

# National Advisory Committee on Drugs



**NACD**

**Annual Report 2009**

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# National Advisory Committee on Drugs (NACD)

## *Vision, Mission, Values*

### **Vision**

To provide a national focus for all knowledge related efforts that inform Irish policy in relation to drug misuse.

### **Mission**

**The NACD has undertaken to:**

- Support the Government in significantly reducing the health, social and economic consequences of drug misuse through the provision of timely data and analysis of research;
- Review its knowledge base, identifying gaps which can be addressed through research;
- Ensure that evidence from scientific research forms the basis for policy formulation, development of services and continuous improvement in all its approaches to tackling drug misuse in Ireland;
- Work closely with the Evidence Generation and Knowledge Brokering Unit (formerly ADRU) of the Health Research Board, providing advice, coordinating research efforts and maximising the use of resources;
- Support the establishment of a National Documentation Centre;
- Liaise with the relevant agencies nationally in order to co-ordinate research and resources;
- Ensure participation nationally of a broad range of parties in fulfilling its research needs and dissemination of findings;
- Serve all drug misuse reduction activities in providing for an effective dissemination of research findings, information and other data thus linking research to practice.

### **Values**

**The NACD agreed that the following values would guide the implementation of its work programme. The NACD will:**

- Manage the diversity of its membership and commit to a consensus approach in decision-making;
- Foster a culture of respect, dignity, transparency and fairness in all its operations;
- Advocate dialogue as a means of balancing the diverse views on and experiences of drug misuse in Ireland ;
- Be objective in the collection and dissemination of information in line with its commitment to the National Drugs Strategy (NDS) 2001-2008, and subsequently 2009-2016 Interim NDS ;
- Commit to the highest possible standards of excellence and ethical conduct;
- Seek out collaborations and partnerships where there is greater benefit to achieving its goal and co-operate with everyone who can benefit from its knowledge base.

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## **FOREWORD**

It gives me great pleasure to welcome the 2009 Annual Report of the National Advisory Committee on Drugs (NACD).

The NACD fulfils a very important role in providing research-based advice to Government in relation to drug use across the island of Ireland. During 2009 a new National Drugs Strategy for the period 2009-2016 was agreed and the mandate of the NACD was renewed.

Notable achievements in 2009 include the publication of a Study entitled "Drug Use, Sex Work and the Risk Environment in Dublin", and the publication of the final report of "The ROSIE Study: Drug Treatment Outcomes in Ireland" which established the impact of methadone treatment on the health of individuals and on offending behaviour.

I want to congratulate the Chairman, Dr. Des Corrigan, the Director, Ms. Susan Scally, and the members of the Committee for their enthusiasm and commitment to the work of the NACD. As well as this, the work of the NACD is greatly enhanced through the engagement of a significant number of people, from a wide field of expertise, on its various sub-committees and research advisory groups. I wish to thank them and the staff of the NACD.

**Pat Carey T.D.**

Minister for Community, Equality and Gaeltacht Affairs

## CHAIRPERSON'S REPORT

The year 2009 was a very challenging one for the NACD because the Committee had to absorb the loss of its Research Officer, Dr Gemma Cox and a researcher, Dr Teresa Whittaker, both of whom had made enormous contributions to our work and it is still a matter of huge regret that we were not permitted to renew their contracts. The loss of the skills and experience of two outstanding researchers had a very serious and damaging effect on the subsequent work of the NACD which was further aggravated by a significant budget cut. The fact that we still managed to publish significant reports on "Drug Use, Sex Work and the Risk Environment in Dublin" and the Final Report of the ROSIE Study as well as finalising studies on Early School Leavers and on Drug Markets is testimony to the hard work and commitment of the NACD and its remaining staff.

An additional challenge arose from the adoption of the interim National Drugs Strategy (2009-2016) which, in renewing the mandate of the NACD up to the end of 2011, provided us with a significant number of new work areas. As a result, a new Work Programme for the next two years has been agreed with the Office of the Minister for Drugs (OMD), but the NACD will need the requisite in-house technical and research capability as well as adequate financial support in order to meet the targets set for us by the Government's National Drugs Strategy. Detailed planning for the implementation of that work programme did commence during 2009 and I wish to acknowledge in particular the painstaking work of Dr Jean Long and Dr Deirdre Mongan of the former ADRU at the HRB, in assisting the staff of the NACD prepare for the Population Survey 2010/2011, the fieldwork for which is scheduled to begin in autumn 2010.

The varied and extensive work of the Committee would not be possible without the expertise and commitment of those who serve on the NACD, its sub-committees and research advisory groups. Members give unselfishly of their time and knowledge and they represent a unique national resource which should not be lightly discarded at the present time. I am deeply indebted to all of them for their contributions to the success of the NACD to date. In particular I wish to acknowledge the work of those members of the Committee who retired during 2009 namely; Ms Jackie Blanchfield, Ms Anna Quigley, Ms Mary O'Shea, Ms Mairead Kavanagh, Ms Vivienne Fay, Mr Eamon Corcoran and Supt. Barry O'Brien and to thank them for their input into the work. I also want to record my appreciation of the support I have received from the Vice-Chair, Dr Mary Ellen

McCann and to the chairs of the various sub-committees; Mr Liam O'Brien, Mr Eamon Corcoran, and Dr Eamon Keenan.

My colleagues and I are deeply indebted to the staff of the NACD who work incredibly hard to ensure that the outputs of the Committee are of the highest quality. I want to put on record my appreciation and that of my colleagues of the efforts the staff have made to keep the show on the road over the past year particularly during the disruptive relocation of the NACD offices from Shelbourne House to Dún Aimhirgin in Mespil Road. I also want to pay a special tribute to the interim Director, Ms Susan Scally who joined the NACD at a very difficult time but who has managed the challenges facing the Committee in a sensitive and professional manner.

The continued support of the Minister and his officials in the then Drugs Strategy Unit and now in the new OMD, for the work of the NACD, is welcome and has been an essential element in the success of the Committee since its establishment in July 2000. As we face into the challenges presented by the new Work Programme, I am hopeful that with the continued support of the Minister and the OMD, the NACD can fulfill its remit as "the research arm of the National Drugs Strategy".

