising that their approach to drugs policy be followed in Ireland. Suggestions to research the policies of other countries, along with drug policy research models, were also received with a view that the best parts be adopted in Ireland.

Many of those in favour of research asked that funding be allocated to further research under the new strategy with some of the view that it has not been properly funded for many years. Some people think that Ireland and the Irish scientific community should be supported in conducting a broad variety of research to help us tackle the drugs issue.

The Irish Medical Organisation view is that there should be a study looking at exactly how addictive and damaging occasional use of different types of drugs are, at different purities, including alcohol. Research the potential benefits and risks of utilising supervised injection/ingestion sites as a means of reducing drug-related harm and bringing people who use drugs into contact with drug treatment services. Research into the extent of problem gambling and its effects on individuals and their families in Ireland should be conducted. Research should be carried out to assess the extent to which regulatory controls on the intensity, frequency, and location of gambling advertisements can reduce the prevalence of problem gambling.

The NICDATF said there must be provision of appropriate resources for evidence-based and real-time research, that there is a need to focus on small area profiles to inform targeted responses. The Clondalkin DATF said to carry out research into the links between poverty, inequality, and substance misuse nationally.

Focus Ireland recommends that the Department of Health ring-fence funding for continued research into drug and alcohol misuse and addiction. In particular, it said research should be conducted into the interaction between housing instability, homelessness and substance abuse.

Aiséirí called for renewed emphasis on service evaluation and research at a national level and evidence based treatments. It said that it is challenging to support research while maintaining the essential focus of resources and management attention on treatment and rehabilitation services.

Alternate views considered research and / or investment in research to be a waste of time, money and resources calling instead for action to be taken on results of research already completed. Most of these views felt that funding should be invested in prevention (including education and public awareness) and / or developing and supporting the drugs services. Some felt that statistical research is expensive and a better approach would be to speak directly to staff working in the services.

Some people considered there is a lack of political will or commitment to implement the findings of research and that research is only beneficial if acted upon by Government via allocation of resources and funds. Others felt enough research has already been done by other European countries and globally and that Ireland should look at what is working in those countries. It was widely felt by those against research that the evidence of Portugal, the Netherlands, Uruguay, Switzerland, Czech Republic, Peru, Canada and the USA should be examined by Ireland and suggestions received called for a comprehensive literature review of global research already completed.

8.2 POPULATION, STATISTICS AND INFORMATION ON DRUGS

A broad range of population based research was suggested. Views considered research should be carried out on the extent, patterns, and extent of drug use in Ireland (to include rural areas), what drugs are most misused, accurate death tolls, addictive effects, socio-economic assessment,

underlying reasons, frequency of usage and to investigate the most popular drug relative to its supply/availability in Ireland.

Others called for research into statistics on people using drugs, the relationship between their substance abuse and drugs/alcohol, underlying reasons for their usage and to find out how and where people are taking their drugs, accessing them and establish what they know about the drugs when they start using them. A needs-based research project to identify why drug use is so prevalent and how the need can be met safely also featured. Specific research was suggested into “secret” behaviours of thinking, referred to as “*side board*” drinkers in middle class homes (www.soul-burgers.com).

Bray LDATF (LDATF), in its submission, recommended research into the impacts of very long-term misuse of drugs and alcohol including the associated cost to the State of medical care related to same. It advised it is aware of, for example, an aging opiate dependant population cohort and an aging population of alcohol dependant people, especially a growing number of women.

The Alcohol Forum recommends that actions be included to support research around community action on alcohol as it develops.

Other suggestions in this area include:-

- Drug use in communities, dance culture, festivals and gyms;
- Prevalence of polydrug use nationally;
- New drug trends among service users;
- Examine the link between literacy skills and drug use and correlations with homelessness and family alcohol abuse;
- Research all of the presentations to Accident and Emergency departments;
- Long term effects of drug use on those who misused in the past; and that research also considers the effect on their families, carers and communities;
- Investigate addiction triggers, effective treatment and rehabilitation methods/services;
- General population’s negative attitude towards people with addiction;
- How the mind functions when a person is on and off drugs was also received;
- Investigate genetic markers associated with drug use and the development of blockers
- Ireland should have far-reaching, uninhibited cohort studies on the effects of all illicit drugs on physiology, psychology, and epidemiology;
- Over-use of codeine; use of non-prescription medical products; number of deaths in 2010-2015 where non-prescription medical products containing codeine played a role;
- Database of information and statistics should be compiled to obtain a full picture of the current situation as it is only with such information that the problem can be properly and broadly tackled.

8.3 ROLES AND RESOURCES

Many of those who submitted views on research made suggestions and recommendations regarding where required research should take place and by whom. There was feedback that research should include all areas of the country. It was felt that research should be carried out in proper facilities, by certified professionals with calls for collaboration with international research groups (which included references to EuroDen, Strida projects and Welsh Emerging Drugs & Identification of Novel Substances Project (Wedinos)). There was a recurring view that Ireland needs one central research body and that it should be linked with educational bodies and the workplace. The College of Psychiatry of Ireland asked that there be dedicated funding in the new strategy for Health Research Board (HRB) approved

research projects. Research areas specified by the College of Psychiatry of Ireland in its submission were relapse prevention; psychosocial adjustment of those on long-term Opiates Substitution Treatment; testing for novel psychoactive substances; and niche/emerging trends.

A number of respondents, including the HSE Social Inclusion Office, the NDTC and the College of Psychiatry of Ireland provided feedback that that an academic centre(s), attached to a third level institution(s), should be established to enhance the credibility of evidence based research in Ireland. The NDTC also said any new independent research facility in addictions affiliated to a university should provide evidence based training to researchers. All academic centres around the country should have an addiction stream. Other views expressed that research undertaken be accurate, unbiased, objective with no prior agenda, be academically independent and not funded by companies who have a financial motivation (alcohol industry featured strongly in this view).

The HPRA said it would encourage collaboration between institutes and specialists both nationally and externally as this will assist knowledge sharing and establishment of networks of investigators to participate in clinical trials, leading to new and improved therapies for treatment.

It was suggested that a National Drug Research Strategy be developed, based on clinical evidence and international best practice, and that the HRB and other agencies that fund research use this strategy to appropriately target funding. Many of the views received commended and acknowledged the research carried out by the HRB while some commented that more detailed breakdown of its analysis is required (e.g. annual data by county of numbers accessing prevention, support and treatment services funded by DATF or the HSE). It was felt a breakdown of information would assist other agencies with a remit to support disadvantaged communities. It was recommended that input of the data for return to the HRB needs to be filled in by people who have been trained to ensure comprehensive and accurate information is being provided. The HSE National Social Inclusion Office felt the expertise, knowledge, resources and the role of the NACDA and HRB'S Alcohol and Drug Research Unit (ADRU), perhaps could be harnessed more effectively. Some felt cuts to the NACDA budget had reduced its effectiveness, particularly as no additional resources for research had been allocated to it with the addition of alcohol to its remit.

St Patrick's Mental Health Services commended the excellent research undertaken by the Health Research Board on substance misuse in Ireland. This would result in an increased understanding of the factors that influence people (including young people) in Ireland to misuse drugs and lead to an improvement in the availability of data to accurately inform decisions on initiatives to tackle problem substance use. Research around drug use behaviour should be adequately funded and new services or initiatives developed under the new national strategy, should be evaluated with appropriate information systems/performance measurements to ensure meaningful outcomes are achieved. There is a need to measure quantity, quality and impact of interventions. The development of a structure that ensures that research is integrated within the strategy implementation process is important.

The Dublin 12 LDATF said that conferences/training and events, when they occurred, provided useful opportunities to share findings from key research work. However they have been reduced in recent years most likely due to the recent recession. It said it is important that opportunities to demonstrate and share research and evidence based approaches with follow up access to training that complement objectives in the new strategy should be considered. Budgets for training in local areas are very limited. It made the following recommendations in the context of research for the new strategy:

- LDATF to have access to timely data not restricted to NDTRS and Central Treatment List to inform the picture of drug use in the areas providing an evidence basis for local plans; and

- Increase budgets for training for front line staff in evidence based models. TFs could organise as collective relevant evidence based training providers. This would also facilitate networking and information sharing between TFs.

It was recommended that research be carried out to assess best use of our resources and to establish whether resources are being wasted and/or how resources can work better. The Clondalkin DATF said the role of DATFs in terms of monitoring and evaluation of outcomes must be supported within an appropriate monitoring and evaluation framework.

The subject of peer training was suggested as a topic for research in Ireland as it was considered by many to be an important aspect of people's recovery and treatment. SAOL said that providing resources for addiction services to continue to develop and critically research this approach is essential for it to progress: to be seen as a valid and progressive way of supporting recovery, to further enhance service provision, and to create a new level of engagement with service users.

The HSE Addiction Services Community Healthcare Organisation (CHO) 6 & 7's view is that all services should be grounded in evidence-based research, both national and international. They felt this cross cuts all the current Pillars and is necessary for the development and evaluation of services. In order to provide equal access to research expertise it is recommended that the addiction specific courses are enhanced on a multidisciplinary basis in all third level settings.

DLR-DATF recommended that a significant tranche of funds, perhaps over five years, be assigned through the HRB, to encourage research teams within universities and in other relevant institutes to submit proposals for conducting relevant research.

EQUAL Youth said consideration should be given to prioritising the role, value and resourcing of local research to inform local responses and the wider development of responses within the context of the National Drugs Strategy.

Other suggestions put forward relating to those who should be involved with research were that people who formerly used drugs (as opposed to those looking from the outside) and families who have been affected should be included. It was also suggested that research be carried out into the challenges faced by those working with people who abuse substances.

Many views received referred to the work of Professor David Nutt with a suggestion that he be employed to design a drugs effect research programme for the Department of Health. It was also suggested that Ireland open a research laboratory like the one by Shulgin Research Institute (<http://www.shulginresearch.org>). It was also suggested that there be research into the needs of professionals working with adults to identify training needs and to develop capacity to assess risks for children.

8.4 RESEARCH METHODS

A variety of methods and ways to research drug and alcohol use and/or information was received. These included door-to-door research around Ireland; an annual drug census; interviews with people who both use and do not use drugs in our communities; and to give consideration for a population wide anonymous survey (using technical expertise). There was a recurring view that research be undertaken directly with service users. Suggestions included use of direct service user interviews and questionnaires (including with those in recovery), that every treatment centre complete a questionnaire and regular surveys of service users to find out exactly what they want from services.

It was also suggested that questionnaires be circulated to large numbers of young people, who it was considered know the reality on the ground.

Use of information gathering services using IT systems was suggested and included eCASS. There was feedback that there should be a national database of people who use drugs and their life history (if it doesn't already exist); that the data can be collected from those in treatment but also by giving an amnesty of sorts to those who don't engage with health services, e.g. comprehensive data from teenagers about their drug use and medical and life histories. It was felt this could help with identifying trends in at-risk youth.

8.5 LEGAL AND ENFORCEMENT ISSUES

Research into legal and enforcement issues also featured in responses considered by respondents as areas that should be researched.

- Some feedback received asked that research be carried out into the taxation of drugs currently classed as illegal (including cannabis), to establish what level of income the Government could benefit from and whether savings can be made by legalising such drugs.
- A recurring theme was research into the decriminalisation of illegal drugs, decriminalisation of minor drug use, cost effectiveness and social consequences of making cannabis illegal and research of the positive effects of decriminalisation and legalisation of drugs in other countries.
- Legalisation and the feasibility of making cannabis legal featured most prominently as a drug to be researched.
- A feasibility study into regulation of currently illegal drugs was suggested as well as investigation into what would be the result of legalising street drugs.
- There was a view calling for a thorough investigation into how the decriminalisation of these substances has led to a reduction in consumption in Portugal and the Netherlands; legalisation of marijuana in American states where crime rates have reduced since legalisation.
- Cannabis as an exit drug where it may help to lead a person out of worse addictions; this could feed into consideration of legalisation of cannabis.
- Examine drug use within the criminal justice system, including use of drugs in prison; how treatment built into custodial sentences could help; how the law deals with drugs, drug dealers, etc.; study countries who have the least drug related crimes and investigate why; research harsher punishment for hard drug suppliers and softening the approach towards softer recreational drugs; research on the usefulness of Drug Courts; the experience of how people with an addiction are treated within the criminal justice system from their own perspective; and how the issue of drug debt intimidation can be resolved.
- Test drug seizures regularly to track trends and purity levels; when a drug seizure is made the drugs should be analysed and the results made publicly available.

