

# ANNUAL REPORT 2011

National Advisory Committee on Drugs

© National Advisory Committee on Drugs 2012

# Contents

Director's Report			
1.	Background and Functions of the NACD		
	1.1	Origins	3
	1.2	Functions	3
2.	Structures and Work Programme		
	2.1	Structures	4
		2.1.1 The NACD	4
		2.1.2 Sub-Committees	4
		2.1.3 Research Advisory Groups	4
		2.1.4 Terms of Reference	4
	2.2	NACD Work Programme	4
		2.2.1 Research Projects	4
		2.2.2 New Working Paper Series	4
		2.2.3 NACD Internal Research	6
		2.2.4 Collaboration	6
	2.3	Performance Management	7
		2.3.1 Staff	7
		2.3.2 Balanced Scorecard	7
		2.3.3 Freedom of Information	7
3.	Policy Advice and Public Communications		
	3.1	Advice to Government	8
	3.2	Policy Advice and Liaison	8
		3.2.1 European Policy Advice	9
	3.3	Communications and Media	9
	3.4	NACD Website	9
	3.5	NACD Seminar	9
	3.6	NACD Publications – 2011	10
4.	Finance		
	4.1	Annual Budget	11
	4.2	Expenditure in 2011	11
Арр	endix	1	
	Men	bership of NACD Committee at 31st December 2011	12
Арр	endix	2	
		ons Required of the NACD under the National Drugs Strategy (Interim)	4.5
	2005	9-2016	13

## **Director's Report**

2011 was a year of change and achievement for NACD.

In May 2011, following a change of Government, responsibility for the National Drugs Strategy was allocated to Róisín Shortall TD, Minister with Responsibility for Primary Care in the Department of Health, and consequently the office of the NACD transferred to Hawkins House.

In February, Director, Susan Scally left the NACD and was replaced by Eddie Arthurs, who left in March. Higher Executive Officer, Alan Gaffney, left the NACD in April. In December, Dr. Des Corrigan, Chair of NACD indicated that he would not seek re-appointment in 2012.

In the midst of such flux the unstinting work of the NACD, its sub committees, research advisory groups and the Secretariat ensured that much was achieved.

The mandate of the NACD was renewed in 2009 up to the end of 2011 and a number of significant new work areas were agreed in a work plan for the period.

The details of the activities are detailed later in this report. Four projects were of particular significance and are highlighted here.

Firstly in September NACD published its Research and Data Management policy which outlines its policy on data management to ensure good governance and to comply with legal, ethical and professional responsibilities relating to data holding.

The second significant project was the publication of a literature review **Parental Substance Misuse: Addressing its Impact on children**. The report draws attention to gaps in our knowledge of the true extent and impact of parental substance misuse on children in Ireland. The publication of new data from the third **Drug Use** *in Ireland and Northern Ireland Drug Prevalence Survey 2010/11* provides an important measure of trends in drug use. Bulletin 1, First Results was published in November and revealed that recent and current levels of illegal drug use were mainly stable in Ireland between 2006/7 and 2010/11. The survey also captured new data on use of other opiates showing a higher prevalence amongst women, and new data on alcohol and cannabis dependency. Further detailed bulletins will be published in 2012.

Finally, in November the NACD published a paper, The Potency of THC in Cannabis products, prepared by the Forensic Science Laboratory analysing the potency of the main psychoactive component, tetrahydrocannabinol (THC), in herbal cannabis produced in Ireland. Internationally there is growing concern about the higher levels of THC and its effect on the brain. This is the first paper from a new series of NACD Research working papers published on our website. <u>www.nacd.ie</u>

It is appropriate that I acknowledge and thank the extensive commitment and expertise of the outgoing NACD and its Sub Committees and Research Advisory Groups whose term of office finished in December 2011. They were most generous in their time and sharing of knowledge in implementing NACD's work during the year.