**Dr Des Corrigan FPSI**  
Chairperson.

## **EXECUTIVE SUMMARY**

2009 has been a challenging year for the NACD with the departure of two experienced researchers and a secretary. Despite these setbacks, it was a busy year for the NACD. There have been seven full Committee meetings; 13 sub-committee meetings and 13 Research Advisory Group meetings culminating in the production of 10 publications, five of which were web-only publications. These achievements could not have been realised without the commitment, dedication and enthusiasm of the members of the NACD and its five sub-committees.

During the year, the NACD relocated its offices from Shelbourne House to the same building as the newly established Office of the Minister for Drugs in Mespil Rd, Dublin 4. We look forward to working closely with the new Office to create improved linkages between policy development and research.

A major achievement of 2009 was the production of the “Drug Use, Sex Work and the Risk Environment in Dublin” study. The findings of this report highlight that drug-using sex workers are exposed to multiple risks and harms in their lived and working lives. The report found that addressing their wider social and situation needs such as poverty, housing, health, education needs and employment prospects are as fundamental to reducing their risk of harm as addressing their drug use. The key findings of the research were presented in a seminar attended by over 100 stakeholders in June.

The NACD is staffed by a small team of very hard-working and adaptable people who have been a great support to me in my first year with the NACD. I am very grateful to Alan Gaffney, the NACD Office Manager and to Mary Jane Trimble who provides reception and secretariat support to the NACD, for their hard work and commitment this year. I would also like to acknowledge the contribution made by Dr Gemma Cox, the NACD Research Officer; Dr Teresa Whitaker, Researcher and Ms Sheena Duffy providing part-time administrative support, whose employment with the NACD ceased during 2009.

**Susan Scally**

Director

## **GLOSSARY OF TERMS**

|                 |   |
|-----------------|---|
| <b>C&amp;AG</b> | Comptroller and Auditor General                                     |
| <b>DAG</b>      | Drugs Advisory Group  |
| <b>DTMS</b>     | Drug Trend Monitoring System  |
| <b>ED</b>       | Electoral Division  |
| <b>EGKBU</b>    | Evidence Generation and Knowledge Brokering Unit<br>(formerly ADRU) |
| <b>FOI</b>      | Freedom of Information  |
| <b>HIV</b>      | Human Immunodeficiency Virus  |
| <b>HRB</b>      | Health Research Board   |
| <b>HSE</b>      | Health Service Executive  |
| <b>IAAAC</b>    | Irish Association of Alcohol and Addiction Counsellors              |
| <b>IDG</b>      | Inter Departmental Group on Drugs                                   |
| <b>LDTF</b>     | Local Drugs Task Force  |
| <b>MQI</b>      | Merchants Quay Ireland  |
| <b>NACD</b>     | National Advisory Committee on Drugs                                |
| <b>NHISU</b>    | National Health Information Systems Unit                            |
| <b>NVDS</b>     | National Voluntary Drug Sector                                      |
| <b>NDS</b>      | National Drugs Strategy   |
| <b>NUI</b>      | National University of Ireland                                      |
| <b>OFD</b>      | Oversight Forum on Drugs  |
| <b>OJEU</b>     | Official Journal of the European Union                              |

|              |   |
|--------------|---|
| <b>OMD</b>   | Office of the Minister for Drugs  |
| <b>PHIRB</b> | Public Health Information and Research Branch                             |
| <b>PQ</b>    | Parliamentary Question  |
| <b>RAG</b>   | Research Advisory Group   |
| <b>RDTF</b>  | Regional Drugs Task Force   |
| <b>RIWG</b>  | Research and Information Working Group                                    |
| <b>ROSIE</b> | Research Outcome Study in Ireland evaluating drug treatment effectiveness |
| <b>UCD</b>   | University College Dublin   |

## Chapter One

### **Background and Functions of the NACD**

#### **1.1 Origins**

The NACD was established in July 2000 to advise the Government on problem drug use in Ireland in relation to consequences, prevalence, prevention, and treatment including rehabilitation, based on its analysis and interpretation of research findings and information available to it. It also provides 'early warning' advice to Government. The Committee comprises representation from Government Departments, Academia, Community, Voluntary and Statutory sectors and reports to the Minister of State with responsibility for the National Drugs Strategy. Further information can be obtained from the website [www.nacd.ie](http://www.nacd.ie).

Arising from a Government decision to renew the NACD mandate in 2004, a further work programme was developed. A consultation process was undertaken with key interest groups and stakeholders to explore further research and information opportunities. The business plan developed incorporates the continuation of the current programme and identifies ongoing gaps in knowledge. The business plan was approved by the Cabinet Committee on Social Inclusion and is published on the NACD website ("Business Plan 2005-2008"). Research undertaken by the NACD during 2009 relates primarily to actions set out in the National Drugs Strategy 2001-2008.

Further to Government approval during 2009 of proposals for a new National Drugs Strategy (interim) 2009-2016, the NACD mandate was extended until the end of 2011 and work began on developing a new work programme. This involved a consultation process with members of the five sub-committees of the NACD. The key priorities of the work programme for 2010-2011 were determined at a planning session of the NACD in November 2009. The work programme was agreed with the Minister of State with responsibility for the Drugs Strategy, the Office of the Minister for Drugs and the NACD in December 2009.

Over the years the NACD has worked closely with other agencies and organisations to optimise skills and resources in gathering information and filling gaps in knowledge. In particular, the NACD works closely with the

Health Research Board's Evidence Generation and Knowledge Brokering Unit (formerly Alcohol and Drugs Research Unit) on meeting the information needs of the EU Five Key Indicators of Drug Use. The NACD is engaged in ongoing collaborative work with colleagues in the Public Health Information and Research Branch of the Department of Health, Social Services and Public Safety in Northern Ireland, gathering information on drug prevalence amongst the general population on the whole island.

The work programme and *modus operandi* of the NACD is an evolving process and further information can be obtained on the NACD website. However, its core functions were set down by Government in 2000 and these have not altered – see over.