The North West Regional Drug and Alcohol Task Force said there is a need to research more statistics in relation to drunken arrests and hospital admissions for drug and alcohol related incidents in the North West.

In its submission, the Drug Treatment Court (DTC) said further to the research carried out on the pilot project by Farrell Grant Sparks (*Final Evaluation of the Pilot Drug Court, October 2002*) that further research needs to be done to highlight the work of the DTC. It said this would be important that as well as looking at statistics that qualitative research also be carried out to highlight those improvements which are difficult to measure quantifiably.

8.6 SUPPLY RELATED RESEARCH

Many of the views on research were supply related issues and suggested there be research on drug markets and the quality of drugs available, emerging drug trends, where people are sourcing and obtaining their drug supply, origin of toxic drugs and whether they are being made within the country.

There was a view that we need to research the availability of online drugs for sale (legal/illegal) and to examine mislabelling of drugs for sale by dealers. An example of Poly (methyl methacrylate) (PMMA) being sold as MDMA was provided. Many felt we need to research how most users purchase their drugs, how they are introduced to drug use and to investigate why progress on reducing the availability of drugs is not being made. Research of over prescription of drugs by doctors was also suggested.

8.7 TYPES OF TREATMENT AND SERVICES

A significant level of responses were received which called for research to be undertaken into drug treatment including the types and efficacy of treatment available (including alternatives), into the effectiveness (including success rates) of treatment centres, comparative studies on the effectiveness of different kinds of treatment, services and the outcomes of treatment. A notable recurring research topic concerned the use of Methadone in treatment. Views specifically in relation to the research of the use of Methadone are provided separately in **Section 8.7.1**. It was felt that accurate recording of the amount of people needing help and a breakdown of the type of treatment needed with follow up research is required.

There was a view that research is needed on positive aspects of therapies and initiatives that have proved that they can assist with preventing and treating addiction. An addiction service suggested that there be research carried out to obtain information on how long service users are attending, what their needs are and what has been their progress in the service with treatment and rehabilitation inputs.

It was felt that there needs to be a strand of funding made available for projects and services to apply to in order to carry out their own research.

It was also suggested that it would be beneficial to conduct a clear and verifiable assessment of all existing projects to establish:

- The full range of services available;
- The number of people the project has assisted each year since it was established, and the nature of such assistance;
- Whether the project retains and manages its records system in compliance with the National Drugs Rehabilitation Implementation Committee (NDRIC) guidelines;
- The sources of all funding used to operate the project;
- The numbers of staff believed necessary to operate the project and the numbers currently employed; and
- Whether staff are trained and capable of dealing with the challenges such a client base will present, and if not what steps are necessary to ensure they develop necessary knowledge and skills.

Other topics or areas that were suggested were:

- Scientific/medical research into "alternative" drug treatments. Equine therapy treatment was provided as one of the alternative treatments with the following link provided: <http://wwwFOUNDATIONSRECOVERYNETWORK.COM/how-equine-therapy-is-used-in-addition-treatment/>; research into therapies/interventions for people who use drugs; and their response to N,N-Dimethyltryptamine (DMT) therapy sessions;
- Effectiveness of peer support groups (e.g. TOPPLE);
- Research provision of mobile primary healthcare units nationwide;
- The impact of the cuts on service users;
- Quality of life and quantitative research to be correct for people who are abstinent to establish effectiveness of drug free treatment in term of cost savings;
- The extent to which people with drug misuse problems relapse after residential treatment;
- Benefits of early intervention; how to monitor the success of early intervention;
- Qualitative research exploring the lived experience of service users in treatment and rehabilitation in Ireland;
- Statistics on how many people have been helped by residential treatment, the quality of life from abstinence and how this is different from harm prevention;
- Investigate how services are duplicating each other's work in some areas;
- Statistics on public versus private support and the outcome for both sets of patients;
- Investigation of substances for medicinal and non-harmful recreational properties and develop controlled and regulated administration services;
- Efficacy of public injecting centres;
- Efficacy of outreach community based rehabilitation and harm reduction programmes;
- Role of families in treatment;
- Success of in-depth after care services and relapse strategy;
- The effectiveness of local interventions versus centralised treatment;
- Research for a drug that stops the yearning for drugs.

The ICGP said research of all residential detox facilities is required looking at patient selection outcomes and value for money.

8.7.1 Methadone

Many views considered that there needs to be research carried out on the outcome of Methadone treatment and/or the Methadone programme; on misuse of Methadone; improved and/or alternative ways to detox the "addict"; and the effectiveness of Methadone treatment, including long term treatment. It was said that it was hoped that the NACD could be in a position to carry out research on treatment.

In the case of 'take away' Methadone, there was a view that research should be carried out to establish how much of this is sold on. Some felt that research of client's personal experiences while in Methadone clinics should be carried out. Others said that more research into the aftermath of using Methadone and experiments into treatment with or without Methadone is needed.

Many felt the focus on using Methadone treatment is no longer appropriate and that services need to respond to the wide range of drug use and poly-drug use. Under the research topic, the following views/questions were also received:

- Since 1971 how many people on Methadone treatment have succeeded in becoming drug free;

- Since 1971 how many overdose deaths have occurred where Methadone was a contributory factor;
- What is the average time that people spend on Methadone treatment;
- What is the extent of the black market dealings in State dispensed Methadone;
- Has a verifiable statistic of those who have been prescribed Methadone and successfully progressed to a drug free lifestyle been compiled in Ireland; and
- Has the contribution of legally prescribed Methadone to drug deaths in Ireland been quantified.

8.7.2 Assessment/ Research of Outcomes

The submission by Coolmine highlighted how there is not a system monitoring services provision, treatment initiation and treatment/rehabilitation outcomes in Ireland despite the existence of NDTRS epidemiological database on treated drug and alcohol misuse reporting to the European Monitoring Centre for Drugs and Drug Addiction Treatment. Coolmine recommends the development of an electronic outcome monitoring system (it suggested this could also be an electronic case management system) that supports drug and alcohol services to evidence their work and provides up to date and accurate data for funders and key stakeholders. It also recommends that a national longitudinal outcome study is actioned incorporating all addiction service provision on the continuum of care and responding to the national, European and international call for rigorous drug treatment programme evaluation and rehabilitation outcome studies. It recommends that this is prioritised at the National Advisory Committee on Drugs and Alcohol work schedule and that DATFs should employ their resources to achieving this aim. In Coolmine's view, this process in turn shall support the principal that State resources are aligned to the provision of quality addiction services.

8.8 GENERAL PRACTITIONERS AND PRESCRIPTION MEDICATION

The prescribing of drugs and medicines by GPs and the misuse of these drugs in Ireland was raised as a topic for research during the public consultation. Many felt that research is needed on prescribing practices (including over prescription and/or unnecessary prescriptions), of how many doctors are aware of herbal alternatives and/or natural/holistic alternatives and therapies that don't require the use of any sort of drugs. In particular, prescription of benzodiazepines was raised and put forward as a topic for research and evaluation.

The Walkinstown Greenhills Resource Centre said that research on the relationship between the reliance on drugs and the prescribing of drugs by GP's is needed. They advised that the lack of engagement by GP's with their clients on their drug misuse is related to this. It was their view that this happens far too frequently and is a glaring failure of the health system. The Bosco Youth Centre recommended research into prescription drugs that are abused and what alternatives there are to such drugs.

The U-Casadh Project suggested there be research concerning how often GP's review their patients' progress in dealing with drug misuse given there are claims that some GP's continue with the same approach over long periods.

More research and data capture is required on prescription and dispensing patterns of prescription medications that are liable to abuse and misuse, with many suggesting benzodiazepines and Z-drugs to be included. It was felt this information could be used to identify where additional supports may be needed for patients and prescribers.

The ICGP, in its submission, said that GP's working in addiction have no protected time allocated for research purposes and this needs to be addressed in the new strategy. It welcomed the expansion of the HRB data collection form but said it had concerns about the reliability and completeness of returned data. There seems to be no link with data returned and planning and funding of services and no link between local data returns and treatment services e.g. drug related deaths data.

8.9 TYPES OF DRUGS

A broad variety of drugs were suggested as topics for research in Ireland and included research of alcohol, steroids, prescription medications, new psychoactive substances, solvents, "legal highs", tobacco, vaping, heroin, Methadone, marijuana/cannabis, psychedelics and snow blow tablets. Further information about views relating to these is presented below:

8.9.1 Alcohol

Alcohol featured prominently as a topic for research. This included research into our cultural relationship with alcohol, the occurrence of alcohol abuse and alcohol addiction and its effects on our society (including cost). It was felt by many that a study on the adverse effect of alcohol on Irish society compared to illicit drug use should be carried out. Suggestions for alcohol related research and aspects that people considered should be investigated and studied were wide ranging and have been summarised in the list below:

- Cross sectional research on alcohol with gender, socio-economic status and age;
- Assess the effect of increasing the cost of alcohol;
- A longitudinal study on the cost of non-intervention in problem alcohol use;
- Outcomes of alcohol programmes;
- Potential health effects, particularly in girls, of alcohol consumption;
- Ireland's cultural attitude towards alcohol and why functional alcoholism is accepted; role as a gateway drug; some asked that this research be something meaningful and relatable - like the TILDA research;
- Alternatives to drink and drug-fuelled weekends;
- Alcohol education nationally and within our communities;
- Effect of provision of the calorie content of alcohol on packaging;
- Links between alcohol and mental health, alcohol and cancer; effects of alcohol on the mind including alcohol related dementia;
- How Ireland tackles polydrug and alcohol abuse;
- The cost of alcohol consumption to society versus the consumption of illegal substances;
- The effects of alcohol advertising;
- 'Hidden' harm i.e. at home alcoholism;
- A comparative study between alcohol and cannabis;
- More research into how people find themselves turning to alcohol or drugs for comfort;
- Use of alcohol in under 12's and in women of all ages;
- More research into how a drug or alcohol free lifestyle can be sustained long-term post-treatment/rehabilitation;
- Trials of 24-hour pubs;
- How much is saved by one "alcoholic" getting into rehabilitation, in terms of hospital admissions, absenteeism and children being taken into care;
- Audit of alcohol and drug presentations annually to Emergency Departments in Ireland in 2017 and then following introduction of new measures, to audit again in 2020 to see if there has been any positive results;

A view was expressed that, in advance of increasing taxes on alcohol, that the Government would undertake adequate research to find out why people drink to excess before they socialise. It was their view that more expensive alcohol is not going to change this behaviour and that research is needed to find out why this generation is so eager to be so drunk that we forget our lives. It was considered that a more positive and responsible, not a strict, approach to consumption of alcohol and drugs will help to avoid a lot of mental health issues.

In its submission, Alcohol Action Ireland highlighted that one of the three recommendations under the research pillar of the report of the National Substance Misuse Strategy Steering Groups, states we must *“develop and prioritise a research programme, revised on an annual basis, to examine the economic, social and health consequences of alcohol and the impact of alcohol policy measures”*. Alcohol Action Ireland in its submission says that these annual findings should be publicly available and widely disseminated.

8.9.2 Heroin and Cocaine

Many views considered that Ireland should research heroin and cocaine, statistics on its use (including as a gateway drug), the causes for addiction and to find out why it is so popular in Ireland compared with other European countries. The Health Service Executive National Drug and Advisory Treatment Centre Laboratory said cocaine abuse is currently rising in the addiction population and needs specific targeted actions.

It was also suggested there be research of heroin assisted treatment and to assess the health and economic benefit/cost analysis of supplying clinical grade heroin to a group of users at forecasted regulated market value. Contamination of new types of heroin that is available was also raised as a topic for research. Others suggested research of the effects of prescription heroin being introduced to the market be carried out, to establish the effect of taking cocaine and hard drugs with alcohol and to establish the causes of death of heroin users.

During the consultation, the increased Heroin use in the south of the country was raised and there was a view that the implications of this need to be researched.

8.9.3 GHB

GHB was suggested as a topic for research to establish what the current usage of GHB in Ireland is; how much GHB are people taking and what dose constitutes an overdose; how long does it take in the norm before addiction to GHB occurs; whether hospitals and A&E departments are aware of GHB and the need to test for it in routine drug screenings; and the involvement plan for those accessing sexual health clinics after encountering these drugs.

