

# **Focal Point Ireland: national report for 2025 – Policy**

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**Health Research Board. Irish Focal Point to the European Drugs Agency**

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(2026) Focal Point Ireland: national report for 2025 – legal framework.

(2026) Focal Point Ireland: national report for 2025 – harms and harms reduction.

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## T0. Summary

### Summary of T1.1 National drugs strategies

At the time of writing (September 2025) a new national drugs strategy is being developed. In the meantime, Ireland's most recent national drugs strategy is titled *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*. It was launched in July 2017 (Department of Health 2017), and is the strategy described in this report. The strategy is structured around cross-cutting goals and emphasises a health-led approach to addressing the drugs situation in Ireland (Department of Community, Rural and Gaeltacht Affairs 2009). It is the first integrated drug and alcohol strategy in Ireland. It defines substance misuse as "the harmful or hazardous use of psychoactive substances, including alcohol, illegal drugs and the abuse of prescription medicines" (Department of Health 2017) (p. 7).

The strategy set out to cover an 8-year period (2017–2025) and was accompanied by a shorter-term action plan (2017–2020) (Department of Health 2017). Following a mid-term review of the strategy, six strategic priorities were identified for the remainder of its lifetime (2022–2025), and accompanying actions were identified in a strategic action plan for 2023–2024 titled *National Drugs Strategy Strategic Action Plan 2023-2024* (Department of Health 2023).

The strategy's vision is for "a healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life" (Department of Health 2017) (p. 8).

The strategy's five strategic goals are to:

1. Promote and protect health and well-being
2. Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery
3. Address the harms of drug markets and reduce access to drugs for harmful use
4. Support participation of individuals, families and communities, and
5. Develop sound and comprehensive evidence-informed policies and actions.

A final substantive chapter of the strategy focuses on what is termed "strengthening the performance of the strategy" (Department of Health 2017) (p. 73). There are two key elements to this: performance measurement, and the structures supporting the implementation of the strategy.

Government Departments with responsibility for implementing various actions in the strategy and the *National Drugs Strategy Strategic Action Plan 2023-2024* (Department of Health 2023) include: Health (overall responsibility); Education and Youth; Children, Disability, and Equality; Social Protection; Housing, Local Government and Heritage; Justice, Home Affairs and Migration; and Transport.

### Summary of T1.2 Drugs strategy evaluation

An evaluation of *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017) was published in July 2025. The evaluation was

carried out as part of the process of developing the strategy's successor, which will run from 2026. The evaluation aimed to explore the impact of the strategy; the effectiveness of the governance and coordination structures that underpin the strategy; the performance of the strategy in relation to key outcome indicators; and the coherence and synergies between the national strategy and relevant international responses.

### **Summary of T1.3 Drug policy coordination**

As part of the new national drugs strategy that is under development at the time of writing (September 2025), new governance structures for the strategy will also be developed. This report outlines the most recent drug policy coordination structures. As a result of a mid-term review (Drugs Policy and Social Inclusion Unit 2021a), the coordination and implementation structures of Ireland's 2017–2025 national drugs strategy were further revised (see Figure T1.3.1.1), in order to improve delivery of the strategy and its new strategic priorities. The key elements were:

- The Minister for Health has overall ministerial responsibility for the national drugs strategy. The Department of Health also has a Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy.
- The National Oversight Committee (NOC) is a senior official-level committee comprising senior members of the statutory, community and voluntary sectors, and including the expertise of both a clinical and an academic representative.
- Six Strategic Implementation Groups (SIGs) supported the implementation of each of the strategic priorities of the national drugs strategy from 2022. These replaced the previous (standing) subcommittees. The SIGs promoted coordination between national, local and regional levels to deliver on the strategy's priorities and reinforce cross-agency working. They had an independent Chair who was a member of, and reported back to, the NOC. A service user and a nominee from both civil society and the Local and Regional Drug and Alcohol Task Forces (LDATFs and RDATFs) network were included in each SIG's membership. Membership included representatives from the statutory, community and voluntary sectors.
- The Drugs Policy and Social Inclusion Unit, Department of Health supports the Ministers, NOC and subcommittees; analyses the implications of research findings for policy and design of initiatives to tackle the drug problem; and advises on the commissioning of new research and the development of new data sources.
- The Health Research Board (HRB) is the European Drug Agency's (EUDA) national focal point. It manages the commissioning of any research.
- The Early Warning and Emerging Trends subcommittee receives, shares and monitors information from national and European Union (EU) sources.
- LDATFs and RDATFs focus on assessing the extent and nature of the drug and alcohol problem in their areas, and on coordinating action at local level, so that there is a targeted response to the drug problem in local communities. LDATFs and RDATFs were represented on the national drugs strategy committees.

### **Summary of T1.4 Drug-related public expenditure**

The Minister for Health has overall responsibility for the national drugs strategy, whereas a wide range of Government Departments, State agencies and the community and voluntary sector have

responsibility for delivering on its actions. There is no centrally held or ring-fenced budget allocated to the national drugs strategy. Instead, delivery of the strategy is funded by each Government Department securing the budget for the activities it is responsible for, and which it has committed to deliver. The Government Departments secure the budgets for these activities as part of Ireland's annual national budgetary process.

In its simplest terms, Government Departments engage in bilateral negotiations with the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation (DPEIPSRD) about their budgets for the following year. Following detailed negotiations with Government Departments, the DPEIPSRD agrees on proposed Estimates for Public Services for approval by Cabinet. These estimates are then voted on by Ireland's parliament, the Oireachtas.

### **Labelled expenditure**

The most recent year for which labelled drug-related expenditure is available is 2024. Overall there is an increase in that expenditure for 2024 when compared to that for 2023. Total labelled expenditure for 2024 was €338,056,069, compared to €306,059,326 in 2023.

### **Summary of T1.3.1 New developments**

The following are the main policy developments or updates on policy in Ireland since the *2024 Drug policy workbook*:

1. Development of the new national drugs strategy
2. Evaluation of the National Drugs Strategy 2017-2025
3. Interim Findings of the Joint Oireachtas Committee on Drugs Use
4. Re-establishment of the Joint Oireachtas Committee on Drugs Use
5. Cocaine harms
6. Features of cannabis debate in Ireland
7. Health Diversion Scheme (2025 update)
8. Policy issues related to environmental prevention
  - a) Gambling Regulation Act 2024
  - b) Proposed vaping legislation
  - c) Zero-alcohol products – marketing and sale
  - d) Labelling of alcohol products
  - e) Regulation of hexahydrocannabinol (HHC) in Ireland

## **T1. National profile**

### **T1.1 National drugs strategies**

**Table 1. Titles and dates of all national drugs strategies and supporting action plans**

Time frame	Title and web link	Scope (main substances/addictions addressed)
2023–2024	<i>National Drugs Strategy Strategic Action Plan 2023-2024</i> <a href="https://www.drugsandalcohol.ie/39064/">https://www.drugsandalcohol.ie/39064/</a>	Illicit drugs and alcohol
2017–2025	<i>Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025</i> <a href="https://www.drugsandalcohol.ie/27603/">https://www.drugsandalcohol.ie/27603/</a>	Illicit drugs and alcohol
2009–2016	<i>National Drugs Strategy (interim) 2009-2016</i> <a href="https://www.drugsandalcohol.ie/12388/">https://www.drugsandalcohol.ie/12388/</a>	Illicit drugs
2001–2008	<i>Building on Experience: National Drugs Strategy 2001 – 2008</i> <a href="https://www.drugsandalcohol.ie/5187/">https://www.drugsandalcohol.ie/5187/</a>	Illicit drugs
Not defined, published in 1997; precursor to the 2001–2008 national drugs strategy	<i>Second Report of the Ministerial Task Force for Measures to Reduce the Demand for Drugs</i> <a href="http://www.drugsandalcohol.ie/5114/">http://www.drugsandalcohol.ie/5114/</a>	Illicit drugs
Not defined, published in 1996; precursor to the 2001–2008 national drugs strategy	<i>First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs</i> <a href="http://www.drugsandalcohol.ie/5058/">http://www.drugsandalcohol.ie/5058/</a>	Illicit drugs
Not defined, published in 1991	<i>Government strategy to prevent drug misuse</i> <a href="https://www.drugsandalcohol.ie/5108/">https://www.drugsandalcohol.ie/5108/</a>	Illicit drugs

**T1.1.2 Please summarise your current national drugs strategy document.**

**Ireland’s national drugs strategy**

At the time of writing (September 2025) a new Irish national drugs strategy is being developed. In the meantime, Ireland’s most recent national drugs strategy continues to guide policy and practice. *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* was launched in July 2017 (Department of Health 2017). This is the strategy described in this report. While the strategy is structured around cross-cutting goals rather than the pillars of the previous national drugs strategy (2009–2016), its content largely follows on from that of the previous strategy (Department of Community, Rural and Gaeltacht Affairs 2009). It reflects the commitment made by the Government in May 2016 “to pursue a health-led rather than a criminal justice approach to drug use” (Government of Ireland 2016) (p. 56), a commitment that has been reiterated in subsequent programmes for government, including the most recent *Programme for Government 2025: Securing Ireland’s Future* published in January 2025 Available from: <https://www.drugsandalcohol.ie/42537/>. The national drugs strategy covers an 8-year period (2017–2025) and was accompanied by a shorter-term action plan (2017–2020) (Department of Health 2017). This approach provided the opportunity for stakeholders to assess the progress of the

strategy and its action plan at a mid-term point (2021). This assessment, combined with new and emerging issues, informed the mid-term review of the strategy (Drugs Policy and Social Inclusion Unit 2021a) and was used to develop the focus for the second phase of the strategy's lifetime (2022–2025). The main outcome of the mid-term review was the development of six new strategic priorities for the remainder of the strategy's lifetime, which is also reflected in some changes to the implementation structure for the same period (2022–2025). An agreed list of actions was developed for each strategic priority for 2023–2024 (Department of Health 2023) (see below). The findings of the mid-term review and the six strategic priorities identified are presented in Section T1.2.2 of this workbook.