## 1.2 Functions

On its establishment in 2000, the functions of the NACD (the Committee) were set out as follows:

- Based on the Committee's analysis and interpretation of research findings and information available to it, to advise the Cabinet Committee on Social Inclusion and, through it, the Government, in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland;
- To review current information sets and research capacity in relation to the prevalence, prevention, treatment and consequences of problem drug use in Ireland and to make recommendations, as appropriate, on how deficits should be addressed including how to maximise the use of information available from the community and voluntary sector;
- To oversee the delivery of a three-year prioritised programme of research and evaluation as recommended by the Interim Advisory Committee to meet the gaps and priority needs identified; by:
  - a) using the capacity of relevant agencies engaged in information gathering and research, both statutory and non-statutory, to deliver on elements of the programme;
  - b) liaising with these agencies with a view to maximising the resources allocated to delivering the programme and avoiding duplication;
  - c) co-ordinating and advising on research projects in the light of the prioritised programme;
  - d) commissioning research projects which cannot be met through existing capacity;
  - e) commissioning additional research at the request of the Government into drug issues of relevance to policy.
- To work closely with the Health Research Board (HRB) on the establishment of a national information/research database (in relation to the prevalence, prevention, treatment and consequences of problem drug use) which is easily accessible; and
- To advise relevant Agencies with a remit to promote greater public awareness of the issues arising in relation to problem drug use and to promote and encourage debate through the dissemination of its research findings.

## Chapter Two

### **Structures and Work Programme**

#### **2.1 Structures**

##### 2.1.1 The NACD

The NACD comprises 19 members who, with the exception of the Chairperson, participate on a voluntary basis. Since 2005, the Chairperson receives a small honorarium. Members serve at the invitation of the Minister of State and their participation requires them to sit on the NACD main committee and at least one sub-committee. NACD meetings are generally scheduled to take place every six weeks excluding July and August. In 2009, five standard meetings, one planning meeting and one emergency meeting to consider the implications of the staffing situation in the wake of the non renewal of the Research Officer's contract, were held. Full membership is detailed in Appendix 1.

##### 2.1.2 Sub-Committees

Due to the complexity of the drugs issue the NACD manages its work programme through sub-committee structures including research advisory groups (RAGs). There are five sub-committees in operation: Consequences; Early Warning Emerging Trends; Prevalence; Prevention; and Treatment/Rehabilitation. Each committee meets as required and according to the needs of the NACD work programme. In 2009, a total of 13 sub-committee meetings were held as follows: Consequences (2); Early Warning Emerging Trends (3); Prevalence (4); Prevention (1); and Treatment/Rehabilitation (3). There were a total of 13 RAG meetings in 2009. Full sub-committee membership is detailed in Appendix 2.

##### 2.1.3 Terms of Reference

Terms of Reference for sub-committees and research advisory groups are available on the NACD website.

## 2.2 Work Programme of NACD

In 2001, the NACD published its first work programme and a business plan was published in 2002. The NACD was externally reviewed by Talbot Associates in 2004 and this led to Government approving a renewed mandate to the end of 2008. A three-year business plan was published in 2005. This set out a new work programme incorporating projects from earlier work programmes that had still to be completed and research that needed to be repeated. Accordingly, research undertaken by the NACD during 2009 relates primarily to actions required of the NACD under the National Drugs Strategy 2001-2008. These actions are set out in Appendix 3 of the report.

Arising from a Government decision in June 2009 approving proposals for a new National Drugs Strategy (interim) 2009-2016, the NACD mandate was extended until 2011. The actions for which the NACD has lead responsibility are set out in Chapter 7 of the new Strategy. Further information is available on the website of the Office of the Minister for Drugs [www.pobail.ie](http://www.pobail.ie). In light of the research and information priorities identified in the Strategy, the development of a new NACD work programme to cover the period up to 2011 was advanced in the latter part of 2009.

In 2009, one new research project was commissioned and there were eight, ongoing research projects. A total of 10 publications was achieved; five of which were web-only publications with the remainder printed and distributed.

### 2.2.1 Summary of 2009

The ongoing work programme in 2009 comprised the following:

- Analysis of data from the 2006/2007 Drug Prevalence Survey culminating in the publication of Bulletins 5 & 6 and Confidence Intervals for Bulletin 2;
- Publication of the Final ROSIE Report;
- Ongoing data analysis on drug use and prostitution research culminating in the production of the final report 'Drug Use, Sex Work and the Risk Environment in Dublin';
- Ongoing data analysis on a comparative study of drug use amongst early school leavers and attendees ;
- Repeat Capture Recapture Study Report finalised and published;
- Research into drug markets in Ireland;
- Planning of the 2010-2011 Drug Prevalence Survey.

Externally commissioned research:

- Drafting of the final report on the Early School Leaver Study.

Internal work – summary of activities:

- Early School Leaver Study – ongoing monitoring of data analysis, tender issue/evaluation for report write up – all managed internally;
- Drug Markets Study – ongoing monitoring and support;
- Drug Users, Sex Work and the Risk Environment in Dublin – completion of writing of report, publication of final report, organisation of seminar and launch of report – all managed internally;
- Drug Prevalence Surveys – prepared and published two bulletins, prepared confidence intervals (CIs) for bulletin 2 (06/07 survey) and updated 2002/3 CIs;
- Review and guidance to research team on ROSIE Final publication ;
- NDS Review – meetings and consultations attended;
- Monitoring and support to the research team on the repeat Capture Recapture Study;
- Feedback to the Oversight Forum on Drugs;
- Prepared the 2008 Annual Report and published it on the web;
- Maintenance of the website and ongoing Irish translation of relevant uploads to website;
- Organised move to new premises.

### 2.2.2 The Research Process

All research has the support of a Research Advisory Group (RAG). The Terms of Reference for these RAGs have been noted in previous reports and are now available on the website. The RAG comes together once the research question has been decided and a commissioning process must be embarked upon. Research is externally contracted via requests for tenders, direct engagement or internal action. The RAG, which generally comprises relevant stakeholders or experts, oversees the research process, coaching and mentoring the researchers, advising and guiding when appropriate and reviewing written output before finally signing off on a report for consideration by the NACD.

### 2.2.3 Commissioned Research

One research project was commissioned in 2009 and preliminary work started on the 2010/2011 Drug Prevalence Survey, as outlined below:

**(i) Risk and Protection Factors for Substance use among Young People: A comparative study of early school leavers and school attending students**

The NACD acted as Principal Investigator in this internally designed study. The NACD received ethical approval for the study implementation from the Drug Treatment Centre Board Research Ethics Committee. The study is examining drug use among early school leavers and school attendees in the context of risk and protective factors. Following completion of the pilot study, a tender issued for the fieldwork element of the main study and this was awarded to Ipsos MORI. Fieldwork was completed in 2008. Following an initial analysis of the survey data, completed in 2009, the NACD commissioned an external researcher to draft a report on the results of the research. The final results of the study were presented to the NACD in December.