8.9.4 Vaping

Some people suggested that vaping and e-cigarettes, and their use in Ireland, be investigated, as it was felt that not enough is known about their effects. It was considered that the long term impact of their usage be investigated, particularly for young people, some of whom it was remarked were using these devices despite never having smoked actual cigarettes previously.

One respondent advised they had not smoked a cigarette in over three years because of their existence and had seen and felt positive physical changes in their body when they switched from cigarettes to e-cigarettes. However, their view was that not enough is yet known about their long-term usage.

8.10 TESTING OF DRUGS

The testing of drugs was a topic raised by many as a research area and common themes and suggestions received are listed below:

- Research how many deaths could be avoided if people were able to test their drugs using testing kits;
- Research the potential to provide more free drug tests at large concerts/gigs/festivals and nightclubs to raise awareness of the quality of drugs and information about them. Some suggested there be a facility where people can anonymously donate a sample of drugs to get tested;
- Research and analysis of products on sale in gyms/health supplement stores to test for anabolic additives, etc.;
- Research and test designer drugs;
- Research of real world information with the suggestion that this be achieved using a combination of mobile drug testing facilities and laboratory analysis. It was felt that this could be doubled as an alert system to prepare for any situations which arise, however any person delivering this service needs to be trained not only in research gathering, but also in what to do if someone gets a dangerous, or potentially deadly result.
- Feasibility of testing openly in schools to highlight problems that parents may not be aware of; and of drug testing services to make sure people who use drugs are at least helped with what they're using;
- Public drug testing on the streets;
- Provide a similar system to Welsh Emerging Drugs & Identification of Novel Substances Project (Wedinos)/Strida project for testing bloods samples for hospitals and members of the public.

8.11 MEDICINAL USES AND POTENTIAL BENEFITS

A significant and emerging theme among views about research of drugs in Ireland related to research of the medicinal use and/or benefits of narcotic and/or currently illegal drugs for the treatment of a variety of diseases, illnesses and conditions. Of the views that were received on this topic, the most notable concerned the medicinal effects and/or potential benefits of cannabis and cannabis derived products (e.g. cannabis oil). It was felt that open and honest, unbiased research of such drugs needs to be carried out and that Ireland should look to the evidence and research already available in other countries in this regard. Some were of the view that Ireland could become a world leader if they take the progressive steps needed now instead of waiting for others. Many said that Ireland should research the positive effects of drug taking and not to always focus on the negative aspects.

Views received cited a wide variety of medical conditions and presentations which they felt could potentially benefit from currently illegal drugs and/or drugs currently classified as *“not useful”*. Conditions most frequently referred to were epilepsy, mental illness (including depression), arthritis, cancers, chronic pain (as a result of a variety of medical conditions) and multiple sclerosis. Family members and carers of people with such serious conditions called on Government to examine the potential, positive medical applications of these substances.

It was felt that there is growing research and validation of 3,4-methylenedioxy-methamphetamine (MDMA) ketamine, LSD and mushrooms as treatments for depression, drug addiction and PTSD, etc. It was recommended that this research be reviewed from an Irish perspective and that Irish research be funded to back up or validate the international findings. There was a view that clinical studies on illegal drugs be carried out to identify their benefits, if any. For example, depression in Ireland is quite high, and studies on MDMA and psilocybin have been shown to aid in

clinical depression. Some views referred to research taking place in the United States that is making progress in this area and that Ireland should look to their research results. A view was received that submitted information on research of how certain substances can actually aid in psychotherapy and referred to <http://www.maps.org>.

The views received have been broadly sub-divided into views received on various substances and drugs.

8.11.1 Cannabis / Marijuana

Research of cannabis/marijuana and its potential medical benefits frequently arose. References were made to its application in the treatment of a wide variety of illnesses including epilepsy, cancer and cancer pain, Multiple Sclerosis, Crohn's disease, eye diseases, pain reduction, insomnia, leukaemia, thyroid problems and treatment of other debilitating diseases/illness. Narcotic's Anonymous supported the view that research be carried out into the medical uses of cannabis advising that it had been used for thousands of years until vested interests had it banned. Many felt research on the beneficial effects of cannabis is already widely documented and includes thousands of peer reviewed published research in top medical and scientific journals and that more is not required.

It was felt however that further research could help to clarify that it is medical cannabis which needs to be legalised, and it was pointed out how many countries already provide access to medicinal cannabis for people who need it.

Other views relating to research of cannabis are summarised below:

- Research the benefits of marijuana, magic mushrooms and ecstasy for clinical applications;
- Research benefits of cannabis for children with seizures, old and young people and pain; insomnia, cancer pain, leukaemia, thyroid problems;
- Carry out a proper assessment of how harmful cannabis, khat, etc., are compared to legal alcohol and cigarettes;
- Research the adverse effects of the long term use of cannabis;
- Research into the dangers of skunk cannabis compared to normal cannabis;
- It was suggested that experts be sent to Colorado to see their status since they legalized marijuana;
- Research use of cannabis for over 21s and its effects;
- Carry out cannabis trials and learn from other countries. It was felt that Ireland needs to be more honest and open minded with the suggestion of drug conventions to be held in Ireland where people can exchange ideas and discuss issues;
- Research cannabis and ecstasy versus alcohol - the dangers to the person and to society. It was felt by some that the alcohol industry would not like results of such research to be published;
- Unbiased, research on the legalisation of cannabis, for medicinal purposes foremost, and secondly for recreational purposes;
- Research the growing of hemp by the agriculture industry in Ireland;
- The potential uses of hemp as a crop; research into the constituent parts of cannabis and their potential uses;
- Research into medicinal cannabis whole plant;
- Research of cannabis farming, licensed pharmacies, etc. in Ireland as a new venture and fully embrace the power of the plant which has been proven to treat and reverse serious illnesses.

EQUAL Youth said that research is important in relation to cannabis to understand fully the landscape and changes that take place over time. It advised that research has been carried out on cannabis use in Ballymun by members of the EQUAL Youth Initiative. This research and the process used were important in establishing the current landscape in relation to cannabis use and has engaged agencies in conversations about cannabis use. This process, it said, is also helping to establish strategic responses at community level.

Some views felt there was a paucity of successful programmes offering treatment to people with serious problems arising from prolonged cannabis use. There was a need to assess and identify suitable models of treatment and to offer these in a systematic manner. Methods for enticing into treatment cannabis users were also discussed, and it was emphasized that this was a new and difficult challenge, as compared to Methadone programmes for people with opiate problems.

Bray LDATF recommended research into ongoing emerging issues e.g. the increased use of cannabis. It said this needs to involve a longitudinal element to assess the impacts over time of the use of, or increased use of, particular drugs / alcohol.

8.11.2 Psychedelics

It was felt that Ireland needs more objective research of psychedelic substances with many referring to their beneficial use in psychotherapy, addiction to alcohol, depression, cigarettes, heroin, cocaine and trauma; use of psilocybin and ibogaine for treating addiction, depression, alcoholism, and end-of-life anxiety in terminally ill patients.

Views were received that Ireland should carry out scientific research on the recreational use, therapeutic effects and medicinal benefits of psychedelics.

It was said that research on the application of psychedelic drugs (Psilocybin, LSD, etc.) in the treatment of depression, addiction, etc., has already been carried out in Israel and the United States to great effect.

Youth RISE recommended Ireland invest in research considering the use of psychedelic substances in the treatment of substance use disorders. SSDP also highlighted psychedelic therapy as an area of medicine that is showing more positive results. It advised that its members have attended one of the largest conferences in the field, "*Beyond Psychedelics*" in Prague where it heard evidence from doctors, scientists and patients. SSDP said Ireland needs to remove the current legal restrictions on psychedelic research.

8.11.2.1 LSD and other Synthetic Drugs

Many expressed the view that Ireland should look to research and evaluate the use of LSD to treat people who have issues with alcohol dependency. It was felt that more research is needed on synthetic drugs, its use and availability with some references made to crystal meth which it was said was causing deaths in Ireland.

It was suggested that Ireland should research using hallucinogens to help people with drug addictions and to examine their benefits for individuals and society. One respondent specifically provided a link in respect of this view. <http://www.popsci.com/science/article/2013-04/new-science-lsd-therapy>

Research the dangers and long term effects of MDMA as it is the second most common drug used among 20-30 year olds. It was also suggested that MDMA/ecstasy be researched for its potential application in treating depression, alcoholism and post-traumatic stress disorder. It was suggested that universities, research institutes and spiritual organisations must be encouraged to investigate the use of traditional medicines as a preventative and as a cure for drug abuse. By means of an example, it was said that in the UK (Imperial College London (1)) and the US (Johns Hopkins University (2)), research is being carried out on Psilocybin Mushrooms, LSD, Ayahuasca and 3,4-methylenedioxy-methamphetamine (MDMA) for therapeutic uses. It was felt that there is a need to encourage this type of research in Ireland; that we have a large presence of international pharmaceutical companies here; and need to balance this with academic research into these natural medicines.

http://www3.imperial.ac.uk/newsandeventspggrp/imperialcollege/newssummary/news_11-4-2016-17-21-2

http://www.hopkinsmedicine.org/news/media/releases/single_dose_of_hallucinogen_may_create_lasting_personality_change

8.12 MENTAL HEALTH

Many felt that Ireland needs to research drug and alcohol use associated with mental health issues including depression, anxiety, peer pressure and suicide. It was suggested that research be carried out on the number of people accessing community drug projects that have (or identify as having) mental health issues (both diagnosed and undiagnosed). Also that research be undertaken on banned drugs for treatment of mental health disorders. A recovering addict asked for more research on the effects of specific drugs on the mental, emotional and physical health of older adults who continue to use drugs through their 30s and 40s. Trauma amongst people who actively use drugs, women, addiction and sex work, was also suggested as topics for research.

In relation to mental health of young people, particularly anxiety, Matt Talbot Adolescent Services called for research on what is considered to be the most effective interventions. The Children and Young People's Services Committees (CYPSC) Dublin North City said there must be a focus on how to provide intervention and support for young people with dual diagnosis.

Others recommended research of basic treatments for clients with dual diagnosis; evaluate how many people have a history of trauma and dual diagnosis. It was also recommended there be research on the correlation of people suffering with co-morbid mental health and addiction issues and of treatment results 10-30 years down the line.

Oberstown Children Detention Campus said the impact of substance use on mental health and offending behaviour should be further explored within the youth population similar to research in relation to adult offending populations.

8.12.1 Hidden Harm and Bereavement

During the public consultation, the topic of hidden harm was put forward as a topic to be researched. The following points for research were made:

- Research the impact of bereavement through substance misuse on families (including children), hidden harm;

- How children see the difference between (a) joint-working and care planning between addiction services and child and family services, and (b) the absence of this, i.e., services working separately, in the traditional model. The impact on children is usually eclipsed because of an outdated exclusive focus on the drug/alcohol using adults. There is a huge hidden harm here that ends in inter-generational replication of problem drug and alcohol use;
- Analysis of harms (social, psychological and economic costs of different substances); and
- Research of the effects of problem drinking/drug use on the family system. It was considered that such research could offer information on how best to disrupt the multigenerational effects on future generations by offering information on intervention to disrupt the addicted family system.

Irish Hospice Foundation said recent research has been conducted with a large scale sample of families bereaved through substance use and with drug/policy officers in Scotland and England (Templeton *et al.* 2016). This research identifies three important characteristics of the experience of people bereaved through addiction or substance use: deaths were more likely to be sudden/traumatic; the bereaved experience stigma/guilt; they also experience ambivalence around support (termed disenfranchised grief).

8.13 RESEARCH ON SPECIFIC GROUPS

8.13.1 Children and Young People

Research relating to children featured prominently in views received.