I also wish to sincerely acknowledge and thank Minister Róisín Shortall TD, Dr. Des Corrigan, staff colleagues Dr. Justine Horgan and Mary Jane Trimble, colleagues in the Department of Health and in the various statutory, community and voluntary bodies working to reduce the impact of drugs on the lives of individuals, families and communities. Working towards this is an important shared responsibility and it was a privilege to contribute towards such a goal.

**Joan O'Flynn** Director

February 2012

# 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.

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. NACD's work programme is agreed annually with the Minister with responsibility for the National Drugs Strategy and the relevant drugs policy unit.

#### 1.2 Functions

On its establishment in 2000, the functions of the NACD (the Committee) were agreed and remain 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 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) coordinating and advising on research projects in the light of the prioritised programme,
- d) commissioning research projects which cannot be met through existing capacity,
- commissioning additional research at the request of the Government into drug issues of relevance to policy.
- to work with the Health Research Board 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 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 2011, seven meetings were held. Full membership is detailed in Appendix 1.

#### 2.1.2 Sub-Committees

The NACD manages its work programme through five sub-committees that take responsibility for managing specific research projects related to their own area and reporting back to the NACD. The five sub committees are:

- Consequences,
- Early Warning Emerging Trends,
- Prevalence,
- Prevention,
- Treatment/Rehabilitation.

Each committee meets as required and according to the needs of the NACD work programme. In 2011, a total of 18 sub-committee meetings were held as follows: Consequences (1); Early Warning Emerging Trends (5); Prevalence (4); Prevention (4); and Treatment/ Rehabilitation (4).

#### 2.1.3 Research Advisory Groups

All research has the support of a Research Advisory Group (RAG). The RAG comes together once the research question has been decided, usually by the relevant sub-committee. The RAG, which generally comprises relevant stakeholders or experts in the field, 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 sub-committee and finally the NACD.

#### 2.1.4 Terms of Reference

The Terms of Reference for the NACD, its Subcommittees and the RAGs have been noted in previous reports and are available on the website.

#### 2.2 NACD Work Programme

The National Drugs Strategy (interim) 2009-2016 details the actions for which the NACD has lead responsibility. These actions are set out in Appendix 3 of this report.

#### 2.2.1 Research Projects

Four research projects were advanced in 2011. In addition, a new Research Working Paper series, based on commissioned research was initiated. Progress on the research projects is reported first.

#### 1. Drug Use in Ireland and Northern Ireland 2010/2011 Drug Prevalence Survey

This is the third drug prevalence survey of households in Ireland and Northern Ireland conducted by the NACD and the Public Health Information and Research Branch within the Department of Health, Social Services and Public Safety in Northern Ireland. The fieldwork for the survey was carried out between October 2010 and May 2011 with a final achieved sample of 7,669 respondents (5,134 in Ireland and 2,535 in Northern Ireland). The response rate was 60% in Ireland and 67% in Northern Ireland.

Respondents aged 15-64 were asked about their use of key illegal drugs, such as cannabis, ecstasy, cocaine and heroin on a lifetime (ever used), last year (recent use) and last month (current use) basis. They were also asked about the use of alcohol, tobacco and other drugs (e.g. sedatives and tranquillisers). The technical report is published on the NACD website.

#### First Results from the 2010/11 Drug Prevalence

*Survey* (Bulletin 1) provides the key findings and statistically significant changes in prevalence rates between 2002/3, 2006/7 and 2010/11 which are presented in tabular format and discussed and compared in detail. Findings include;

 Recent and current levels of illegal drug use were mainly stable in Ireland between 2006/7 and 2010/11,

5

- cannabis remains the most commonly used illegal drug in Ireland, followed by new psychoactive substances and cocaine,
- men aged 15-24 were more than twice as likely as women to report recent use of cannabis and more than three times as likely to report use of new psychoactive substances and cocaine powder,
- there was greater usage of prescribed medicines and over the counter painkillers containing codeine amongst women,
- women and older adults reported higher levels of use of sedatives, tranquillisers and anti-depressants.