**(ii) Drug Use in Ireland and Northern Ireland 2010/2011 Drug Prevalence Survey**

Arising from a Government Decision of 31 March 2009, the Office of the Minister for Drugs and the Department of Health and Children are currently developing a National Substance Misuse Strategy to be completed in 2010 to cover the period 2011-2016. Up-to-date data for planning population-based responses to alcohol and other drugs will be required to implement the new strategy in 2011/2012. Accordingly, new questions are being included in the 2010/2011 Drug Prevalence Survey to measure alcohol use, dependency and related harms. New questions are also being included to measure cannabis dependency and use of 'Head Shop' drugs. The NACD received ethical approval for the survey from the Research Ethics Committee of the Faculties of Public Health Medicine and Occupational Medicine. A request for expressions of interest to carry out the fieldwork phase of the survey was placed in the Official Journal of the European Union in December 2009.

## 2.2.4 Ongoing Research

### (i) **Drug Use in Ireland and Northern Ireland 2006/2007 Drug Prevalence Survey**

This series of Bulletins presents the key findings from the second drug prevalence survey of households in both Ireland and Northern Ireland. A representative sample of people aged between 15 and 64 years was surveyed during late 2006/early 2007, according to the standards set by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The data in these bulletins relate to drug prevalence rates on a lifetime, last year (recent) and last month (current) basis for illegal and other drugs including alcohol and tobacco. Statistically significant differences in prevalence rates between 2002/3 and 2006/7 are also presented. Close collaboration with colleagues in Northern Ireland took place to ensure matching standards and to develop joint publications of the data for both jurisdictions. There were five publications in 2009:

Drug Use in Ireland and Northern Ireland: Updated Results from the 2002/2003 Drug Prevalence Survey: Bulletin 1: **UPDATED CONFIDENCE INTERVALS**. Published on the web only in February 2009;

Drug Use in Ireland and Northern Ireland: Updated Results from the 2002/2003 Drug Prevalence Survey: Health Board (Ireland) and Health and Social Services Board (Northern Ireland): Bulletin 2: **CONFIDENCE INTERVALS**. Published on the web only in February 2009;

Drug Use in Ireland and Northern Ireland 2006/2007 Drug Prevalence Survey: Regional Drugs Task Force (RDTFs) Results: Bulletin 2: **CONFIDENCE INTERVALS**. Published on the web only in February 2009;

Drug Use in Ireland and Northern Ireland 2006/2007 Drug Prevalence Survey: **Sedatives or Tranquillisers, and Anti-depressants Results**: Bulletin 6. Published in March 2009;

Drug Use in Ireland and Northern Ireland 2006/2007 Drug Prevalence Survey: **Polydrug Use Results**: Bulletin 5. Published in June 2009.

**(ii) The Research Outcome Study in Ireland Evaluating Drug Treatment Effectiveness (ROSIE Study)**

In 2002 the NACD commissioned the ROSIE Study under Action 99 of the National Drugs Strategy 2000-2008. It is the first national, prospective longitudinal multi-site drug treatment outcome study in the country. The Study recruited and followed up on 404 opiate users, from the commencement of a new treatment episode (treatment intake) and monitored progress at time-anchored points: 6 months; 1-year; and 3 years after treatment intake. The participants were recruited on entry into three different types of treatment: methadone maintenance (53.2%); structured detoxification (20%); and abstinence-based treatment (20.3%); and a sub-sample of opiate users were recruited from needle-exchange facilities (6.4%).

Four ROSIE Findings bulletins were published in 2007, the first (ROSIE Findings 1) reported on the outcomes at 1-year for drug-use, involvement in crime, injecting-related risk behaviour, and physical and mental health outcomes. The subsequent three bulletins (ROSIE Findings 2, 3 and 4) reported on the 1-year outcomes for each method of treatment (detoxification, abstinence, and methadone).

Further analysis of the ROSIE data for 1-year and 3-year outcomes was ongoing at the end of 2007 and a further three 'ROSIE Findings' bulletins were published in 2008. ROSIE Findings 5 provided analysis of the similarities and differences by gender at 1-year follow-up and was published in October 2008. ROSIE Findings 6 presented a summary of 3-year outcomes for the whole study population (follow-up rate of 88%) described as those who completed interviews at intake and 3 years. This was published on the website only in October 2008.

ROSIE Findings 7 presented findings for those who completed all three interviews (follow-up 72%) at intake to treatment, at 1-year follow-up and at 3-years. These participants are referred to as the '*Per Protocol*' group. This was published in October 2008. These publications are available on the NACD website [www.nacd.ie](http://www.nacd.ie)

**The ROSIE Study: Drug Treatment Outcomes in Ireland**, the final report in the ROSIE series was published and disseminated in June 2009. This

report provides a comprehensive overview of the study and presents treatment intake data and outcomes at 1-year and 3 years.

In 2008, the NACD also commissioned a DVD to tell the story of Drug Treatment Outcomes in Ireland and this was completed in December. The DVD was distributed along with the final ROSIE report.

**(iii) Exploring the Risk Environment of Problematic Drug Users who Engage in Prostitution in Dublin**

The NACD acted as Principal Investigator in this study. It was designed internally and received ethical approval for its implementation from the Drug Treatment Centre Board Research Ethics Committee. Data were analysed and interpreted and a first draft of the report was sent to the NACD in December 2008. The final report was launched, published and disseminated in May 2009. A seminar was hosted by the NACD in June 2009 to discuss the outcomes of the report with stakeholders.

**(iv) Drug Markets Study**

The Health Research Board was commissioned to conduct a study on the illicit drug markets in Ireland in order to address a gap in available research in this area. The study is intended to examine the factors which can influence the development of local drug markets, the nature, organisation, and structure of Irish drug markets and the impact of drug dealing and drug markets on local communities. It is hoped that the research will assist in furthering the objectives and key performance indicators outlined under the supply reduction pillar of the National Drugs Strategy. Qualitative interviewing and analysis of data collated in relation to the research sites was completed during 2009. An initial draft of the final report was presented to the NACD in December 2009.