- It was suggested that research be carried out on the effect of parental drug misuse and/or drug habits on children's social, emotional and mental health and the impact on children orphaned by the effects of drug misuse.
- Research should be carried out to find out children's awareness and/or view of drugs, and of the availability of drugs and alcohol to under 18's. This could be carried out at age ten, while others suggested research of children aged 11-12. It was considered by some that the output of this research could inform education programmes targeted at children.
- Research of the effect of Foetal Alcohol Syndrome (FAS) was specified.
- Further research of the causes of addiction and of childhood trauma was suggested.
- Views also suggested that research of parents be conducted to establish how well educated they are concerning drugs, particularly of the warning signs of drug abuse; and examine how parents are educating their children about drugs and investigate the effect it has on their children's choices.
- There was a view that research be carried out on resilience/life skills building programmes for children age 6-10; that this should be undertaken as part of a prevention model of early recognition and early intervention with an overall focus on prevention and not on any specific substance.
- Barnardos Ireland advised it has carried out some area-based research which indicates that around 80% of children requiring intervention due to parental or family member drug misuse are not receiving any services. It recommends that under the new NDS national research be conducted measuring the number of children affected by drug and alcohol misuse, their geographic location, access to services, etc., to inform the allocation of resources and delivery of appropriate supports and services.
- The Irish Childhood Bereavement Network proposed research on the experience of children bereaved through addiction and or substance use. Similarly the Irish Hospice Foundation recommended research be carried out on families bereaved through addiction and/or substance

use in Ireland to develop an understanding of the experience and also to establish if complicated grief is a feature for this population, and to develop an understanding of the particular impact of this type of bereavement experience on children and adolescents.

- Research into drug and alcohol use and misuse among teenagers was raised by many respondents and cited as a widespread issue throughout Ireland. It was suggested that research should examine how social media influences young people to start taking drugs and alcohol. It was suggested that there be development of research on apps young people can use to access information.
- Bray LDATF also recommended there be research of the services available to Under 18s, including best practice both nationally and internationally.
- Research to inform parent education programmes including risk reduction education for parents of teenagers and for parents who have a history of drug misuse on how to break the cycle.
- There was a recurring view that more research is needed for young people aged between 18 and 24, to examine their relationships with drugs, their drinking / drug habits, attitudes and knowledge and how much they are informed about drugs and alcohol. It was said that research on the use of benzodiazepines by young people is needed; why young people, especially young women, are drinking and smoking more than ever when compared with other young Europeans; how to divert teenagers who are active dealers to positive engagement in training/education; and examine the underlying reasons why young people are choosing to use drugs.
- In the context of treatment services, it was suggested that the effect of using separate young people's services on reducing/preventing young people progressing in their drug use be examined. Carlow Regional Youth Services proposed there be research on prevention to examine the format and duration of programmes and the audience to be targeted. It called for national prevention monitoring of programmes and statistics related to prevention.
- The Ballyfermot / Chapelizod Partnership suggested researching the true extent of drug use especially amongst the youth and suggested using the "*Growing up in Ireland*" study as a means of exploring the risk and protective factors associated with substance misuse.

8.13.2 Attention Deficit Hyperactivity Disorder (ADHD)

In its submission, the Irish National Council of ADHD Support Groups (INCADDS) highlighted the issue of adults with Attention Deficit Hyperactivity Disorder (ADHD) and Substance Use Disorders (SUD) and brought attention to ongoing research on this issue published on its website: http://www.incadds.ie/documents/PJC_INCADDS_conference_ADHD_SUD.pdf.

INCADDS advised of Ireland's involvement in the International Collaboration on ADHD and Substance Abuse (ICASA). ICASA strives to find answers and solutions for a better quality of life for people with ADHD and an addiction via high quality research. Ireland is one of the participating countries. The goals of ICASA are concerned with prevention of development of SUD in ADHD children, adolescents and adults; and increasing the quality of diagnostic and treatment procedures in adolescents and adults suffering from both disorders.

INCADDS said it would like the Department of Health to consider the findings of ICASA research and findings on ADHD and SUD in the new drug's strategy.

8.13.3 Schools, Colleges and Educational Institutions

Research of education, educational initiatives and activity taking place in schools and colleges featured in views received. Many felt that there should be research on the effectiveness of existing educational initiatives and/or school interventions (including the SPHE programme, revised "*Walk Tall*" and "*Know How*" programme). There was a view that more research on findings from educational programmes

that are facilitated nationally is needed so that services have evidence-based interventions. It was suggested that research be carried out to find out how many schools provide information on the dangers of drug misuse to its pupils.

There was a view that research should examine the effects of intervening at pre-school level and ways to improve how we educate children, adolescents and students about drugs in Ireland. Some views called for there to be research of the true extent of drug use (including alcohol and tobacco) in schools and to research the introduction of compulsory drug screening in schools. It was also proposed there be lifetime monitoring throughout school and college and it was suggested that this would provide useful information to show the relationship between drug use (and which drugs) and its effects on students outlook in terms of finance, health, etc.

It was suggested there be research carried out in schools where drugs are being used for the first time and for a student drug survey to be carried out to evaluate the impact of Medically Supervised Injection Clinics (MSIC). Anonymous questionnaires should be given out every year, to at least leaving certificate students, to see if each year the students consume more or less drugs. More peer education research also featured in views received.

8.13.4 LGBT / MSM Communities

It was felt that research is needed on the issue of increased drug use among the MSM community. Substance misuse in the LGBT community is also required including its resulting behaviours. It was further suggested that specifically which part of the LGBT community respondents belong to, for example, lesbian, gay, bisexual, trans and intersex should be established in research to further identify the specific risks each of these groups face and to create targeted interventions.

It was recommended that Ireland research and assess the prevalence of chemsex use within the wider MSM community in Ireland and the prevalence within MSM who are living with HIV. Extent of recreational injecting drug use and injecting drug use for or during sex among MSM, the types of drugs used and sexual and non-sexual risk behaviours involved were topics included for research.

8.13.5 Migrant Community

Research on drugs and alcohol use, and access to services, within migrant communities was suggested.

8.13.6 The Homeless

Many views received considered that research should be carried out around the relationship between addiction and homelessness and how homeless people are doubly disadvantaged with very few options to exit easily from either.

The Dublin Region Homeless Executive (DRHE) cited the report of the task group examining the development of a pathways support model for homeless people experiencing addiction, (DRHE and HSE, July 2014). It advised that Pathway Accommodation and Support System (PASS) reports will be developed to provide details related to the number of individuals who need support in the areas of health and addiction identified on the Holistic Needs Assessment (HNA). DRHE said additional research relating to the health of the homeless population will be promoted and supported. It added that a research advisory group has been established through which it hopes to advance more research focusing on health and addiction amongst the homeless population.

In the context of professional development and training, the DRHE commissions the delivery of the Dublin City University (DCU) School of Nursing and Human Sciences Undergraduate Certificate Programme in Homeless Prevention and Intervention for homeless sector key workers/case managers. That Interagency Case Management Protocols for Homeless and Drug Services have been developed to guide the working processes of frontline workers in homeless and drug services (www.casemanagementguidebook.ie). This online resource also provides comprehensive guidance for staff on how to support individuals through services using the HNA and support planning process.

8.13.7 Travelling Community

There was a view that research be carried out on drugs and alcohol use in the Travelling community and to include an examination of their level of access to services. The Mayo Travellers Support Group suggested research be carried out on Travellers within the Irish prison service, on their drug use within prison and following their release.

8.13.8 Individuals with HIV

HIV Ireland's view is to conduct further research into the relationship between drug use, HIV and other blood borne viruses amongst key population groups in Ireland e.g. prisoners, sex workers, people who are homeless, men who have sex with men, people who use drugs, and new communities.

8.13.9 Pregnancy and Addiction

Increased use of drugs among pregnant women was an issue raised during the public consultation. There was a view that this issue be researched and also to conduct research on pregnant women and the limited options that they encounter. Another pregnancy related issue noted was an increase in pregnant women smoking cocaine (crack) in pregnancy and also heavy use of cannabis.

8.14 REHABILITATION

It was suggested that research be undertaken to research the most effective treatments to sustain rehabilitation; a study of comparative effectiveness of treatment and rehabilitation methods to determine policy direction; to research the statistics of job seeker/employee in rehabilitation centres; and to conduct national and local prevalence studies to find out what works in rehabilitation studies.

A view received suggested there be research into the chemical effects of drugs on the brain, such that effective medical rehabilitation is available rather than giving people who use drugs slightly less potent drugs with the hope of kicking the addiction.

Under the research pillar, the Irish Pharmaceutical Society of Ireland suggested it would be useful to have a robust means of capturing the reason for those admitted to drug rehabilitation centres by having clearer data on the exact drug or drugs. It considered this would allow for more effective targeting and specialisation of resources to meet patients specific needs. Forty-six community based drugs/alcohol rehabilitation programmes are funded through the Department of Social Protection (DSP) using the Community Employment (CE) model. It was claimed that the training budget for these was cut; the model has inadequacies; and support workers are paid the same as the clients and in many cases they must deal with a challenging population without prior training. A review of these programmes should be undertaken to establish (1) what services are being provided, (2) how many people were helped in 2015 and to date, (3) does each programme operate a care plan/case management system in line with the National Drugs Rehabilitation Implementation Committee

guidelines, (4) what additional funding are these programmes in receipt of, (5) the adequacy of programme staff to provide therapeutic interventions.

Addiction Response Crumlin Ltd. said Ireland needs to carry out more research on drug treatment and employment; and of drug treatment and rehabilitation projects. The U-Casadh Project called for research into rehabilitation methods that are more affordable, easily accessed and has less stringent eligibility criteria. Dublin Simon said to review, map and report what services are in place in Dublin for individuals who are homeless, in addiction, and have mental health difficulties that do not fit the Diagnostic and Statistical manual of mental disorders (DSM).

8.15 RECOVERY

Recovery was referred to throughout the consultation; however it appears to mean different things to different people or has different meaning depending on the model or approach used.

Recovery was an area that many felt warranted research and recommended undertaking studies with “recovered drug addicts” to find out the success factors, how they achieved recovery, what their needs were and the duration of time it took. There was a view that an evaluation of the recovery success of different centres be done to find out what centres are performing well, with some suggesting that the funding be provided to them. It was suggested Cuan Mhuire be used to research trends in drug and alcohol use given that it has a client base of 50% of all Tier 4 services users. It was suggested that research be carried out to find out what are the barriers to progression.

Another topic for research was to examine the work done since the 1990s on recovery and rates with an impact on lives and communities rather than just statistical data. Women were identified as a group to be researched in the context of recovery, to examine the impact on women (including those with children) in their community coming into recovery. One respondent advised how they have done research in the community to find out what was available for people in recovery and found lots of services to help people come off drugs but nothing to help people stay off them.

9 YOUTH FEEDBACK

9.1 OVERVIEW

A specific questionnaire for young people was developed and distributed for this public consultation with the assistance of with the Department of Children and Youth Affairs and Comhairle na nÓg. Young people were asked about their awareness of the National Drugs Strategy and their views regarding what should be included in the new NDS. The survey included questions based on four of the five pillars of the NDS 2009 – 2016, namely, supply reduction, prevention, treatment and research. A copy of the youth questionnaire is provided in **Appendix B**.

The feedback provided by respondents is described in a thematic fashion under each question which was posed in the survey. Specific recommendations have been taken as read and full cognisance given to informing the final strategy.

An overriding theme in feedback from the youth questionnaire was that obtaining drugs and alcohol is not difficult for young people. A majority of respondents believed that consumption of drugs was bad or unnecessary.

The majority of respondents to the survey stated that they receive their information regarding drugs in their school environment, through friends and in their Social, Personal & Health Education classes at school. Youth groups and clubs provide information with online sources and transition year classes informing low numbers. A recurring theme among respondents was a call for more information; factual education/information; and balanced education on long term health effects of drug use with encouragement of open discussion regarding use of certain drugs. Visits to schools by recovering addicts and alcoholics to share experiences was expressed as a preference by many.

Rehabilitation through counselling, medical and professional help were emphasised as the best sources of help for addicts but open discussion, an understanding and empathetic school and home environment were also mentioned.

9.2 LEVEL OF PARTICIPATION

A total of 265 youth questionnaires were received from various branches of Comhairle na nÓg during the Public Consultation on the New National Drugs Strategy. Respondents were asked to indicate their age at the outset of the survey and the age demographics those who participated is presented in **Table 9.1**.

Table 9.1 – Breakdown of the Ages of Respondents who Submitted Views using the Youth Questionnaire

Age	No. Surveys Received	Percentage of Overall Received
12	3	1.13
13	17	6.42
14	24	9.06
15	51	19.25

16	78	29.43
17	80	30.19
18	8	3.02
19	2	0.75
Blank*	1	0.38
Total	265	100

*Blank indicates no age was provided

9.3 SUPPLY REDUCTION

9.3.1 Access to Alcohol and other Drugs

The youth questionnaire asked “*how easy is it for you or your friends to get drugs?*” Respondents were asked to think about alcohol and other drugs when considering their answer.