The revised implementation structure is detailed in Section T1.3.1 of this workbook. The top-level structure and key stakeholders remained the same as for the earlier phase of the strategy:

- Overall responsibility for the national drugs strategy rests with the Minister for Health and the Minister of State, Department of Health, who also have responsibility for public health and well-being.
- The Government Departments with responsibility for implementing various actions in the national drugs strategy, including the *National Drugs Strategy Strategic Action Plan 2023-2024*, are: Health; Education and Youth; Children, Disability, and Equality; Social Protection; Housing, Local Government and Heritage; Justice, Home Affairs and Migration; Rural and Community Development; and Transport.
- The following statutory bodies are responsible for implementing actions in the national drugs strategy and the *National Drugs Strategy Strategic Action Plan 2023-2024*: the Health Service Executive (HSE); the HRB; Child and Adolescent Mental Health Services (CAMHS); Tusla – Child and Family Agency; the Irish Prison Service; local authorities; An Garda Síochána (AGS); the Revenue Commissioners' Customs and Excise service; the State Laboratory; the Medical Bureau of Road Safety; and the Probation Service.
- Certain agencies within the community and voluntary sector are also responsible for implementing actions. These include LDATFs and RDATFs; the Union for Improved Services, Communication and Education (UISCE; a service users' forum), and Merchants Quay Ireland.

### **Substance coverage**

This is the first strategy to move towards a more integrated approach to illicit drug and alcohol use. There has been a long-standing debate in Ireland on the question of whether alcohol and illicit drugs use should and could be addressed in the same strategy. In 2009, the Government made a commitment to produce “a combined National Substance Misuse Strategy to cover both alcohol and drugs” (Department of Community, Rural and Gaeltacht Affairs 2009) (p. 5), but in practice alcohol policy has largely been implemented separately. The current strategy defines substance misuse as “the harmful or hazardous use of psychoactive substances, including alcohol, illegal drugs and the abuse of prescription medicines” (Department of Health 2017) (p. 7). There is an explicit commitment to ensure that “an integrated public health approach to drugs and alcohol is delivered as a key priority” (Department of Health 2017) (p. 22). The strategy complements the Public Health (Alcohol) Act 2018 and reinforces some of the key elements of the alcohol-focused 2012 *Steering Group Report on a National Substance Misuse Strategy* (Department of Health 2012). While the current strategy places much more of a focus on alcohol when compared with previous national

drugs strategies, illicit drugs use was the primary focus of many of the actions of the strategic action plan for 2017–2020. Two of the six strategic priorities for the strategy covering the period up to 2025 included an explicit focus on alcohol (to strengthen the prevention of drugs and alcohol use and the associated harms among children and young people; and to enhance access to and delivery of drug and alcohol services in the community), while the others were more focused on illicit drugs use. It is unclear whether the forthcoming strategy will continue with this integrated approach to illicit drug and alcohol use.

### **Overview of the strategy: vision, values and goals**

*Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017) is underpinned by a set of core values and is structured around a vision and five goals. Each goal has a set of objectives. While not explicitly structured around pillars, as the previous national drugs strategy was, the strategy covers the themes of that previous strategy: supply reduction, prevention, treatment, rehabilitation, and research. However, there is an additional focus on the role of people who use drugs, their families and communities, and taking a more health-led approach.

### **Vision**

The strategy's vision is for "A healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life" (Department of Health 2017) (p. 8).

### **Values**

To deliver on this vision, the strategy is underpinned by six values:

- *Compassion*: A humane, compassionate approach focused on harm reduction which recognises that substance misuse is a healthcare issue
- *Respect*: Respect for the right of each individual to receive person-centred care based on his or her specific needs and to be involved in the development of their care plan
- *Equity*: A commitment to ensuring that people have access to high-quality services and support regardless of where they live or who they are
- *Inclusion*: Diversity is valued, the needs of particular groups are accommodated, and wide-ranging participation is promoted
- *Partnership*: Support for maintaining a partnership approach between statutory, community and voluntary bodies and wider society in order to address drug and alcohol issues, and
- *Evidence informed*: Support for the use of high-quality evidence to inform effective policies and actions in order to address drug and alcohol problems.

### **Goals**

The five strategic goals and their accompanying objectives are to:

1. Promote and protect health and well-being:
  - 1.1 Promote healthier lifestyles within society

- 1.2 Prevent the use of drugs and alcohol at a young age
- 1.3 Develop harm reduction interventions targeting at-risk groups
- 2. Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery:
  - 2.1 Attain better health and social outcomes for people who experience harm from substance misuse, and meet their recovery and rehabilitation needs
  - 2.2 Reduce harm among high-risk users
- 3. Address the harms of drug markets and reduce access to drugs for harmful use:
  - 3.1 Provide a comprehensive and responsive misuse of drugs control framework which ensures the proper control, management and regulation of the supply of drugs
  - 3.2 Implement effective law enforcement and supply reduction strategies and actions to prevent, disrupt or otherwise reduce the availability of illicit drugs
  - 3.3 Develop effective monitoring for, and responses to, evolving trends, public health threats and the emergence of new drug markets
- 4. Support participation of individuals, families and communities to respond to the drugs situation:
  - 4.1 Strengthen the resilience of communities and build their capacity to respond to the drugs situation
  - 4.2 Enable participation of both users of services and their families
- 5. Develop sound and comprehensive evidence-informed policies and actions
  - 5.1 Support high-quality monitoring, evaluation and research to ensure evidence-informed policies and practice.

Another substantive chapter in *Reducing Harm, Supporting Recovery* focuses on what is termed “strengthening the performance of the strategy” (Department of Health 2017) (p. 73). There are two key elements to this: measuring performance and the structures supporting the implementation of the strategy.

Throughout the strategy document there is a focus on synergising with other relevant strategies. A list of 21 “relevant interconnected strategies and policies” (Department of Health 2017) (p. 99) is cited in the document, with a number of the actions linked directly to those of other Government strategies.

The strategic action plan for 2017–2020 was embedded in the main strategy document and contained 50 actions, with a list of statutory, community and voluntary partners with responsibility for their delivery. A mid-term review of the strategy resulted in the development of six new strategic priorities for the remainder of the strategy from 2022. See Section T1.2.2 of this workbook for an overview of the mid-term review. The six strategic priorities were to be delivered through specific actions and an agreed set of deliverables developed by the SIGs (Department of Health 2023). The six priorities were:

1. **To strengthen the prevention of drug and alcohol use and the associated harms among children and young people:** This covers a variety of settings (school, community and family) and focuses on increasing resilience and strengthening life skills and healthy life choices. Activity under this priority is informed by the European Prevention Curriculum (EUPC) and the *International Standards on Drug Use Prevention* (United Nations Office on Drugs and Crime and World Health Organization 2018) (European Monitoring Centre for Drugs and Drug Addiction 2019).
2. **To enhance access to and delivery of drug and alcohol services in the community:** Delivery of this priority is supported through the development of a drug services care plan across Ireland. Particular focus has been put on ensuring access to services for women, people in rural areas, ethnic minorities and the lesbian, gay, bisexual, transgender, queer and intersex (LGBTQI+) community. This priority considers models of care for people who use drugs and have comorbidities. It also aims to address the stigma linked to drugs use and drug addiction and its impact on access and delivery of health services.
3. **To develop integrated care pathways for high-risk drug users to achieve better health outcomes:** This group includes people who are homeless, offenders, stimulant users and people who inject drugs. It is argued that integrated care pathways that connect care settings (general practitioners, primary/community care providers, community specialist teams and hospital-based specialists) are required to deliver the best outcomes for this cohort. A key outcome indicator will be the reduction in drug-related deaths among these people. The review identifies the experience of the Dublin COVID-19 homeless response as providing a template for the kind of integrated care response required. This priority also involves strengthening harm reduction responses to high-risk drugs use associated with the night-time economy and music festivals, including proposals for drug monitoring.
4. **To address the social determinants and consequences of drugs use in disadvantaged communities, including the Traveller community:** This priority tackles the criminality and antisocial behaviour associated with the drugs trade and the negative impact it has on the communities in which it is based. To address these issues, action is required across Government to promote community development and community safety. Ensuring synergy with the Sláintecare Healthy Communities Programme to address health inequalities will be a key objective.
5. **To promote alternatives to coercive sanctions for drug-related offences:** This priority reinforces the health-led approach to people who use drugs, which is at the core of the national drugs strategy. The main focus is on the implementation and roll-out of the Health Diversion Scheme for people in possession of drugs for personal use (see Section T3.1 of this workbook for an update on the progress of its implementation). Other initiatives, such as the Drug Treatment Court, will also be supported. A particular emphasis is on the exchange with EU member states of best practice on alternatives to coercive sanctions. In 2024, this group published a report exploring alternatives to coercive sanctions in the Irish context. (See Section T4.1 of the 2024 *Drug policy workbook* for the findings of this report).
6. **To strengthen evidence-informed and outcomes-focused practice, services, policies and strategy implementation:** This priority facilitates the exchange of knowledge and expertise. Learning the lessons of the response to the COVID-19 pandemic is a key theme. It aims to

strengthen Ireland's contribution to best practice at EU level, in collaboration with the EUDA and the HRB as the Reitox national focal point in Ireland (Reitox is the European information network of institutions or agencies with responsibility for data collection and reporting on drugs and drug addiction to the EUDA). Service innovation will be identified from the network of drug and alcohol task forces.