**(v) Repeat Capture Recapture Study**

This is a repeat of the Capture Recapture Study which provided estimates on the prevalence of problem opiate use in Ireland for the period 2000 to 2001 using three data sources: the Central Treatment List, Garda PULSE data and the HIPE (Hospital In-Patient Enquiry) database. The aim of the repeat study is to provide updated estimates based on data for the period 2006. Dr Alan Kelly from the Small Area Health Research Unit (SAHRU),

Trinity College Dublin was contracted to draft the report, which was published in December 2009.

### 2.2.5 Collaboration

Collaborative working is a core principle of the NACD and every effort is made to involve stakeholders at various levels in relevant discussions, research projects and research activities. Over the last year the NACD has been very active in collaborating with colleagues in Northern Ireland on the third All Ireland Drug Prevalence Survey. This joint working relationship has continued since 2002. In addition, the NACD convened relevant stakeholders in the various RAGs to support other research projects. They involve officials from the Departments of Education and Science; Justice, Equality and Law Reform; Health and Children; The Health Service Executive; The Health Research Board; Office of the Minister for Drugs; UCD; Trinity College; National Youth Council of Ireland; Crosscare Drug and Alcohol Programme; Ruhama; Chrysalis; UISCE; Women's Health Project; Gay Men's Health Project; Dublin Aids Alliance; Gay HIV Strategies; An Garda Síochána; The Forensic Science Laboratory; and The Customs Drugs Law Enforcement Unit of The Revenue Commissioners.

## 2.3 Performance Management

### 2.3.1 Staff

The NACD has four core posts supported directly through secondment and contract by the Department of Community, Rural & Gaeltacht Affairs. The NACD Director post has been filled on secondment by a Principal Officer from the Department of Community, Rural and Gaeltacht Affairs since early February 2009. A Higher Executive Officer and Clerical Officer are presently seconded from the Department. The Research Officer (contract post) position is currently vacant.

### 2.3.2 Balanced Scorecard

In 2009 the NACD had an efficiency rate of 64%. This is lower than in previous years due to a combination of the office re-location, budget cuts and especially staff losses. There were 17 internal meetings (five of which were team meetings) held to manage the flow of work and to maintain the high levels of productivity

from such a small team. The remaining 12 meetings related to the work of sub-committees, RAGs and visitors to the NACD.

Briefings to the Minister were provided on five occasions and 22 external meetings were attended, relating to the provision of support to other agencies and to the research programme of the NACD. The committee was also represented at meetings of the IDG and the new Oversight Forum on Drugs (OFD)

In addition to commissioning and managing its research, the NACD work programme generates a range of other activities which adds another project management dimension to the operations of the NACD. Internal work includes providing secretariat support to the various committees, organising events, media relations and managing the publication process (which involves proofing, editing, checking in great detail all drafts going to and coming from the design house and co-ordinating the printing process). Each publication generates a series of activities related to planning and organising the dissemination of reports, and in 2009 over 7,504 reports were circulated to key stakeholders.

### 2.3.3 Freedom of Information (FOI)

The NACD makes most of its information available on-line. Nonetheless, it receives FOI requests from time to time. A reference book has been published on the website in accordance with the requirements of Sections 15 and 16 of the FOI Acts. In accordance with Section 15 of the Act, the purpose of this reference book is to facilitate access to official information held by the NACD, by outlining the structure, functions and details of the services provided by the NACD, how they may be availed of, information on the classes of records held, and information on how to make a request to the NACD under the Freedom of Information Acts, 1997 and 2003. Section 16 of the FOI Act requires the NACD to publish a book containing the rules, procedures, practices, guidelines and interpretations used by the NACD. Copies of this publication are available at [www.nacd.ie](http://www.nacd.ie) and upon request from the offices of the NACD.

The FOI Officer at the NACD is Mary Jane Trimble. Alan Gaffney is the FOI Decision Maker and internal appeals are dealt with by the Director. There were no FOI requests in 2009.

#### 2.3.4 Office of the Minister for Drugs (OMD) Support

The NACD provided information in response to Parliamentary Questions (PQs) to the OMD, at the Department of Community, Rural & Gaeltacht Affairs and provided other information in response to general queries on drug issues throughout 2009. The OMD supported the NACD in the preparation and signing of contracts and in the administration of financial resources allocated to NACD.

#### 2.3.5 Participation in Training

Ongoing professional development of staff continued in 2009 through participation in various seminars and conferences and through participation on specific courses agreed through the professional development plan. These courses covered the areas of:

- Editing & Proof Reading;
- Media Training.

## Chapter Three

### **Communications**

The core functions of the NACD require a commitment to communications in its broadest sense to promote and encourage debate and discussion of drug issues internally and externally amongst the wide range of stakeholders who interact with it. The publication and distribution of NACD research is a further dimension to using communications tools in achieving goals. The objectives of the communications strategy are:

- To provide timely advice and briefings to the Minister on key issues and emerging trends;
- To advise service providers and practitioners across sectors of relevant research findings that may inform current thinking and practice;
- To promote the research agenda amongst key influencers in those agencies and bodies that promote, commission, fund or undertake drug-related research and/or have access to relevant data in this field;
- To represent the NACD and Ireland at international fora.

#### **3.1 Advice to Government**

The NACD provided advice to Government on several occasions during 2009 through its participation on the IDG and subsequently the Oversight Forum on Drugs, in its briefings with the Minister and through recommendations made based on research or information it had considered. In 2009 this advice covered the areas of drug treatment outcomes, prevalence of sedatives and tranquillisers, polydrug use, harm reduction, and prevalence of opiate use. The NACD also provides ongoing advice and support to the Office of the Minister for Drugs in responding to parliamentary questions and general queries.

#### **3.2 Media Relations**

In 2009 the NACD continued to generate considerable media interest. The launch of the report on *“Drug Use, Sex Work and the Risk Environment in Dublin”* was attended by a broad range of media representatives, with the Minister, Chairperson, and other NACD members participating in interviews on various issues arising from the research.