The remaining bulletins in the series will be published during 2012;

- Drug use by region,
- Alcohol consumption and harmful drinking,
- Cannabis, including other herbal 'smokeable' mixtures,
- Sedatives, tranquillisers and anti-depressants,
- Cocaine and other stimulants.

#### 2. An Overview of New Psychoactive Substances and the Outlets Supplying Them

Action 14 of the National Drugs Strategy (interim) 2009-2016, provides for the monitoring of activities of 'Head shops' and all businesses involved in the sale of psychoactive substances to ensure no illegal activity, and to highlight gaps in our knowledge about these substances and their supply.

Following a competitive tendering process, Dublin Institute of Technology was commissioned in May 2010 to review the psychoactive substances sold in 'Head shops' and other outlets including internet sites. Since the study's commencement in 2010 most of the substances which were openly sold in head shops have been made illegal (May 2010) and many head shops have closed.

The research found that illegal 'head shop style' products (new psychoactive substances) remain available online and some are being sold as food products. The report found that while online products may claim to be 'legal', the products which were analysed all contained illegal substances.

Forty nine products sourced from Irish head shops and online outlets were analysed. Products were mostly in powder or tablet form. One was an herbal smoking product. Further research findings included;

 five products purchased online underwent analysis and all five contained illegal drug substances,

- all of the products purchased in head shops prior to the legislation on head shop products, contained substances that are now illegal,
- 79% of powder substances, 25% of tablet and 33% of capsule products had no ingredients listed.

NACD policy recommendations suggested that efforts could be made to curtail such online trading, for example, through the co-operation between the Irish Medicines Board and the Customs authorities to monitor the sale of counterfeit medicines.

The NACD also recommended that the Department of Health monitor the emergence of new head shop products and move speedily to ban them.

A summary of key messages from the study was published in June 2011 and launched by Minister Róisín Shortall, TD. A full copy of the study is available on <u>www.nacd.ie</u>

#### 3. The Prevalence of Drug Use, including Intravenous Drug Use, and Blood Borne Viruses among the Irish Prisoner Population

A. Drummond, M. Codd, N. Donnelly, D McCausland, J. Mehegan, L. Daly and C. Kelleher

A study on the prevalence of drug use amongst the prison population in Ireland, which started in 2010, was completed in 2011. The purpose of the study was to determine the need for drug treatments and harm reduction (including needle exchange) services in Irish prisons. University College Dublin was commissioned to do this work and it was funded by NACD and the Irish Prison Service.

The study describes the nature, extent and pattern of consumption for different drugs, and the methods, including intravenous, of drug use among the prison population. The study estimates the prevalence of blood borne viruses, identifies associated risk behaviours among the prison population and measures the uptake of individual drug treatment and harm reduction interventions (including hep B vaccination) in prisons.

The findings of the study will be reported in 2012.

#### 4. Drug Markets Study

An independent editor was commissioned to finalise a study commissioned from the Health Research Board on illicit drug markets in Ireland. The study examines 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.

#### 2.2.2 New Research Working Paper Series

The core task of the NACD is to advise Government about the of problem drug misuse in Ireland. In developing such advice the NACD reviews and evaluates published literature and data. In the course of these studies the NACD may obtain information and/or data which might not be included in the final report. This information could for example, explore methodological issues relating to a particular topic. It could also contain technical or scientific material which might not be of immediate interest to policy makers but which might be interesting to researchers or others working in similar or related fields. The NACD decided to make these papers available to a wider readership through a Working Paper Series to be published on the NACD website.

Three commissioned studies were finalised in 2011 and published online on the NACD website as follows:

#### Research Working Paper No. I

**The Potency of THC in Cannabis Product**, by Colette Arnold, Forensic Science Laboratory

The research provides a baseline for measuring the potency of herbal cannabis produced in Ireland. Undertaken by the Forensic Science Laboratory (FSL), the research reported on the main psychoactive component of cannabis, Tetrahydrocannabinol (THC). The results presented in this report show that cannabis produced in Ireland has a higher potency than the imported variety.

