
National Drugs Strategy 2009-2016

Progress Report to End 2013

	Supply Pillar Actions	Progress to Date in Implementation of Action
Action 1	<p>Establish a Steering Group in autumn 2009 to develop proposals for an overall Substance Misuse Strategy, incorporating the already agreed interim National Drugs Strategy</p> <p>Department of Health</p>	<p>The Government recently approved an extensive package of measures to deal with alcohol misuse to be incorporated in a Public Health (Alcohol) Bill. These measures are based on the recommendations contained in the <i>Steering Group Report on a National Substance Misuse Strategy, 2012</i>. The package of measures to be implemented will include provision for:</p> <ul style="list-style-type: none"> • minimum unit pricing for alcohol products; • the regulation of advertising and marketing of alcohol; • structural separation of alcohol from other products in mixed trading outlets; • health labelling of alcohol products; and • regulation of sports sponsorship. <p>Work on developing a framework for the necessary Department of Health legislation is continuing.</p>
Action 2	<p>Establish Local Policing Fora (LPF) in all LDTF areas and other areas experiencing serious and concentrated problems of drug misuse</p> <p>Department of Justice & Equality, Department of Environment, Community & Local Government, An Garda Síochána (all 3 sharing Lead Role)</p>	<p>Guidelines for the operation of Local Policing Fora were circulated to the relevant Local Authorities/Joint Policing Committees, An Garda Síochána and Local Drugs Task Forces for implementation.</p> <p>Local policing fora have now been established in all 14 Local Drugs Task Forces areas. A number of these fora have been in place for some time now and are well established local structures. In recently established fora, work is progressing to further their development.</p>
Action 3	<p>Include drugs issues in a central way in the work of Joint Policing Committees (JPCs) to ensure that there is a concerted effort against drugs in the areas involved. The issue of drug-related intimidation from the lower level to the most serious should be raised at both the JPCs and the LPFs with a view to devising appropriate and sustainable local responses to the issue.</p> <p>Department of Environment, Community & Local Government (Lead Role) with support from Department of Justice & Equality, Local Authorities, An Garda Síochána, DTFs</p>	<p>The 2008 Guidelines for JPCs include the following:</p> <p>“Paragraph 2.1 (a) a central part of a JPCs role is to keep under review - the levels and patterns of crime, disorder and anti-social behaviour in that area (including the patterns and levels of misuse of alcohol and drugs).”</p> <p>Addressing the issues of drug-related intimidation at a local level features prominently in the work of the JPCs.</p>
Action 4	<p>Foster community engagement in areas most affected by the drug problem through the establishment and support of appropriate drug networks.</p> <p>Drugs Task Forces, Department of Health (formerly Office of the</p>	<p>Drugs Task Forces play a key role in fostering community engagement through establishing and supporting drug networks at local level.</p> <p>The Community and Voluntary sectors are fully engaged in the operation of the NDS through their participation in national, regional and local fora.</p>

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	Minister for Drugs), Community & Voluntary sectors	
Action 5	<p>Develop a framework to provide an appropriate response to the issue of drug-related intimidation in the community.</p> <p>An Garda Síochána (Lead Role) with support from Family Support Network; Department of Justice & Equality</p>	<p>Following efforts carried out by the Garda National Drugs Unit and the Family Support Network a framework has been developed. Under this framework a “Drug-Related Intimidation Programme” has been established by the G.N.D.U. in conjunction with the community based National Family Support Network (NFSN) with the support of the HSE’s Social Inclusion Unit.</p> <p>The purpose of this programme, which is now in place at national level, is to respond to the needs of drug users, their family members and/or friends who experience drug related intimidation to repay drug debts etc.</p> <p>As part of this framework an Inspector has been nominated in every Garda Division nationwide. The G.N.D.U. in conjunction with the NFSN has developed a number of initiatives which include training, an information leaflet and an on-line campaign, which was launched in July 2013.</p> <p>More information about the programme is available at the following websites - www.garda.ie, www.nfsn.ie and www.drugs.ie which also includes a list of the nominated Garda Inspectors countrywide.</p>
Action 6	<p>Put in place an integrated system to track the progression of offenders with drug-related offences through the criminal justice system</p> <p>Department of Justice & Equality (Lead Role) with support from An Garda Síochána; The Courts Service; Irish Prison Service</p>	<p>A project has been initiated with the aim of establishing linkages between the IT systems of these agencies (An Garda Síochána, the Courts Service, the Irish Prison Service and the Probation Service).</p> <p>The Criminal Justice Interoperability Project (CJIP) already operates successfully between the Gardaí and Courts.</p> <p>While work is continuing on the further development of interagency co-operation in the criminal justice sector the further development of this system is subject to review having regard to the current economic situation and budgetary constraints.</p> <p>Resources containing information on offenders with drug-related offences continue to be made available including, for example: (i) The CSO Crime Statistics; (ii) The Annual Reports of the Courts Service, the Irish Prison Service, the Irish Probation Service and An Garda Síochána; and (iii) CSO Prison and Probation Recidivism Studies</p>
Action 7	<p>Develop an initiative to target adults involved in the drugs trade who are using young children (some under the legal age of culpability) to engage in illegal activities associated with the drug trade.</p> <p>An Garda Síochána (Lead Role)</p>	<p>A framework has been developed and is now in place on a national level, whereby an Inspector has been nominated in every Garda Division nationwide to ensure that there is an appropriate Garda response to target adults involved in the drugs trade who use children to engage in illegal activities associated with the drugs trade.</p> <p>All information will be dealt with at local level and will be acted upon in a way that does not put any child or their family at risk or further risk of harm from Criminal Adults who have used children to assist in the illicit trade.</p>

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		An Garda Síochána will notify the H.S.E in appropriate circumstances.
Action 8	<p>Continue to implement increased security procedures in prisons, including the development of the drug detection dog service.</p> <p>Irish Prison Service (Lead Role)</p>	<p>A number of security initiatives have been introduced in prisons, and continue to be implemented on an ongoing basis. These include:</p> <ul style="list-style-type: none"> • establishment of Security Screening Units which provide airport style security screening, using x-ray machines and scanning equipment for all staff and visitors; • establishment of Operational Support Units dedicated to, and developing expertise in, searching and gathering intelligence and targeting specific security problem areas; • use of Body Orifice Security Scanner chairs in all prisons; • establishment of a Canine Unit (Drug Detection Dog Service) within the Irish Prison Service • segregation of a number of serious drug and criminal gang members in high security units. • new visiting arrangements introduced into all prisons • new netting over recreation yards.
Action 9	<p>In relation to drugs and driving:</p> <ul style="list-style-type: none"> • implement random road side drug testing as soon as this is technically and legally possible; • review legislation on the issue of driving under the influence of drugs and consider appropriate enforcement options; • expand the forensic analysis programme of the Medical Bureau of Road Safety to deal with drug driving; • train Gardaí, doctors and nurses in all relevant issues around drugs/driving; and • introduce detailed examination of full toxicology reports of all drivers involved in fatal road traffic accidents to ascertain the level of drug use involved. <p>Department of Transport (Lead Role) with support from Road Safety Authority, An Garda Síochána, HSE, Medical Bureau of Road Safety</p>	<p>A roadside chemical drug testing implementation group was formed under the chairmanship of the Medical Bureau of Road Safety (MBRS) in early 2013 and several meetings were held during the year. The group continued to gather information on devices. Members of the group have met with manufacturers, scientists, members of different police forces and other bodies interested in roadside drugs and driving detection devices. Throughout 2013 the implementation group continued with its preparation of specifications and requirements for the invitation to tender for roadside devices.</p> <p>During 2013 the MBRS continued with its own plan to develop oral fluid drug analytical methods in order to be in a position to evaluate devices for tender assessment. The Department of Transport, Tourism and Sport (DTTAS) gave sanction to recruit 4 additional scientists and one administrative staff member to the complement of the MBRS to support this objective.</p> <p>The MBRS continued to analyse specimens received under the Road Traffic Acts for the presence of a drug or drugs in 2013 and progressed in-house confirmatory methods.</p> <p>Training provided by the MBRS to the Gardaí is ongoing.</p> <p>A Legislative Working Group was established in October 2013, chaired by DTTAS, with representatives from the MBRS, An Garda Síochána (AGS), and Department of Justice and Equality. The Group will review legislation on the issue of driving under the influence of drugs and consider appropriate enforcement options with a view to providing draft heads early in 2014 for</p>

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		<p>inclusion in the Road Traffic Bill 2014.</p> <p>Examinations of toxicology reports are not currently carried out by the MBRS. This would not be a function of the MBRS in any event.</p>
Action 10	<p>Engage in appropriate enforcement strategies to ensure compliance with the prohibition of the sale of alcohol to persons under 18 years of age. An Garda Síochána (Lead Role)</p> <p>Further reforms to the licensing laws to combat the sale or supply of alcohol to persons under 18 years of age should be considered where they are justified by reference to an evidence-based approach. An Department of Justice & Equality (Lead Role)</p>	<p>The Intoxicating Liquor Acts 1988 to 2010 already contain comprehensive provisions to combat the sale and supply of intoxicating liquor to persons under 18 years of age. This area of the law is subject to ongoing monitoring and review.</p> <p>As part of the Government's decision in October 2013 to introduce a range of measures to help address the impact of alcohol misuse, particularly on young people, the Departments of Justice and Equality and Health have agreed a 3-step approach to provide for the structured separation of alcohol from other products in mixed trading outlets. This involves replacing the current voluntary code with a statutory code under Section 17 of the Civil Law (Miscellaneous Provisions) Act 2011 and after 2 years both Departments will review its effectiveness in achieving the policy objectives of Section 9 of the Intoxicating Liquor Act 2008.</p> <p>An Garda Síochána have established a working group to continue to develop appropriate enforcement and preventative strategies to address the issues raised in the Action. Some test purchasing of alcohol products was commenced with effect from 1st October 2010. As a result of the legislation An Garda Síochána have completed a policy on the test purchasing of alcohol. Test Purchase operations began in 2011 and have successfully continued to operate throughout the country in 2013. To date 1,062 test purchase operations have been completed.</p> <p>The National Age Card continues to be a successful initiative. To date there have been 60,000 applicants. The Age Card provides universal identification for young persons and it is now widely recognised. An Garda Síochána have also carried out a number of awareness campaigns in May and September 2013, in an effort to promote the use and sole acceptance of the Age Card. The awareness campaign targeted secondary schools and third level institutions and each Divisional Officer was briefed of the campaign. The Licensed Vintners Authority was also targeted in this campaign and as a result many off licensed premises were informed.</p>
Action 11	<p>Continue to monitor the resources of the Forensic Science Laboratory, to ensure that appropriate levels are in place to facilitate timely prosecution of offenders, as well as purity/potency testing on seized drugs.</p> <p>Department of Justice & Equality (Lead Role)</p>	<p>Plans for the new Forensic Science Laboratory (FSL) have been the subject of review having regard to public expenditure restrictions. Proposals to build a new laboratory cannot be proceeded with in the current economic climate.</p> <p>Staffing levels for the Forensic Science Laboratory remain under ongoing review. The current employment cap applies to the Forensic Science Laboratory.</p> <p>The Programme for Government includes a commitment to establish a DNA Database to assist the Gardaí in the investigation of serious crime. This commitment is reflected in the Criminal Justice</p>

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		<p>(Forensic Evidence and DNA Database System) Bill which was published in September 2013 and is currently awaiting Dáil Committee Stage.</p> <p>The Bill, which is being dealt with as a legislative priority, provides for the establishment and operation of a DNA database to provide high quality intelligence to assist the Gardaí in the detection of crime and the identification of missing / unknown persons and updates the legal framework generally for the taking of forensic samples.</p> <p>An Implementation Group is being established to oversee the steps necessary to ensure that the Database can be operational as soon as possible after the Bill is enacted.</p>
Action 12	<p>Contribute to the timely prosecution of drug-related offences by the introduction of a presumptive testing regime, in appropriate circumstances.</p> <p>Department of Justice & Equality (Lead Role) with support from An Garda Síochána; Forensic Science Laboratory</p>	<p>Presumptive testing is a term used for scientific analysis which can give an indication that a substance of interest is present in a sample.</p> <p>Since February 2010, An Garda Síochána have introduced a Presumptive Testing Process, at a National level, in which particular controlled drugs may be tested (subject to certain conditions) by trained members of An Garda Síochána. Presumptive Drug Testing (P.D.T.) provides a process for certain controlled drugs eg. Cannabis Resin, Cannabis Herb and Cocaine to be examined locally by trained Garda personnel without reference to the Forensic Science Laboratory. The Programme operates on a National level and its effectiveness is monitored on an on-going basis.</p> <p>There are currently 198 trained members under the Action and further training courses to address any potential shortfalls are scheduled for the coming months.</p> <p>The implementation and management of the Presumptive Testing Process is the responsibility of management at the Garda National Drug Unit.</p>
Action 13	<p>Review the current operation and effectiveness of the Drug Court, including the exploration of other international models.</p> <p>Department of Justice & Equality (Lead Role)</p>	<p>A review of the Drug Treatment Court (DTC) was published in May 2010. The review confirmed the continued operation of the DTC for a further 2 years but identified issues to be addressed in terms of its management and operation. Arising from that review, a Senior Steering Committee was put in place to oversee the operation of the Court and the implementation of the recommendations.</p> <p>A further examination of the operation of the court was carried out during 2012/2013 by the Committee and its report was submitted to the Minister for Justice, Equality and Defence. The report indicates that the Court has not been able to reach the number of offenders envisaged when it was established back in 2001.</p> <p>Against this background the Minister for Justice, Equality and Defence is currently considering options as a way forward for the operation of the Court in light of the outcome of the review and taking account of the current economic climate.</p>