The overriding sentiment from the answers provided was it is not difficult for young people to access drugs and alcohol. Some claimed that obtaining alcohol through the use of fake identification or through friends of legal age is very straightforward. In some of these cases, obtaining illegal drugs is more difficult than obtaining alcohol but is not impossible with the majority finding some channel to obtain them if pursued. A number of views cited expense as the obstacle but not access. Many sources of illegal substances were cited as a reason for ease of access by one respondent. Another claimed they believe it is easier to get illegal drugs than alcohol; one stated that due to the nature of drugs being sold by an unregulated dealer, identification is not required and therefore they are easier to acquire than alcohol. One respondent stated it may be difficult for individuals to get illegal substances if they have not had experience with possessing these substances previously.

A number of respondents stated that in their personal networks of friends or those known to them, there was commonly access to a drug dealer who could facilitate access to illegal substances if required. One view stated that on request, individuals could have substances they were seeking in one day or even shorter timeframes. According to another the availability of drugs is more straightforward than it may appear.

A number of respondents cited older siblings and friends of legal age as the primary conduits for providing alcohol and illegal substances to those underage. One respondent stated that businesses such as off licences do not question younger customers in order to increase turnover and chemists provide over the counter substances if claimed to be for a family member. Another stated that drugs are sometimes provided by parents. Some respondents stated that students older than themselves in schools can provide alcohol and illegal substances and that there is a large amount of people providing the substances.

One view said that they know multiple members of their school year who are regularly under the influence of alcohol and drugs and that coming into possession of these substances is very easy.

Some views made specific reference to the ease of getting possession of cannabis but the difficulty of getting any ‘*harder*’ drugs. One view spoke of the practise of ‘*growing your own*’ and that this makes availability simple. Another said they would not have an issue with drug use if limited to cannabis.

A number of respondents stated that they believed it is difficult to access illegal drugs and they would not know what route to take or where to enquire about gaining access if they wished so. A number of the same cohort stated that they are not interested in possessing or consuming illegal substances. One respondent acknowledged the difficulty for authorities who try to prevent supply.

9.3.2 Attitudes about Young People using Drugs

The youth questionnaire asked how respondents feel about young people using drugs.

A large number of the respondents stated that it is 'bad', 'irresponsible', 'immature', 'unnecessary', 'stupid', 'pathetic' or 'scary' that young people are using drugs. A large cohort of respondents stated that they do not like their peers consuming illegal substances or being around those who take part in drug taking. One expressed worry at individuals being in a vulnerable state after consuming drugs. The health risks associated with this choice were highlighted by a number of stakeholders and cited as a worry. The long term negative effects on friends and families were cited by a number of stakeholders.

The choice to avoid substances and alcohol was also cited by a respondent and that this decision should also be respected by their friends and peers.

The use of illegal substances being the choice of the individual in question was the response of a cohort of stakeholders. Consumption of illegal substances and knowing the inherent risks and effects of this was mentioned by some stakeholders as important in the decision making process of teenagers.

Some respondents claimed that they cannot change it even though they are uncomfortable being around people who do take part in using illegal substances. One respondent stated that use of illegal substances by young people makes them angry and it is the influence of older users making it seem acceptable that encourages younger users. A respondent said they remain complacent towards people under the influence of drugs as it is none of their business unless the individual puts themselves in danger.

A cohort of respondents stated that it was not their concern due to non-use personally or providing that substances were not used around them in their immediate social networks. Some respondents stated that if they are not forced to use substances, then it is not a concern of theirs, stating they do not intend on using illegal substances in future. An alternate view indicated that experimenting with substances is part of growing up.

A number of respondents stated that their opinion depends on the type of drugs being consumed. One respondent stated that drugs in moderation, aside from cocaine or heroin, would be acceptable to them. Consumption of alcohol and use of cannabis products were acceptable to some respondents but 'hard' drugs were deemed not to be suitable for use at all. One view stated that smoking cannabis and tobacco and consuming alcohol was not detrimental to one's health and was therefore acceptable. The consumption of drugs such as cannabis in a controlled and moderated manner was acceptable to some respondents and one respondent stated that its use is to be balanced with other alternative activities so as to prevent reliance. This opinion on drugs such as cocaine and heroin was shared by another respondent who also stated that substances such as Lysergic acid diethylamide (LSD) and N,N-Dimethyltryptamine (DMT) can be, in their opinion, positive. Use of any drugs at younger ages was deemed detrimental to health by the same respondent. A respondent stated that nicotine addiction as well as consumption of hard drugs was the real issue.

Boredom was cited by as a reason why some young people use drugs with one stating drugs should not be consumed as a method of relieving stress. One respondent outlined the lack of activities in

smaller towns leading to experimentation with drugs. Activities such as sports do not take place each day and this vacuum leads young people to experiment. The same respondent stated that it is a common topic to talk about and share with friends.

Depending on the age groups which use particular substances, one respondent stated that older teenagers can consume safely in moderation but that younger demographics should not have access to potentially harmful substances. Respondents stated that circumstance, lack of resources and the previously cited boredom can be a cause of some teenagers to turn to drug use.

Alcohol in moderation and at legal age was also referred to by some respondents as acceptable but its abuse and the abuse of illegal drugs should be avoided. A number of respondents share the opinion that alcohol consumption is not as harmful as drugs. Conversely one respondent stated that it was their belief alcohol was 'worse' than drugs.

The correct use of medicinal drugs was mentioned as a positive of drug use but abuse of these available drugs was stated as a worry for others.

A respondent stated that teenagers have not physically, emotionally and mentally developed enough to understand the effects of drugs and many use them as a short term solution or escape from their personal situations. One respondent stated a preference for experimenting or using illegal substances at a later stage in life as younger people may not make the most informed or best decision regarding drugs. It was the consensus of some views that experimentation with drugs is always going to happen.

Some respondents stated that consumption of illegal substances by teenagers is for publicity, to gain more popularity or due to peer pressure. A respondent stated that it is not unusual to experiment with drugs and is seen as the 'done thing'. One respondent stated that abuse of drugs by teenage athletes was not impressive. It was the opinion of a respondent that drugs are used as a method of escapism and it the real issue in tackling drug abuse is identifying the root cause of the perceived need.

Some respondents felt there should be more done to prevent younger people obtaining drugs and that access is too easy. A number of views received were against the use of drugs as it is illegal. One stakeholder stated that young people do not take enough precautions if they are using or experimenting with drugs.

Another respondent referred to parental consent to moderate drug use being acceptable. Another respondent felt that teenagers who are using drugs should seek help.

It was the opinion of some that young people and drugs users in general have turned to drugs as a response to the requirement to 'numb themselves' due to some issues in their environment. Some believed substance abuse is used to escape a difficult or harsh personal situation. Others opinion is that during assessment of someone's background and the origins of their issues should be investigated. Conversely, one respondent believed it was the users own fault for turning to drugs.

9.4 VIEWS FROM YOUTH ON PREVENTION

9.4.1 Information about Drugs

Views were sought on how young people have received information about drugs. The majority of respondents advised that they receive their information regarding drugs in their school environment, through friends and in their Social, Personal & Health Education (SPHE) classes at school. Almost half of the respondents indicated they received drug education in their homes with Youth Clubs and Groups also providing a large number of the respondents with information. Lower numbers indicated

that they received their information through other online sources including drugs.ie. Other sources identified by some were transition year classes and community training centres. The sources of information and corresponding numbers of respondents are listed in **Table 9.2**.

Table 9.2 – Sources of Information about Drugs Provided in Youth Questionnaires

Information Source	No. of Respondents
School	175
Friends	169
SPHE	160
Home	133
Youth Clubs or Groups	121
Other online sources	66
Other	46*
Drugs.ie	20

*Included references to transition year classes and community training centres

9.4.2 Impact of Information on Attitude towards Drugs

Following on from the preceding question, young people were asked whether this has changed what they thought about drugs. The majority of respondents stated that the source of their drug information has not changed what they thought about drugs. Respondents stated that they believed drugs were for the weak, had always been against drug use and had always thought drugs were harmful. One respondent stated they were anti-drugs regardless of getting information from any listed sources. Some respondents stated they had not gained any extra knowledge regarding drugs. A respondent stated that they did not gain new information from the listed sources but they now tend more toward decriminalisation for some aspects of drug use and provision. Another respondent stated that their opinion had not been altered by new information but they knew more about the consequences.

A large cohort of the respondents conversely stated that the information they have received on drugs has changed their thoughts and opinions on drug use. One respondent stated that the information provided in Social, Personal & Health Education (SPHE) was markedly different from the perspectives offered by friends and in the rest of the school environment. Some respondents formed new opinions on the potential harmful effects and were made aware of the risks posed by drug use including physical and mental health. The reasons why individuals turn to drugs were understood by one respondent as a result of discussing drug use. Knowledge of safe use of drugs was a result of one respondent's discussions on drug use.

One respondent stated that information provided to them previously had lead them to form a negative opinion of cannabis but on speaking with siblings and researching online this was proved untrue and that it was, in their opinion, beneficial to their health.

Open discussion of drug use and related information caused one respondent to state that they are now comfortable having conversations on drug related topics. Another view was that openly talking about drugs has positively and negatively influenced their opinions on their use depending on the drug in question.

Another said that as they have matured personally, their opinion on drugs has changed over time. This change of opinion has been in occurred in parallel with the more advanced information on drugs

that they have been provided with over this time. Another respondent advised that the presentation of negative information relating to drug use had scared them and caused them to change their opinion as a result.

One respondent stated that additional information changed what they thought about drugs but that they have no experience of sourcing drugs. Another respondent said they found drugs were more freely available than they had previously thought. Another advised how they had learned about drugs by entering a competition on drugs.ie.

Some said their friends have a greater influence than what is taught in SPHE or in school. One felt that they have always had a negative view of drugs and additional information would not serve to change this but for a young person growing up in a house with drugs, provision of additional information is always a positive idea.

A respondent who has grown up in a household where smoking was treated as normal changed their opinion from discussing drug use and being provided with information. Some respondents stated that they have their own opinions on drugs or they did not have an opinion and additional information did not alter this.

One view felt that medicinal drugs are acceptable when not abused but will never see illegal drugs as a good thing.

9.4.3 Drugs Education

Views were sought on what young people think would make drugs education better for people of their age group. An increase in drug related education and information was requested by a large number of the respondents based on interactive and open discussion about drugs. More information was requested on general drug use, consequences and long term health effects. Some respondents requested more online information. More investment in education was requested by one respondent. A dedicated drug education class outside of the SPHE structure was suggested in one response. One respondent stated that the 'correct' use of drugs, if they were to be taken in moderation should, be exhibited and that the dangers of addictive substances such as caffeine and alcohol should be highlighted.

A large number of respondents stated that exhibiting drugs and the effects of drug abuse practically or with the aid of former users, "recovering addicts" and alcoholics would be an effective way of improving drugs education. They suggested visits to schools or community groups where they could share their experiences, show that they are people with normal issues and discuss the consequences of substance abuse and use from their perspective as recovering addicts / alcoholics / former users of drugs. One view suggested bringing a drug dealer to share experiences with groups would also be beneficial. Improved levels of talks from guest speakers or medical experts in schools were highlighted by some as a way to make drug education better in their opinion.

One view was that making teachers more comfortable with the subject is required to improve the level of education. According to one respondent there is a stigma attached to speaking about drugs which needs to be removed to encourage discourse. The same respondent stated that the issue is not taken seriously enough by students.

Beginning education at a younger age to show consequences and possible criminal implications was the response of one contributor. According to a similar response, drug education starts too late as teenagers begin to experiment with drugs at 14 and have inadequate information at that point. One

response suggested that younger teenagers get their information on drugs from what they observe on social media and/or in video games. A number of responses requested that information and honest discussion on drugs should be provided at a younger age than it is currently. Conversely, one response requested more education at a later stage of their teens when they feel they are more exposed to drugs.

The current drug education was criticised as being too academic by one respondent and only consisted of the message 'drugs are bad' according to another. Explanations of the type of drugs, where they are sourced from, when and why people turn to drugs was requested by one respondent with more in depth education requested by a number of responses.