A strategic action plan for the delivery of the national drugs strategy covering the period 2023–2024 was published in June 2023 (Department of Health 2017) (Department of Health 2023). It included a set of actions for each strategic priority for 2023–2024 (Department of Health 2023) and associated deliverables for five of them (SIG Priority 4 did not list any deliverables). Overall, the 2023–2024 action plan represented a continuation of earlier commitments and outputs from the national drugs strategy. Many of the actions cited were already underway at the time of its publication.

Government Departments with responsibility for implementing various actions in the plan were: Health; Education; Social Protection; Housing, Local Government and Heritage; Justice; Rural and Community Development; and Transport. Agencies with lead responsibilities included: the HRB, Tusla – Child and Family Agency, the HSE, AGS, the Irish Prison Service and the Probation Service. LDATFs, RDATFs and some non-governmental organisations were also tasked with responsibilities.

The strategic priorities and their associated actions are outlined below:

1. Strengthen the prevention of drug and alcohol use and the associated harms among children and young people.

1.1 Develop an integrated framework to strengthen the prevention of alcohol and other drugs use and associated harms among children and young people.

1.2 Build the capacity of services to recognise hidden harm and to support families in the communities affected by substance use, in order to mitigate the risk and reduce the impact.

1.3 Implement the Department of Health Prevention and Education Funding Programme.

1.4 Develop, implement and evaluate a multi-component environmental community action on alcohol project, modelled on best practice.

1.5 Ensure the development of a national addiction service for young people aged under 18 years that is cohesive, supported and well governed.

1.6 Mitigate the risk and impact of 'grooming' for young people in illicit drug distribution.

1.7 Work to mitigate the risk and impact of hidden harm, and consider foetal alcohol spectrum disorders as a particular form of hidden harm.

1.8 Support the Social, Personal and Health Education curriculum programme.

2. Enhance access to and delivery of drug and alcohol services in the community.

2.1 Promote the contribution of drug and alcohol services through the Community Services Enhancement Fund and monitor its implementation.

2.2 Maximise and strengthen the provision of evidence-based family services to families affected by drug and alcohol use.

2.3 Strengthen the implementation of the National Drugs Rehabilitation Framework and promote the Competency Framework for Homeless and Addiction Services.

- 2.4 Support the implementation of the HSE's mental health clinical programme on dual diagnosis
- 2.5 Support members of the Traveller community with drug and alcohol issues to access culturally appropriate addiction services by linking in with the Traveller Inter-Agency Group on Action 33 of the *National Traveller Health Action Plan (2022-2027)*.
3. Develop integrated care pathways for high-risk drug users to achieve better health outcomes.
  - 3.1 Develop an inclusion health approach for people who are homeless and in addiction.
  - 3.2 Ensure pathways to access treatment for high-risk groups.
  - 3.3 Increase residential treatment and step-down accommodation.
  - 3.4 Open a medically supervised injection facility.
  - 3.5 Consider the mental health and addiction challenges of those imprisoned.
  - 3.6 Improve the process of identifying substances of concern.
4. Address the social determinants and consequences of drugs use in disadvantaged communities.
  - 4.1 Utilise the Social Inclusion and Community Activation Programme to improve the life chances and opportunities of people affected by problematic substance use; and to build their recovery capital through community development approaches, targeted supports and interagency collaboration development approaches.
  - 4.2 Create a progression path for people in recovery from problematic drug and alcohol use to access education, training and employment pathways, including job placement, in their local area.
  - 4.3 Enhance policing and safety in communities impacted by the drugs trade in conjunction with Local Community Safety Partnerships and other relevant structures.
  - 4.4 Implement, resource and draw lessons from the Drug Related Intimidation and Violence Engagement (DRIVE) model to address drug-related violence and intimidation, in conjunction with Local Community Safety Partnerships.
  - 4.5 Target drug and alcohol services for socially excluded groups at risk of drug and alcohol use in disadvantaged areas, through the use of population-based indicators, such as homelessness.
  - 4.6 Ensure that drug-related issues are prioritised in Government proposals to build stronger and more integrated responses to local area challenges, drawing on the experiences in Dublin's North East Inner City, Drogheda, and other local initiatives.
5. Promote alternatives to coercive sanctions for drug-related offences.
  - 5.1 Oversee and support the implementation of the Health Diversion Scheme.
  - 5.2 Map alcohol/drug treatment service provision nationally, incorporating service availability and referral options for those going through the criminal justice system who use drugs and/or alcohol problematically.
  - 5.3 Evaluate the Dublin Drug Treatment Court and recommend the future direction of the Drug Treatment Court nationwide.

5.4 Strengthen policy and practice with regard to alternatives to coercive sanctions and share learning with EU member states.

6. Strengthen evidence-informed and outcomes-focused practice, services, policies and strategy implementation.

6.1 Plan for the resourcing of evaluation of drug and alcohol interventions in line with policy priorities.

6.2 Design a system for reviewing recommendations and evidence from existing HRB, EUDA and Council of Europe publications in relation to policy and practice within the Irish context.

6.3 Review the current data monitoring systems to ensure they meet current and future needs in relation to informing practice and policy.

6.4 Support a population-based approach to drug and alcohol service delivery.

6.5 Provide expertise and guidance on the final evaluation of the implementation of the national drugs strategy.

As well as the six strategic priorities, the mid-term review identified five horizontal themes to support delivery of the strategic priorities:

1. Involvement of service users in the design and delivery of services based on a human rights perspective and the promotion of health literacy
2. Active and meaningful participation of civil society in the development, implementation and evaluation of policies and services
3. Good governance, accountability, and mutual respect between all partners
4. Cross-sectoral funding and the targeting of additional resources, and
5. The Public Sector Equality and Human Rights Duty, under Section 42 of the Irish Human Rights and Equality Commission Act 2014.

Overall, the current Programme for Government (Fianna Fail et al. 2025), the outcomes of the mid-term review process (Drugs Policy and Social Inclusion Unit 2021a), the *National Drugs Strategy Strategic Action Plan 2023-2024* (Department of Health 2023), contributions to the Citizens' Assembly on Drugs Use, and the Joint Oireachtas Committee on Drugs Use indicate an ongoing commitment to a health-led approach to meet the needs of people who use drugs. This should inform the development of the national drugs strategy currently under development.

### **Progress reports**

No progress reports have been published on the national drugs strategy since 2021. Progress reports were published for the years 2018, 2019 and 2020 (Drugs Policy Unit Department of Health 2019; Drugs Policy and Social Inclusion Unit 2020; Drugs Policy and Social Inclusion Unit 2021b), and a mid-term review was published in 2021 (see Section T1.2.2 of this workbook).

Titles and links to progress reports on the national drugs strategy are as follows:

- Drugs Policy and Social Inclusion Unit (2021) *Reducing Harm, Supporting Recovery: Progress Report 2020*. Dublin: Department of Health. Available from: <https://www.drugsandalcohol.ie/34857/>

- Drugs Policy and Social Inclusion Unit (2020) *Reducing Harm, Supporting Recovery: Progress Report 2019* (Drugs Policy and Social Inclusion Unit 2020). Available from: <https://www.drugsandalcohol.ie/34530/>
- Drugs Policy Unit, Department of Health (2019) *Reducing Harm, Supporting Recovery: Progress 2018 and Planned Activity 2019* (Drugs Policy Unit Department of Health 2019). Available from: <https://www.drugsandalcohol.ie/30660/>

**T1.1.3 Is there another national strategy/action plan on policing, public security, law enforcement, etc. that is not specific to drugs but also defines drug supply reduction/drug-related law enforcement in your country?**

Each year, the Garda Commissioner is required to prepare an annual Policing Plan under Section 22 of the Garda Síochána Act 2005, as amended. The Policing Plan sets out the actions and activities that AGS will undertake in a given year, along with the levels of performance to be achieved. The Policing Authority then approves that plan with the consent of the Minister for Justice, Home Affairs and Migration. The most recent Policing Plan is outlined in Section T1.3.1a of the *Drug markets and crime workbook*. AGS reports on a monthly basis to the Policing Authority on the progress made against the Policing Plan, and the Authority publishes the monthly reports.

- *2024 Policing Plan: An Garda Síochána*. Dublin: An Garda Síochána. Available from: <https://www.drugsandalcohol.ie/40643/>

**T1.1.4. Does your country have additional national strategy or action plan documents for other substances and addictions?**

**Table 2. Additional national strategy documents for other substances and addictions**

<b>Alcohol</b>
Strategy title
<i>Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025</i>
Web address
<a href="https://www.drugsandalcohol.ie/27603/">https://www.drugsandalcohol.ie/27603/</a>
<b>Tobacco</b>
Strategy title
<i>Tobacco Free Ireland</i>
Web address
<a href="https://www.drugsandalcohol.ie/20655/">https://www.drugsandalcohol.ie/20655/</a>
<b>Image- and performance-enhancing drugs</b>
Strategy title
None
Web address

**Gambling**

Strategy title

None

Web address

**Gaming**

Strategy title

None

Web address

**Internet**

Strategy title

None

Web address

**Other addictions**

Strategy title

None

Web address

**T1.1.5 Are there drugs strategies/action plans also at the regional level?**

LDATFs and RDATFs are required to assess the extent and nature of the drug problem in their areas and coordinate action at local level so that there is a targeted response to the drug problem in local communities. They comprise representatives from a range of relevant agencies, such as the HSE, AGS, the Probation Service, Education and Training Boards, local authorities and the youth service, as well as elected public representatives and voluntary and community sector representatives.