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Actions 14 & 15	<p>Monitor the activities of headshops, and all businesses involved in the sale of psychoactive substances, with the objective of ensuring that no illegal activity is undertaken.</p> <p>Ensure that steps are taken to reform legislation in this respect where it is deemed to be appropriate.</p> <p>Keep drugs-related legislation under continuous review, with particular focus on new synthetic substances, new or changed uses of psychoactive substances, and against the background of EU and broader international experience and best practice.</p> <p>Department of Health (Lead Role); with support from An Garda Síochána; Department of Justice & Equality; Revenue's Customs Service; Irish Medicines Board; Department of Environment, Community & Local Government; Community & Voluntary sectors</p>	<p>In 2010 and 2011, a total of approximately 260 substances were placed under the control of the Misuse of Drugs Acts.</p> <p>In addition, the commencement of the Criminal Justice (Psychoactive Substances) Act 2010 by the Department of Justice, Equality & Law Reform led to the closure of the vast majority of Headshops.</p> <p>Under EU Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances, Ireland supported the conduct of a risk assessment of the substance 4-methylamphetamine. This substance is currently controlled in Ireland by means of a generic provision controlling phenethylamines. Ireland has also supported the conduct of a risk assessment of the substance 5-(2-aminopropyl) indole (5-IT), which is not currently controlled in Ireland.</p> <p>The Department of Health, following consultation with key stakeholders, is preparing an amendment to the Misuse of Drugs Regulations to place additional controls on benzodiazepines and z-drugs, as well as bringing 36 phenethylamine derivatives (so-called Pihkals which are psychedelic derivatives) under control. It is also proposed to control 5-IT referred to in paragraph above. A further consultation was held with stakeholders by posting on the Department's website a draft of the Amendment. It is anticipated that the new Regulations will be introduced in mid-2014.</p>
Action 16	<p>Keep legislation under continuous review to deal with the evolving situation in regard to drug precursors, against the background of EU and broader international experience and best practice.</p> <p>Department of Health (Lead Role) with support from Revenue's Customs Service; Irish Medicines Board; Community & Voluntary sectors</p>	<p>Legislation governing drug precursors was implemented in 2009. The Department is engaged at EU and international level on the need to further control precursors.</p> <p>In late 2012, the EU Commission published two proposals to amend existing Regulations controlling precursors. Council Regulation (EC) 111/2005 provides for monitoring of trade in drug precursors between the Community and third countries. It is proposed to strengthen this legislation by broadening its scope through the introduction of controls on medicinal products containing ephedrine and pseudoephedrine, which can be used as a starting material in the production of methamphetamines.</p> <p>Regulation (EC) 273/2004 established harmonised measures for the intra-Community control and monitoring of certain substances used for the illicit manufacture of narcotic drugs with a view to preventing their diversion. This new COM proposal aims to reinforce this legislation by strengthening control measures on acetic anhydride (AA) by imposing registration requirements on end-users. AA is the main drug precursor for heroin, and is a chemical widely used in many legitimate settings in Ireland. Currently, the registration requirement for AA applies only to those primarily engaged in direct manufacture and/or supply and distribution of the chemical.</p>

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		<p>The amending regulations were negotiated during 2013 in the Customs Union Working Group and in December 2013, the amending regulations were published in the Official Journal of the European Union. The amending regulations are Regulation (EU) No. 1258/2013 and Regulation (EU) No. 1259/2013 respectively.</p>
<p>Action 17</p>	<p>Continue to work with partners at EU and other international levels to intercept drugs, and precursors for diversion to the manufacture of drugs, being trafficked to Ireland.</p> <p>An Garda Síochána, Revenue’s Customs Service (joint Lead Role); with support from Department of Justice & Equality; Department of Foreign Affairs & Trade</p>	<p>Revenue’s Customs Service, An Garda Síochána and the Naval Service continue to collaborate at national level and at international level with their partners in significant and ongoing operations.</p> <p>An Garda Síochána report that they carried out a number of successful joint operations in 2013 resulting in a number of significant seizures of drugs with a street value in excess of €11 million euro. For the period of 2012 to 2013, the Maritime Analysis and Operations Centre – Narcotics (which includes representatives of An Garda Síochána) sea operations have resulted in the seizure of over 17 tonnes of cocaine and 61 tonnes of Cannabis.</p> <p>An Garda Síochána continues to maintain a strategic partnership with the Police Service in Northern Ireland and many other European Jurisdictions. An Garda Síochána embarks on joint intelligence led strategic and tactical investigations into drug trafficking activities impacting on this jurisdiction. This is a continuing strategy of An Garda Síochána involving a multi agency approach on both a National and International level</p> <p>Revenue’s Customs Service continues to collaborate at national level with An Garda Síochána and the Naval Service and at international level in significant and on-going operations.</p> <p>Revenue’s drug seizures this year are overall broadly in line with the 2012 figures. 53 joint controlled delivery operations involving Revenue’s Customs Service and An Garda Síochána, and/or the Irish Medicines Board were carried out in 2013. This figure is ahead of the 2012 figure of 49 joint controlled deliveries.</p> <p>Revenue's Customs Service also participated in several international operations including</p> <ul style="list-style-type: none"> • Operation PANGEA VI, which was an international World Customs Organisation (WCO)/Interpol operation targeting trade in illicit/counterfeit medicines and internet pharmacies; • Operation Halyard, a joint EU regional maritime Customs Operation organized by Revenue which resulted in the seizure of 124 kgs of cocaine and the vessel Windrose “ • Operation Eagle Eye 2, targeting diversion of Acetic Anhydride (AA) ; • Operation Westerlies 2, focusing on trafficking in Methamphetamine from Africa via Europe and/or Middle East with East Asia as final destination. <p>Revenue is engaged at an international level with the EU Customs Cooperative Working Party (CCWP), the World Customs Organisation (WCO), Europol, and the European Multi-disciplined Platform Against Criminal Threats (EMPACT) and MAOC-N in on-going actions aimed at</p>

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		intercepting and preventing the trafficking of drugs, illicit medicines, new psychoactive substances and drug precursors.
Action 18	<p>Monitor the volume of drugs seized in the Irish jurisdiction on an annual basis as a percentage of total European seizures, based on EMCDDA figures.</p> <p>An Garda Síochána (Lead role); with support from Revenue's Customs Service; Department of Health; Health Research Board</p>	<p>The scale of illicit drug supply in Europe is a priority of the current EU Drug Strategy and Action plan. The EMCDDA have initiated a process to develop indicators for monitoring drug supply in Europe.</p> <p>An Garda Síochána consistently monitor the volume of controlled drugs seized in this Jurisdiction and provide data on Drug Supply indicators to the EMCDDA to facilitate the collection of figures at a European level. The information supplied forms part of the EMCDDA's Annual Report.</p> <p>The Garda National Drug Unit attends and contributes to meetings at the EMCDDA in Lisbon in relation to European trends around the issue of controlled drugs. Also, when new Psychoactive Substances or cases of interest are discovered in Ireland, Europol and the EMCDDA are informed through the Early Warning Emerging Trends sub-group of the National Advisory Committee on Drugs and Alcohol.</p>

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Action 19	<p>Develop a framework for the future design of targeted prevention and education interventions in relation to drugs and alcohol, using a tiered or graduated approach</p> <p>Department of Health (formerly Office of the Minister for Drugs) (Lead Role) with support from HSE; Department of Education & Skills; Department of Children & Youth Affairs; An Garda Síochána; Drugs Task Forces and Service Providers</p>	As Government has recently adopted an alcohol policy, the desirability of such a framework will now be examined (in conjunction with Actions 22 and 26)
Action 20 & 21	<p>Improve the delivery of Social & Personal Health Education (SPHE) in primary and post-primary schools through:</p> <ul style="list-style-type: none"> • the implementation of the recommendations of the SPHE evaluation in post-primary schools; and • the development of a whole school approach to substance use education in the context of SPHE <p>Department of Education & Skills (Lead Role) with support from Department of Health; HSE</p>	<p>In September 2013, the DES Inspectorate published a composite report based on the subject inspections of SPHE carried out in post primary schools in 2010/11. The report notes that the quality of the whole-school climate in supporting students' personal and social development was good, or very good, in 90% of schools. With regard to the substance use education module in SPHE, the report notes that: -</p> <ul style="list-style-type: none"> - Students reported high levels of satisfaction with their learning in the Substance use module - most students agreed that their SPHE lessons were useful in helping them to acquire factual knowledge about issues such as substance use.

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	<p>Ensure that substance use policies are in place in all schools and are implemented.</p> <p>Monitor the effectiveness of the implementation of substance use policies in schools through the whole-school evaluation process and the inspectorate system and ensure that best practice is disseminated to all schools.</p> <p>Department of Education & Skills (Lead Role)</p>	<p>The report also notes that 98% of schools inspected had a substance use policy.</p> <p>In line with a Programme for Government commitment, the Department has chaired a working group, which includes D/Health representatives, that has been examining the resource materials related to substance use being used in the SPHE curriculum. A report on the matter is close to finalisation.</p> <p>The Professional Development Service for Teachers (PDST) has recently formed a new Health and Well-Being team. The team will comprise existing full-time PDST members (primary SPHE, Primary and Post-Primary Physical Education and the second-level SPHE Support Service, which is currently being integrated into the PDST). The work of the full-time team will be supplemented by the use of Associates and Local Facilitators as appropriate.</p> <p>The purpose of the team is to support management, teachers and schools in the development and promotion of students' mental, emotional, social, sexual, personal and physical health and well-being in the context of a positive health-promoting school environment. This is enabled through the provision of continuing professional development and support and is facilitated through:</p> <p>(i) Progressing and enhancing existing discrete areas of Continuing Professional Development (CPD) and supports currently being provided as follows:</p> <ul style="list-style-type: none"> • Social Personal and Health Education • Physical Education • Stay Safe/Child Protection • Relationships and Sexuality Education • Bullying Prevention and Intervention • Walk Tall/Substance Misuse <p>In both the PDST and the HSE a staff member has been assigned to provide the lead on Health and Well-Being issues; this will build on previous experience and foster greater collaboration in the implementation of health promotion in the school setting.</p> <p>The PDST provides support to schools with the development and review of substance use policies and with planning lessons and choosing appropriate teaching materials. The support service also delivers training courses on substance use to teachers. In the school year 2012/13, 3,118 teachers, other school staff and parents attended school-based events and 1,700 teachers attended cluster in-service training organised by the SPHE Support Service. The regional teams liaise with members of local drugs task forces.</p> <p>The Substance Misuse Prevention Programme (including the <i>Walk Tall</i> Programme) is now part of the PDST. Part Time <i>Walk Tall</i> Trainers who worked on the programme offer Summer courses through local Education Centres on 'Developing Emotional Intelligence in order to prevent substance misuse – using <i>Walk Tall</i>'. This course is funded by the Education Centre.</p>

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		<p>Resources have been developed to support schools in implementing <i>Walk Tall</i>. These materials for all class levels have been updated by members of the Walk Tall team and are being finalised. They will be available for schools to download through the PDST website.</p> <p>The 'resources' section of the www.sphe.ie website has a section on Alcohol and Drugs which has post-primary teaching resources, policy and useful links available to download.</p> <p>The Department carried out a Lifeskills Survey of schools in 2012 with findings to be published in 2014. The previous Lifeskills Survey of all schools was undertaken in 2009 and completed responses showed:</p> <ul style="list-style-type: none"> • 84% of primary-level schools had a substance abuse policy, • 96% of schools at post primary level had a substance abuse policy. <p>A new Framework for Junior Cycle was published in October 2012. It consists of a number of components including:</p> <ul style="list-style-type: none"> • <u>Eight core Principles</u>, one of which is <i>Wellbeing</i> whereby "The student experience contributes directly to their physical, mental, emotional and social wellbeing and resilience. Learning takes place in a climate focused on collective well-being of school, community and society". • <u>Eight key Skills</u>, including <i>Literacy</i> and <i>Numeracy</i>, but also <i>Staying Well</i> and <i>Managing Myself</i>. • The learning at the core of the junior cycle is described in <u>24 Statements of Learning</u> which describe what students should know, understand, value and be able to do at the end of junior cycle, having fully engaged with and participated in the junior cycle programme of their school. These include: <ul style="list-style-type: none"> ○ The student has an awareness of personal values and an understanding of the process of moral decision making ○ The student values what it means to be an active citizen, with rights and responsibilities in local and wider contexts ○ The student has the awareness, knowledge, skills, values and motivation to live sustainably ○ The student takes action to safeguard and promote his/her wellbeing and that of others. <p>SPHE, within this new Framework, will become a short course of 100 hours (versus 60-70 hours at present) and will be assessed at school level. The National Council for Curriculum and Assessment (NCCA) is consulting on the new draft specification for SPHE and PE; the consultation period will close in mid-January 2014. These short courses will be available to schools from September 2014. Continued Professional Development (CPD) and resource materials will be provided to schools to</p>

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		<p>assist with the implementation of the new SPHE programme,</p> <p>DES published (early 2013) "Wellbeing in Post-Primary Schools – Guidelines for Mental Health Promotion and Suicide Prevention" and this has been available to assist schools.</p>
Action 22	<p>Promote the putting in place of substance misuse policies and the development of a brief interventions approach, where appropriate, in:</p> <ul style="list-style-type: none"> • informal education sector; • training centres; • 3rd level institutions; • Workplaces; and • Youth, sport and community organisations <p>Department of Health (formerly Office of the Minister for Drugs) (Lead) and all other relevant Departments/ Agencies</p>	<p>As Government has recently adopted an alcohol policy, the desirability of such a framework will now be examined (in conjunction with Actions 19 and 26)</p>
Action 23	<p>Implement SPHE in Youthreach Centres of Education and in Youth Encounter Projects and ensure that substance misuse policies are in place in these recognised Centres for Education.</p> <p>Implement age appropriate substance prevention/ awareness programmes in training settings, including VTOS and Community Training facilities.</p> <p>Introduce monitoring and follow-up procedures in relation to substance prevention activity in the above settings.</p> <p>Department of Education & Skills (lead) with support from FÁS (now DPS)</p>	<p>As part of the Youthreach Quality Framework Initiative (QFI), the overall social, personal and health education needs of participants are assessed and a programme of learning in the area of SPHE is developed and delivered based on needs. All Youthreach programmes have staff who are trained in the Substance Abuse Prevention Programme that they implement. Education and Training Board (ETB) Youthreach centres continue to be evaluated by the Inspectorate of the Department of Education and Skills.</p> <p>Drug education is included in VTOS and other adult education programmes as required.</p> <p>There will be continued evaluation of Youth Encounter Projects to ensure that SPHE is included in the range of subjects.</p> <p>SOLAS Training Centres: 38 Training Centres were established under FÁS to provide community based training for early school leavers as part of the national Youthreach programme. The Centres develop individualised learning plans and participate in personal, social and vocational skills training and development leading to major awards on the National Framework of Qualifications.</p> <p>As part of a major reform programme, 16 Education and Training Boards (ETBs) have been established with effect from July 2013, replacing the existing 33 VECs. In October 2013, the legislation establishing SOLAS was enacted and FÁS was dissolved. SOLAS will be responsible for the coordination and funding of Further Education and Training and will play a complementary role to the new ETBs in the development of appropriate further education and training programmes</p>