Some respondents indicated that exhibiting the safe application of drugs should be exhibited so that overdoses will not occur. One respondent cited the danger of cannabis addiction and that it should also be highlighted. The removal of the idea that drugs are 'cool' was a goal highlighted in some received surveys. Changes to drug education would not affect drug use as most people are now familiar with and not 'bothered' by drugs according to one returned survey.

It was suggested that visits to a drug rehabilitation facility would be an effective form of education for young people. Poster campaigns, before and after photos of people who use drugs, information through video and documentary were also suggested as educational tools by some of the views received.

One view felt that if the drug information and education was delivered by organisations such as Comhairle na nÓg they would receive more traction.

A number of responses cited talking to family about drug education and involving parents in the drug education process is important.

Some respondents suggested that those who want to experiment with drugs will not be influenced by groups or improved education. A less judgemental attitude toward drug use, acceptance that young people will drink and do drugs and education based on ensuring they do so moderately and safely was a request of some who participated.

One response suggested reducing drug education so teenagers would not be aware of drugs. Teenagers shunning drugs and saying no to engaging in experimentation was the answer offered by one view.

A reduction in religious organisations influencing education policies was requested in one response. A small number of respondents stated that the current education around drugs was informative.

The legalisation of drugs was a topic also raised in some of the responses received.

9.4.4 Source of Information

Young people were asked who they would trust most to discuss drugs. The largest cohort of respondents stated that family members would be their preferred choice, indicating family as most trusted. Medical professionals were also rated highly as trustworthy sources with respondents indicating a preference to speak to them about drugs. Almost a similar number of respondents cited friends, a person in recovery and a well-known person in terms of assumed trustworthiness. Teachers, specified others and a community member ranked the lowest on the list of most trustworthy to young

people to speak openly about drugs. **Table 9.3** presents the number of respondents who indicated each source as trustworthy. Note that some returned surveys indicated more than one answer.

Table 9.3 – Most Trustworthy People for Young People to Speak to about Drugs

Individual/Group	No. of Respondents
Family	105
Medical Professional	80
Friends	66
A person in recovery	52
A well-known person	45
Teachers	35
Other	23
A member of your community	19

Respondents who indicated alternative sources or “other” were asked to specify who they trust most to talk to about drugs and their responses included named family members (parent, uncle, cousin and sibling), individually named people, psychologists, youth workers, youth clubs, youth leaders on committees, addict co-ordinator, addict leader, an individual who practises safe use, discussions on social media. Two respondents stated that they would discuss drugs with everyone, as everyone needs to know about and speak about drugs.

9.4.5 Measures to Stop Young People Taking Drugs

The questionnaire asked what can be done to stop young people taking drugs. Increased levels of education were suggested by a cohort of respondents. Group discussions, information on side effects of drug use, talks with “recovering addicts” and experts, education for parents and information directly related to the drugs which are being abused were all requested in returned surveys. Information provided by experts in secondary school was requested in one returned survey. Highlighting the negative effects of drugs through education and increasing the level of education delivered through SPHE and Civic, Social & Political Education (CSPE) programmes was suggested by a respondent. Increased levels of education should not be limited to young people but also to parents.

Increasing the level of awareness surrounding the long lasting negative effects of drugs was suggested by a respondent. An awareness week or awareness events were also suggested.

Counselling and increased support services such as confidential mental health services were suggested by some respondents as a method of preventing young people taking drugs.

Education on all kinds of drugs and not strictly cannabis was a recommendation of one respondent. Exploration of the reasons why young people turn to drugs should be encouraged according to one response.

A ‘scared straight’ education programme focussing on what it is like to abuse drugs was also suggested.

Legalisation of ‘soft’ drugs and criminalisation of hard drugs such as cocaine and heroin was a preference of some respondents. They considered that legalisation will remove the ‘forbidden fruit’ aspect of illegal drugs and remove the lure of possessing and taking drugs as a ‘cool’ thing to do. It was felt the glamorisation of drugs through celebrity and public figures needs to be prevented.

Legalisation of certain drugs and increased prices on said drugs which would block certain demographics due to budget restrictions was another suggestion.

Some respondents called for stricter rules and a clamping down on drug use by the Gardaí and law making organisations.

One view suggested increased frequency for searches for drugs implying that if they are confiscated then they cannot be abused. A call for increased levels of prevention of young people seeking to purchase alcohol through stricter Gardaí measures was also suggested. Stricter upholding of the laws surrounding illegal drugs, or stricter laws regarding common substances such as alcohol and cannabis, were suggested by some.

A clamp down on small dealers and attempting to cut off the supply was suggested by a small number of respondents. The increased levels of control were also suggested for bars and nightclubs as they are environments where teenagers may abuse substances. Better security measures at youth orientated events was suggested.

One respondent stated their conclusion that prevention cannot be enforced as young people are going to access drugs if they want to. This opinion was shared by a cohort of respondents who stated that nothing could be done to stop young people taking drugs only offering education on safe use and the effects of drug use. One respondent referenced the legalisation of softer drugs. One response suggested arrest warnings for people who have consumed drugs.

Youth workers and their role were cited by some.

The topic of boredom and lack of alternative activities was raised by a small number of respondents. Provision of distractions, places to go (e.g. teenage café) and alternative activities (alcohol free events) were suggested as measures to discourage young people from getting involved in drugs. One response suggested that abandonment of teenagers to their own devices at 16 can lead to lack of activities and involvement in drugs.

Increased public discourse on the negative effects of drugs through engagement on television and radio channels and workshops in schools was recommended in a number of returned surveys.

One respondent stated simple measures such as placing age restrictions on over the counter drugs can prevent misuse.

9.5 TREATMENT

The youth questionnaire asked if someone has a problem with drugs, what kind of help they would need. Large numbers of respondents stated that some form of rehabilitation, counselling, therapy, medical and professional help (psychiatric or psychological) or therapy are the preferred ways of helping people with drug issues. Intervention was cited by a small number of respondents. Addiction specialists were mentioned in one response. Community work and improved education were mentioned by a small number of responses. One respondent stated that they believe rehabilitation alone will not solve the problem of drug abuse.

A number of respondents mentioned the requirement for a trustworthy confidante, family member, friend or a community support network where people who use drugs can comfortably discuss any issues they have and seek help in a supportive environment.

Respondents referenced mental health being an underlying issue with those who are turning to drugs and stated that help with mental health issues through counselling, professional health, community support and the requirement to provide a non-judgemental environment where these issues can be discussed. Emotional support was referenced by a small number of respondents but inferred through the need for network support with some respondents stating a dependable aide or friend is required. Anonymous support groups for people who use drugs were referenced by one respondent.

An understanding school was cited by one respondent with supportive teachers mentioned by some others. Youth workers were mentioned by a small number of respondents. Support groups involving “former addicts” who can advise users on recovery and rehabilitation were mentioned in a small number of surveys. Motivational speeches from noted speakers, “recovered addicts” or informed individuals were mentioned in small number of returned surveys.

The help that users require depends on the substance being abused and the level of addiction or abuse, according to a small number of respondents. The type of person that is seeking help will influence what is the best method, or combination of methods of help for them, according to one respondent.

A respondent stated that self-help is the primary requirement for people who use drugs as to stop using they will first need to want to stop. A number of respondents referenced support and not punishment or putting a stigma on those who wish to seek help. One survey stated that a ‘*purpose in life*’ is a requirement to motivate people to recover from drugs.

Help must be accessible according to one respondent. Efficient and expedited support must be put in place for those who are seeking it. Financial support was cited by a small number of respondents with rehabilitation processes that are affordable mentioned by another respondent. Monitoring of users finances was suggested in one submission to ensure funds are not being mismanaged. Support post recovery in the form of work or counselling must be in place according to one response.

Aislinn Drug Rehabilitation Centre, Ballyraggett, Kilkenny, was specifically mentioned by one respondent. Suitable drug rehabilitation programmes were mentioned by one respondent with drugs hotlines also referred to in a response. Those seeking help need to know the availability and support is in place, if required, according to one response. Provision of aid from the Church was stated in one survey.

A response indicated the requirement to have ties cut with suppliers of illegal substances and for vulnerable users to be put in an environment where drugs cannot be accessed. One view cited importance of Garda intervention.

Users need to be shown the dangers posed by excessive drug use either by medical professionals or by experienced users, according to one response. These dangers should include the damage that drug abuse can do to families and their networks according to another respondent. The root cause of drug addiction and use must be examined and not just focus on recovery after drug issues have started, according to a small number of returned surveys. Alternative interests should be nurtured in vulnerable individuals to move them away from the temptation of drugs.

The provision of safe and alternative spaces for young people to socialise was cited in a number of responses.

9.6 OTHER IMPORTANT ISSUES RAISED BY YOUTH

At the end of the youth questionnaire, young people were asked if there was anything else they considered to be important. A large number of the respondents left this question blank or stated that there is nothing else important to speak about.

- One view questioned the public attitude towards people who use drugs and that they must not be looked down upon as they may be experiencing difficulties and need to be helped.
- Treating drugs as a health issue rather than a criminal issue was another view.
- A “realistic approach” to drug control was suggested by a respondent.
- Discussion on not just hard drugs but addictive substances such as nicotine and alcohol was also suggested as being important.
- The perceived conflict between religious education and realistic discussions on drugs and alcohol abuse was raised by one respondent.
- Drug testing every three months was suggested.
- A respondent called for a more interactive approach to drug issues; involving more people who use drugs in awareness campaigns and talks with young people to dispel the myth that “ending up an addict will not happen to me” was a suggestion by one respondent.
- The psychological reasons behind drug addiction should be discussed according to one response.
- Certain drugs are meant to be illegal and it was the opinion of one respondent that it is the drug dealers that need to be stopped. Imprisonment and punishments for drugs offences should be lessened according to some respondents with one of the opinion that lower prison sentences are currently administered for offences such as sexual abuses than cannabis possession. Conversely another suggested that reinforcement of punishment is an important issue.
- One respondent was of the opinion that cannabis should not be illegal due to its health benefits; and that hard drugs and alcohol, known for detrimental health effects, should be illegal. Legalisation of drugs, including cannabis was stated as a preventative measure due to the perceived lack of temptation for young people in a moderated environment.
- Youth drug use is the result of doing something they know they should not be doing according to one respondent.
- Others felt that drugs are considered cool and a campaign to remove this label would be effective. One view stated that drugs are consumed as dares.
- It was suggested by another respondent that drugs are not a big problem.
- Another issue put forward and cited as important was that the ease of access to drugs for young people needs to be tackled. Underage people in nightclub environments were stated as an issue while another said the age of people who use drugs and those consuming alcohol is getting younger.
- One respondent stated that alcohol is popular amongst young people but they believe peer pressure is not the issue. With reference to consumption of alcohol one respondent stated that young people respect other young people who do not wish to drink.
- Another stated that drugs in excess are bad but moderation is key and people need to consider coffee and tobacco as dangerous substances in this regard.
- One respondent stated that the survey/questionnaire method was too open with another stating that surveying young people’s opinions on drugs is not worthwhile as young people will always be influenced by their peers and experiment with drugs. The time “wasted on strategizing and discussing the issues with drugs” was criticised by one respondent who felt critical time was being lost in tackling drug issues.

10 NEXT STEPS

Submissions received through the public consultation will not be individually responded to as they have been included in this report.

Feedback from the public consultation and this report have been presented to the National Drugs Strategy Steering Committee to inform its Members and relevant feedback will be considered by the Steering Committee in the context of framing the new National Drugs Strategy for 2017 onwards.

Further details on the development of the new strategy will be announced by the Department of Health in due course.

APPENDIX A

PROMOTION OF THE PUBLIC CONSULTATION

1. Newspaper Advertisements
2. Press Release 6th September
3. Press Release 5th October
4. Copy of email issued to Oireachtas Members and stakeholder groups/organisations

NATIONAL DRUGS STRATEGY PUBLIC CONSULTATION

Catherine Byrne TD, Minister of State for Communities and the National Drugs Strategy, has announced a public consultation to inform the development of a new National Drugs Strategy.

A Steering Committee, chaired by former General Secretary of the INTO, John Carr, has been established to advise the Minister on the new Strategy, which will set out Government policy on tackling the drugs problem from 2017 onwards.