The LDATFs and RDATFs are required to have a local drugs strategy for addressing the drug-related needs in their area. However, these are not systematically published and therefore are not all available for analysis.

**Task Force Terms of Reference**

- To coordinate the implementation of the National Drugs Strategy in the context of the needs of the region/local area
- To implement the actions in the National Drugs Strategy where Task Forces have been assigned a role
- To promote the implementation of evidence-based local/regional drug and alcohol strategies and to exchange best practice
- To support and strengthen community-based responses to drug and alcohol misuse
- To maintain an up-to-date overview on the nature and extent of drug and alcohol misuse in the area/region

- To identify and report on emerging issues and advocate for the development of policies or actions needed to address them
- To monitor, evaluate and assess the impact of the funded projects and their continued relevance to the local/regional drug.

(Source: <https://ecrdatf.ie/about-us.html> )

The Task Forces comprise representatives from a range of relevant agencies, such as the HSE, AGS, the Probation Service, Education and Training Boards, local authorities and the youth service, as well as elected public representatives and voluntary and community sector representatives.

Based on this model, each Task Force decides on the best approach to dealing with drug-related issues in their area, which will be reflected in their local strategy. As a result, different responses are taken in different areas.

#### **T1.1.6 Does the capital city of your country have a drug strategy/action plan?**

No, the capital city does not have its own drugs strategy/action plan.

#### **T1.1.7 What elements of content (objectives, priorities, actions) of the EU Drugs Strategy 2021-25 and of the EU Drugs Action plan 2021-25 or the previous 2013-20 EU Drugs Strategy and its two action plans were directly reflected in your most recent national drugs strategy or action plan?**

Under the third goal of Ireland's most recent national drugs strategy – to address the harms of drug markets and reduce access to drugs for harmful use – the strategy acknowledges Ireland's support for the EU's strategic position on drugs. It states:

Ireland participated at UNGASS [United Nations General Assembly Special Session] as a member state of the EU and supported the key strategic position of the EU on drugs policy, which welcomes a steady transition towards a more balanced global approach that includes aspects of public health-based policies, while continuing to pursue efforts to counter transnational organised crime and drug trafficking (Department of Health 2017) (p. 54).

#### **Overall approach**

The development of Ireland's national drugs strategy and action plan was guided by national priorities, the input of stakeholders and the findings of the *Report of the Rapid Expert Review of the National Drugs Strategy 2009-2016* (see Section T1.2.2 of the *2024 Drug policy workbook for a summary of the review*) (Griffiths et al. 2016). While the Department of Health did not set out to mirror the EU's 2013–2020 strategy when developing Ireland's national drugs strategy for 2017–2025, there is significant overlap between the two. There continues to be close alignment with the latest EU strategy (2021–2025), which indicates a move by the EU towards an increased focus on health and drug-related harm (Council of the European Union 2020) in its overarching goals and policy areas and in the objectives and strategic priorities. Ireland's national drugs strategy reflects a similarly balanced approach to addressing both supply and demand reduction activities, although the Irish strategy tends to place relatively more emphasis on addressing the latter (a health-led approach) than the former (a criminal justice-led approach). Very similar priorities are identified across the board, including in the areas of prevention, treatment, harm reduction, rehabilitation/recovery/reintegration, drug markets, legislation, law enforcement and drug monitoring. Given the move by the EU towards a strategy with an increased focus on health and drug-related harm, the strategies are now more closely aligned. When welcoming the new EU

strategy, the then Minister of State for Public Health, Wellbeing and the National Drugs Strategy said that Ireland had advocated for this increased focus on health:

*I welcome the new focus on the health needs of people who use drugs in the EU strategy, which mirrors the health-led approach in our national strategy, Reducing Harm, Supporting Recovery. Ireland strongly advocated for the inclusion of harm reduction in the strategy, along with traditional policies to reduce the supply and the demand for drugs (Department of Health 2021).*

Both strategies emphasise the need for an evidence-based approach. Indeed, this is one of the five key goals of the Irish strategy.

### **EU partners**

The Irish strategy explicitly aligns itself with the EU and other international partners on a range of activities; for example, on intercepting drugs – and precursors for the manufacture of drugs – being trafficked to Ireland, and on early warning and emerging trends networks. As part of an action to strengthen Ireland’s drug monitoring system, the Irish strategy commits to using EUDA protocols to monitor the drugs situation and to be able to respond to new data monitoring requests from the EU. This commitment to using EU standards and collaborations to strengthen the delivery of the national drugs strategy is echoed in its strategic priorities for 2022–2025 (see Section T1.1.2 of this workbook).

### **Human rights and health-led approach**

The fundamentals of EU law and the values of the EU underpin the EU strategy, within which is a strong commitment to upholding human rights. There are features of the Irish strategy that indicate a more human rights-based approach than were in previous Irish strategies. These include that it takes a health-led approach to drugs use; is underpinned by the values of compassion, respect, equity, inclusion and partnership; is evidence informed; and incorporates human rights in some elements (for example, introducing medically supervised injecting facilities and exploring alternative approaches to criminal prosecution for the possession of small quantities of drugs). However, the Irish strategy uses language that is framed around the health-led approach rather than the language of human rights. Human rights are specifically mentioned only once in the Irish national drugs strategy document, and this is in relation to developing a Quality Assurance Framework for the delivery of services. However, alongside the six new strategic priorities for the remainder of the strategy’s lifetime are five horizontal themes that will support their delivery (see Section T1.1.2 of this workbook). Among these is a commitment to design and deliver services based on a human rights perspective (Drugs Policy and Social Inclusion Unit 2021a).

### **Performance measurement**

The strategic action plan for 2017–2020 identified 50 strategic actions, how they were to be delivered, the lead agency with responsibility for each action and the relevant partners. However, unlike the EU’s action plan, it did not provide timetables, indicators or data collection/assessment mechanisms for each action. While not linked to specific actions, a selection of PIs was presented under each goal in the strategic action plan for 2017–2020 (Department of Health 2017). Following a review of this action plan, six new strategic priorities have been identified for the remainder of the national drugs strategy’s lifetime (to 2025). A list of actions and deliverables has been developed for each priority (see Section T1.2.2 of this workbook).

## Ongoing alignment

The alignment between the Irish and EU strategies continued as reflected in the EU's action plan for 2021–2025 (Council of the European Union 2021) and the development of six strategic priorities for the Irish strategy (2022–2025) (see Section T1.1.2 of this workbook). The six priorities were in part informed by an examination of the EU's latest strategy. This follows on from a commitment by Ireland's Minister of State for Public Health, Wellbeing and the National Drugs Strategy at the time to ensure synergy between the Irish and EU action plans. The Minister stated:

The EU Drugs Strategy and the forthcoming action plan are very timely as it will inform the mid-term review of actions in the national drugs strategy. Ireland cannot address the drugs issue in isolation from our European colleagues. I want to ensure that there is a synergy between the EU and national strategies and to avail of the opportunities provided in the EU strategy to share learning and good practice between Member States (Department of Health 2021).

## New national drugs strategy

As already mentioned, a new national drugs strategy is being developed at the time of writing (September 2025). As with the most recent strategy, it is envisaged that it will be closely aligned with the EU's strategic position. In concluding her response to a question on the development of the new drugs strategy in the Seanad on 4 March 2025, the Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy, Jennifer Murnane-O'Connor, said:

The new strategy will set out an ambitious vision for preventing drug use, improving access to evidence-based treatment services and supporting people's recovery from drug use. It will also strengthen co-operation with EU member states, the British–Irish Council and the Council of Europe in addressing the challenges of illicit drug use. It is my intention to engage with the Oireachtas in implementing this new strategy because I am conscious that we need to have cross-party support for it. We all need to work together on this. Seanad Éireann debate: Tuesday, 4 Mar 2025, Health Strategies.

Available from: <https://www.oireachtas.ie/en/debates/debate/seanad/2025-03-04/3/#s9>

### **T1.1.8 Optional. Please provide any additional information you feel is important to understand the governance of drug issues within your country.**

No information.

## T1.2 Evaluation of national drugs strategies

The purpose of this section is to:

- Summarise the most recent national drugs strategy evaluation.
- Where none has been completed, please summarise any available strategy review process.

### **T1.2.1 List the titles and timeframes of recent national drug strategy and action plan evaluations**

An evaluation of *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017) was published in July 2025 (Grant Thornton 2025). The evaluation was carried out as part of the process of developing the strategy's successor, which will run from 2026. The evaluation explores the impact of the strategy; the effectiveness of the

governance and coordination structures that underpin the strategy; the performance of the strategy in relation to key outcome indicators; and the coherence and synergies between the national strategy and relevant international responses. See Section T3.1 of this workbook for an overview of the evaluation.

### **Other publications linked to the strategy**

**Mid-term review:** A mid-term review of Ireland's national drugs strategy was published in November 2021. It was titled *Mid-Term Review of the national drugs strategy, Reducing Harm, Supporting Recovery and Strategic Priorities 2021-2025* (Drugs Policy and Social Inclusion Unit 2021a). The review is a collation of evidence sources which were used by the Drugs Policy and Social Inclusion Unit, Department of Health to develop a set of six strategic priorities and a slightly revised delivery structure for the remainder of the strategy's lifetime (to 2025). It was not an evaluation of the strategy to date.