NACD publications generate instant news coverage and in 2009 the NACD was mentioned in news bulletins on television, across 20 local radio stations including four independent stations in Dublin, and on RTE One; 2FM; Today FM; and Newstalk Radio. Twenty three interviews were given on national and regional radio and television news and current affairs programmes including programmes on RTE One; 2FM; Newstalk Radio; FM104; Today FM; and nine other local and regional channels.

Nineteen articles relating to publications released by the NACD or research carried out by the NACD appeared in national newspapers including: The Irish Times; Irish Examiner; Irish Independent; Sunday Business Post; Daily Star; Irish Daily Mirror; Herald AM; and Metro. There were a further 10 articles published on eight web based media sites.

### **3.3 NACD Website**

The website contains all the necessary information about the NACD, including its vision, mission, values, functions and membership. Information on the sub-committee structure and the NACD's programme of work is also included.

The site has been restructured to make it more user-friendly and has been updated to include the research projects, events and seminars which took place in 2009 and in previous years. Additional links have been added to the website.

All NACD reports are published simultaneously on the website and can be downloaded free of charge. The website is in bilingual format - English and Irish - thus Irish versions of annual reports, business plans, press releases and research summaries dating from 2003 can be downloaded.

### **3.4 Seminars /Conferences organised by NACD staff in 2009**

#### **NACD Conference "Drug Use Sex Work and the Risk Environment in Dublin" Coach House, Dublin Castle 18<sup>th</sup> June 2009**

The aim of the conference was to present the key findings of the research "Drug Use, Sex Work and the Risk Environment in Dublin" to service providers and agency workers who work directly or indirectly with this group of drug users. Minister John Curran opened the conference and Dr Teresa Whitaker, (NACD) presented findings and recommendations from the report. Invited speakers included Dr Linda Cusick, Reader in Substance Use at the University of West

Scotland and Ms Katherine McGarry from Trinity College Dublin who presented papers on key aspects of recommendations contained in the report.

#### 3.4.1 Seminars /Conferences attended by NACD staff in 2009

##### **February**

Seminar: Crack Cocaine – Health Research Board 24<sup>th</sup> February 2009

Seminar: SPSS User Conference (SPSS is a statistical analysis package) – SPSS Ireland

##### **June**

Conference: Dignity Conference – Women’s Health Project

Sex Trafficking and Prostitution: The Dilemma of Demand – Immigrant Council of Ireland

##### **September**

Conference: Bridging the Research Gap in the Field of Illicit Drugs in the EU, hosted by European Commission, Brussels

#### 3.4.2 Presentations given by the Research Team during 2009

##### **March**

Presentation on *Drug Use Sex Work and the Risk Environment in Dublin* to the Interdepartmental Group on Drugs, by Dr Teresa Whitaker

##### **April**

Presentation to Conference: Sociological Society of Ireland – Waterford, by Dr Teresa Whitaker

### 3.5 Publications and Submissions by NACD

NACD Data Needs Submission Paper to the Department of Community Rural and Gaeltacht Affairs. Published on the web only in January 2009.

**Drug Use in Ireland & Northern Ireland: Updated Results from the 2002/2003 Drug Prevalence Survey: Bulletin 1: Updated Confidence Intervals.** Published on the web only in February 2009.

**Drug Use in Ireland & Northern Ireland: Updated Results from the 2002/2003 Drug Prevalence Survey: Health Board (Ireland) and Health and Social Services Board (Northern Ireland): Bulletin 2: Updated Confidence Intervals.** Published on the web only in February 2009.

**Drug Use in Ireland & Northern Ireland: Drug Prevalence Survey 2006/2007: Regional Drugs Task Force Areas (RDTFs) Results: Bulletin 2: Confidence Intervals.** Published on the web only in February 2009.

**Drug Use in Ireland and Northern Ireland: 2006/2007 Drug Prevalence Survey: Sedatives or Tranquillisers, and Anti-depressants Results: Bulletin 6.** Published in March 2009.

**Drug Use, Sex Work and the Risk Environment in Dublin.** Published in May 2009.

**Drug Use in Ireland and Northern Ireland: 2006/2007 Drug Prevalence Survey: Polydrug Use Results: Bulletin 5.** Published in June 2009.

**Annual Report 2008.** Published on the web only in June 2009.

**The ROSIE Study: Drug Treatment Outcomes in Ireland.** Published in June 2009.

**Prevalence of Opiate Use in Ireland 2006: A 3-Source Capture Recapture Study.** Published in December 2009.

## Chapter Four

### Finance

#### 4.1 Research – Funding Allocations

(for Research Projects Commissioned in 2009)  
(includes VAT where applicable)

##### Research Advisory Groups

**Risk and Protection Factors for Substance Use among Young People: A Comparative Study of Early School Leavers and School Attendees**  
(Drafting of Final Report)

Mr Trutz Hasse €43,740

##### Supporting Actions/Activities

Media Relations

Montague Communications €20,091.52

**Total NACD Allocation €63,831.52**

#### 4.2 NACD Expenditure

An annual budget of €1 million was allocated by the Department of Community, Rural and Gaeltacht Affairs towards the operation of the NACD. Seventy per cent of the annual budget is allocated to research funding and the remaining 30% to general administration.

The figures presented are a description of NACD expenditure on research and general administration for 2009. NACD finance is integrated within the general accounts of the Department of Community, Rural and Gaeltacht Affairs.

NACD expenditure on new and existing research projects, including media relations, for 2009 €301,518.16

NACD expenditure on general administration, including pay and legal services, for 2009 €184,225.69

## Appendix One

### **Membership of NACD Committee at 31<sup>st</sup> December 2009**

#### **Chairperson**

Dr Des Corrigan, Visiting Academic, School of Pharmacy and Pharmaceutical Sciences, Trinity College

#### **Vice-Chairperson**

Dr Mary Ellen McCann, Academic Appointment

#### **Members**

Mr Tony Barden, HSE South East

Prof Joe Barry, Academic Appointment

Mr Denis Bradley, National Voluntary Drugs Sector

Mr Declan Byrne, Community Sector

Mr Michael Conroy, Dept. of Community, Rural & Gaeltacht Affairs

Senator Maria Corrigan, Clinical Psychologist

Mr Joseph Doyle, National Drug Rehabilitation Implementation Committee

Mr Tony Duffin, National Voluntary Drug Sector

Mr Bill Ebbitt, HSE Health Promotion Directorate

Mr John Garry, Dept. of Justice, Equality & Law Reform

Dr Eamon Keenan, Consultant Psychiatrist, HSE South Western Area

Dr Jean Long, Evidence Generation and Knowledge Brokering Unit (EGKBU), formerly ADRU, Health Research Board