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<p>and curricula.</p> <p>The majority of services previously under the remit of FÁS Training Services have been transferred to SOLAS and the SOLAS Training Centres will, on a phased basis, come within the remit of the relevant ETBs.</p>
<p>Action 24</p>	<p>Co-ordinate the activities and funding of youth interventions in out-of-school settings (including the non-formal youth sector) to optimise their impact through targeting risk factors, while developing protective factors for youth at risk.</p> <p>Department of Children & Youth Affairs (Lead)</p>	<p>2012 saw a number of policy level activities relevant to the implementation of National Drugs Strategy:</p> <ol style="list-style-type: none"> 1. Throughout 2013 the Department of Children and Youth Affairs developed a National Children's and Young People's Policy Framework. The Framework is currently being finalised with implementation commencing in 2014. This is a whole of government framework and will represent the overarching framework under which policy and services for children and young people will be developed and implemented in the State. The Policy Framework will include the age span from childhood to youth through to early adulthood. This Policy Framework will be centred on specific outcomes which will guide services and supports for children and young people. These five National Outcomes are: <ul style="list-style-type: none"> • Active and Healthy • Achieving their full potential in learning and development • Safe and protected from harm • Economic Security and Opportunity • Connected, respected and contributing to their world <p>A Youth Strategy specific to the years 12-25 is being developed to support implementation of the policy Framework. Work on the Youth Strategy will be completed following the launch of the Policy Framework.</p> <ol style="list-style-type: none"> 2. A Value for Money and Policy Review of the youth funding programmes including the Young People's Facilities and Services Fund and other programmes that target 'at risk' young people who live in disadvantaged areas was commenced and well advanced in 2012. It is anticipated that it will be completed in the coming months. The recommendations of the review will address <i>inter alia</i> the future operation of youth programmes. The findings from the Value for Money and Policy Review will inform the development of the new youth strategy referenced above. <p>In addition to the policy level developments above, DCYA has continued to co-ordinate the on-going activity funded by Youth Affairs in the following ways throughout 2012:</p> <p>A) Quality Standards Initiatives for the youth sector: Ensuring quality service delivery is an on-going priority for the DCYA. The Department is currently</p>

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		<p>progressing and supporting the implementation of two quality standards initiatives in the youth area. These will help ensure an improvement in good practice, that these services and projects are outcomes focussed and that the young people involved are deriving the maximum benefit from being involved.</p> <p>The developmental and supportive nature of the National Quality Standards Framework for youth work (NQS), introduced in January 2011 on a phased and incremental basis, gives youth organisations and services the opportunity to articulate their youth work practice through a structured framework and to review, assess and continually develop this practice. The NQS applies to all staff-led youth work organisations, services, projects and programmes funded by the Department. By end 2014, all youth services and youth organisations funded by the Department will be implementing the NQS.</p> <p>In addition, a set of best-practice standards for volunteer-led youth clubs and groups was introduced in 2013. The overall aim of these standards is to support some 1,600 clubs with some 100,000 members in creating and providing quality developmental programmes and activities for young people in safe and supportive environments.</p> <p>B) Revised reporting forms and procedures for all Youth Affairs funding is providing more comprehensive information in relation to service provision and participant analyses. This is assisting in the evaluation of the impact of the supports provided.</p>
Action 25	<p>Continue to develop facilities for both the general youth population and those most at risk through:</p> <ul style="list-style-type: none"> • increased access to community, sports and school facilities in out of school hours; and • the development of youth cafés. <p>Department of Children & Youth Affairs (Lead) with support from Department of Education & Skills</p>	<p>The Department of Children and Youth Affairs provided overall funding of €51.423m in 2013 to support the provision of youth services. In addition the DCYA provided €1.55m in Capital Funding for a Youth Café Scheme 2013.</p> <p>Details of funding allocated under the schemes of most relevance to the Drugs Strategy are provided below:</p> <ul style="list-style-type: none"> ▪ Special Projects for Youth – grant-aid is made available in respect of out-of-school projects (180 in 2013) for disadvantaged young people. Priority is given to projects in the spheres of special youth work initiatives, young homeless people, young people at risk of substance abuse and young travellers. (102,899 young people supported) €14.968m in 2013 ▪ Young Peoples Facilities and Services Fund – this fund was established by the Government in 1998 to assist in the development of preventative strategies in a targeted manner through the development of youth facilities, including sports and recreational facilities,

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		<p>and services in disadvantaged areas where a significant drug problem exists or has the potential to develop. 90 mainstreamed projects under the Young Peoples Facilities and Services Fund (Round 1) (104,528 young people supported). 142 current projects supported under Young Peoples Facilities and Services Fund (Round 2) (534,762 young people supported) €19.114m in 2013</p> <ul style="list-style-type: none"> ▪ Local Drugs Task Force projects – Responsibility for 21 youth related projects transferred to the OMCYA from DES in January 2011. These projects, targeting young people under the various pillars of the National Drugs Strategy, provide a range of supports for young people by way of targeted drug prevention and awareness programmes as well as referrals. €1.196m in 2013 ▪ Youth Cafés – Capital funding of €1.5m has been allocated to support the development of new Youth Cafés. An additional €0.250m is being allocated for the provision of Play and Recreation facilities in 2013. ▪ National Youth Health Programme – is a partnership between Youth Affairs Unit, Health Service Executive (HSE) and the National Youth Council of Ireland. It aims to provide a broad-based, flexible health promotion/education support and training programme to youth organisations and those working with young people in the non-formal education sector. €0.084m in 2013
Action 26	<p>Implement a uniform set of drugs and alcohol education standards, using the DEWF framework being implemented by Drugs Task Forces at present.</p> <p>Department of Health (formerly Office of the Minister for Drugs) (Lead) with support from Department of Education & Skills; HSE</p>	<p>As Government has recently adopted an alcohol policy, the desirability of such a framework will now be examined (in conjunction with Actions 19 and 22)</p>
Action 27	<p>Further develop a national website to provide fully integrated information and access to a National Helpline.</p> <p>HSE (lead) & relevant agencies</p>	<p>During 2013, the drugs.ie site received a total of 494,984 unique visits. This corresponded to a total of 793,040 page views on the site. It is worth noting that this figure represents the total 'international' traffic to the site in this period – traffic from all countries including Ireland. The total Irish visits to the site in 2013 were 125,028.</p> <p>Development and promotion of drugs.ie site during 2013 included:</p> <ul style="list-style-type: none"> • Drugs.ie won a silver award in the Charity category of the Samsung Digital Media Awards 2013. The awards celebrate excellence in all aspects of digital media.

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<ul style="list-style-type: none"> • Drugs.ie embarked on a social media campaign to increase their reach across Facebook and Twitter, which resulted in a 168% increase in their 'likes' on Facebook and a 755% increase in their Twitter followers. To date, they have 7,057 Facebook 'likes' and 5,166 Twitter followers. • A series of new publications have been made available to download from the 'Guides and support booklets' section including: a resource for families living with addiction and problem substance abuse; a booklet for anyone concerned that their cannabis use is affecting them in a negative way; a booklet for anyone concerned that their drinking is affecting them in a negative way; a booklet for parents and carers who find themselves in the situation where their son or daughter is drinking or using other drugs. • With support from HSE staff, drugs.ie produced a new Alcohol 'Tips & Tools' section with information on how to manage drinking, cutting down or giving up • Drugs.ie is now the online presence for the 'National Let's Talk about Drugs National Media Awards' coordinated by Greater Blanchardstown Response to Drugs (GBRD). In 2013 they created a dedicated section on drugs.ie for the awards. • Drugs.ie contributed to the Crimestoppers 'Dial to Stop Drug Dealing' Campaign in 2013. • Drugs.ie uploaded a further 29 videos to the site, included various conference presentations. The site now has a total of 129 videos. • Drugs.ie (in conjunction with the National Family Support Network) produced a video to promote the Drug-Related Intimidation Programme – see Action 5 above. The video explores the issue of drug-related intimidation, and how those affected by this issue can engage with the programme • Drugs.ie produced a short educational video to highlight the emerging body of evidence exploring the link between alcohol and cancer. The video has been uploaded to Drugs.ie, and the European Cancer League site. It was played at the Irish Cancer Society's annual conference 2013. • Continued production and dissemination of the drugs.ie eBulletin. 4 eBulletins were produced in 2013 and currently have 1,238 subscribers to the eBulletin list • Drugs.ie produced a video to help promote a group treatment programme piloted by the HSE Mid-West Drug & Alcohol Service for individuals who are considering changing their pattern of cannabis use. The initiative was promoted on drugs.ie and social media channels

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<ul style="list-style-type: none"> • They continued to engage with HSE National Social Inclusion Office to finalise the redevelopment of the drugs.ie services directory (it is envisaged that this will go live early in 2014) • The research section on drugs.ie has redeveloped to make finding up-to-date drug and alcohol related research information easier. • To further develop the scope of the drugs.ie platform, the HSE in partnership with drugs.ie have researched and tested an eLearning content production workflow. A learning Management System (Moodle) has been installed on the site, which can be used to deliver various eLearning initiatives for sectoral work and for the general population. • The Helpline has its own Facebook page which is used to send intermittent health promoting messages about substance use and sexual health. • The use of the drugs.ie Facebook page to disseminate communications in relation to sudden deaths which may have been drug related and involved unmarked white tablets believed to be ecstasy. As a result the alerts were seen by in excess of 10,000 people within 48 hours and were shared by hundreds. • The DUDIT: An online drug self-assessment and brief intervention tool is under development. HSE clinical addiction experts are currently scripting the user feedback – once this has been finalised production of the videos will begin. • In 2013, drugs.ie began the process of expanding their Live Helper service through the use of volunteers. They hope to begin recruiting volunteers and rolling out training in January 2014. <p>The Drugs/HIV Helpline is a free and confidential, active listening helpline and email support service offering non-directive support, information, guidance and referral to anyone with a question or concern related to substance use or HIV and sexual health. The service is accessible nationwide from Mondays to Fridays, from 10am to 5pm. These hours were extended by an hour in July 2013.</p> <p>From January to September 2013, the Helpline dealt with 2308 contacts, 174 of these were email contacts.</p> <p>During 2013 the email address drugshiv@hse.ie was replaced by the simpler helpline@hse.ie. There were 174 emails dealt with by this service between January and September 2013. A dedicated email address for the www.drugs.ie website (support@drugs.ie) is also dealt with by the Helpline email support service. During Helpline calls, callers are offered the option of having service details texted or emailed to them.</p> <p>In 2013 the Helpline also produced some credit card sized wallet cards, which have been</p>

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<p>distributed to drug workers across the country.</p> <p>The Administrators for Mountjoy Prison will soon be including these wallet cards in their Prisoner Release Packs. Discussions continue with Mountjoy Prison on the Helpline's proposal to make the service available to prisons as part of a pilot project for 3 months.</p>
Action 28	<p>Develop a sustained range of awareness campaigns that:</p> <ul style="list-style-type: none"> • ensure that local and regional campaigns complement and add value to national campaigns; • optimise the use of ICT in drugs and alcohol awareness initiatives (e.g. through internet search engines and social network websites); • consider a co-ordinated approach by all key players to the development and implementation of a designated drug/alcohol awareness week/day with agreed themes and methodologies; • target: <ul style="list-style-type: none"> - third level educational institutions, workplaces and recreational venues; - at risk groups (Travellers, new communities, LGBTs, homeless people, prisoners and, sex workers); and - education/awareness among drug users to minimise the levels of usage and to promote harm reduction measures. <p>HSE (Lead) with support from DTFs and other relevant agencies</p>	<p>Following the announcement of the Government's measures to deal with alcohol misuse on the 24th October 2013 and further to a meeting between the HSE and Minister Alex White in relation to the National Drugs Strategy (2009 – 2016), it was agreed that the Primary Care Division would convene a meeting to discuss the recommendations of the Steering Group Report on Substance Misuse. As part of the above process a Steering Group will be re-established to set out the strategic direction for the Awareness Campaign.</p> <p>During 2013 the HSE's National Social Inclusion Office actively supported the "Let's Talk About Drugs" National Media Awards. The competition was expanded to include a new poster format, in partnership with Crimestoppers, highlighting the Dial to Stop Drug Dealing number and it is hoped that that the winning entry in this category will be used in the Crimestoppers campaign.</p> <p>Developments on a regional level;</p> <ul style="list-style-type: none"> • Community pharmacies that were involved with the Pharmacy Needle Exchange Programme were involved for the first time in the Promotion of International Hepatitis C awareness day, over a week preceding the date. • The Waterford Substance Misuse Team is at the forefront of the dissemination of drug-related information in this area. This is done primarily via email and through information and awareness sessions with specific target groups. • Drug Education Officers provided training for the Union of Students of Ireland Welfare Officers on effective alcohol awareness campaigns in their respective 3rd level institutions. The DEO has committed to deliver training for the Welfare Officers on screening and brief interventions once he has received training. • The SMT in Wexford has developed a Traveller Specific Education Intervention. This involved a 6 week drug awareness course for Traveller women participating in the HSE Traveller Health Programme
Action 29	<p>Develop a series of prevention measures that focus on the family under the following programme headings:</p> <ul style="list-style-type: none"> • supports for families experiencing difficulties due to drug/alcohol use; • parenting skills; and • targeted measures focusing on the children of problem drug and/or alcohol users aimed at breaking the cycle and 	<p>Various aspects of the work of the HSE and the Department of Education & Skills support families who are experiencing difficulties, or who are at risk of experiencing difficulties as a result of substance misuse. Examples include:</p> <ul style="list-style-type: none"> • The HSE established a National Hidden Harm Project Management Group in June 2013. The Hidden Harm project operates as an interagency response to Hidden Harm led by the National Social Inclusion Office and the Child and Family Agency. The overarching aim of