The high quantity of THC in cannabis raises serious health concerns as recent UK studies have shown that there is a higher risk of psychosis in those who smoke high-potency cannabis products compared to those who smoke Hash which contains both THC & Cannabidiol CBD. While it is the high THC content and frequency of use of the former products that may cause psychotic episodes, it is also thought to be attributed to the amount or lack thereof of CBD, as CBD appears to decrease the effects of THC when ingested together.

The NACD hopes to update the data in this report on a regular basis given the increasing international concern about rising THC levels particularly in herbal cannabis of the "Skunk" variety. Allied to the increased levels of THC in these varieties is the absence of a second key chemical called CBD which seems to block some of the effects of THC on the brain. Accurate analysis of the levels of these natural chemicals in cannabis drugs is a time-consuming and technically complex process.

#### Research Working Paper No. 2

Methods and Data Sources for the Estimation of the Prevalence of Problematic Opiate and Cocaine Use in Ireland by Maria Gannon, Gordon Hay, Jennifer McKell The University of Glasgow study identified statistical and practical adaptations to improve the reliability of the estimate generated by the capture/recapture method. The study identified data sources in Ireland that could be used to estimate the prevalence of problematic cocaine and opiate use applied a systematic approach to evaluating the usefulness of these methods.

#### Research Working Paper No. 3

Protocol for National Substance Misuse Rehabilitation Cohort Study Neil McKeganey, Gordon Hay

The University of Glasgow study provides information on the effectiveness of the different models to define, derive and measure a set of rehabilitation outcomes for problem drug and alcohol users in Ireland, and to provide an understanding of progression pathways to employment for recovering users.

#### 2.2.3 NACD Internal Research

#### Parental Substance Misuse: Addressing its Impact on Children

This report, by the NACD Senior Researcher Dr. Justine Horgan, reviewed all major international research on the impact of parental substance misuse on children and identified what steps can be taken in Ireland to reduce its impact.

The review looks, not only at the biological impact of drug use during pregnancy and breast feeding, but even more importantly highlights the psychosocial impact on children when their parents misuse drugs, including alcohol.

The review highlighted that children of substance misusers are more likely to experience problems with mental health, social skills, academic achievement and substance use. The recommendations from the review promote the need for more integrated working between addiction services, children's services and medical professionals to help reduce the negative impact of parental drug and alcohol misuse on children and the wider family. They include:

- additional research and data collection to properly estimate the number of children whose parents have substance misuse problems,
- the Department of Children and Youth Affairs' Children First guidelines to be used by all services and organisations working regularly with children who experience parental substance misuse and with their parents,
- assessing the extent to which adult alcohol and drug treatment services are supporting parenting and liaise with child support and other relevant services,

- assessing the extent to which professional education and training in areas such as youth work, psychology, and addiction support, guidance, counselling and childcare can address children affected by parental substance misuse,
- education of women on the adverse effects of consuming alcohol and drugs during pregnancy and train medical professionals so that they can raise awareness among their patients of the risks of consuming these substances
- consideration of appropriate interventions and ways of working for primary health care staff who are involved in the early stages of children's lives such as Public Health Nurses, GPs and community mothers.

A key messages document summarising the report was published and launched at a seminar in November (see report in chapter 3 of this annual report).

#### 2.2.4 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 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.

In addition, the NACD convened relevant stakeholders in the various RAGs to support other research projects, they included representatives from:

The Forensic Science Laboratory, Youthreach, State Laboratory, Beaumont Hospital, Drug Treatment Centre Board, Irish Medicines Board, Health Research Board, Barnardos, Food Safety Authority of Ireland, Citywide, Merchants Quay, Coolmine Therapeutic Community, Casadh, Dublin Aids Alliance, Ana Liffey Drug Project, Family Support Network, Health and Safety Authority, University College Dublin, Trinity College Dublin, University of Glasgow, Dublin Institute of Technology, National Youth Council of Ireland, Crosscare Drug and Alcohol Programme, Health Service Executive, Irish Prison Service, An Garda Síochána, Customs Drugs Law Enforcement Unit of The Revenue Commissioners and the Departments of Education and Skills, Justice and Equality and Health.