**Progress reports:** Progress reports on the strategy were published for 2018, 2019 and 2020 (Drugs Policy Unit Department of Health 2019; Drugs Policy and Social Inclusion Unit 2020; Drugs Policy and Social Inclusion Unit 2021b). These reports were structured around the strategic action plan for 2017–2020, which is included in the national drugs strategy document. They were collated by the Drugs Policy and Social Inclusion Unit, Department of Health and described activities undertaken in working towards each goal and its associated outputs but did not cover outcomes. 2020 was the last year to be reported on in such a way.

**Focused policy assessment:** A focused policy assessment (FPA) that explores the national drugs strategy (Department of Health 2017) through an analysis of expenditure and effectiveness in line with the strategy's performance indicators (PIs) was published in August 2021 (Bruton et al. 2021). It was prepared by Irish Government Economic and Evaluation Service (IGEES) staff based in the Department of Health and the Department of Public Expenditure, NDP Delivery and Reform (DPENDR) (now renamed the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitisation). Despite its limitations, it represented a valuable step towards generating the economic evidence base upon which public policy on drugs use can be evaluated. Overall, the report highlights the need to improve the data collection process, to adopt PIs that are measurable for the remainder of the strategy's lifetime and to agree the optimal methodological approach to analysing expenditure and PI-related data. The findings of the FPA paper formed part of the mid-term review (Drugs Policy and Social Inclusion Unit 2021a). However, it should be noted that no further progress has been made at a national level with regard to improving the economic evidence base since the report was published.

**National drugs strategy (2009-2016):** In relation to Ireland's previous national drugs strategy (2009–2016), there was no final report or evaluation of the strategy that ended in 2016 (Department of Community, Rural and Gaeltacht Affairs 2009). Neither was there a progress report on the national drugs strategy published for 2016 (these progress reports had been published for some years of the strategy (2011–2015)). A rapid expert review of Ireland's national drugs strategy was carried out as part of the development of the current drugs strategy (Griffiths et al. 2016). This expert review was not a full evaluation, but it did provide some valuable insights.

### **Links to outputs**

The mid-term review (Drugs Policy and Social Inclusion Unit 2021a), together with the most recent progress report (Drugs Policy and Social Inclusion Unit 2021b), the FPA on the strategy (Bruton et al. 2021) and the rapid expert review (Griffiths et al. 2016) are all described in more detail in Section T1.2.2 of the 2024 *Drug policy workbook*.

The title of and link to the mid-term review of the national drugs strategy are as follows:

- Drugs Policy and Social Inclusion Unit (2021) *Mid-Term Review of the national drugs strategy, Reducing Harm, Supporting Recovery and Strategic Priorities 2021-2025*. Dublin: Department of Health. Available from: <https://www.drugsandalcohol.ie/35183/>

Titles and links to progress reports on the national drugs strategy (2017-2025) are as follows:

- Drugs Policy and Social Inclusion Unit (2021) *Reducing Harm, Supporting Recovery: Progress Report 2020*. Dublin: Department of Health. Available from: <https://www.drugsandalcohol.ie/34857/>
- Drugs Policy and Social Inclusion Unit (2020) *Reducing Harm, Supporting Recovery: Progress Report 2019* (Drugs Policy and Social Inclusion Unit 2020). Available from: <https://www.drugsandalcohol.ie/34530/>
- Drugs Policy Unit, Department of Health (2019) *Reducing Harm, Supporting Recovery: Progress 2018 and Planned Activity 2019* (Drugs Policy Unit Department of Health 2019). Available from: <https://www.drugsandalcohol.ie/30660/>

Titles and links to progress reports on the previous national drugs strategy (2009-2016) are as follows:

- *National Drugs Strategy 2009-2016: Progress Report to End 2015* (Department of Health 2016). Available from: <https://www.drugsandalcohol.ie/25365/>
- *National Drugs Strategy 2009-2016: Progress Report to End 2014* (Department of Health 2015). Available from: <https://www.drugsandalcohol.ie/23935/>
- *National Drugs Strategy 2009-2016: Progress Report to End 2013* (Department of Health 2014). Available from: <https://www.drugsandalcohol.ie/21621/>
- *National Drugs Strategy 2009-2016: Progress Report to End 2012* (Department of Health 2013). Available from: <https://www.drugsandalcohol.ie/20159/>
- *National Drugs Strategy 2009-16: Implementation of Actions Progress Report End 2011* (Department of Health 2012a). Available from: <https://www.drugsandalcohol.ie/17109/>

### **T1.2.2. Please summarise the results of the latest strategy evaluation describing**

An evaluation of *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017) was published in July 2025 (Grant Thornton 2025). See Section T3.1 of this workbook for an overview of the evaluation.

### **T1.2.3. Are there any evaluations planned?**

As mentioned above, an evaluation of *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017) was published in July 2025 (Grant Thornton 2025). See Section T3.1 of this workbook for an overview of the evaluation.

## T1.3 Drug policy coordination

### T1.3.1 Describe your national drug policy coordination bodies

The coordination and implementation structures of Ireland's national drugs strategy 2017–2025 set out to improve on previous structures. Relative to previous structures, they were more streamlined, in an effort to better deliver on the key functions of the strategy and to ensure that participation in the strategy would be optimised in a way that avoids “duplication and overlap” (Department of Health 2017) (p. 76). Following the mid-term review, this structure was further revised in late 2021 to improve delivery of the strategy and its new strategic priorities (see Section T1.1.2 of this workbook) (Drugs Policy and Social Inclusion Unit 2021a). New governance structures will be developed as part of the new national drugs strategy that is under development at the time of writing (September 2025). The structure most recently used to coordinate the drugs strategy is illustrated in Figure 1 and had the following elements:

**Ministerial responsibility:** The Minister for Health continues to have overall responsibility for the national drugs strategy with the support of the Minister of State for Public Health, Wellbeing and the National Drugs Strategy.

**NOC:** This was a senior official-level committee sponsored by the Minister of State for Public Health, Wellbeing and the National Drugs Strategy. Membership included representatives from the statutory, community and voluntary sectors, as well as both a clinical and an academic representative. Membership from the statutory sector was at the level of Assistant Secretary. The Committee met on a quarterly basis and had five main functions, as outlined in its terms of reference:

- a) “To give leadership, direction, prioritisation and mobilisation of resources to support the implementation of the strategy
- b) To measure performance in order to strengthen the delivery of drugs initiatives and to improve the impact on the drug problem
- c) To monitor the drugs situation and oversee the implementation of a prioritised programme of research to address gaps in knowledge
- d) To ensure that the lessons drawn from evidence and good practice inform the development of policy and initiatives to address the drug problem
- e) To convene subcommittees, as required, to support implementation of the strategy” (Department of Health 2017) (p. 77).

**SIGs:** Six SIGs were established to support the implementation of each of the new strategic priorities of the national drugs strategy from 2022. These replaced the previous (standing) subcommittees. The SIGs promoted coordination between national, local and regional levels to deliver on the strategy's priorities and reinforce cross-agency working. They had an independent Chair who was a member of, and reported back to, the NOC. A service user and a nominee from both civil society and the LDATF and RDATA network were included in each SIG's membership. Membership included representatives from the statutory, community and voluntary sectors.

**Research Subcommittee on Drugs:** The Research Subcommittee on Drugs oversees the research outputs of the strategy, including the National Drug and Alcohol Survey (NDAS), in conjunction with the HRB.

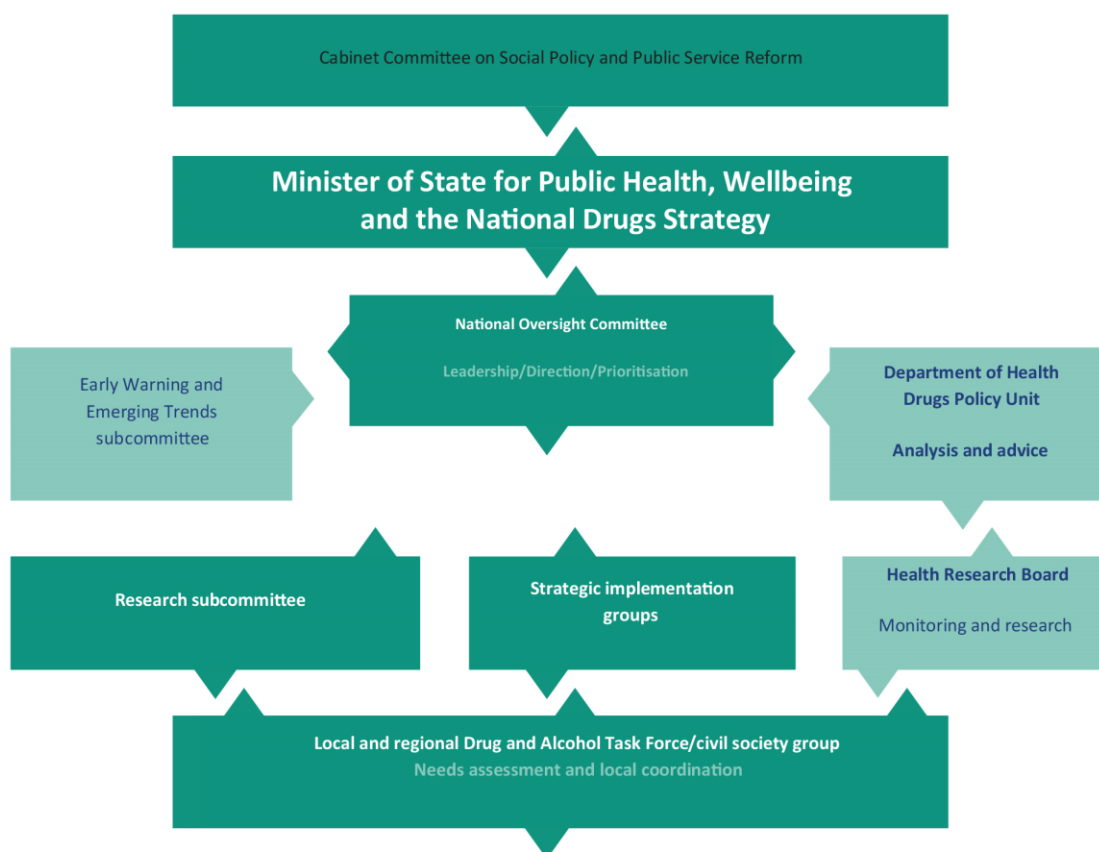
**Drugs Policy and Social Inclusion Unit, Department of Health:** The unit was responsible for:

- Analysing the implications of research findings for policy and design of initiatives to tackle the drug problem
- Providing the NOC with advice on the commissioning of new research and the development of new data sources, having regard to current information and research deficits, advice, changing patterns of drugs use and emerging trends, and
- Providing a secretariat to the NOC.

**HRB:** The HRB is the EUDA's national focal point. It manages the commissioning of any research that the NOC decides needs to be undertaken in order to address the gaps in its knowledge.

**Early Warning and Emerging Trends Subcommittee:** This subcommittee receives, shares and monitors information from national and EU sources on NPS of concern, and on any emerging trends and patterns in drugs use and the associated risks.

**DATFs:** The terms of reference of the DATFs are referred to in the national drugs strategy. Based on these terms of reference, the role of the DATFs continues to focus on assessing the extent and nature of the drug and alcohol problem in their areas, and on coordinating action at local level so that there is a targeted response to the drug problem in local communities. The DATFs continue to implement the national drugs strategy in the context of the needs of their region or local area through action plans. They also provide an annual report on their activities to the Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy. In the strategy, the Department of Health has responsibility for supporting the measurement of the DATFs' performance through the performance measurement system. DATFs are partners of the HSE in the oversight and implementation of the drugs strategy at local level, and they make recommendations to the HSE regarding the funding of projects. While the DATFs assist the HSE in the management of the projects, the statutory provision states that it is the exclusive responsibility of the HSE to ensure that the funding is appropriately managed.



**Figure 1. Structures supporting implementation of Reducing Harm, Supporting Recovery for 2021–2025**

### **Additional Government drugs policy mechanisms**

In Ireland there are mechanisms that the Government can use to inform the policy-making process, encourage debate across topics, as well as help monitor the delivery of existing policies and associated budgets. Since 2015, there have been some key activities in this area that have dealt with the issue of drugs use and Ireland’s response to it. These include Oireachtas committees, working groups and a Citizens’ Assembly on Drugs Use. While not an exhaustive list, below are some of these activities, which have been reported on in more detail in previous national reports.

#### **Oireachtas (Parliamentary) committees**

Oireachtas (Parliamentary) committees advise the Oireachtas on a range of specific areas including drugs policy. They also scrutinise Government expenditure and debate proposed legislation. Committees include members from across the spectrum of political parties (not just Government parties). They receive submissions and presentations from members of the public, interest groups and Government Departments. Their meetings are public and are broadcast live, with recordings made publicly available. Where appropriate, they publish reports on specific issues. These reports reflect the views of the Committee rather than of the relevant Minister or Government of the day per se. For more information on committees and how they work, visit:

<https://www.oireachtas.ie/en/committees/>

Key committees dealing specifically with drug-related issues, in reverse chronological order, are:

**Joint Committee on Health Debate – LDATF input:** In November 2024 representatives of the LDATF Chairpersons’ Network were invited to present on issues faced by LDATFs to the Joint Committee on Health. In her statement to the Committee, the Chair of the Canal Communities Drug and Alcohol Task Force raised a range of issues: the Task Forces would be well placed to deliver on the national drugs strategy, and the recommendations of the Citizens’ Assembly on Drugs Use and the Joint Oireachtas Committee on Drugs Use; current funding structures and levels are inadequate; future drugs policy needs to go beyond reducing the harmful impact of drugs use, but also focus on lessening the factors that lead to problematic drugs use and help communities thrive; Task Forces need support to meet the needs of new communities such as refugees and international protection seekers who use drugs; and, that the HSE recognises and takes account of the Task Forces within the changes coming from its new regional structures. The Task Force representative made proposals to improve communication between the Department and the Task Forces through formalised and regularly scheduled meetings; to commission a gaps analysis to examine the structural disadvantages that local drugs task force areas face; and other interventions to try to allay issues around staff recruitment and retention.

For a full transcript of the session, visit:

[https://www.oireachtas.ie/en/debates/debate/joint\\_committee\\_on\\_health/2024-11-06/2/](https://www.oireachtas.ie/en/debates/debate/joint_committee_on_health/2024-11-06/2/)

**Joint Committee on Drugs Use:** In March 2024, the Joint Committee on Drugs Use was established “to consider the recommendations in the *Report of the Citizens’ Assembly on Drugs Use* and make a reasoned response to each recommendation” (for more information, visit:

<https://www.oireachtas.ie/en/committees/33/drugs-use/our-role/>). See Section T3.1 of this workbook for more information on the Committee’s interim report and the re-established Committee which begins its public-facing work in September 2025.

**Joint Committee on Justice report on decriminalisation:** In December 2022, the Joint Committee on Justice published the *Report on an Examination of the Present Approach to Sanctions for Possession of Certain Amounts of Drugs for Personal Use* (Joint Committee on Justice 2022). The report makes a set of 22 far-reaching recommendations on how the Committee thinks Ireland’s approach to people who use drugs should change. Underpinning these was its position that a criminal justice-led approach to drugs use causes harm and that a health-led approach should be prioritised in drug-related policy and practice in Ireland. The Committee states its position clearly in that it “acknowledges the harms associated with pursuing a criminal justice-led approach to drug use and misuse and recommends that a health-led approach is prioritised in both policy and practice” (Joint Committee on Justice 2022) (p. 6). The report includes a recommendation for the decriminalisation of the possession of drugs for personal use.

The Committee recommends that a policy of decriminalisation is pursued, in line with emerging international best practice, in respect of the possession of drugs for personal consumption, through appropriate legislation reform, in favour of a health-led approach to problem drugs use (Joint Committee on Justice 2022) (p. 7).

A more detailed account of this report was included in Section T3.1 of the *2022 Drug policy workbook*.

**Joint Committee on Health and the national drugs strategy:** On 19 January 2022, the Minister of State for Public Health, Wellbeing and the National Drugs Strategy, Frank Feighan appeared before

the Joint Committee on Health to provide an update on Ireland's national drugs strategy (Department of Health 2017). While a report was not published from this meeting, it represents a key policy event in the lifetime of Ireland's current national drugs strategy. The Minister identified three key messages in his opening statement to the Committee. First, that drugs continue to be a major policy challenge for Irish society. Second, that the Government is committed to a health-led approach to dealing with drugs use, as reflected in the national drugs strategy (Department of Health 2017). Specifically, he said that "a war on drugs is not an effective response to drug use" (p. 2) (*Joint Committee on Health debate - Wednesday, 19 Jan 2022* 2022). Third, he commented on the effectiveness of the national drugs strategy to date.

In response to Minister Feighan's statement, members of the Joint Committee on Health raised a wide variety of issues and concerns. These reflect the heterogeneity within the Committee in terms of the positions held on the best approach to address the drugs issue. Recurring themes included cocaine and crack cocaine use; a Citizens' Assembly on Drugs Use; Task Force funding; cross-government working; decriminalisation of drugs use; and new structures for the national drugs strategy. More detail is available in the transcript of the Committee meeting (*Joint Committee on Health debate - Wednesday, 19 Jan 2022* 2022). Overall, the debate highlighted the ongoing heterogeneity among representatives of the Dáil and the Seanad on how best to address the challenges raised by drugs use. While members advocated strongly for the health-led approach represented in the national strategy, there were still those whose arguments were grounded in war on drugs rhetoric, with an emphasis on abstinence. It should also be noted that, while the strategy is a joint drug and alcohol strategy, there was minimal discussion of the problems presented by alcohol use and the Government's response to these.

#### **Joint Committee on Justice, Defence and Equality**

In terms of drugs policy in Ireland, 2015 was a key year in which the issue of decriminalisation attracted a high level of public and political debate. A key element of this was the publication of a report by the Joint Committee on Justice, Defence and Equality that recommended "a harm-reducing and rehabilitative approach to possession of small amounts of illegal drugs" (Joint Committee on Justice 2015). This recommendation was based on the findings of a visit to Portugal by a delegation from the Committee in mid-2015, and on contributions from stakeholders and experts in Ireland. The Committee concluded that further consideration should be given to the Portuguese model and how it might be adapted for use in an Irish context. The Committee suggested that a health/counselling/treatment approach might be more effective and appropriate for those found in possession of a small amount of illegal drugs for personal use, rather than imposing a criminal sanction resulting in a lifelong criminal record. Furthermore, the Committee:

1. Strongly recommended the introduction of a harm-reducing and rehabilitative approach, whereby the possession of a small amount of illegal drugs for personal use could be dealt with by way of a civil/administrative response rather than via the criminal justice route
2. Recommended that discretion for the application of this approach should remain with AGS/health providers
3. Recommended that any harm-reducing and rehabilitation approach be applied on a case-by-case basis, with appropriately resourced services available to those affected

4. Drew attention to the success of ‘informal’ interaction with users when referred to the ‘Dissuasion Committees’ in Portugal and recommended that such an approach should be employed in Ireland
5. Recommended that resources be invested in training and education on the effects of drugs, and that appropriate treatment be made available to those who need to avail of same, and
6. Recommended that research be undertaken to ensure that the adoption of any alternative approach be appropriate in an Irish context.