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	<p>safeguarding the next generation</p> <p>HSE and Department of Education & Skills (joint leads); with support from Department of Children & Youth Affairs; Department of Social Protection; Drugs Task Forces and Service Providers</p>	<p>the project is to ingrain Hidden Harm into the overarching framework within substance misuse and childcare systems nationally; in order to bridge the gulf between substance misuse and childcare systems; and to ultimately improve outcomes for children.</p> <ul style="list-style-type: none"> • HSE Substance Misuse Drug Education Officers have also facilitated initiatives including workshops (Dun Laoghaire Rathdown LDTF and Kildare/West Wicklow SWRDTF) examining parental substance use, the impact of parental substance use on children, challenges for Social Work teams & foster parents in addressing issues relating to parental substance use, and developing effective responses to these issues. Programmes have also been delivered to trainees in the National Rehabilitation Hospital after serious injury treatment to assist them make healthy choices regarding drugs/alcohol (DML), • HSE South continues to support the roll out of Strengthening Families Programme. On average up to 5 programmes are delivered across Cork and Kerry annually. • HSE Addiction Services across Cork and Kerry deliver a comprehensive Concerned Persons Programme in support of family members who experience significant difficulties arising from alcohol and substance misuse and the Voluntary Sector Treatment Services in Cork and Kerry also provide this valuable support. • Specific Family support projects are also funded through HSE in Cork City in partnership with Tabor Lodge and the Bridge Coop. Significant numbers of families benefit from these initiatives. (Cork/Kerry) • In Dublin North City & County the HSE Addiction Service has supported Strengthening Families Initiatives and other such interventions such as CBT, CRA and ACRA etc. A pilot programme specially designed to target alcohol detox was established by our clinical team in Domville House. This was successful and learning from this new enhanced programme is being developed in partnership with local and regional drugs task forces and our clinical teams. The alcohol pilot included significant others as well as alcohol using clients. (DNC&C)
<p>Action 30</p>	<p>Develop selective prevention measures aimed at reducing underage and binge drinking.</p> <p>HSE (Lead) with support from Department of Health; Drugs Task Forces and Service Providers</p>	<p>There are a variety of projects aimed at tackling alcohol related harm across the country notably Galway, Ballymun, Donegal/Sligo.</p> <p>The two key projects aimed at reducing binge drinking are Hello Sunday Morning run by Spunout. i.e. and the Screening and Brief Intervention national project aimed at early identification of harmful substance misuse.</p> <p>Developments on a regional level;</p> <ul style="list-style-type: none"> • HSE South Health Promotion Department delivers programmes to owners and staff of

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<p>Pubs and Off Licences to tackle issues regarding underage drinking. (HSE South)</p> <ul style="list-style-type: none"> • Workshops (Dun Laoghaire Rathdown LDTF) for staff at residential child care facilities focusing on youth substance use (including alcohol use) and developing effective responses. (DML)
<p>Action 31</p>	<p>Maintain the focus of existing programmes targeting Early School Leaving and the retention of students in schools.</p> <p>Improve the measurement of the outcomes of such programmes in order to target and expand them in areas of greatest need.</p> <p>Department of Education & Skills (Lead)</p>	<p>DEIS (Delivering Equality of Opportunity in Schools)</p> <p>In the 2012/2013 school year, DEIS (Delivering Equality of Opportunity in Schools), the Action Plan for Educational Inclusion, continued to support children and families in 860 schools with 165,350 pupils. (852 DEIS schools in 2013/14 school year).</p> <p>In 2012/13 DEIS Band 1 schools comprised 197 urban/town primary schools with the highest concentrations of disadvantage relative to other schools. DEIS Band 1 urban primary schools attract resources both in terms of reduced pupil-teacher ratios and in terms of the allocation of permanent teachers under the General Allocation Model (GAM), the principal mechanism by which schools are supported to include students with high incidence special educational needs.</p> <p>A dedicated staffing schedule for DEIS Band 1 schools giving a PTR of 20:1 in junior schools, 22:1 in vertical schools (schools with junior and senior classes) and 24:1 in senior schools was developed in 2012 to streamline the allocations process. This compares very favourably against the current Mainstream PTR of 28:1 in Primary schools.</p> <p>DEIS Band 1 primary schools are also given an additional allocation of 0.2 of a post where the school has less than 200 students and 0.4 of a post where the school has 200 or more students under GAM.</p> <p>All DEIS post-primary schools, with effect from September 2012, have an improved staffing schedule of 18.25:1 in comparison to 19:1 in mainstream schools.</p> <p>Approx. €160m was expended in 2013 to provide additional resources and supports for primary and post-primary DEIS schools which included funding from the Department of Social Protection for the School Meals Programme and funding from the Department of Children and Youth Affairs for the School Completion Programme.</p> <p>Evaluation of DEIS</p> <p>A key commitment under DEIS was to have ongoing evaluation of the programme to ensure successful implementation and the best possible approaches to measuring progress and outcomes at both local and national level with an increased emphasis on formative evaluation.</p> <p>The ERC's most recent report, launched on 16th December 2013, "Changes in Pupil achievement in urban primary schools between 2007 and 2013" has found that test scores in</p>

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		<p>DEIS primary schools at all grade levels have increased significantly. Levels of pupil absence has also fallen from 10.8% in 2007 to 7.1% in 2013</p> <p>The ERC is expected to publish further reports on DEIS in the near future, including a report on DEIS at post-primary level.</p> <p>School Retention Rates <i>A Key Performance Indicator (KPI) in the National Drugs Strategy is to reduce the Early School Leaving figures, for those within the age group 18 to 24, from 11.5% in 2007 to 10% by 2012. This KPI has been achieved: the figure for 2012 is 9.7%, well below the EU average of 12.8%.</i></p> <p>The latest Report on Retention Rates in Post Primary Schools presents the retention rates of pupils who entered the first year of the junior cycle in the years from 2005 to 2006 and completed second level schooling no later than 2012.</p> <p>The report shows that:</p> <ul style="list-style-type: none"> • the percentage of students who sit the Leaving Cert overall has risen by more than 6% to 90.2% in 8 years. • the average unadjusted Leaving Certificate retention rate in DEIS schools increased by almost 7 percentage points from 73.2% to 80.1% for students who entered second level in 2004 to 2006 while the (unadjusted) retention rate in non-DEIS schools increased from 87.4% to 92.7% for the same entry cohorts.

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Action 32	<p>Develop a comprehensive integrated national treatment and rehabilitation service for all substance users using a 4-tier model approach. This will incorporate:</p> <ul style="list-style-type: none"> • the ongoing development of the spread and range of treatment services; • the recommendations of the Report of the Working Group on Drugs Rehabilitation; • the recommendations of the Report of the HSE Working Group on Residential Treatment & Rehabilitation (Substance Abuse); and • the provision of access to substance misuse treatment within one month of assessment. <p>HSE (Lead)</p>	<p>The National Drugs Rehabilitation Framework (NDRF) was developed by the National Drugs Rehabilitation Implementation Committee (NDRIC) to improve the quality and quantity of interagency referrals between drugs services (community, voluntary and statutory) and the range of services that a person may need to access in their recovery.</p> <p>The model was piloted in 10 sites across the country and in November 2013, a process evaluation of the implementation of the Framework in the 10 sites was concluded by Trinity College Dublin. The evaluation found that within the pilot sites there was almost universal enthusiasm about the framework and what it is attempting to do, and quite a degree of optimism that the considerable shift in focus that is required will take place.</p> <p>NDRIC is developing an implementation plan for national rollout of the Framework building on key areas identified in the evaluation.</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>In terms of the ongoing development of the spread and range of treatment services, HSE services are focusing on efficiencies in provision where possible. For example, the HSE residential unit Keltoi, which is based in St Mary's in the Phoenix Park, has doubled bed numbers in order to provide a more seamless transition from detoxification to rehabilitation. The unit has two distinct programmes a pre-entry programme for clients not ready to take part in the main Keltoi programme and a main programme. The service is for clients in Dublin mid Leinster and Dublin north city. If successful, the programme might be in a position to take referrals nationally.</p> <p>Developments on a regional level;</p> <ul style="list-style-type: none"> • HSE DML have developed localised care pathways e.g. ARC and HSE Addiction Services (Pharmacy) • HSE DML has developed a Rehab team to manage the implementation of NDRIC in the region and progress multidisciplinary care plans and interagency work. (DML) • HSE Dublin North Central tasks our rehabilitation sub-committee to conduct assessments of residential Tier 4 Services in our area. This will be further enhanced this year. • The development of a pilot project in the region to implement the National Drug Rehabilitation Framework went live in 2012. The implementation phase is well underway and reviews are taking place at the moment. The first implementation meeting for organisations in Kerry took place at the start of October 2013. (South) • HSE Southeast continues to implement the NDRIC framework regionally. Case Management Training in the SE has completed its first run within HSE Substance Misuse Teams and voluntary services, standardised assessment tools have been developed, the Rehabilitation Coordinator has begun working with SE Tier 4 Services to introduce and facilitate these services to come in line with the NDRIC Drugs Rehabilitation Framework & National Protocols in order to provide seamless service provision for service users.
<p>Action 33</p>	<p>Maximise operational synergies between Drug Addiction Services, Alcohol Treatment & Rehabilitation Services, General and Emergency Hospital Services and Mental Health Services. Within this context, there should be a focus on addressing the needs of dual diagnosis clients.</p> <p>HSE (Lead) with support from Voluntary sector</p>	<p>In the UK it is estimated that one third of psychiatric patients with serious mental illness have a substance misuse problem and half of clients engaged with the drug and alcohol sector have some form of mental health problem.</p> <p>Based on a survey of addiction training provision by community, statutory and voluntary services in 2011 by the HSE's National Addiction Training Programme (NATP) and responses from National Drugs Rehabilitation Framework rehabilitation co-ordinators regarding the need for the improvement of staff education and training in dual diagnosis, the NATP undertook to provide an introduction to Dual Diagnosis (DD) as an awareness raising exercise.</p> <p>A number of events were organised to raise awareness of dual diagnosis including:</p> <ul style="list-style-type: none"> • An outline for an introduction to awareness on Dual Diagnosis was developed for initial presentation to staff of addiction and allied health and social care services in Bridge House Cherry Orchard Hospital in May 2013 and was attended by 90 staff.

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<ul style="list-style-type: none"> • A conference on Dual Diagnosis was organized by DCU and St. Vincent's Hospital Fairview in June 2013. Two members of NATP were invited to speak. 90 people attended and the main theme of the day was the lack of access to mental health services by clients with substance misuse disorders and the lack of agreed protocols in the management of clients with coexisting disorders • A conference on Dual Diagnosis was organized by HSE SE Substance Misuse services in November 2013. This module was replicated and delivered in Waterford with 90 staff in attendance with presentations from the local Dual Diagnosis service. It has also been delivered in Donegal and Limerick (Jan.2014). <p>Other Training:</p> <ol style="list-style-type: none"> 1. A course in Dual Diagnosis has been in existence in the Central Mental Hospital Dundrum for a number of years. It has category 1 accreditation by an Bord Altranais. 2. The chair of the NATP is exploring the possibility of developing a module in DCU. Support from the Mental Health services will be required. 3. NATP has been exploring "Seeking Safety" training which is a US evidence based training for the management of clients with Post Traumatic stress Disorder and Substance Misuse. Further work is required in 2015 to research trainers and delivery options. Via this research, a forum for Best Practice in the Management of Traumatic Stress and Substance Misuse Disorders has been discovered in NI. Potential for making links to this Forum will be explored by NATP. <p>Developments on a regional level;</p> <ul style="list-style-type: none"> • HSE DML have had continued engagement with the Acute Hospitals regarding their in-house policies on Opioid Substitution Treatment via the pharmacy department and Chief Pharmacists - (Pharmacy) (DML) • HSE Dublin Nth Central has representation on PCCC teams and psychiatrists liaise with medical teams in the Mater and Beaumont hospitals. The HSE service review is complete and there are recommendations in the report advocating for a stronger commitment to interdepartmental and interagency partnerships in terms of service provision. (DNC&C) • HSE Mid-West is in the process of developing a pilot initiative with Mental Health Services looking at the issue of complex presentations (Mid-West) • Formal links between Addiction Services and Mental Health Services have been strengthened with the Principal Psychology Manager for Mental Health Services in Cork providing clinical supervision for the Clinical Psychologist in Addiction Services for Cork and Kerry. • DBT Training - This took place in early September. Addiction Counsellors in Cork have been trained and will be implementing the programme with Mental Health Teams in the coming months. • A Mental Health Referral Form has been created. It is a one page form for Mental Health to refer to Addiction Services with information on diagnosis and medication and a section at the end for Addiction Services to complete and return to Mental Health. (HSE South)

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
<p>Action 34</p>	<p>Expand the availability of, and access to:</p> <ul style="list-style-type: none"> • detox facilities; • methadone services; • under-18 services; and • needle exchange services where required. <p>HSE (Lead)</p>	<p><u>Detoxification Service</u> Detoxification capacity remains the same as reported in 2012:</p> <ul style="list-style-type: none"> • 23 beds available in medical detoxification units (depending on the need for stabilisation beds). • 117 beds available for community based residential detoxification. • 4 beds available for adolescent residential detoxification. <p>See Appendix 1 Figures 1 to 3 for the location, number of beds and average waiting times per service in 2103. Data on waiting list numbers aren't readily available as clients engage in a comprehensive pre-admission assessment process. However, average waiting times from pre-admission assessment to admission are recorded and these are also provided in the appendix.</p> <p><u>Methadone Services</u> See Appendix 1 Figures 4 and 5 for the number of clients recorded on the Central Treatment List (a complete register of all patients receiving methadone) as receiving methadone maintenance in selected years nationally. At the end of November 2013, roughly 60% of the 9,652 patients had their methadone dispensed by pharmacists in the community rather than in specialist addiction clinics.</p> <p><u>Under 18's Services</u> Under 18's who present for addiction treatment are offered a range of interventions namely Initial Assessment, Comprehensive Assessment, Minnesota Programme, Brief Intervention, Individual Counselling, self-help, peer-support etc. or a combination of these. The delivery of these services is based on the Four Tier Model of treatment intervention and services are designed to respond to the individual's specific identified needs.</p> <p>Interagency working between the HSE, the Youth Services, Drugs Task Forces and multiple other community, statutory and voluntary agencies form the basis of this delivery as the target is to provide services where possible in a community environment. Counselling and rehabilitation services provide care to those presenting with an addiction through one to one counselling and onward referral to other statutory and voluntary groups where appropriate. The HSE also provide funding to a number of voluntary service providers who treat drug and alcohol addictions.</p> <p>See Appendix 2 for synopsis of the range of services available to under 18's around the country.</p> <p><u>Needle Exchange Services.</u> The Pharmacy Needle Exchange Programme (PNEP) continued to expand creating accessible harm reduction services within the community pharmacy setting and is a vital part of the Health Service Executive's National Operational Plan. The HSE are currently finalising a national review of the provision of Needle Exchange Services</p>