#### 2.3 Performance Management

#### 2.3.1 Staff

The NACD has four core posts, Director, Senior Researcher, Higher Executive Officer and Clerical Officer.

The HEO post became vacant in April. A business case was made to the Department of Health regarding the filling of the post. The vacancy continues.

#### 2.3.2 Balanced Scorecard

In 2011 the NACD had an efficiency rate of 83%. This was comparable to the rate in 2010 and in the context of reduced staff levels is demonstrative of very high productivity and efficiencies. There were 25 internal meetings some 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 meetings related to the work of subcommittees, RAGs and visitors to the NACD.

Ministerial Briefings, advice to Government and information relating to Parliamentary Questions were provided on 12 occasions. There were 14 external meetings, relating to the provision of support to other agencies and to the research programme of the NACD. The NACD was also represented at meetings of the Oversight Forum on Drugs and other fora on five occasions.

In addition to commissioning and managing research, the 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, to key stakeholders.

#### 2.3.3 Freedom of Information (FOI)

A Fol reference book has been published on the website in accordance with the requirements of Sections 15 and 16 of the Fol Acts. 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.

# **Chapter Three**

### Policy Advice and Public Communications

One of the core functions of the NACD is 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 objectives of the communications strategy are:

- to provide timely advice to Government on key issues and emerging trends,
- to advise service providers and practitioners across sectors in relation to 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 drugrelated 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 provides ongoing advice to Government through its participation on the Oversight Forum on Drugs, in its briefings to the Minister and through recommendations made based on research or information it had considered. The NACD also provides advice and support to the Drugs Policy Unit, Department of Health in responding to parliamentary questions and general queries relating to its work.

#### National Drugs Strategy Structures Review

In response to a Ministerial consultation, a submission was made with policy recommendations relating to the Regional and Local Drugs Task Forces and the Oversight Forum on Drugs.

#### National Substance Misuse Strategy Group

Denis Bradley represented NACD on this Group.

#### National Action Plan on Social Inclusion

NACD advised on progress under actions attributed to it under the National Action Plan on Social Inclusion (NAPIncl). These referred to drug trends from the 2009 Capture Recapture study and the 2006/7 National Drug Prevalence Survey and a note advising of the 2010/11 National Drug Prevalence Survey.

#### Submission to the Department of Environment, Community and Local Government Statement of Strategy

In August the NACD made a submission to the Department of Environment, Community and Local Government Statement of Strategy. The submission restated the recommendation on developing community indicators for problem drug use from the NACD study A Community Drugs Study, Developing Community Indicators for Problem Drug Use by Dr. Hilda Loughran and Dr. Mary Ellen McCann

#### Submission to Department of Children and Youth Affairs' Statement of Strategy

The NACD made a short submission to the consultation on the development of the Department of Children and Youth Affairs' Statement of Strategy.

# Department of Health Consultation on re-scheduling of cannabis based medicinal products

Dr. Des Corrigan, Chair of NACD, participated in this consultation.

#### 3.2 Policy Advice and Liaison

A range of policy advisory and policy liaison actions were undertaken with elected representatives and statutory bodies as follows:

## Drugs Policy Unit in the Department of Health

Regular briefing meetings continued in 2011.

#### Joint Oireachtas Committee on Health and Children

In September the NACD appeared before the Joint Oireachtas Committee on Health and Children, to inform the Committee of its work and the NACD's views on how to tackle the problem of drug misuse.