To assist the Steering Committee in its work, all interested parties are invited to submit views regarding the shape and content of the next National Drugs Strategy. Interested parties can provide their views in one of the following ways:

Email: yourviews@drugsstrategy.ie

Write: National Drugs Strategy, PO Box 12778, Glenageary, County Dublin.

Phone: Lo-Call 1890 10 00 53

Questionnaire: Completing a questionnaire available at:
www.health.gov.ie/drugs-strategy

Closing date: 5pm on Tuesday, 18 October 2016.

All submissions received will be subject to the Freedom of Information Acts 1997 & 2003 and may be released in response to a Freedom of Information request.



www.health.gov.ie/drugs-strategy



1890 10 0053



yourviews@drugsstrategy.ie

Irish Times,	18x3 (126)
The Irish Independent,	18x3 (126)
The Examiner,	18x3 (125)
The Star	18x3 (125)
The Evening Herald	18x3 (126)

Press Release

Minister Catherine Byrne TD announces a Public Consultation on the New National Drugs Strategy

6.9.2016

Minister of State for Communities and the National Drugs Strategy Catherine Byrne, TD, today called on service users, parents, families, young people, organisations and all members of society across the country to provide their views on the current drugs situation in Ireland. Launching a public consultation to inform the development of a new national drugs strategy, the Minister acknowledged that drugs are unfortunately a fact of life here in Ireland and underlined the importance of hearing everyone's views on the issue.

The new drugs strategy will set out Government policy from 2017 onwards in the areas of drug awareness and prevention, treatment of substance misuse and addiction, promoting rehabilitation and reducing the supply of illicit drugs. The Department of Health is keen to hear about the issues people think are important to be considered in the new drugs strategy. All views received will be collated in a report, which will be provided to the National Drugs Strategy Steering Committee to help inform the new policy.

Announcing the consultation plans, Minister Byrne said: *"The development of the new National Drugs Strategy is essential to ensure that we have an up-to-date and effective response to the drug problem facing our society. We are planning for a future where Ireland is a better place in terms of drug prevention, where people can make informed decisions through education and the right services and support are provided to those who need them most. Now is the chance to have your say and inform Government policy on this key issue"*.

Speaking at the launch, John Carr, independent chair of the National Drugs Strategy Steering Committee said: *"The drug problem affects people from all walks of life and all social backgrounds in every part of the country. The consultation process will give people an opportunity to voice their concerns, and events are being organised in Carrick on Shannon, Limerick, Cork and Dublin in order to get a nationwide perspective on the drug problem"*.

Concluding her remarks, the Minister said: *"Too often we don't see drugs as relevant to our own lives if we have not been directly affected by drug misuse, but each one of us has a view and is directly or indirectly impacted by drugs and so we must all, therefore, be part of the solution."*

Notes for Editors:

Government policy on tackling the drug problem is set out in the National Drugs Strategy 2009-2016. The overall objective of the Strategy is to continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research.

A Steering Committee, chaired by former General Secretary of the INTO John Carr and with representatives from the Statutory, Community and Voluntary Sectors, has been established to advise on the development of a new National Drugs Strategy, which will cover the period from 2017 onwards.

Public Consultation

Public consultation will take place over a six-week period, commencing on Tuesday 6th September to Tuesday 18th October 2016. During this time, the Department is seeking the views of the public on the drugs situation in Ireland.

People can provide their feedback in one of the following ways:

Online: Public Consultation Questionnaire

Email: yourviews@drugsstrategy.ie

Write: National Drugs Strategy, PO Box 12778, Glenageary, Co Dublin

Phone: Lo-Call: 1890 10 00 53

All feedback received will be collated in a report, which will be considered by the National Drugs Strategy Steering Committee to inform the development of the new Strategy to be published in early 2017.

A series of public consultation meetings on the new Strategy will take place in Carrick-on-Shannon, Limerick, Cork and Dublin. To register your interest in attending these events, please email yourviews@drugsstrategy.ie.

The closing date for receipt of submissions and views is Tuesday, 18th October 2016 at 5pm.

Further information on the Public Consultation

#DrugsStrategy



Press Release

05.10.2016

Minister Byrne encourages people to participate in a public consultation on the new National Drugs Strategy

There is still time to inform the new National Drugs Strategy. The Department of Health would like to hear what service users, individuals, families, organisations and all members of our society think are the important issues to be considered in the new strategy before 18th October 2016.

The new National Drugs Strategy will set out Government policy from 2017 onwards in the areas of drug awareness and prevention, treatment of substance misuse and addiction, promoting rehabilitation and reducing the supply of illicit drugs.

Commenting on the consultation to date, Minister of State for Communities and the National Drugs Strategy Catherine Byrne TD said:

“We have already received a great response to the National Drugs Strategy public consultation and I encourage anyone who thinks they have something to contribute to do so by Tuesday 18th October. During this public consultation I have met with individuals whose lives have been adversely affected by drugs and alcohol misuse and have witnessed huge courage as they told their stories and voiced their concerns.”

Public Consultation

All views received during the public consultation will be collated in a report, which will be provided to the National Drugs Strategy Steering Committee to help inform the new National Drugs Strategy for 2017 onwards.

People can provide their feedback in one of the following ways:

Email: yourviews@drugsstrategy.ie

Write: National Drugs Strategy, PO Box 12778, Glenageary, Co Dublin

Phone: Lo-Call Phone line 1890 10 00 53

Online: <http://health.gov.ie/drugs-strategy/>

ENDS

Notes for Editors:

Government policy on tackling the drug problem is set out in the National Drugs Strategy 2009-2016. The overall objective of the Strategy is to continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research.

A Steering Committee, chaired by former General Secretary of the INTO John Carr and with representatives from the Statutory, Community and Voluntary Sectors, has been established to advise on the development of a new National Drugs Strategy, which will cover the period from 2017 onwards.

A Rapid Expert Review of the National Drugs Strategy 2009 – 2016 is available at:
<http://health.gov.ie/wp-content/uploads/2016/09/Rapid-Expert-Review-of-the-National-Drugs-Strategy-2009-2016.pdf>

The Rapid Expert Review was designed to provide a top-level overview of the strategy to inform the work of the Steering Group tasked with developing the new strategy.

#DrugsStrategy

Tell Us Your Views - Public Consultation to Inform the New National Drugs Strategy 2017

The Department of Health is developing a new National Drugs Strategy from 2017 onwards.

Minister of State for Communities and the National Drugs Strategy, Catherine Byrne T.D., has announced details of a six-week period of public consultation to inform the new National Drugs Strategy.

Announcing the consultation plans on 6th September 2016, Minister Byrne said:

"The development of the new National Drugs Strategy is essential to ensure that we have an up-to-date and effective response to the drug problem facing our society. We are planning for a future where Ireland is a better place in terms of drug prevention, where people can make informed decisions through education and the right services and support are provided to those who need them most. Now is the chance to have your say and inform Government policy on this key issue".



Pictured with Minister Catherine Byrne, T.D., at the launch of the public consultation on the National Drugs Strategy is Philly McMahon, Youth and Family Support Advocate and Dublin GAA Player with Dr. Fiona Weldon, Consultant Clinical Psychologist and Parent.

The views of the **public, community and voluntary sectors, young people, family networks, service users, service providers and other interested parties** are being sought on the existing strategy to inform the new strategy (2017 onwards).

Please tell us your views by **5pm on 18th October 2016**, in one of the following ways:

- **Visit our page:** www.health.gov.ie/drugs-strategy for information about the public consultation and the existing National Drugs Strategy (2009 – 2016)
- Using the dedicated questionnaire that you can complete and submit online at <https://www.surveymonkey.com/r/NationalDrugsStrategy> OR complete in writing and return to the PO Box address provided below (questionnaires available in English, Irish, Spanish, Polish and Urdu)
- **Email us:** yourviews@drugsstrategy.ie
- **Write to us:** National Drugs Strategy, PO Box 12278, Glenageary, Co. Dublin
- **Call us:** 1890 10 00 53

Regional Consultation Events

As part of the consultation, the Department is organising **four regional consultation events**. We would like to invite you to attend one of these events to contribute to the consultation. The dates and venues for the events are provided below. Each event will take place between **2pm and 5pm** each day.

To register and secure your place, if you haven't already done so, please RSVP to yourviews@drugsstrategy.ie by 9th September 2016.

1. Landmark Hotel, Carrick-on-Shannon Monday 12th September 2016
2. Limerick Strand Hotel, Limerick Wednesday 14th September 2016
3. The Metropole Hotel, Cork Thursday 15th September 2016
4. Alexander Hotel, Dublin Monday 19th September 2016

Please note that if you are unable to attend a consultation event but would like to provide your views on the existing strategy and the issues you think are important to be considered for the new strategy, you will be able to do so **between 6th September and 18th October, 2016** via **email, phone, online or in writing** as detailed above.

APPENDIX B

PUBLIC CONSULTATION QUESTIONNAIRES

1. Adult Questionnaire
2. Youth Questionnaire

Public Consultation on the New National Drugs Strategy

A new National Drugs Strategy is being developed by the Department of Health and will set out Government policy on tackling the drug problem from **2017 onwards**. This new strategy is important for all of us; service users, individuals, families, communities and our society as a whole.

A public consultation will run between **6th September and 18th October 2016**. We are seeking your views on the drugs issue in Ireland to help inform the new Strategy.

At the end of the public consultation, we will gather the views received in a report. The report will be provided to the National Drugs Strategy Steering Committee to help inform the new Strategy.

You can tell us what you think, by **5pm on 18th October 2016**, in one of the following ways:

Using this **questionnaire**: Complete online at the website address provided below.

Or: Complete and return to the P.O. Box address provided below



Visit our page: www.health.gov.ie/drugs-strategy



Call us: 1890 10 00 53



Write to us: National Drugs Strategy,
PO Box 12778, Glenageary, Co. Dublin



Email us: yourviews@drugsstrategy.ie

The National Drugs Strategy aims to tackle the harm caused to individuals and our society by the misuse of drugs.

For the purposes of this questionnaire, drug misuse is the use of any drug, legal or illegal, which harms or threatens to harm some aspect of an individual's life, be it physical, mental or social well-being, or other individuals or society at large.

When we say "drug" we include the following substances.

- **Illicit (or illegal) drugs** – for example cannabis, ecstasy, amphetamines, cocaine, new psychoactive substances, magic mushrooms, LSD and heroin.
- **Prescription medicines** – Legitimate (or legal) medicines which are ordinarily prescribed by a doctor, dentist or nurse, which may have the potential for misuse e.g. medicines prescribed for the relief of pain, to aid sleep, anxiety or depression. It includes the harmful use of prescribed medicines by exceeding the recommended prescribed dose or duration of use, or using such medicines when they have not been prescribed for you.
- **Over the Counter Medicines (OTCs)** - Legitimate (or legal) medicines which do not ordinarily require a prescription and includes the harmful use of such medicines by exceeding the recommended dose or duration of use e.g. painkillers containing codeine.
- **Solvents** – for example aerosols, glues and gas lighter refills.
- **Alcohol** – for example beer, cider, spirits, wine and alcopop drinks.

To help **you** think about the issues that you feel are important for the new Strategy, this questionnaire uses the pillars of the existing National Drugs Strategy of 2009-2016: **Supply Reduction, Prevention, Treatment, Rehabilitation and Research**.

Did you know that Ireland has a National Drugs Strategy for the years 2009 to 2016?

If Yes Tell us **your views** on the existing strategy. _____

Tell us what **you think** about the five pillars of the existing National Drugs Strategy. _____

If No Tell us what **you think** are important issues to be considered in the new National Drugs Strategy. _____

What do **you think** are the most harmful drugs in your community? _____

Supply Reduction: This area of the existing strategy aims to reduce the availability of illicit drugs and addresses underage drinking.

1 Tell us your views on the availability of drugs in Ireland. _____

2 Do you think the availability of illicit drugs in Ireland has reduced or increased? _____

3 Who in your community plays a role in reducing availability of drugs? _____

4 What do you think should be done to reduce the supply of illicit drugs in Ireland? _____

If you have more comments on supply reduction in Ireland, please tell us here.

You are welcome to submit your views on additional pages if necessary.

Prevention: This area of the existing strategy aims to promote a greater awareness and understanding of the dangers of drug misuse in society. It also promotes healthier lifestyle choices.