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		<p>By the end of 2013, there were 97 pharmacies participating in the PNEP. It is expected that 130 pharmacies will be recruited by the end of quarter 1 in 2014.</p> <p>In the period December 2012 to August 2013, over 11,708 packs containing 10 one-hit-kits and 6,584 3 packs were given out. One of the key reasons for the introduction of the 3 pack was because of feedback from service users that they the 3 pack is easier to carry and is more discrete than a 10 pack. See Appendix 1 Figure 5 for details of the number of packs given out and the number of sharps returned.</p> <p>In the period, December 2012 to August 2013, over 7,090 individual clients attended the service, while the number of encounters steadily increased over the same period totalling 15,980. This is as a result of the increased number of pharmacies recruited to PNEP as well as an increasing demand for the service particularly in urban areas.</p> <p>In this period, pharmacists also referred over 940 individuals. A decrease in referrals was noted in Quarter 3 (June to August 2013) . Given the increased number for unique service users and new pharmacies participating in the PNEP, it is expected that pharmacists should be reporting higher numbers of referrals. Feedback indicates that in many cases referrals are happening and not being reported on monthly claims forms. The pharmacy liaison workers are addressing this with individual pharmacists where referral rates are low and educating them on the importance of referrals and how to report them.</p> <p>The PNEP office provided training on several occasions training 62 drug workers on harm reduction and the use of the one-hit-kit packs, 20 drug workers on IPEDs and 49 pharmacists on the PENP programme.</p> <p>The Pharmacy Liaison workers have also conducted 36 pharmacy visits, 2 visits with HSE drug services and 6 visits with organisations in the Community and Voluntary Sector. They have also received training in Safer Injecting and Advanced Motivational Interviewing.</p>
Action 35	<p>Review the Methadone Treatment Protocol to maximise the provision of treatment, to facilitate appropriate progression pathways (including exit from methadone treatment where appropriate) and to encourage engagement with services. The review will include engagement with the community and voluntary sectors.</p> <p>Examine and implement as appropriate, alternative substitute opiate treatment services.</p> <p>HSE (Lead)</p>	<p>The Introduction of the Opioid Treatment Protocol was published in December 2010. In order to implement recommendations 2.5 and 4.4 of the Report the HSE convened a group comprising the CPI, the Irish College of General Practitioners (ICGP) and the Pharmaceutical Society of Ireland (PSI) and HSE Addiction Services Managers in June 2011 to develop a comprehensive set of clinical guidelines.</p> <p>These Clinical Guidelines are nearly finalised and will be circulated for observation and comment to relevant stakeholders early in 2014.</p> <p>A HSE implementation group has been established to:</p> <ul style="list-style-type: none"> Recommend and implement the appropriate clinical governance for the various elements of the addiction services that will ensure a safe service for the provision of

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		<p>buprenorphine/ naloxone and buprenorphine-only products as alternatives to methadone in the treatment opioid dependence.</p> <ul style="list-style-type: none"> • Review the pricing arrangements for these products, the potential supply of alternative products, and all related payment arrangements for their provision and make recommendations regarding same. • Ensure that all requisite education, training and other supports are planned and available for all relevant health professionals and potential users. • Recommend changes required to be undertaken to treatment lists to improve governance, management and performance information of the Central Treatment List as extended to treatment with buprenorphine/naloxone or buprenorphine-only products. <p>The group is currently awaiting the outcomes from the pharma-economic assessment.</p>
<p>Action 36</p>	<p>Continue to develop and implement across health services the screening/assessment of people presenting with early indicators of drug and alcohol issues, utilising a uniform brief intervention tool, and including referral where appropriate.</p> <p>HSE (Lead) with support from Community & Voluntary sectors</p>	<p>The HSE has produced "A Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use- for Nurses and Midwives in Acute, Primary and Community Care Settings". Drugs.ie has agreed to produce some of the modules for this initiative in an eLearning format to be delivered online through a learning management system. We are waiting on content from the HSE and aim to produce and deliver on this in 2014.</p> <p><u>HSE Alcohol Screening and Brief Intervention Project</u></p> <p>Developments for alcohol screening and brief intervention are now combined with screening and brief intervention for other drugs and training programmes for Tier 1 & Tier 2 services now address both topics. The Social Inclusion Service plan for 2013 committed to the development of a national screening and brief intervention protocol for alcohol and substance misuse and this protocol has since been drafted. Training of staff is vital to ensure implementation of this protocol and measures to support the further roll out of the screening and brief intervention education programme have been put in place. These include:</p> <ul style="list-style-type: none"> • Development of a one day training package in screening and brief intervention • Development of a Train the Trainers pilot programme in HSE South in partnership with the National Addiction Training Programme, Health Promotion & Improvement and Addiction Services. Following the evaluation of the pilot programme, other sites nationally have been identified for further roll out in 2014. • Development of online e-learning modules in screening and brief intervention • Development of a screening and brief intervention training manual. <p>See also Action 27 and the development of online alcohol self-assessment tool with drugs.ie.</p>
<p>Action 37</p>	<p>Develop and implement a mechanism for early identification, and onward referral where appropriate, of substance misuse among under 18 service users in the wider statutory, community</p>	<p>The National Strategy for Research and Data on Children's Lives, 2011-2016, was published by the Department of Children and Youth Affairs in November 2011. The Action Plan component of the strategy contains a number of actions which will contribute to progress on Action 37, including:</p>

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	<p>and voluntary sectors</p> <p>Department of Children & Youth Affairs (Lead Role) with support from An Garda Síochána, Irish Prison Service, The Probation Service, Department of Education & Skills; Schools and 3rd Level Institutions; Community & Voluntary sectors</p>	<p>improved and increased use of existing research and data on the topic of alcohol and drugs in relation to children's lives (Action A10), mining of data sources to describe the interaction between drug use and youth offending and increased dissemination of existing information on drug misuse among children and young people (Action A15), and a feasibility study to identify sources and methods for developing a baseline indicator of substance misuse among youth at risk (Action C5). Progress made by the organisations responsible for each action up to the end of 2012 is reported in the National Strategy for Research and Data on Children's Lives, 2011-2016 Implementation Report published by the Research Unit of the DCYA in early 2013 and available at http://dcya.gov.ie/viewdoc.asp?fn=/documents/Research/Implementation/ImplementationActionPlan.pdf .The 2013 Implementation Report is currently being compiled and will be published by the Research Unit of the DCYA in early 2014.</p>
Action 38	<p>Develop a drugs interventions programme, incorporating a treatment referral option, for people (primarily youth and young adults) who come to the attention of the Gardaí and the Probation Service, due to behaviour caused by substance misuse.</p> <p>An Garda Síochána (lead), Department of Justice & Equality (Irish Youth Justice Service), HSE , Probation Service, Department of Children & Youth Affairs; Community & Voluntary Youth Services, Department of Health (formerly Office of the Minister for Drugs)</p>	<p>This Action is currently being reviewed by An Garda Síochána and other Stakeholders. Meetings have been scheduled to take place with Stakeholders in order to conduct a review on this matter to ascertain the most beneficial programme to utilise and to develop a structure to effectively respond to the matter. A number of options are being explored for incorporating a treatment referral option.</p> <p>(The N.D.R.I.C. (National Drug Rehabilitation Implementation Committee) is an active working group and representatives from the Garda National Drugs Unit attend a monthly convening of the Committee.)</p>
Action 39	<p>Maintain and develop treatment services dealing with Blood Borne Viruses (BBVs), with particular emphasis on Hepatitis C treatment services.</p> <p>HSE (Lead)</p>	<p>HSE National Hepatitis C Strategy Implementation Committee was established in April 2013 and has held three meetings during 2013. The terms of reference are as follows:</p> <ul style="list-style-type: none"> • Oversee and monitor implementation of recommendations of the HSE National Hepatitis C Strategy. • Facilitate communication and provision of information throughout the health services and wider community in respect of progress made on implementation of recommendations, identification of emerging issues, and other matters • Update recommendations in light of new evidence • Develop and encourage synergies across the Hepatitis C sector <p>Three sub groups have been established to progress the recommendations of the strategy, these are; Treatment, Surveillance and Screening and Education, Prevention and Communication.</p> <p>The committee co-ordinated a Hepatitis C education and awareness campaign with HSE Communications to support World Hepatitis day on the 28th of July 2013. The aim of the campaign was to urge anyone who may be at risk of hepatitis C to get tested as it is estimated that between 20,000 and 50,000 people in Ireland are chronically infected with hepatitis C, more than half of</p>

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		whom are not aware of the infection and that effective testing and treatment are available.
Action 40	<p>Develop a response to drug-related deaths through:</p> <p>I. A National Overdose Prevention Strategy;</p> <p>II. A co-ordinated health response to the rise in deaths indirectly related to substance abuse; and</p> <p>III. A review of the regulatory framework in relation to prescribed drugs</p> <p>HSE (Lead) with support from Department of Health.</p>	<p>One of the key actions contained in the National Overdose Prevention Strategy Sept 2011 (unpublished) Implementation plan is the development of guidance and protocols to explore the possibility of the enhanced availability of naloxone. Recommendation 4 advises that ‘The opioid antagonist Naloxone should be made routinely available in Ireland to opioid drug users’. Furthermore in this document, there is a stated commitment to take actions which focus on reducing the number of drug-related deaths and near-fatal drug poisonings.</p> <p>Naloxone is not regulated as a controlled drug under the Misuse of Drugs legislation because it is not considered to have the potential to be misused. Naloxone is controlled as a prescription-only medicinal product and therefore may only be supplied by a pharmacist to a patient on foot of a prescription issued by a medical practitioner or other prescriber, following review and clinical assessment of the patient by the practitioner.</p> <p>An exemption exists under the medicines legislation in relation to the administration of naloxone by pre-hospital emergency care personnel. Paramedics and emergency medical technicians may administer naloxone to adults in accordance with a clinical protocol or the directions of a medical practitioner.</p> <p>In other jurisdictions such as the UK, “Patient Group Directions” allow for the supply or administration of a prescription medicine to a category of (unnamed persons who meet specified requirements. This is in contrast to a prescription which requires the patient’s name. Irish medicines legislation contains a provision which has been used to allow for patient group directions within the Irish health service. In 2011 however legal advice raised questions about the legality of patient group directions under Irish law.</p> <p>As an alternative approach, the Department of Health is considering an amendment to the Prescription Regulations to include a new provision which would, in emergency circumstances, provide an exemption from prescription control of a medicinal product (naloxone) when used in specific circumstances under protocols certified by the HSE, with such protocols including certification of training for staff involved in its administration and other conditions. The Department is currently seeking legal advice on this and other amendments to the prescription regulations and hopes to complete this work in the first half of 2014.</p> <p>The Department of Health, following consultation with key stakeholders, is preparing an amendment to the Misuse of Drugs Regulations to place additional controls on benzodiazepines and z-drugs, as well as bringing some other drugs under control. It is anticipated that the new Regulations will be introduced in mid-2014.</p>
Action 41	Support families trying to cope with substance-related problems, in line with the recommendations of the Report of the Working	The evaluation report of the National Drugs Rehabilitation Framework (November 2013) highlighted the need to include the family in the NDRIC integrated care planning process. The national

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	<p>Group on Drugs Rehabilitation.</p> <p>HSE (Lead) with support from Family Support Agency; Depts and Agencies; Family Support Network; Drugs Task Forces; Community & Voluntary sectors.</p>	<p>protocols and assessment tools are currently being adapted to take into account - where appropriate - the inclusion of the family in an individual's care plan for encouragement and support, and also the provision of support to families in their own right.</p> <p>In 2013, NDRIC developed information and online resources to family members/loved ones of service users. Through NDRIC the HSE funded the publication of the FSN intimidation leaflet to support families and also service providers with disclosures of intimidation including different languages.</p> <p>In addition, the HSE substance misuse services work with family members as part of their core service.</p> <ul style="list-style-type: none"> For example, the HSE Addiction Services across Cork and Kerry deliver a comprehensive Concerned Persons Programme in support of family members who experience significant difficulties arising from alcohol and substance misuse and the Voluntary Sector Treatment Services in Cork and Kerry also provide this valuable support.
<p>Action 42</p>	<p>Continue to develop and expand: (i) Service User Fora; HSE (Lead) and (ii) Drug User Fora Department of Health (formerly Office of the Minister for Drugs) (Lead) in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.</p>	<p>A number of initiatives have been progressed by the HSE National Advocacy Unit to support our service users:</p> <ul style="list-style-type: none"> You and Your Health Service, the National Healthcare Charter, a statement of commitment on healthcare expectations and responsibilities, which was promoted at the Patient Safety First Conference in February 2012. The National Advocacy Unit delivered a series of information sessions to staff to promote the National Healthcare Charter and to support its implementation at local level. A suite of patient empowerment resources have been developed to support patients to become more involved in the decision making about their health. <p>Nationally The Methadone Protocol Prescribing Implementation Committee also utilises the input of service users via UISCE which is a forum for Drug Users based in the North Inner City and also assists Drugs Task Forces set up forums for drug users.</p> <p>The SERDTF and SRDTF have developed a Service User Involvement Framework in consultation with the HSE, Mental Health Commission, HRB, and HIQUA. The aim is to develop regional and county service user fora.</p> <p>SURF, the Service User Representation Forum, is now represented on NDRIC. During 2013 NDRIC consultation with and involvement of service users has ensured that progress has been made in relation to a number of actions outlined in the NDRIC work plan. Approaches used have included individual meetings and focus groups as well as service user representation on NDRIC itself.</p> <p>Particular actions include the development of the Service User Guide to the National Rehabilitation Framework which will be published in the 1st quarter of 2014. Service User involvement was also sought to review the National Protocol and Common Assessment Guidelines to formally include</p>

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		<p>service user engagement in relation to each protocol.</p> <p>On a regional basis:</p> <ul style="list-style-type: none"> • HSE DML has service user representation at the Clinical Governance Management Committee and is currently carrying out Service User consultations across its clinics. • The training programme to support Drug and Alcohol Services in the Cork/ Kerry region to develop Service User Initiatives in their organisations continues to be rolled out. • MRDTF Development worker is looking at developing protocols around Service User Fora and the HSE will support this.
<p>Action 43</p>	<p>Continue the expansion of treatment, rehabilitation and other health and social services in prisons.</p> <p>Develop an agreed protocol for the seamless provision of treatment services as a person moves between prison (including prisoners on remand) and the community.</p> <p>Irish Prison Service (Lead) with support from The Probation Service; HSE; Community & Voluntary sectors.</p>	<p>The expansion of treatment and other health and social services in prisons continues. The IPS is increasing access to drug treatment in closed prisons. Drug treatment services are now in place in all closed prisons. Recent trends in Mountjoy, Portlaoise and other prisons point to a significant number of prisoners currently self-detoxing from methadone resulting in a marked reduction in the average dose of methadone. Among the key developments are:</p> <ol style="list-style-type: none"> 1. A Group Detox and Rehabilitation Programme (GDRP) was piloted in Mountjoy Prison for seven months providing seven additional drug treatment places in addition to the nine places on the existing Drug treatment Programme (DTP). It is the intention of IPS to conduct an external evaluation of the GDRP in Q1 2014. 2. The Medical Unit (excluding Higher Support Unit & Low Support Unit), at Mountjoy Prison, circa 50 beds, is being used for drug treatment programmes exclusively. <p>The programmes include:</p> <ul style="list-style-type: none"> • The Drug Treatment Programmes (DTP), • Slow Detox, • Stabilisation and Relapse Programme. <p>The Training Unit has been designated suitable for prisoners on Methadone Maintenance Treatment (MMT) and it is intended that Shelton Abbey will also be designated in 2014. Loughan House will be designated as a drug free prison.</p> <p>The developments above are providing an increased number of options for prisoners who demonstrate a commitment to addressing their substance misuse. Onward options from the Medical Unit include access to Drug Free Units, open prisons and ultimately the Community Return Scheme subject to normal operational considerations. The IPS continues to seek to construct a range of programmes, support services and through-care options for prisoners demonstrating a commitment to addressing their substance misuse.</p> <p>Drug Free Units continue to be rolled out in closed prisons. These Units accommodate and cater for the needs of both drug free prisoners and illicit drug free prisoners including those prisoners stable on methadone. All closed prisons will have operational Drug Free Units by end 2013 which is a commitment given in the IPS Three Year Strategic Plan 2012 -2015.</p>