(pp. 10–12) (Pike 2016)

### **Working groups**

Working groups are established by the Government to explore a particular issue or topic, and to make recommendations on the topic at hand.

#### ***Working Group to Consider Alternative Approaches to the Possession of Drugs for Personal Use:***

The final report of the *Working Group to Consider Alternative Approaches to the Possession of Drugs for Personal Use* and its supporting documents (Working group to consider alternative approaches to the possession of drugs for personal use 2019) (Hughes, *et al.* 2019) (Irish government economic and evaluation service 2019) were used to inform the Government’s decision in 2019 to launch the Health Diversion Scheme for the possession of drugs for personal use. Taking into consideration the findings of this report and the range of stakeholder views, the Department of Health and the Department of Justice and Equality agreed to adopt a more health-led approach to possession for personal use. For an update on the implementation of this approach, see Section T3.1 of this workbook.

### **Citizens’ Assembly**

In Ireland, a Citizens’ Assembly is a democratic structure in which people living in the country are brought together to discuss and consider important and often complex legal and policy issues, independent of the Government and Oireachtas. A Citizens’ Assembly on Drugs Use ran from April to October 2023 and provided the opportunity for an unprecedented in-depth discussion on the drugs situation in Ireland, reflecting all its complexities. The Assembly’s remit was to consider the legislative, policy and operational changes the State could make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities, and wider society. For more information on the Citizens’ Assembly structure, visit: <https://www.citizensassembly.ie/en/>

The Assembly met over six weekends. Membership was made up of a random selection of 99 Irish residents aged 18 years and over and an appointed independent Chair. Members did not have to be Irish citizens or on the electoral register. The Assembly set its own rules and procedures within the confines of nine key principles: openness, balance, transparency, equality of voice, respect, privacy and confidentiality, inclusivity, collegiality and professionalism (vol. 2, p. 205) (Citizens’ Assembly 2024). It was supported by a Steering Group, Advisory Support Group and Lived Experience Group, as well as research support by the HRB and the EUDA.

Over the course of the six weekends, presentations were made by approximately 130 national and international contributors, including those with lived experience of drugs use, policy and research experts, practitioners in the field, service providers, service users, and representatives of lobby groups, among others. Members’ deliberations were further informed by site visits to services for

people who use drugs, almost 800 oral or written submissions from the public, and research on young people's views on the topic (Egan 2023). A full record of presentations, panel events and question-and-answer sessions can be viewed on the Citizens' Assembly website:

<https://citizensassembly.ie/assembly-on-drugs-use/meetings/>

The 36 recommendations of the Citizens' Assembly form the core outcome of the process. The recommendations are technically only advisory in nature and the Oireachtas, Government and judiciary are not obliged to act on them. The Assembly's report is referred to a committee comprising members of the Oireachtas and Seanad for consideration, with the committee bringing its conclusions to the Houses of the Oireachtas for debate. The Government is obliged to respond to each of the report's recommendations in the Oireachtas. For recommendations that it accepts, it is obliged to set out a time frame for their implementation.

The process of drafting and selecting the recommendations illustrated the democratic and iterative nature of the Assembly. Having been presented with a wide range of evidence by contributors, the Assembly identified the issues they considered to be the most important. Related ballot statements were drafted, revised, and finalised to reflect feedback from members. Secret ballots were held involving 41 statements in which members voted for those that would form their final 36 recommendations. The Assembly was asked to consider legislative changes that the State could make to reduce the harms of illicit drugs use. This issue attracted a lot of debate within the Assembly and illustrated how divided opinion is on the topic. A universal comprehensive health-led approach is the model recommended by the Assembly.

The Assembly's final report was published in two volumes in January 2024 (Citizens' Assembly 2024). It presents a comprehensive record of the Assembly's six meetings and their recommendations. Drugs use is often an emotive and divisive topic, and both members and contributors sometimes held conflicting views on the best approach to take to address the harms drugs can cause. However, the nature of the process provided an opportunity for all perspectives to be heard, and for a comprehensive overview of the evidence base underpinning work in the field to be presented and reflected upon. Furthermore, the comprehensive set of recommendations included in the report indicates an understanding of the complex nature of drugs use and a commitment to reduce the harms caused through a compassionate, humane and health-led approach.

### **Statement on the National Drugs Strategy by Minister of State for Public Health, Wellbeing and the National Drugs Strategy to the Seanad – July 2025**

The Minister of State for Public Health, Wellbeing and the National Drugs Strategy updated the Seanad on the development of the new national drugs strategy and related policy developments. Her statement outlined the strategy as a health-led strategy that recognises drugs as a health issue. Some of the key topics discussed were: the opening of Ireland's first supervised injection facility; a new community care facility that provides a broad spectrum of drug and alcohol addiction services along with other health services, especially for people who are homeless; the health diversion scheme (see Section T3.1 of this workbook); improved capacity of drug treatment services; the recommendations of the Citizens' Assembly on Drugs Use and Joint Committee on Drugs Use (see Section T3.1 of this workbook); and, the importance of working with EU counterparts on the drugs issue. She also noted that the implementation of the National Drugs Strategy Strategic Action Plan 2023-2024 was described as marking the end of the national drugs strategy, and that the

Department was now in the process of developing a new national drugs strategy (see Section T3.1 of this workbook for a description of this process). A transcript of the whole session can be found at: <https://www.oireachtas.ie/en/debates/debate/seanad/2025-07-08/>

## **T1.4 Drug related public expenditure**

The purpose of this section is to outline what is known about drug-related public expenditure.

**T1.4.1 Report on drug-related expenditure: the procedure followed to approve drug-related expenditure; drug budgets attached to national policy documents and provide a brief summary of recent estimates.**

### **Budget allocation process**

As described in Section T1.3.1 of this workbook, the Minister for Health has overall responsibility for the national drugs strategy, while a wide range of Government Departments and State agencies, as well as the community and voluntary sector, have responsibility for delivering on its actions. There is no centrally held or ring-fenced budget allocated to the national drugs strategy. Instead, delivery of the strategy is funded by each Government Department securing the budget for the activities for which it is responsible and has committed to deliver. Government Departments negotiate their budgets as part of Ireland's annual national budgetary process.

In simplest terms, Government Departments engage in bilateral negotiations with the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation (DPEIPSRD) (formerly the Department of Public Expenditure, NDP Delivery and Reform (DPENDR)) about their budgets for the following year. The estimates process requires each Department to forecast its expenditure for the following year based on the range of activities it has committed to deliver in that year, including actions that relate to the national drugs strategy. It reflects the cost of providing an existing level of public service by the Government Department/agency and any plans for additional services and commitments. The previous year's budget is used as a baseline, and Departments can amend this to reflect changes in their responsibilities and departmental priorities. After further detailed negotiations with Government Departments, DPEIPSRD agrees on proposed Estimates for Public Services which are then presented to the Cabinet for approval. These estimates are then voted on by Ireland's parliament. More information on Ireland's budgetary cycle can be found at: <https://www.gov.ie/en/policy-information/dc09f0-budget-cycle/>

### **Labelled expenditure**

Table 3 of this workbook provides a summary of Ireland's labelled drug-related expenditure since 2014. While the table provides a useful indicator of labelled expenditure over the period, there are limitations in the data reported to the HRB which prevent it from being a more definitive account of changes in labelled expenditure over the period. For example:

- Changes in the parameters of what is reported year on year by some sources limit the ability to make comparisons across the period. For example, since 2018, AGS has only reported on the cost of expenditure at the Garda National Drugs and Organised Crime Bureau, rather than all of the organisation's drug enforcement activity.

- Given the complex nature of drugs use, programmes funded may cover issues beyond drugs use. In 2020, the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) (now the Department of Children Disability and Equality (DCDE)) established its UBU Your Place Your Space youth programme. While drug-related issues are a key target of the programme, DCEDIY noted that the total figure provided for the programme came with the caveat that it is not exclusive to drug matters.

The complexity of the data can be illustrated by the context provided by the HSE for its figure for 2024. The 2024 full year spend is based on consolidated financial information available through the HSE general ledgers for Social Inclusion. It should be noted that where the funding covered more than one target group (e.g. addiction, homelessness, migrant health, etc), 'best fit' was applied and expenditure aligned to one specific area. It includes treatment and rehabilitation services provided to drug users recommended through RDATA/LDATA. Not included is expenditure in the other areas of the HSE that provide services in relation to addiction including acute hospital services and emergency departments, health and wellbeing, mental health, primary care services, and GPs providing frontline services. Attributed budgets are not available for addiction within these areas.