Ms Geraldine Luddy, Dept. of Health & Children

Mr Charles R. Murphy, IAAAC

Mr Liam O'Brien, Community Sector

Dr Máirín O'Sullivan, Dept. of Education & Science

Det. Supt Michael D. O'Sullivan, Garda National Drugs Unit

#### **Retired NACD Members (2009)**

Ms Jackie Blanchfield, VDTN

Mr Eamon Corcoran, Dept. of Health & Children

Ms Vivienne Fay, HSE

Ms Mairéad Kavanagh, VDTN

Det. Supt. Barry O'Brien, Garda National Drugs Unit

Ms Mary O'Shea, IAAAC

Ms Anna Quigley, Community Sector

**Members of Sub-committees (during 2009)  
(Not sitting on Main Committee)**

**Consequences**

Dr Hugh Gallagher, HSE  
Dr Suzi Lyons, NHISU, Health Research Board  
Ms Alison O'Reilly, Dept. of Justice, Equality & Law Reform  
Ms Mary O'Shea, Dublin Aids Alliance  
Mr Gabriel Staunton, Dept. of Community, Rural & Gaeltacht Affairs

**Early Warning/Emerging Trends**

Ms Marita Kinsella, Dept. of Health & Children  
Ms Niamh Arthur, Irish Medicines Board  
Ms Helen Crosse, Toxicology Department, Beaumont Hospital  
Dr James Gray, Emergency Dept. AMNCH  
Mr Gerry Hayes, Dept. of Justice, Equality & Law Reform  
Dr Richie Maguire, Medical Bureau of Road Safety  
Mr Barry McGreal, Dept. of Justice Equality & Law Reform  
Mr Chris Murphy, Crosscare Drug & Alcohol Programme  
Dr Daniel O'Driscoll, Forensic Science Laboratory  
Dr Audrey O'Donnell, Forensic Science Laboratory  
Ms Mary O'Reilly, Dept. of Health & Children  
Ms Noreen Quinn, Dept. of Health & Children  
Mr Liam Regan, State Laboratory  
Det Sergeant Brian Roberts, Garda National Drugs Unit  
Ms Maria Ryan, Revenue Commissioners  
Dr Bobby Smyth, HSE South Western Area  
Mr Gabriel Staunton, Dept. of Community, Rural & Gaeltacht Affairs  
Ms Siobhan Stokes, Drug Treatment Centre Board  
Ms Gillian Treacy, Dept. of Health & Children  
Dr Joe Tracey, Toxicology Department, Beaumont Hospital  
Ms Fiona Walsh, HSE Western Area

**Prevalence**

Mr Eddie Arthurs, Dept. of Community, Rural & Gaeltacht Affairs  
Mr Barry McGreal, Dept. of Justice, Equality & Law Reform  
Dr Bobby Smyth, HSE South Western Area

**Prevention**

Mr Robbie Breen, Dept. of Health & Children  
Ms Mary Johnston, Walk Tall Programme Support Services  
Ms Ruby Morrow, Church of Ireland College of Education  
Ms Dairearca Ní Neill, Dept. of Community, Rural & Gaeltacht Affairs

Ms Clare O'Reilly, Dept. of Health & Children  
Ms Mary O'Shea, Dublin Aids Alliance

**Treatment / Rehabilitation**

Mr Alan Bell, Dept. of Health & Children  
Ms Elaine Butler, Homeless Agency  
Mr Paul Conlon, Coolmine Therapeutic Community  
Ms Miriam Conway, FÁS Community Services  
Ms Frances Nangle-Connor, Irish Prison Service  
Ms Anna May Harkin, Dept. of Health & Children  
Mr Seamus Hempenstall, Dept. of Education & Science  
Dr Suzi Lyons, NHISU, Health Research Board  
Ms Siobhan Maher, Family Support Network  
Mr Tim McCarthy, Dept. of Health & Children  
Ms Dairearca Ní Neill, Dept. of Community, Rural & Gaeltacht Affairs

## Appendix Two

### Table of Sub-Committee Membership at 31<sup>st</sup> December 2009

|                                      |  | Consequences | WEI | Prevalence | Prevention | Treatment |
|--------------------------------------|--|--------------|-----|------------|------------|-----------|
| <u>Dr Des Corrigan</u>               | Visiting Academic, School of Pharmacy and Pharmaceutical Sciences, Trinity College | ✓            | ✓   | ✓          |            |           |
| <u>Dr Mary Ellen McCann</u>          | Academic Appointment   | ✓            |     |            | ✓          |           |
| <u>Prof Joe Barry</u>                | Academic Appointment   |              |     | ✓          |            | ✓         |
| <u>Mr Bill Ebbitt</u>                | Health Service Executive   |              |     |            | ✓          |           |
| <u>Senator Maria Corrigan</u>        | Clinical Psychologist  |              |     |            | ✓          | ✓         |
| <u>Mr Declan Byrne</u>               | Community Sector   |              |     |            |            | ✓         |
| <u>Mr Tony Duffin</u>                | National Voluntary Drug Sector   |              | ✓   |            |            |           |
| <u>Dr Eamon Keenan</u>               | Consultant Psychiatrist, HSE South Western Area                                    | ✓            |     |            |            | ✓         |
| <u>Dr Jean Long</u>                  | EGKBU, Health Research Board   |              | ✓   | ✓          |            |           |
| <u>Ms Geraldine Luddy</u>            | Department of Health and Children  |              |     | ✓          |            |           |
| <u>Mr Joseph Doyle</u>               | National Drug Rehabilitation Implementation Committee                              |              |     | ✓          |            | ✓         |
| <u>Det Supt Michael D.O'Sullivan</u> | Garda National Drugs Unit  | ✓            |     | ✓          |            |           |
| <u>Mr Liam O'Brien</u>               | Community Sector   | ✓            |     |            |            | ✓         |
| <u>Mr Tony Barden</u>                | HSE South East Region  |              |     |            |            | ✓         |