#### HSE National Addiction Advisory Governance Group (NAAGG)

In September, the Senior Researcher and Director briefed NAAGG on the key messages and recommendations from the literature review Parental Substance Misuse and its Impact on Children.

q

#### HSE National Drug Rehabilitation Implementation Committee

Liam O'Brien NACD participated on this Committee.

#### HSE Overdose Prevention Strategy

Dr. Des Corrigan participated in the development of the Strategy, which proposes a role for the NACD in providing an objective review of supervised injecting facilities.

## HSE Communications Protocol for Notification of Drug Use Emergencies

The Early Warning and Emerging Trends Sub Committee of the NACD developed an agreed framework to form the basis for an operational protocol to be developed by the HSE on clinical and public notification of drug use emergencies.

#### 3.2.1 European Policy Advice

NACD members provided policy observations to the Department of Health on the European Commission 'Towards a Stronger European Response on Drugs' and the Council of Europe Draft Conclusions on New Psychoactive Substances. It also contributed to the evaluation of the EU Drugs Strategy 2005-2012.

#### NACD, EU Drugs Strategy and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)

Under EMCDDA, Reitox is an EU wide information network on drugs and drug addiction. The Health Research Board is the Irish member or National Focal Point. The NACD collects national data required for two key indicators which are then reported on by the HRB to the EMCDDA. Under the new (2005-2012) EU Drugs Strategy, the data requirements for which the NACD is responsible relate to:

- 1. Drug use in the general population and specific populations
- 2. Numbers of problem drug users.

The three other key indicators which are harmonised at EU level are treatment demand; drug-related deaths and mortality and drug-related infectious disease.

Under the 1997 Joint Action Plan by the Council of the European Union concerning information exchange, risk assessment and control of new synthetic drugs, each member state had to set up a system of early warning on the emergence of this phenomenon. In 2001, that committee was placed on a formal basis within the NACD and its remit extended to include the monitoring of emerging trends. Its work is now linked to work by the EMCDDA on early warning and emerging trends in drug use in the context of Council Decision 2005/387/JHA relating to New Psychoactive Substances.

#### 3.3 Communications and Media

A total of 60 direct briefings/interviews were provided to the media in 2011. These were centred on promoting new research findings from NACD or responding to matters of public debate.

Four new reports/working papers were published and promoted in the media these related to new findings on drug prevalence in Ireland; new data on psychoactive substances; the impact of parental substance misuse on children and the potency of cannabis available in Ireland. These are detailed in Chapter 2 under Commissioned Research and Internal Research.

A seminar, co-hosted by NACD, HSE Social Inclusion and Alcohol Action Ireland was also promoted. See Section 3.5 below for further details.

New information and data from NACD generated strong news coverage and public awareness particularly throughout the second half of the year.

#### 3.4 NACD Website (www.nacd.ie)

The website contains all the necessary information about the NACD, including its vision, mission, values and functions, membership and sub-committee structure and the NACD's programme of work. All NACD reports are published on the website and can be downloaded free of charge.

#### 3.5 NACD Seminar

## A Family Affair? Supporting children living with parental substance misuse.

In October the NACD together with HSE Social Inclusion and Alcohol Action Ireland co-hosted a Seminar in Croke Park to launch and discuss the findings from the literature review by Dr. Justine Horgan (NACD) **Parental Substance Misuse: Addressing its Impact on Children – A Review of the Literature**.

Over 100 people attended from a wide variety of statutory and voluntary organisations working in the area of substance misuse and rehabilitation, child protection welfare and support, community development, counselling services, probation service, family support services, doctors, social workers, psychologists and teachers. The seminar provided the opportunity for discussion and debate between the services working with children, and those working with adults and enabled the sharing of observations and experiences and an exchange of views on the challenges involved in early intervention and interagency work in the context of diminishing resources.

The anticipated National Substance Misuse Strategy and the emerging Child and Family Agency were considered key policy initiatives that could incorporate a focus on children affected by parental substance misuse and that increase the emphasis on family support.

A full report on the seminar is available on the NACD website.