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		<p>A protocol for the seamless transition of treatment services between the IPS and HSE is in place and in the main works well. However in areas of the country where community treatment places are not available, challenges to delivery exist. Notwithstanding this it should be acknowledged that through collaboration with community services, effort is made to ensure continuity and initiation, where clinically indicated, of Methadone Maintenance Treatment. Difficulties remain with the remand population as the IPS is not in a position to influence releases directed by the Courts, however communication strategies have improved. A cross sectoral group, chaired by the IPS, meet to monitor and review issues regarding implementation of this recommendation.</p>
<p>Action 44</p>	<p>Address the treatment and rehabilitation needs of:</p> <ul style="list-style-type: none"> • Travellers; • New Communities; • LGBTs; • Homeless; and • Sex Workers <p>This should be facilitated by engagement with representatives of those communities and/or services working with those groups as appropriate.</p> <p>HSE (Lead) with support from Community & Voluntary sectors.</p>	<p>Under the NDRIC rehabilitation model each client will receive a personalised care plan based on their individual needs including a full comprehensive assessment where complex needs are identified. This means that clients who have specific needs that require specialised treatment will be referred to the appropriate service as part of a coordinated care plan with the added benefit of a case manager to ensure that where gaps and blocks are identified that they are responded to immediately. This approach means that specific needs of vulnerable groups are addressed without duplication of service or 'labelling' of clients.</p> <p>As previously reported the HSE actively engages with representative bodies from these groups via various social inclusion and associated governance fora.</p> <p>Absence of an ethnic identifier and associated ethnic equality monitoring in core datasets acts as a significant barrier to evidence based planning around the health needs and outcomes of diverse groups of service users. It is envisaged that the continued development and promoting of an ethnic identifier in health treatment services will assist with identifying emerging trends and developing appropriate associated actions.</p> <p>Specific projects targeting at risk groups continue to provide valuable services to the homeless, Travellers, New Communities, and prisoners across the country. These are provided directly by the HSE as part of their core services, and by Drugs Task Forces (with the HSE as the channel of funding).</p>
<p>Action 45</p>	<p>Develop a clinical and organisational governance framework for all treatment and rehabilitation services, in line with the Report of the Working Group Examining Quality & Standards for Addiction Services, and subject to a timeframe for compliance given the resource implications involved.</p> <p>HSE (Lead) with Support from Voluntary sector</p>	<p>In partnership with the Ana Liffey Drug Project the HSE oversees the Quality Standards Support Project (QSSP). The QSSP works to support drug and alcohol services in Ireland. Work in 2013 included:</p> <ul style="list-style-type: none"> • As part of an organisational restructure within the Ana Liffey Drug Project, the QSSP was established as part of the Online and Digital Services Team in Q1 of 2013. A project worker was recruited specific to the QSSP and the steering committee was reconvened. Steering committee membership in 2013 included representatives from HSE DML

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>Addiction Service, HSE Social Inclusion National Office, Dublin Region Homeless Executive and the North inner City Drug Task Force;</p> <ul style="list-style-type: none"> • Drugs.ie/quality is the online space for the Quality Standards Support Project, which aims to support projects by providing a sustainable model to support the national development of good practice, learning supports and facilitating the sharing of information between peer agencies in the development of good practice. • The QuADS (Quality in Alcohol and Drugs Services) Organisation Standards are a set of quality standards for organisations who deliver drug and alcohol services. Originally developed in 1999 in the UK by Alcohol Concern and SCODA, these standards were reviewed by Ana Liffey in 2013 in consultation with the QSSP steering committee and were contextualised for services in Ireland. The standards are intended as a guide for quality standards and as a review tool for organisations developing quality standards and have been adopted nationally for HSE Addiction Services. • The policy template library on drugs.ie/quality hosts over 75 policy templates freely available to services to download and consult. As part of the ongoing review of policy templates, finance and procurement templates were reviewed and updated. A new policy template, Responding to Intimidation was developed in consultation with the National Family Support Network and An Garda Síochána. Policies relevant to the National Drugs Rehabilitation Framework are currently under review. • Under development in 2013, the Champions Training aims to provide key persons in organisations with the skills they need to champion quality improvement in their service. Training will be delivered through an interactive e-learning platform. Content has been developed and tested in 2013. Production will take place early 2014. It is envisaged that the Champions Training will be available on drugs.ie/quality in Q2 of 2014. • The pilot review project, using a specifically designed system to facilitate organisations to review the extent to which they demonstrated consistency with the principles set out in QuADS organisational standards, was completed in 2013. In consultation with the services who participated in the pilot and the QSSP steering committee, the project was evaluated and decision taken not to extend the pilot. • A workshop on Responding to Emerging Trends was provided for service providers and service users in the Dublin North Inner City area. The workshop focused on exploring ways that services can respond effectively to new trends in drug use. A recording of this and other information videos are available on drugs.ie to ensure information is accessible to as many organisations nationally as possible. • The QSSP provided support to the NDRIC standards subcommittee in their work on the development of the National Drugs Rehabilitation Framework action 14 on competency based training. In conjunction with the South East Regional Drug Task Force, the relevant QuADS standards were identified for the National Drugs Rehabilitation Framework and protocols, and the DANOS (Drug and Alcohol National Occupational Standards – UK) competencies matched to the identified standards. An overview of findings and detailed draft documents were presented to the standards subcommittee for their consideration. <p>Planning for communication nationally on the QSSP and QuADS organisational standards took</p>

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		place in consultation with the QSSP steering committee and the National Coordinator for the National Drugs Rehabilitation Framework. It is envisaged that a joint communication piece, on QuADS and the National Drugs Rehabilitation Framework, will take place through the Local and Regional Drug Task Force Treatment and Rehabilitation subcommittees in Q1 and Q2 of 2014.
Action 46	Develop a regulatory framework on a statutory basis for the provision of counselling within substance misuse services. Department of Health (lead); HSE	The primary focus of the Department of Health for the foreseeable future is the registration of the 12 health and social care professions designated under the Health & Social Care Professionals Act, 2005. In the interests of patient safety, the regulation of Counsellors and Psychotherapists is now being considered in parallel with this ongoing registration process due to be completed in 2015.
Action 47	Develop national training standards for all involved in the provision of substance misuse services. Coordinate training provision within a single national substance misuse framework. This will include the continued development of responsive training and educational courses and modules for people working in treatment and rehabilitation services to meet current and emerging needs. HSE (Lead) with support from voluntary sector; key academic institutions.	Developments during 2013 included: <ul style="list-style-type: none"> • A conference entitled “Putting knowledge to work through education, substance use workforce development in Ireland” took place in Dublin on 18 April 2013. A range of speakers from the Health Research Board, 3rd level colleges, NATP/HSE, and a STRADA Scotland representative spoke about the range of training, education and research being carried out in the addiction field mainly in Ireland. The conference highlighted particularly a rich array of research, education and training delivery and reflections on the role of education, psychology, philosophy, sociology in addiction courses. However, of particular note was the lack of standard modules on addiction in allied undergraduate courses such as medicine, nursing, social work etc. • The HSE National Addiction Training Programme (NATP) has engaged with an expert on Substance Misuse Workforce Development in Scotland where they have carried out 6 training needs analyses. The key aim in 2014 is to develop a workforce statement on national substance misuse training and to identify key staff working in the sector with the objective of developing a training needs analysis followed by an agreed national training plan which can be disseminated to third level colleges. • The Screening and Brief Intervention (SBI) National Project Lead who is an NATP member has supported staff in HSE South, DNE, DML, and West in rolling out SBI and in running Training for Trainers in HSE South. • Dual Diagnosis awareness training has been rolled in a number of HSE areas across the country. NATP have agreed to fund Community Reinforcement Approach Training for Trainers in March 2014. NATP is involved in NDRIC sub group on standards in planning the roll out of the NDRF and in the development of the training to support such a roll out.
Action 48	Develop an appropriate educational model for: (i) paramedic (ambulance service) Pre-Hospital Emergency Care Council (PHECC) and (ii) nurse and midwife training to ensure that those qualifying are	(i) Paramedic training includes a module dealing with general medical emergencies, including the identification and management of patients who present with poisonings or overdose. (ii) All current education programmes approved by the Nursing and Midwifery Board of Ireland (NMBI) include health promotion, health education and disease prevention.

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	<p>familiar with relevant drug treatment issues and alternative care pathways. An Bord Altranais</p> <p>Include comprehensive coverage of problem substance issues in undergraduate doctor training. The Medical Council</p> <p>D/Health (now fulfilling lead role) with support from Pre-Hospital Emergency Care Council (PHECC), An Bord Altranais, The Medical Council</p>	<p>NMBI is currently undertaking a review of the Requirements and Standards for all nurses' education programmes. The revised Requirements and Standards will contain a requirement that education providers include a large module in Health Promotion, Health Education and Disease Prevention. This module will address issues associated with management of substance use and misuse and the treatment and alternative care pathways and management options in Acute, Primary and Community settings. The revised Requirements and Standards will be presented to the Board of NMBI in November 2014.</p> <p>In reviewing the progress to date in 2012 for the National Drugs Strategy 2012 and Action 48 attributed to An Bord Altranais the reference to Action 36 and the responsibility with the HSE were noted. The HSE applied for Post-registration Category 1 approval of a programme entitled "Screening and Brief Intervention (SBI) for Problem Alcohol Use in Acute, Primary and Community Care Settings", that was approved with 6 Continuing Education Units (CEU's) in November 2011. This programme was approved for delivery throughout 2012. However, no further approval applications were received by the NMBI for this course in 2013.</p> <p>(iii) The Council of Deans of Faculties with Medical Schools of Ireland (CDFMSI) considers that all teachers and undergraduate students of medical education and training should be familiar with all aspects of the effects and treatment of substance misuse. The CDFMSI will continue to endeavour to ensure that students and teachers across schools are familiar with the National Drugs Strategy.</p> <p>(iv) The Medical Council has statutory responsibility for the accreditation of medical schools providing education modules relating to medical practice. In its progress report 2008 – 2013 on Medical Education, Training and Practice in Ireland the Council notes that there are educational opportunities outside of teaching hospitals provided to trainees. These include community clinics (including psychiatric clinics) and drug treatment centres.</p>

	Research & Information Pillar Actions	Progress to Date in Implementation of Action
<p>Action 49</p>	<p>Continue to implement and develop, as appropriate, the five key EMCDDA epidemiological indicators and the associated data collection systems:</p> <p>(i) Prevalence and patterns of drug use among the general population (this will include the continuation of the Drug Prevalence Survey and ESPAD); National Advisory Committee on Drugs and Alcohol (NACDA) (Lead Role)</p> <p>(ii) Prevalence and patterns of problem drug use; NACDA (Lead Role)</p>	<p>The NACD was reconstituted during 2013 for the period to the end of 2016, in line with the timescale of the National Drugs Strategy. The remit of the committee has been extended to incorporate alcohol as well as drugs and to reflect this, it will be known as the National Advisory Committee on Drugs and Alcohol.</p> <p>(i) Regarding prevalence and patterns of drug use among the general population, work continued throughout 2013 on the analysis and publication of the series of bulletins presenting results from the 2010/2011 survey on Drug Use in the General Population.</p> <p>The following report was published:</p>

	Research & Information Pillar Actions	Progress to Date in Implementation of Action
	<p>(iii) Demand for drug treatment; Health Research Board (HRB) (Lead Role)</p> <p>(iv) Drug-related deaths and mortality of drug users; HRB (Lead Role) and</p> <p>(v) Drug-related infectious diseases HRB (Lead Role)</p> <p>Consider the development of appropriate problem alcohol use epidemiological indicators and the associated data collection, building on existing monitoring systems and prevalence surveys. Department of Health (Lead Role)</p> <p>Support from HSE, HRB; NACDA and other relevant Departments and agencies as appropriate</p>	<ul style="list-style-type: none"> • Drug use in Ireland and Northern Ireland 2010/11 Drug Prevalence Survey: Cannabis Results Bulletin 3 - the Prevalence of Cannabis Use and Cannabis Dependence in Ireland <p>It is expected that the following reports will be published shortly</p> <ul style="list-style-type: none"> • A report on the measurement of cannabis dependence in Ireland using NACD 2010/11 General Population Survey data. • Drug use in Ireland and Northern Ireland 2010/11 Drug Prevalence Survey: Cocaine Use Results Bulletin 4 • Drug use in Ireland and Northern Ireland 2010/11 Drug Prevalence Survey: Polydrug use Results Bulletin 5 <p>The NACDA decided to continue with this Drug Prevalence Survey and preparations for the 2014/15 survey have commenced.</p> <p>(ii) The methodology which will determine the collation of data to inform prevalence data of opioid use in Ireland has been finalised and it is a priority in 2014 for the NACDA to commission this research.</p> <p>(iii) Data for 2012 has been submitted to the EMCDDA on time. New data for 2011 and 2012 is publically available on line. Data collection for 2013 is well underway.</p> <p>(iv) Data collection for 2011 deaths has been completed and published on the 21st January 2014. Data has been submitted to the EMCDDA. Data collection for 2012 has commenced. Data from the National Drugs Related Deaths Index (NDRDI) was used to help identify pilot sites for the forthcoming Naloxone demonstration project.</p> <p>The Steering Group Report on a National Substance Misuse Strategy, 2012 made a number of recommendations under the Research Pillar including:</p> <p>Recommendation 1 Continue to implement and develop, as appropriate, epidemiological indicators and the associated data collection systems, to identify:</p> <ul style="list-style-type: none"> • prevalence and patterns of alcohol use and misuse among the general population; • prevalence and patterns of alcohol misuse among specific sub-groups; • demand for alcohol treatment; • alcohol related deaths and mortality of alcohol users; • public expenditure; and • harm reduction. <p>The HRB is nearing completion on work undertaken in regard to an alcohol diary for alcohol consumption in the Republic. The research will provide information on the drinking patterns for various age groups in the Republic's population.</p>