|                                   |   | Consequences | WEI | Prevalence | Prevention | Treatment |
|-----------------------------------|---|--------------|-----|------------|------------|-----------|
| <u>Mr Charles R. Murphy</u>       | IAAAC   |              |     |            |            | ✓         |
| <u>Dr Máirín O'Sullivan</u>       | Department of Education and Science                 |              |     |            | ✓          |           |
| <u>Ms Alison Reilly</u>           | Department of Justice, Equality and Law Reform      | ✓            |     |            |            |           |
| <u>Ms Mary O'Shea</u>             | Dublin Aids Alliance                                | ✓            |     |            | ✓          |           |
| <u>Dr Suzi Lyons</u>              | NHISU, Health Research Board                        | ✓            |     |            |            | ✓         |
| <u>Dr Hugh Gallagher</u>          | HSE   | ✓            |     |            |            |           |
| <u>Mr Gabriel Staunton</u>        | Department of Community Rural and Gaeltacht Affairs | ✓            | ✓   |            |            |           |
| <u>Ms Marita Kinsella</u>         | Chief Pharmacist, Department of Health and Children |              | ✓   |            |            |           |
| <u>Dr Joe Tracey</u>              | Toxicology Department Beaumont Hospital             |              | ✓   |            |            |           |
| <u>Dr Audrey O'Donnell</u>        | Forensic Science Laboratory                         |              | ✓   |            |            |           |
| <u>Dr James Gray</u>              | Emergency Department AMNCH                          |              | ✓   |            |            |           |
| <u>Ms Gillian Treacy</u>          | Department of Health and Children                   |              | ✓   |            |            |           |
| <u>Mr Gerry Hayes</u>             | Department of Justice, Equality and Law Reform      |              | ✓   |            |            |           |
| <u>Det Sergeant Brian Roberts</u> | Garda National Drugs Unit                           |              | ✓   |            |            |           |
| <u>Ms Mary O'Reilly</u>           | Department of Health and Children                   |              | ✓   |            |            |           |
| <u>Mr Liam Regan</u>              | State Laboratory                                    |              | ✓   |            |            |           |
| <u>Dr Daniel O'Driscoll</u>       | Forensic Science Laboratory                         |              | ✓   |            |            |           |

|                                 |  | Consequences | WEI | Prevalence | Prevention | Treatment |
|---------------------------------|--|--------------|-----|------------|------------|-----------|
| <u>Ms Noreen Quinn</u>          | Department of Health and Children                    |              | ✓   |            |            |           |
| <u>Ms Helen Crosse</u>          | Toxicology Department<br>Beaumont Hospital           |              | ✓   |            |            |           |
| <u>Dr Bobby Smyth</u>           | HSE, South Western Area                              |              | ✓   | ✓          |            |           |
| <u>Dr Richie Maguire</u>        | Medical Bureau of Road Safety                        |              | ✓   |            |            |           |
| <u>Ms Maria Ryan</u>            | Revenue Commissioners                                |              | ✓   |            |            |           |
| <u>Ms Niamh Arthur</u>          | Irish Medicines Board                                |              | ✓   |            |            |           |
| <u>Ms Fiona Walsh</u>           | HSE Western Area                                     |              | ✓   |            |            |           |
| <u>Ms Siobhan Stokes</u>        | Drug Treatment Centre Board                          |              | ✓   |            |            |           |
| <u>Mr Chris Murphy</u>          | Crosscare Drug and Alcohol Programme                 |              | ✓   |            |            |           |
| <u>Mr Barry McGreal</u>         | Department of Justice, Equality and Law Reform       |              | ✓   | ✓          |            |           |
| <u>Mr Eddie Arthurs</u>         | Department of Community, Rural and Gaeltacht Affairs |              |     | ✓          |            |           |
| <u>Mr Robbie Breen</u>          | Department of Health and Children                    |              |     |            | ✓          |           |
| <u>Ms Ruby Morrow</u>           | Church of Ireland College of Education               |              |     |            | ✓          |           |
| <u>Ms Mary Johnston</u>         | Walk Tall Programme Support Services                 |              |     |            | ✓          |           |
| <u>Ms Clare O'Reilly</u>        | Department of Health and Children                    |              |     |            | ✓          |           |
| <u>Ms Dairearca Ní Neill</u>    | Department of Community Rural and Gaeltacht Affairs  |              |     |            | ✓          | ✓         |
| <u>Ms Frances Nangle-Connor</u> | Irish Prison Service                                 |              |     |            |            | ✓         |

|                              |                                     | Consequences | WEI | 'revalence | 'revention | Treatment |
|------------------------------|-------------------------------------|--------------|-----|------------|------------|-----------|
| <u>Mr Alan Bell</u>          | Department of Health and Children   |              |     |            |            | ✓         |
| <u>Mr Paul Conlon</u>        | Coolmine Therapeutic Community      |              |     |            |            | ✓         |
| <u>Mr Seamus Hempenstall</u> | Department of Education and Science |              |     |            |            | ✓         |
| <u>Mr Tim McCarthy</u>       | Department of Health and Children   |              |     |            |            | ✓         |
| <u>Ms Elaine Butler</u>      | The Homeless Agency                 |              |     |            |            | ✓         |
| <u>Ms Miriam Conway</u>      | FÁS Community Services              |              |     |            |            | ✓         |
| <u>Ms Siobhan Maher</u>      | Family Support Network              |              |     |            |            | ✓         |

## Appendix Three

### **Actions Required of the NACD under the National Drugs Strategy 2001-2008**

In the National Drugs Strategy 2001-2008, the NACD was requested to undertake the following actions.

- 98 To carry out studies on drug misuse amongst the at risk groups identified e.g. Travellers, prostitutes, the homeless, early school leavers etc. including de-segregation of data on these groups. It is essential that the individuals and groups most affected by drug misuse and those involved in working to reduce, treat and prevent drug misuse have immediate access to relevant statistical information.
- 99 To commission further outcome studies, within the Irish setting to establish the current impact of methadone treatment on both individual health and on offending behaviour. Such studies should be an important tool in determining the long term value of this treatment.
- 100 To conduct research into the effectiveness of new mechanisms to minimise the sharing of equipment e.g. non-reusable syringes, mobile syringe exchange facilities etc. to establish the potential application of new options within particular cohorts of the drug using population i.e. amongst younger drug misusers, within prisons etc.