The event was addressed by Róisín Shortall TD, Minister with Responsibility for Primary Care and Frances Fitzgerald TD, Minister for Children and Youth Affairs.

#### 3.6 NACD Publications – 2011

All NACD publications are available to download from <u>www.nacd.ie/publications</u>. 2011 publications, listed below were widely disseminated to statutory, community and voluntary bodies working on drugsrelated issues.

#### Annual Report

 NACD Annual Report 2010 published on the website only.

#### Early Warning and Emerging Drug Trends

New Psychoactive Substances

- An Executive Summary of an Overview of New Psychoactive Substances and the Outlets Supplying Them
- An Overview of New Psychoactive Substances and the Outlets Supplying Them

#### **Cannabis Potency**

• The Potency of THC in Cannabis Products

#### NACD Research Data Management Policy

 NACD corporate policy on data management and governance

#### Prevention of Drug Use

Parental Substance Misuse and its Impact on Children

- Parental Substance Misuse and Its Impact on Children: Key Messages and Recommendations from a Review of the Literature
- Parental Substance Misuse and Its Impact on Children: A Review of the Literature
- A Family Affair? Supporting Children Living with Parental Substance Misuse, Report of Seminar in October 2011
- Responding to challenges of substance use among young people, Report of a Seminar held in November 2010

#### Drug Prevalence

- Drug Use in Ireland and Northern Ireland: First Results from the 2010/11 Drug Prevalence Survey – Bulletin 1
- General Population Survey on Drug Prevalence 2010/11 – Technical Report
- Research into Methods and Data Source for the Estimation of Prevalence and Problematic Opiate and Cocaine Use in Ireland

#### Treatment and Rehabilitation

 Protocol for National Substance Misuse Rehabilitation Cohort Study

# Chapter Four

### Finance

#### 4.1 Annual Budget

The annual budget for the NACD in 2011 was €700,000. Seventy per cent is allocated to research funding and the remaining thirty per cent to general administration.

The NACD budget is allocated through the Department of Health and can be examined by internal audit and the comptroller and auditor general.

Quarterly budget reports are made at the NACD meetings.

#### 4.2 Expenditure in 2011

The summary of expenditure NACD's allocation is detailed as follows:

	€
Salaries/honorarium	167,486
Administration	18,257
Research and PR	509,470
Total expenditure	€695,213

## Appendix One

### Membership of NACD Committee at 31st December 2011

#### Chairperson

Dr Des Corrigan, Visiting Academic

#### Vice-Chairperson

Dr Mary Ellen McCann, Academic Appointment

#### Members

Prof Joe Barry, Academic Appointment Mr Denis Bradley, National Voluntary Drugs Sector Mr Declan Byrne, Community Sector Mr Michael Conroy, Dept of Health Mr Joseph Doyle, Health Service Executive Mr Tony Duffin, National Voluntary Drug Sector Ms Deirdre Meenan, Dept of Justice & Equality Dr Eamon Keenan, Consultant Psychiatrist, HSE Dr Jean Long, Health Research Board Ms Siobhan Kennan, Dept. of Health Mr Charles R. Murphy, IAAAC Mr Liam O'Brien, Community Sector Dr Máirín O'Sullivan, Dept. of Education & Skills Det Supt Michael D. O'Sullivan, An Garda Síochána Ms Fiona Walsh, Health Service Executive

#### Retired NACD Members (2011)

Mr Tony Barden, Health Service Executive Mr Bill Ebbitt Health Service Executive

### Members of Sub-committees

#### (during 2011) (Not sitting on Main Committee)

#### Consequences

Dr Suzi Lyons, Health Research Board Dr Cathal O'Sullivan, Health Service Executive Ms Alison Reilly, Dept of Justice & Equality Ms Anna Quigley, Dublin Aids Alliance Mr Alan Kelly, Dept of Health