	Research & Information Pillar Actions	Progress to Date in Implementation of Action
Action 50	<p>Develop, in association with the EMCDDA, and implement new indicators at national level for the following three areas:</p> <p>I. harm reduction; II. public expenditure; and III. drugs and crime.</p> <p>HRB (Lead Role)</p>	<p>(i) Data from HSE-commissioned inventory on needle exchange, covering both community-based providers and pharmacists used to complete EMCDDA standard table,</p> <p>(ii) Public expenditure – Report on Ireland’s public expenditure 2011 organised according to EMCDDA analytical framework (i.e. UN’s Classification of Functions of Government [COFOG]) submitted to EMCDDA, October 2012.</p> <p>(iii) Drugs and crime: The development of new drugs and crime indicators is currently the focus of attention by the European Commission and the EMCDDA. The second European conference on drug supply took place in Lisbon in November 2012. An EU Council decision on improving the monitoring of drug supply in the European Union was adopted during the meeting of the Economic and Financial Affairs Council In October 2013. In November 2013, the Health Research Board expert in this area was nominated as Ireland’s representatives to the EMCDDA Reference Group (RG) for drug supply monitoring, which is responsible for developing the relevant monitoring indicators in this area in the coming years. The first meeting of the RG is scheduled for 3-4 December 2013 in Lisbon.</p>
Action 51	<p>Monitoring problem substance (including alcohol) use among those presenting to hospital Emergency Departments</p> <p>HSE (Lead Role)</p>	<p>Awaiting a HSE implementation plan for the recommendations of the Steering Group report on a National Substance Misuse Strategy (DOH, 2012)</p> <p>A National Screening and Brief Intervention Protocol for alcohol and substance misuse for Tier 1 Services/ Tier 2 Interventions has been drafted.</p> <p>See Also Action 36</p>
Action 52	<p>Seek to put in place a unique identifier to facilitate the development of reporting systems in the health area while respecting the privacy rights of the individuals concerned.</p> <p>Department of Health (Lead Role)</p>	<p>The Health Identifiers Bill was published in December 2013 and is currently before the Oireachtas. It is expected to be enacted in the first half of 2014.</p>
Action 53	<p>Implement the recommendations of the Review of the Coroner Service to reduce delays in reporting so that information is available on a timely basis for the NDRDI.</p> <p>Department of Justice & Equality (Lead Role)</p>	<p>The current difficult national economic situation has meant that a more gradual, cost neutral approach to reform the Service than was envisaged in the Coroner Service Review must be taken and it has been necessary to re-examine the proposals for the restructuring of the Service in light of the level of funding currently available.</p> <p>Set against this background, the Coroners Bill 2007, which was restored to the Seanad Order Paper in May 2011, provides for the comprehensive reform of coronial law and procedures and for organisational arrangements.</p>

	Research & Information Pillar Actions	Progress to Date in Implementation of Action
		<p>The Bill is currently before the Seanad and is in the course of being reviewed in the Department with a view, among other matters, to making it as cost-effective as possible.</p> <p>In tandem with this the Civil Law (Miscellaneous Provisions) Act 2011 has already provided for some early reforms in coronial matters.</p> <p>The National Drugs Related Death Index (NDRDI) team within the HRB continue to have access to Coroners' data as required.</p>
Action 54	<p>Consider the further development of systems monitoring changing drug trends in line with the EU Early Warning System</p> <p>National Advisory Committee on Drugs and Alcohol (Lead) with support from Department of Justice & Equality; Health Research Board; Department of Health (formerly Office of the Minister for Drugs); Forensic Science Laboratory</p>	<p>The NACDA's Early Warning and Emerging Trends Sub Group had been working to develop an annual report based on information supplied by a number of national laboratory stakeholders.</p> <p>The NACDA Sub Group were also working with the HSE to develop a communications protocol for notification of drug use emergencies to frontline line health services, clinicians, drugs related services and the general public.</p> <p>This work has re-commenced with the re-constitution of the NACDA and its subcommittees and will support Ireland's full participation in the EU early warning system.</p>
Action 55	<p>The Minister of State, the OMD and the NACDA will develop and prioritise a research programme, revised on an annual basis. This would consider the following areas, among others, as possibilities for research:</p> <ul style="list-style-type: none"> • 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 	<p>Many of the areas mentioned in Action 55 have been covered in earlier NACD Work Programmes. The NACDA agreed its 2013 workplan with the Minister and areas of work relevant to Action 55 in 2013 were the following:</p> <p>Prevalence patterns of problem substance use among prisoners A report of a study, commissioned by NACDA and undertaken by UCD, on drug prevalence, including intravenous drug use and blood borne viruses, among the Irish prisoner population has been completed. The NACDA has considered the policy implications of the report and the report will be published early in 2014.</p> <p>Drug Markets Study: Illicit Drug Markets in Ireland This study and the report arising from it was carried out by the Health Research Board on commission by NACD. The report was finalised in 2012. The NACDA is considering policy implications of the report and the report will be published in 2014.</p> <p>Outcomes of Rehabilitation Services The NACDA has proposed commissioning research to measure the rehabilitation outcomes for people with substance misuse problems and who avail of rehabilitation services in Ireland. Consideration is being given to the methodology for this research.</p>

	Research & Information Pillar Actions	Progress to Date in Implementation of Action
	<p>prisoners and homeless people</p> <p>NACDA (Lead Role)</p> <ul style="list-style-type: none"> Examining the feasibility of developing an indicator to monitor changes in the prevalence of substance misuse among youth at risk. <p>NACDA (Lead Role) with support from Department of Children & Youth Affairs</p>	<p>(ii) At the request of the NDRIC Committee/Chairperson, the NACDA Senior Researcher participated in NDRIC throughout 2012 in order to provide advice on various aspects of the study commissioned by NDRIC to evaluate the roll-out of the NDRIC framework in pilot sites in Ireland.</p> <p>Prevalence of children of substance misusing parents The design of a study to estimate the number of children with substance misusing parents using indirect estimation techniques/methods was developed by the NACDA. Carrying out the study will be contingent on available resources.</p>
Action 56	<p>Develop a research management framework in regard to problem substance use in Ireland; Disseminate research findings and models of best practice.</p> <p>NACDA (Lead Role) with support from HRB, Department of Health (formerly Office of the Minister for Drugs)</p>	<p>The NACDA have adopted a corporate policy on data management which includes procedures for the sharing of NACDA data with third parties.</p>
	Co-ordination Pillar Actions	Progress to Date in Implementation of Action
Action 57	<p>Establish an Office of the Minister for Drugs with the roles and responsibilities outlined in chapter 6.</p> <p>D/CE&GA (Lead Role)</p>	<p>The OMD role was subsumed into the Department of Health in May 2011 and undertaken by the Drugs Policy Unit and the Drugs Programme Unit.</p>
Action 58	<p>Establish the Oversight Forum on Drugs (OFD) with the terms of reference set out in chapter 6.</p> <p>D/CE&GA (Lead Role)</p>	<p>OFD has been established.</p>
Action 59	<p>Develop an overall performance management framework for the NDS across all Departments and Agencies to assess and monitor progress.</p> <p>D/Health (formerly OMD) (Lead Role)</p>	<p>The Performance Management is being undertaken by the Department of health through the operation of the Oversight Forum on Drugs and through the monitoring of progress on the Actions of the National Drugs Strategy.</p> <p>Annual Reports monitoring the progress on the Actions of the National Drugs Strategy are published on the Department of Health website www.doh.ie</p>
Action 60	<p>Continue to develop engagement with specifically identified at risk groups, including:</p> <ul style="list-style-type: none"> Travellers; New Communities; LGBTs; 	<p>The 2012 annual report indicated that a sub-group of the Drugs Advisory Group (DAG) had reported on progress in advancing measures to implement this Action and Actions 41, 42 and 44.</p> <p>This report indicates that most Drugs Task Forces have inclusive policies in terms of their service provision. The sub-group that carried out the report believe that there is a need for more formal</p>

	Research & Information Pillar Actions	Progress to Date in Implementation of Action
	<ul style="list-style-type: none"> • Homeless; and • Sex Workers at the appropriate national/regional/local level in the design and planning of interventions under the NDS. D/Health (formerly OMD) (Lead Role)	representation from the communities of interest (through Citywide) to inform design and policy of interventions. Ongoing monitoring of the report and its recommendations is a matter for the National Coordinating Committee for Drugs and Alcohol Task Forces (NCC-DATF) which has replaced the DAG, and will have its first meeting in 2014.
Action 61	Develop protocols between relevant Departments and Agencies to ensure that a more co-ordinated approach is put in place to support Ireland's international role and responsibilities in relation to problem drug use. D/Health (formerly OMD) (Lead Role)	Protocols between relevant Departments and Agencies have been agreed. The International Drugs Issues Group, involving relevant Departments and Agencies, continues to meet on an ongoing basis.
Action 62	Review and renew the participation and commitment of members of the Drugs Task Forces. Revise the Drugs Task Force Handbook to take account of the new structural arrangements. Review Drugs Task Force boundaries. Examine the optimum structure for the employment arrangements of Drugs Task Force personnel. D/Health (formerly OMD) (Lead Role)	A series of measures arising from the Review of the Drugs Task Forces were announced on 18 December 2012. The reforms are intended to better equip the Task Forces to respond to the current pattern of drug and alcohol misuse. Drugs Task Forces are to be renamed the "Drug and Alcohol Task Forces". Other changes include the establishment of a National Coordinating Committee to guide the work of the Task Forces and drive the implementation of the National Drugs Strategy (its inaugural meeting to be held on 23 rd Jan 14), clearer terms of reference and corporate governance guidelines for Drug and Alcohol Task Forces, more public representation and review the number and boundaries of Drug and Alcohol Task Forces.
Action 63	Consider the need for/desirability of a dedicated treatment agency, looking at UK and international best practice models. OMD (Lead Role)	Following consideration of the matter it was decided not to pursue the establishment of a dedicated treatment agency for drugs.

Figure 1: **Medical Detoxification Unit**

Location	Number of Beds	Average Waiting Times
St. Michael Ward Beaumont	10	4-5 weeks
Cuan Dara Cherry Orchard Hospital D20	9/ 13	1-2 months depending on catchment area
Total:	23	

Figure 2: **Community Based Residential Detoxification**

Location	Number of Beds	Average Waiting Times
Cuan Mhuire Athy Alcohol Detoxification	19	Between 1 to 6 days
Cuan Mhuire Athy – Our Lady’s Drug Unit	6	
Cuan Mhuire Fernannes Co. Cork	8	
Cuan Mhuire Bruree Limerick	28	
Cuan Mhuire Coolraine, Co. Galway	21	
Peter Mc Verry Trust Lantern Naul Co. Dublin	7	2- 3 weeks
Simon Community Detoxification Dublin 8	11	3 – 4 weeks
Coolmine Ashleigh House	2/3	4 weeks
Coolmine Lodge	4	4 weeks
MQI St. Francis Farm, Tullow. Co. Carlow	10	Currently there is no waiting list
Total:	117	

Figure 3: **Adolescent Residential Detoxification**

Location	Number of Beds	Average Waiting Times
Aislinn Ballyragget Co. Kilkenny	4	4 to 5 weeks.
Total:	4	

Figure 4: Clients receiving methadone maintenance treatment, 2003 to 2013

End of Year totals (31 st of December)	No. of clients receiving methadone maintenance treatment
2003	6,883
2007	8,523
2008	8,718
2009	9,047
2010	9,266
2011	9,251
2012	9,419
2013	9,652

Figure 5: Needle Exchange Programme – number of packs given out and no of sharps returned

Summary of Figures for Dec 2012 - Oct 2013													
Quarter	Unique Service users	Encounters	Packs given out and return rates						Referrals				Total Ref
			10 pk out	10 pk rtn	3 pk out	3 pk rtn	rtn 10 pk %	rtn 3 pk %	T3/4	BB V	HB V	Other	
Dec 12	582	1228	1294	435	<10	0	34%	0%	24	15	13	0	52
Jan 13	581	1345	1426	447	102	17	31%	17%	23	38	30	<10	99
Feb	617	1411	1117	362	381	104	32%	27%	21	83	25	<10	131
Q1 Total	1780	3984	3837	1244	485	121	32%	25%	68	136	68	10	282
Mar	663	1536	1215	357	519	150	29%	29%	74	49	50	<10	182
Apr	724	1667	1260	398	654	105	32%	16%	72	45	41	<10	161
May	935	1985	1324	517	1017	184	39%	18%	58	52	53	<10	169
Q2 Total	2322	5188	3799	1272	2190	439	33%	20%	204	146	144	18	512
Jun	977	2004	1343	581	1019	231	43%	23%	31	20	<10	10	66
Jul	992	2390	1586	508	1473	252	32%	17%	29	25	<10	<10	56
Aug	1026	2414	1143	463	1417	326	41%	23%	15	13	0	<10	30
Q3 Total	2995	6808	4072	1552	3909	809	38%	21%	75	58	<10	13	152

Appendix 2: Synopsis of the range of services available to under 18's around the country:

HSE South (South East Area)

The majority of under 18 year olds are supported through community based drugs initiatives and supported by the HSE drug education officers. Where required, substance misuse counselling is available in each county. These services provide evidence based approaches such as Motivational Interviewing, Brief Interventions, Community Reinforcement Approach (CRA) and Adolescent Community Reinforcement Approach (ACRA)

In general, Rehabilitative pathways for under 18 year olds include referral to: substance misuse education, harm reduction(where appropriate), brief intervention, therapeutic Intervention, psychology service/referrals for under 18 year olds, referral to residential treatment and referral to another appropriate support services such as social work and/or child and Child and Family Service (Mental Health).

Tier 2 Services: Tier 2 services which provide support, education and awareness programmes are run by Drug Education Workers and Community Based Drug Initiative (CBDI) workers in all counties in the South east. Tier 2 open access drop-in clinics are run in all counties.

Tier 3 Services: Tier 3 counselling service for more chaotic drug users is available through the community counselling services. Where possible counselling for under 18 year olds is provided within youth appropriate settings.

Tier 4 Services: Residential detox and rehabilitation services are provided in the Aislinn Centre. Aislinn provide a four bedded detox facility and a 12 bedded 6 week rehabilitation programme. They also provide aftercare and family support services.

Regional Support and Training: the Clinical Nurse Manager 3 has responsibility for developing a standardised regional response for adolescent services. This response has included the development of Family Therapy and Psychology services for the region. Sessional psychology services are now available through the Substance Misuse services for young people who have complex psychological needs.