5 Describe how well informed you think you are about the dangers of drug use. _____

6 Give us your views on the actions taken to prevent drug misuse in Ireland.
(a) Did these actions influence your attitudes towards drugs and/or drug misuse? _____

(b) Did these actions influence your behaviour around drugs? _____

7 What more can be done to inform people of the dangers of drug misuse? _____

8 What age should we start educating and informing our children about drugs? _____

9 What kinds of support / materials do you think parents would find useful in educating their children about drugs? _____

If you have more comments on drug prevention in Ireland, please tell us here.

You are welcome to submit your views on additional pages if necessary.

Treatment: This area in the existing strategy aims to help people with drug problems access treatment and supports and reduce the harm caused by drug misuse to them, their families, and communities.

10 Tell us your views on how easy it is to get treatment for drug and alcohol problems in Ireland. _____

11 Tell us your views on the quality of treatment available for drug and alcohol problems in Ireland.

12 Describe how we should support those who continue to misuse drugs. _____

If you have more comments about treatment in Ireland, please tell us here.

You are welcome to submit your views on additional pages if necessary.

Rehabilitation: This area of the existing strategy aims to support those dealing with drug misuse problems to maximise their quality of life, and to re-integrate into their communities.

13 How do you think people can be assisted to lead a drug free lifestyle? _____

14 What more do you think we can do to improve our treatment and rehabilitation services in Ireland?

If you have more comments about rehabilitation in Ireland, please tell us here

You are welcome to submit your views on additional pages if necessary.

Research: This area of the existing strategy aims to have valid, timely, and comparable information on the extent and nature of drug misuse in Ireland.

15 What research would you like to see carried out in Ireland in the future? _____

If you have more comments on the research and monitoring of drug and alcohol use in Ireland, please tell us here. You are welcome to submit your views on additional pages if necessary.

If there are any other issues you think are important for the new National Drugs Strategy, you are welcome to submit your views on additional pages if necessary.

Please tick the relevant tick boxes that best describe you:

I am responding as:

- | | |
|---|--|
| <input type="checkbox"/> An Individual | <input type="checkbox"/> Professional |
| <input type="checkbox"/> Young Person | <input type="checkbox"/> On Behalf of an Organisation |
| <input type="checkbox"/> (a) under 18 | <input type="checkbox"/> Carer |
| <input type="checkbox"/> (b) 18-25 | <input type="checkbox"/> Other, please state: |
| <input type="checkbox"/> Service User | |

Thank you for completing this questionnaire. All views received during the public consultation will be presented in a report to the National Drugs Strategy Steering Committee to help them inform the new policy.



Optional : If you would like to provide us with your details, you can do so here.

Name: _____

Address: _____

Tel: _____

Email: _____

Submissions received from individuals who provide us with their details will be reported anonymously in the Public Consultation Report, while feedback from organisations will be attributed to them.

While submissions will not be individually responded to, relevant feedback will be considered by the National Drugs Strategy Steering Committee in the context of framing the new National Drugs Strategy.

You can use the following ways to find out more about the National Drugs Strategy and this public consultation.



Visit our page: www.health.gov.ie/drugs-strategy



Call us: 1890 10 00 53



Write to us: National Drugs Strategy
PO Box 12778
Glenageary
Co. Dublin



Email us: yourviews@drugsstrategy.ie

WHAT'S *your opinion...*

This survey gives you the opportunity to say what you think about drugs issues in Ireland.



The Government is having a discussion about making a new plan to manage drugs issues in Ireland. The plan is called the National Drugs Strategy.

We would like you to fill out this short questionnaire before 18th October 2016.

When we talk about “drugs”, we mean the following substances:

- **Illegal drugs** – for example, cannabis, ecstasy, cocaine, magic mushrooms, LSD and heroin;
- **Alcohol** – for example, beer, cider, spirits, wine and alcopop drinks;
- **Medicines** – legal medicines that some people misuse, for example painkillers.

1 What age are you? 12 13 14 15 16 17

2 How easy is it for you or your friends to get drugs? (Think about alcohol and other drugs when you answer this.)

3 How do you feel about young people using drugs?

4 Where have you got information about drugs? (Please tick all that apply to you)

- | | |
|---|--|
| <input type="checkbox"/> SPHE | <input type="checkbox"/> Home |
| <input type="checkbox"/> School | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Drugs.ie | <input type="checkbox"/> Youth clubs or groups |
| <input type="checkbox"/> Other online sources | <input type="checkbox"/> Other |

a) Did it change what you thought about drugs?

b) What would make drug education better for people of your age?

5 Who would you most trust to talk to about drugs?

- | | | |
|---|---|--|
| <input type="checkbox"/> Friends | <input type="checkbox"/> Medical professional | <input type="checkbox"/> A well-known person |
| <input type="checkbox"/> Family | <input type="checkbox"/> A person in recovery | <input type="checkbox"/> Teachers |
| <input type="checkbox"/> A member of your community | <input type="checkbox"/> Other (please tell us who) _____ | |

6 If someone has a problem with drugs, what kind of help do they need?

please turn over

7 What can be done to stop young people taking drugs?

8 If there is anything else you think is important, please tell us:

Thank you for completing this questionnaire. All opinions received during this discussion, including yours, will be presented in a report to the National Drugs Strategy Steering Committee.

For INFORMATION AND SUPPORT on drugs and alcohol visit:



www.drugs.ie



HSE Drug & Alcohol Helpline: freephone 1800 459 459



Email support: helpline@hse.ie

COMPLETED FORMS should be returned by 18th October 2016 to:



Post: National Drugs Strategy, PO Box 12278, Glenageary, Co. Dublin



Email us: yourviews@drugsstrategy.ie

APPENDIX C

LIST OF ORGANISATIONS WHO MADE WRITTEN SUBMISSIONS

Organisations who made written submissions
ACT UP Dublin
Addiction Response Crumlin Ltd.
Aiseirí
Alcohol Action Ireland
ARAS – Abbey Regional Addiction Services
Ballybeg Family Support Group
Ballyfermot / Chapelizod Partnership
Ballyfermot Primary Care and Mental Health Centre
Ballymun Local Drugs & Alcohol Task Force
Ballymun Regional Youth Resource
Ballymun Youth Action Project Ltd.
Barnardos
Bray Drugs Awareness Forum
Bray Local Drugs and Alcohol Task Force
Bushypark Addiction Treatment Centre
Canal Communities Local Drugs and Alcohol Task Force
Carlow Regional Youth Services
CDA Trust Ltd.
Children and Young People's Services Committees (CYPSC) Dublin North City
Church of Scientology of Ireland
Citywide
Clare Community Cluster (supported by the MWRDATF)
Clare Practitioners Forum (supported by the MWRDATF)
Clondalkin Drug & Alcohol Task Force (CDATF)
Comhairle na nÓg (Participants of various branches who submitted youth questionnaires)
Community Policing Forum
Community Substance Misuse Team (CSMT) Limerick
Coolmine
COPE Galway
Cork Counselling Service, HSE South
Counselling Department, HSE (CHO 9)
Crosscare Homeless Services
Dental Health Foundation
DPA – Drugs Prevention Alliance
Dual Diagnosis Ireland
Dublin 12 Local Drugs & Alcohol Task Force (D12LDATF)
Dublin Drug Treatment Court (Participant's Response)
Dublin North East Drugs & Alcohol Task Force
Dublin Region Homeless Executive (DRHE)
Dublin Simon Community
Dun Laoghaire Rathdown Drug and Alcohol Task Force (DLR-DATF)
Embark Equine Assisted Learning
Equal Youth Committee Ballymun

Family Addiction Support Network (Dundalk)
Family Resource Centre CDP (Inchicore)
Family Support Group - Kilkenny
Family Support Group - Leopardstown
Faculty of Addiction Psychiatry, Mater Misericordiae University Hospital
Fianna Fáil Spokesperson on Communities and the National Drugs Strategy
Finglas Addiction Support Team
Finglas Cabra Local Drug & Alcohol Task Force
Focus Ireland
Health Products Regulatory Authority (HPRA)
H.S.E. Addiction Services (Liaison Midwife)
Health Protection Surveillance Centre (MSM) HIV/STI Outbreak Response Group
Hepatitis C Partnership
HIV Ireland
Hope House
Hospital Family Resource Centre (Limerick)
HSE Addiction Services
HSE Addiction Services (Liaison Midwife)
HSE Addiction Services South
HSE CHO Areas 6&7 Rehabilitation Integration Service
HSE Pharmacy in Addiction Services CHO 6&7
HSE Donegal Alcohol and Drug Service
HSE Mid-West Addiction Service
HSE National Drug Treatment Centre
HSE National Drug Treatment Centre Laboratory
HSE National Social Inclusion Office
HSE Addicting Services Dublin – Mid Leinster SW Area
HSE Project Lead Hidden Harm North West
INCADDS (Irish National Council of ADHD Support Groups)
Indivior Ltd.
Irish Medical Organisation (IMO)
Irish Pharmacy Union (IPU)
Kerry Mental Health Services
Kilbarrack Coast Community Programme Ltd.
Killarney Community Drugs Initiative
KWETB
Let's Learn About Drugs & Alcohol Together Steering Group Midwest
Limerick City Community Network
LINC
Matt Talbot Adolescent Services Ltd
Mayo Travellers Support Group
Mental Health First Aid (MHFA) Ireland Training and Research Programme
Merchants Quay Ireland
Mid-West Regional Drugs & Alcohol Forum
MSM HIV/STI Increase Outbreak Response Group

National Advisory Committee on Drugs and Alcohol (NACDA)
National Family Support Network
National Hepatitis C Treatment Programme
National MSM HIV/STI Outbreak Response Group, Health Protection Surveillance Centre
National Poisons Information Centre
National Drugs Treatment Centre Pearse Street
New Hope Residential Centre
NICCC Addiction, Health and Mental Health Working Group
NORML Ireland
North Inner City Drug and Alcohol Task Force
North Kerry Mental Health Services OPD
North Tipperary Community Cluster (supported by MWRDATF)
North West Alcohol and Other Drugs Schools Advisory Group
North West Inner City Training & Development Project
North West Regional Drug & Alcohol Task Force
North West Regional Drug & Alcohol Task Force Treatment & Rehabilitation Group
NorthWest Inner City Network
Oberstown Children Detention Campus
PALLS
People Before Profit
Peter McVerry Trust
Pharmacy Practice Development Unit
Priority Medical Clinic
Psychoactive Substances Awareness (PASA)
pYe Programmes
RASP Greencastle
Reflex Gaming Ltd.
Rehabilitation & Southern Regional Drug & Alcohol Task Force
Rialto CDT - Adapt
Rialto Community Drug Team
Rossinver CE Rehabilitation
Safer Blanchardstown
Safetynet Ireland
SAOL Project
Saolta University Healthcare Group
Seaburg Medical Centre
Simon Communities of Ireland
South East Regional Drug and Alcohol Task Force (SERDATF)
South East Regional Family Support Network CLG
St. John Bosco Youth Centre
St. Michael's Estate Family Resource Centre, Inchicore, Dublin 8
St. Patrick's Mental Health Services
Students for Sensible Drug Policy, Ireland
Suir Valley CBDI

SWAN Family Support Organisation (SWANFSO)
Teach Na Daoine Family Resource Centre, Monaghan
The Alcohol Forum
The College of Psychiatry of Ireland
The Dales Centre
The Green Party
The Irish Cancer Society
The Irish Childhood Bereavement Network
The Irish College of General Practitioners
The Irish Hospice Foundation
The Irish Society for the Prevention of Cruelty to Children (ISPCC)
The Pharmaceutical Society of Ireland -The Pharmacy Regulator
The RISE Foundation
The Road Safety Authority
The Snug Counselling Service
Tiglin
Tolka River Project
Travellers from Primary Health Care Programme in Clare, Limerick City/County and North Tipp (Mid West Regional Drugs and Alcohol Forum)
Travellers North Cork
Trinity College Dublin School of Nursing & Midwifery
Trinity College's Student Union Lobby Group
U-Casadh Project
UISCE
University Hospital Kerry (Sexual Health STI Services)
Walkinstown Greenhills Resource Centre
Waterford Institute of Technology
Waterford & South Tipperary Community Youth Service
Wexford Family Support Group
White Oaks Rehabilitation Centre
Wilderness Youth and Community Centre
Youthreach Limerick
Youthrise