#### Early Warning/Emerging Trends

Ms Marita Kinsella, Dept. of Health Dr Edel Duggan, Toxicology Department, Beaumont Hospital Dr James Gray, Emergency Dept. AMNCH Mr Gerry Hayes, Dept. of Justice & Equality Ms Jelena Ivanovic, Crosscare Drug & Alcohol Programme Dr Pierce Kavanagh, Trinity Centre for Health Sciences Dr Richie Maguire, Medical Bureau of Road Safety Ms Peggy McGlynn, Forensic Science Laboratory Mr Chris Murphy, Crosscare Drug & Alcohol Programme Ms Lorraine Nolan, Irish Medicines Board Dr Dan O' Driscoll, Forensic Science Laboratory Ms Noreen Quinn, Dept. of Health Mr Liam Regan, State Laboratory Det Sergeant Brian Roberts, Garda National Drugs Unit Ms Maria Ryan, Revenue Commissioners Dr Bobby Smyth, Health Service Executive Ms Siobhan Stokes, Drug Treatment Centre Board Dr Joe Tracey, Toxicology Department, Beaumont Hospital

#### Prevalence

Mr Barry O'Donnell, Dept. of Justice & Equality Dr Bobby Smyth, Health Service Executive Dairearca Ní Néill, Dept of Health

#### Prevention

Mr Pat Hanna, RASP Community Addiction Rehab Centre Ms Ger McHugh, National Youth Council of Ireland Ms Dairearca Ní Néill, Drugs Policy Unit, Dept of Health Ms Clare O'Reilly, Dept. of Health & Children Ms Anna Quigley, Dublin Aids Alliance Mr Conor Rowley, Dept of Children & Youth Affairs

#### Treatment/Rehabilitation

Mr Brendan Ryan, Dept of Health Ms Elaine Butler, Homeless Agency Mr Paul Conlon, Coolmine Therapeutic Community Ms Miriam Conway, Dept of Social Protection Mr Declan Byrne, Kilpatrick Coast Community Project Ms Frances Nangle-Connor, Irish Prison Service Mr Seamus Hempenstall, Dept. of Education & Skills Dr Suzi Lyons, Health Research Board Ms Siobhan Maher, Family Support Network Mr Tim McCarthy, Dept. of Health Dairearca Ní Néill, Dept of Health Ms Elizabeth Toal, Homeless Agency

# Appendix Two

### Actions Required of the NACD under the National Drugs Strategy (Interim) 2009-2016

- **49** Continue to implement and develop, as appropriate, the five key EMCDDA epidemiological indicators and the associated collection systems;
  - (i) Prevalence and patterns of drug use among the general population;
  - (ii) Prevalence and patterns of problem drug use.
- 54 Consider the further development of systems monitoring changing drugs trends in line with the EU Early Warning System
- 55 The Minister of State, the OMD and the NACD will develop and prioritise a research programme, revised on an annual basis. This would consider the following areas among others for possible research;
  - Areas of research recommended in the report of the Working Group on Drugs Rehabilitation;
  - Harm reduction approaches, based on an evidence-based approach covering developments internationally;
  - Examining the evidence of the effectiveness of the progression of clients from substitute maintenance treatments to abstinence;
  - Psychosocial adjustment, and quality of life, of patients on long-term methadone maintenance treatment;
  - Examining the misuse and prolonged use of psychotropic drugs;
  - Factors influencing deaths that are indirectly related to drugs;
  - New developments in treatments for drugs;
  - The impact of alcohol and drugs on the Irish health and justice systems;
  - Further research on psychiatric co-morbidity among drug users;
  - Prevalence patterns of problem substance use among prisoners and homeless people; and
  - Examining the feasibility of developing an indicator to monitor changes in the prevalence of substance misuse among youth at risk

 56 Develop a research management framework in regard to problem substance use in Ireland. Disseminate research findings and models of best practice.



#### National Advisory Committee on Drugs

Hawkins House, Hawkins St, Dublin 2 T: 00 353 1 635 4283 E: nacd@nacd.ie W: www.nacd.ie