There are seven workers training in Functional Family Therapy which provides evidence based family systems approach for 11 to 18 year olds and their families who engage in substance misuse. There are currently 28 workers pursuing accreditation in the Community Reinforcement Approach Family Training (CRAFT) within the Southeast.

Wexford: Community Drugs Outreach Workers are the first point of referral in County Wexford. In Wexford town, a multi-agency adolescent specific open access clinic is now open. This service provides an inter-agency service to adolescents to screen, assess and provide appropriate interventions to young people and families affected by alcohol and/or drug use The Wexford service has also developed particularly strong links with the paediatric services in Waterford General Hospital.

South Tipperary: The Substance Misuse Service South Tipperary facilitates a drop in clinic for under 18's every week in the Clonmel Clinic. This service provides a free confidential service with no appointment necessary and facilitates brief intervention and referral pathways as outlined by NDRIC best practice guidance. Drop In Clinics in Carrick on Suir, Tipperary Town, Cashel and Cahir also facilitate under 18 year olds and their parents on a weekly basis. A debriefing meeting is facilitated every two weeks with the full SMS team to discuss referrals and rehabilitative care planning for under 18 year olds. The SMS has facilitated discussions on substance misuse issues arising for young people with education and youth service providers in the South Tipperary Community Care areas.

Carlow/Kilkenny: The Substance Misuse Service and Carlow Youth Service provide support to under 18 year olds. Although there is no substance misuse specific under 18 year old drop in provided by the Substance Misuse Service, Carlow Youth Service provide a Youth Drop in Carlow

Town and Tullow. Assessment identifies whether it is more appropriate for the young person to be seen in a youth setting and young people are referred to the Community Based Drugs Initiative worker within the Youth service for substance misuse issues. Under 18 year olds can also attend Open Access accompanied by a parent.

Waterford: The Frontline project in Waterford works specifically with young people who engage in drug use and their families aged 12 to 23 years. Individual support for adolescents is offered by Community Based Drug Initiative Workers in the Youth service.

(Southern Area)

Service provision for the treatment of Alcohol and other substance misuse amongst under 18 year olds is available in a number of settings. Community based Counsellors are located throughout the region and provide first point of contact and initial assessment and referral if needed.

Arbour House (outpatient) Substance & Alcohol Misuse Service, St Finbarrs Hospital, Cork is a Tier 3 specialist centre working with clients, families and professionals. Arbour House works with young people from the age of 12 to 22 years. They work from an inclusive framework and have established long standing working relationships with both statutory and voluntary agencies throughout. This enables them to work from a co-constructed client centred perspective. The service provides evidence based approaches such as Cognitive Behavioural Therapy, Motivational Interviewing, Reality Therapy, Rational Emotive Therapy, Community Reinforcement Approach (CRA). Adolescent Community Reinforcement Approach (ACRA) and Community Reinforcement Approach Family Training (CRAFT)

The following services are provided to clients, families & professionals: initial consultations and assessments, comprehensive assessment, medical assessments & treatment, psychological assessment & treatment, case management, outpatient substance free treatment in the form of individual and group programmes, harm Reduction programmes, family support and Strengthening Families Programmes, community based brief intervention programmes, referral to inpatient treatment, aftercare and information sessions and research.

Cara Lodge Residential Treatment Centre is run by a Voluntary Group and has a Service Agreement with the HSE Southern Area to provide residential treatment to Boys under 18 years old who have drug & alcohol problems with coexisting psychosocial issues. The Centre caters for six boys at any given time.

HSE Dublin North/ North East (North East Area-outside of Dublin)

Treatment for substance misuse for under 18 year olds is delivered within the Primary Care setting, with HSE addiction service staff working alongside colleagues in Child & Family services, as well as Child & Adolescent Mental Health services as appropriate. The local service teams in the North East continue to provide supports for young people and their families, particularly within Louth & Meath where there are outreach staff available to work directly with those affected. The HSE also refers to Aislinn, Ballyragget, Co Kilkenny Tier 4 services and the young peoples' programme in the National Drug Treatment Centre (Trinity Court) for more intense psycho-social supports when required.

Work is currently underway with the inter-agency county-based children's services committees with a view to ensuring that the needs of young people are catered for within existing resources, including those affected by substance misuse. Services are delivered alongside the local Jigsaw projects and those key youth services supported through the DCYA programmes.

(North Dublin City and County)

HSE Dublin North provides a range of adolescent programmes for young people up to the age of 23 years who are using heroin and other drugs. These programmes are delivered under the direction of a multi-disciplinary teams and individually funded projects. Services are provided free of charge to clients and can be accessed by ringing the addiction centre nearest the home address of the client for an appointment.

The services provided are as follows: counselling, treatment, follow-up service, methadone maintenance, reduction and detox, symptomatic detox, viral screening and viral treatment follow up, vaccinations, access to liaison maternity services, contraceptive Advice, and access to Services. The HSE Northern Area has referred service users to Aislinn Adolescent Treatment Centre on a case by case basis.

Further programmes for young people are also available through the following services: Crinan Youth Project is a community drug treatment facility. The Project provides treatment and rehabilitation for under 21 year olds who have problems with drugs. Treatment includes a three pronged or holistic approach in which medical, therapeutic and social/educational support is provided by a multi-disciplinary team who work closely with the young person and their family.

Talbot Centre is committed to developing supportive relationships with children, young people and their families whose lives have been affected by drug and/or alcohol use in the North Inner City. They continue to focus their work on three levels: Prevention work with children and young people at risk, working with young people using drugs and community development / educational input.

SASSY (Substance Abuse Service Specific to Youth). The SASSY Team will see people up to their eighteenth birthday if drug and/or alcohol use is causing a negative impact and has no lower entry age. The service also accepts self-referrals and referrals from family or professionals involved. The team consists of a dedicated Child Psychiatrist with special interest in adolescents, 2.4 Counsellors and 0.2 of a Family Therapist WTE and offers 1:1 counselling, psychiatric assessment, medication, and family therapy. The main clinic is located at Mountjoy Square and there are 3 satellite clinics at Blanchardstown, Ballymun and Kilbarrack. Treatments use evidence-based approaches such as Motivational Interviewing, Cognitive Behavioural Therapy, Relapse Prevention, and Psycho-education.

The team offers support to other services in the North Dublin area, and engages in significant multi-agency work to ensure comprehensive care-planning. If opiate use is suspected then the client will be seen at the Young Persons Programme at the National Drug Treatment Centre, where the Child Psychiatrist is one of the two treating consultants. Young people from all north Dublin and surrounding areas can be offered the full treatment programme for opiate dependence at this clinic. This programme is supported by a separate multi-disciplinary team and is designed to meet the complex needs of young drug users. A Consultant Child and Adolescent Psychiatrist took up post in September 2005 and in addition three counsellors and .5 of a psychiatric nurse joined the team in March 2011. This team works specifically with clients under 18 years of age with alcohol/drug issues and offer counselling and psychiatric assessment.

HSE Dublin Mid-Leinster (South Western Area-Dublin)

There are a number of Young Persons Programmes currently being delivered within the Eastern Region which are specifically developed to target and provide support and treatment for young people.

The HSE employs a dedicated Consultant Psychiatrist with special interest in Adolescents in the HSE/South Western Area who also oversees the Young Persons programme in the Drug Treatment Centre Board. The Young Persons Programme in the HSE South Western area comprises of input from a General Practitioner, Nursing, Pharmacy, Family Therapy, Psychiatry and General Assistance. The post holder also works in the HSE Youth Drug & Alcohol (YoDA) Service in Tallaght and in the Adolescent Addiction Service in Bridge House, Ballyfermot both of which meet the needs of teenagers with a broad range of drug and alcohol issues. This is in line with the Department of Health/Health Service Executive report from the Working Group on Under 18 year olds (September 2005).

The National Drug Treatment Centre also provides a Young Persons Programme. The programme adopts a holistic approach that addresses their physical, psychological, emotional and social needs. The programme is supported by a dedicated, highly skilled and experienced multidisciplinary team in collaboration with external agencies. This programme is designed to meet the complex needs of young drug users under 20 years of age, many of whom are homeless. The programme offers the following services: medical treatment services, therapeutic services,

specialist medical services, psychiatric and general medical assessment, sexual health clinic, liaison midwifery services, complementary therapies, life skills activities, counselling and literacy. The programme is person-centred and individualised through a key-worker / care plan process.

Programmes for young people are also available through the following services:

The Youth Drug & Alcohol (YoDA) Service in Tallaght provides a multidisciplinary treatment service to adolescents with drug and alcohol problems from LHO area Dublin South-West and Dublin South.

The Adolescent Addiction Service in Bridge House provides a dedicated treatment service to LHO Area Dublin West.

The HALO service provides a multidisciplinary treatment service to adolescents with drug and alcohol problems from Co Kildare.

There are also some dedicated adolescent addiction programs run by certain Local Drugs Task Forces. These include the Ciall project for adolescents from Dublin 12. and The STARR project which provides treatment to some under 18s in Dublin 10.

(Midlands Area)

The Ana Liffey Drug Project (ALDP), funded by the HSE Community Alcohol and Drugs Service, provide under 18 year old & adult services to the Midlands Area. To date, under 18 year olds presenting for addiction treatment have been extremely rare. If required, under 18 year olds will be referred to a Consultant Psychiatrist with a special interest in Adolescents. ALDP also have 3 Project workers (providing under 18 year old and Traveller specific work) to the Midlands Area. A Clinical Psychologist and Family Therapist are also part of the service provided in this area. Young people under the age of 16 years are referred to the Child & Adolescent Services in the region. Merchants Quay Ireland (part funded by HSE & Midlands Regional Drug Task Force) also provides family support where deemed suitable.

(East Coast Area)

The HSE East Coast Area has a dedicated "Young Persons Programme" in Baggot St. Clinic, which has been in existence for approximately 10 years. It consists of both GP and nursing services and caters to mostly opiate users. Patients who are prescribed Methadone are dispensed in community pharmacies. Service users can also be referred to HSE counsellors. In addition, the young persons programme within the Drug Treatment Centre Board is also a primary referral pathway for under 18 year olds.

HSE West

(Mid Western Area)

The Drugs and Alcohol Service currently works with young people aged from 14 to 25 years olds and their parents and/or guardians who present with problematic alcohol and/or illicit drug use. This service is provided through Clare, Limerick and North Tipperary services and in the regional Primary Care Drug Assessment Unit which works with young people (predominantly over 18 years old) in relation to opiate misuse. The HSE Mid-West is part of the project team currently working with Headstrong Ireland to develop a Jigsaw Project for Limerick City and County.

(Western Area)

The HSE Regional Drugs Service - Galway, Mayo and Roscommon: Is a specialist community based addiction service providing direct access counselling, support and treatment for those aged 14 years and upwards. Tier 4 services can be provided where appropriate by Child and Adolescent mental health services or adult mental health services.

A range of programmes for young people are also provided through the following services:

The Youth Health Initiative in the GAF: The GAF is health advice café for young people aged 14 – 25 years old operated by Foroige in Galway city. This is a youth sign-posting and engagement service designed to encourage young people to access health services.

NO 4 (Augustine ST) is a youth homeless counselling service in Galway city operated by Galway Diocesan Youth service.

Jigsaw Galway/Roscommon is a partnership between HSE, Mental Health Ireland and Headstrong. Jigsaw Galway is a youth mental health initiative supporting 12-25 year olds in Galway city and county. It is a primary health care model offering: free direct access, drop in services and brief intervention. One of the target areas is youth substance misuse and to date; one third of those accessing services have presented with drugs and alcohol issues. HSE West is supporting similar developments in Mayo.

The Western Regional Drug Task Force (WRDTF) Family Support: The WRDTF and the HSE are developing family support groups across the region to help family members living with addiction.

(North Western Area)

Donegal

The Alcohol & Substance Misuse Counselling Service is a Tier 3, specialist community based service. There is one dedicated Youth Drug and Alcohol Counsellor. The counsellor provides counselling advice and information service to young people (up to the age of 18yrs), and their parents and/or guardians in relation to problematic alcohol and/or illicit drug use. The HSE North West refers young person's requiring Tier 4, residential treatment, to the Aislinn Adolescent Residential Addiction Centre in Kilkenny when required.

A range of programmes for young people in Donegal are also provided through the following services:

Jigsaw, Donegal is a partnership between HSE, and Headstrong. Jigsaw Donegal is a youth mental health initiative supporting 15-24 year olds in County Donegal. It is a primary health care model offering free direct access, drop in services and brief intervention. Youth substance misuse is addressed within the context of an overall assessment. Referral pathways to Tier 3 under 18 year old services have been established.

The LOFT is a Youth Project & Health Cafe managed in partnership with Donegal Youth Service and Foroige. The LOFT is open to all young people aged between 12 and 18 years old. Funding for the project is provided by the Health Service Executive. The LOFT is a place where young people can avail of a wide range of facilities. Group work programmes delivered are as follows: health information and education, drop-in centre, listening ear service, learn new skills, entertainment events and meet with friends

The North West Regional Drug Task Force provide funding to Foroige to employ one Youth Drug & Alcohol Education worker in Co Donegal.

Alcohol Forum delivers a range of programmes for young people and families such as Streetwise for Life, a drug and alcohol awareness programme for 6th class and 1st year students. Families Matter, a division of the Alcohol Forum is the central provider of the Strengthening Families Programme (SFP) in the Northwest. SFP targets a whole family approach to family skills interventions for children aged from 6 to 17 years old. The Alcohol Forum's Youth and Family Liaison worker is the Northwest Hidden Harm project lead in partnership with the HSE and the Child and Family agency. The Alcohol Forum also delivers a community mobilisation initiative that targets reducing alcohol consumption and provides specialist awareness raising courses to schools and colleges.

Sligo/Leitrim/South Donegal & West Cavan

The Alcohol & Substance Misuse Counselling Service is a Tier 3, specialist community based service. There is one dedicated Young Person's Addiction Counsellor Post. The counsellor provides counselling advice and information service to young people (up to the age of 18yrs), and their parents and/or guardians in relation to problematic alcohol and/or illicit drug use. The HSE North West refers young people requiring Tier 4, residential treatment, to the Aislinn Adolescent Residential Addiction Centre in Kilkenny when required.

The HSE Sligo/Leitrim area provides a range of options available to young persons requiring tier 2 services as follows:

The Crib is health advice café for young people aged 14 – 25 years old in Sligo Town operated by Foroige. This is a youth sign-posting and engagement service designed to encourage young people to access health services.

Foroige and North Connaught, Youth Community Service deliver a range of direct access services to young people across the Sligo/Leitrim area inclusive of individual and group work alcohol & drug awareness programmes.

The North West Regional Drug Task Force provide funding too Foroige to employ two Youth Drug & Alcohol Education workers in the Sligo/Leitrim area.