**Table 3. Public expenditure directly attributable to drug programmes (labelled), 2014–2024**

<b>Government Department/ Agency<sup>1</sup></b>	<b>2014 € million</b>	<b>2015 € million</b>	<b>2016 € million</b>	<b>2017 € million</b>	<b>2018 € million</b>	<b>2019 € million</b>	<b>2020 € million</b>	<b>2021 € million</b>	<b>2022 € million</b>	<b>2023 € million</b>	<b>2024 € million</b>
<b>HRB</b>	0.908	1.013	1.247	0.756	0.786	0.786	0.883	1.058	1.087	1.515	1.852
<b>HSE Addiction Services</b>	86.122	91.523	93.43	97.87	99.828	103.419	105.653	116.833	141.427	154.788	166.561
<b>HSE DATF</b>	21.570	22.064	22.780	22.140	22.630	22.920	22.436	23.092	-	-	-
<b>AGS<sup>2</sup></b>	43.000	43.000	46.000	47.000	14.250	13.170	13.218	12.557	12.262	13.598	14.742
<b>Department of Children, Disability, and Equality</b>	19.548	19.548	20.050	20.040	20.460	20.460	39.400	39.609	42.997	46.194	47.591
<b>Department of Justice, Home Affairs and Migration</b>	18.762	19.363	20.560	7.300	6.950	-	7.688	-	9.775	10.312	13.329
<b>Revenue Customs Service</b>	16.235	17.445	17.360	17.36	19.600	-	16.554	19.103	20.668	51.5	62.777
<b>Department of Social Protection (former FÁS area)</b>	14.063	13.900	16.410	17.980	17.220	20.070	20.789	20.261	19.526	20.718	23.292
<b>Department of Health</b>	7.266	7.323	6.080	5.540	6.015	5.955	5.974	4.746	4.989	5.434	5.370
<b>Irish Prison Service</b>	4.200	4.235	4.400	4.200	-	-	-	-	1.507	1.504	1.986
<b>Department of Education and Youth</b>	0.748	0.748	0.770	0.760	0.760	0.720	0.319	0.187	0.193	0.154	0.145
<b>Department of Further and Higher Education, Research, Innovation and Science</b>	-	-	-	-	-	-	0.289	0.250	0.269	0.338	0.411
<b>Total<sup>3</sup></b>	<b>232.422</b>	<b>240.162</b>	<b>249.087</b>	<b>240.95</b>	<b>208.499</b>	<b>187.500</b>	<b>233.203</b>	<b>237.696</b>	<b>254.700</b>	<b>306.055</b>	<b>338.056</b>

<sup>1</sup> The Government Department or agency's name in September 2025 is listed here.

<sup>2</sup> After 2017, AGS moved from reporting on 'policing/investigation costs' to 'policing/investigation costs of Garda National Drugs and Organised Crime Bureau' only.

<sup>3</sup> Changes in year totals may be attributed to changes in reporting methods of expenditure data by some agencies/departments, rather than changes in expenditure per se. Figures are rounded up to three decimals.

## **Unlabelled expenditure**

A core part of the FPA published in 2021 (Bruton et al. 2021) was the work that went into developing an estimate of unlabelled expenditure on drugs use in Ireland. This is explained in detail in Section T1.2.2 of the *2024 Drug policy workbook*.

### **T1.4.2. Optional. Breakdown the estimates of drug related public expenditure.**

**Use the Standard Table on public expenditure or Table IV to report data and break the information down according to supply, demand and transversal initiatives. Additionally, whenever possible use the COFOG classification, the Reuters classification or where not possible the classification applied in your country (with an explanation). Report also if estimates are based on labelled or unlabelled data. Last but not least, report total expenditure.**

Labelled expenditure is reported by each Government Department or agency to the Drugs Policy and Social Inclusion Unit, Department of Health for the purpose of this workbook. Unit staff contact each Government Department and ask for labelled data in line with Table 4, and they coordinate its collection and make it available to the Irish Focal Point. The total labelled expenditure in Table 4 for 2024 is €338,056,069. The slight variation in total with Table 3 is due to a rounding of figures to three decimal places. Unlabelled expenditure is not included, but there is an estimate available for Ireland (see Section T1.1.2 of the *2024 Drugs Policy workbook*) (Bruton et al. 2021).

**Table 4. Breakdown of drug-related public expenditure 2024**

Expenditure	Year	Classification of the functions of government (COFOG)	National accounting classification	Trace (Labelled, Unlabelled)	Comments
€1,458,031	2024	gf07	s1311	HRB	Research and reports in relation to drug services and drug-related deaths
€148,974	2024	gf07	S1311	HRB	National drug-related deaths index
€245,294	2024	gf07	s1311	HRB	HRB National Drugs Library
€3,897,872	2024	gf07	s1311	Health (Department of)	Treatment and rehabilitation services provided to people who use drugs – LDATF
€689,827	2024	gf07	s1311	Health (Department of)	Treatment and rehabilitation services provided to people who use drugs – RDATF
€47,147	2024	gf07	s1311	Health (Department of)	Residential treatment for adults
€735,013	2024	gf07	S1311	Health (Department of)	Other miscellaneous activities
€47,590,717	2024	gf08	S1311	DCEDIY	Youth programme for disadvantaged, marginalised or vulnerable young people – UBU Your Place Your Space
€145,026	2024	gfo9	s1311	Department of Education and Youth	Drug education and prevention projects
€410,670	2024	gf09	s1311	Department of Further and Higher Education, Research, Innovation and Science	Drug Court – Education support
€136,510,028	2024	gf07	s1311	HSE	Addiction services
€9,512,972	2024	gf07	s1311	HSE	Drug-related health services – National

					Drug Treatment Service
€20,538,170	2024	gf07	s1311	HSE	Drug-related health services – Primary Care Reimbursement Service
€22,580,895	2024	gf10	s1311	Department of Social Protection	Community Employment Drugs Rehabilitation Programme
€710,894	2024	gf10	s1311	Department of Social Protection	Support for LDATF community-based projects
€2,016,440	2024	gf09	s1311	Department of Justice	Community based rehabilitation services
€11,312,833	2024	gf09	s1311	Department of Justice	Youth crime diversion programmes
€1,986,193	2024	gf03	s1311	Irish Prison Service	Drug treatment services in prisons
€14,742,072	2024	gf03	s1311	AGS	Policing/investigation costs of Garda National Drugs and Organised Crime Bureau only.
€62,777,000	2024	gf03	s1311	Revenue Customs Service	Border policing (anti-smuggling)
<b>€338,056,069</b>					

## T2 Trends

Not applicable for this workbook.

## T3 New developments

The purpose of this section is to provide information on any notable or topical developments observed in drug policy in your country since your last report.

T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.

If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

Please report notable new drugs policy developments since last report (e.g. cannabis policy, crack cocaine and/or methamphetamine problems and responses (e.g. targeted strategies, measures), open drug scenes, NPS-specific strategies, the changing policy context of the national drugs strategy, etc.).

### **T3.1 Topics for 2025**

The following are the main policy developments or updates on drugs policy in Ireland since the 2024 *Drug policy workbook*:

1. Development of the new national drugs strategy
2. Findings of the evaluation of the National Drugs Strategy 2017-2025
3. Interim Findings of the Joint Oireachtas Committee on Drugs Use
4. Re-establishment of the Joint Oireachtas Committee on Drugs Use
5. Cocaine harms
6. Features of cannabis debate in Ireland
7. Health Diversion Scheme (2025 update)
8. Policy issues related to environmental prevention
  - a) Gambling Regulation Act 2024
  - b) Proposed vaping legislation
  - c) Zero-alcohol products – marketing and sale
  - d) Labelling of alcohol products
  - e) Regulation of hexahydrocannabinol (HHC) in Ireland

#### **1. New national drugs strategy and Programme for Government 2025**

The Department of Health in Ireland has begun the process of developing the successor to the national drugs strategy *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017). A steering group of experts and stakeholders has been established to support this work. The strands of work informing this process include:

- a) The findings and recommendations of the Citizens' Assembly on Drugs Use and the views of the Oireachtas Joint Committee on Drugs Use (see Section T1.3.1 above on the Citizens' Assembly and section 3 below titled 'Joint Committee on Drugs Use Interim Report')
- b) An independent evaluation of *Reducing Harm, Supporting Recovery* and its action plans
- c) Consultations with stakeholders on key themes relating to the new strategy
- d) The commitments made in the 2025 Programme for Government (Fianna Fail et al. 2025)

- e) Developments in the EU’s Drugs Strategy and Action Plan (which also expire in 2025) (Council of the European Union 2020).

Brief descriptions of elements b)-d) are outlined below.

**b) Evaluation of the national drugs strategy 2017–2025**

An independent evaluation of the national drugs strategy and its action plan has been carried out by consultants commissioned by Ireland’s Department of Health. See section 2 below (titled ‘Findings of the evaluation of the national drugs strategy 2017–2025’.

**c) Consultations with stakeholders**

The Department of Health convened in-person consultations with over 250 stakeholders. Independent consultants were responsible for facilitating and reporting on each session. The themes examined during these consultations were the priorities for the new strategy; the planning and delivery of drugs services in the HSE health regions; the lived and living experience of people who use drugs and their families; the development of the drugs workforce; and drug prevention.

**d) Programme for Government 2025**

A new Programme for Government was agreed in January 2025 by the Fianna Fáil and Fine Gael parties, and a group of Independent TDs following a general election in Ireland (Fianna Fail et al. 2025). While lacking in detail, it indicates an ongoing commitment to the health-led strategic direction of the current national drugs strategy. The Government commits to:

- Assess the outcomes of the national drugs strategy, *Reducing Harm, Supporting Recovery 2017-2025*, and publish a successor strategy. No date is given for when this strategy will be published.
- Divert those found in possession of drugs for personal use to health services. This reflects an ongoing commitment to implement the Health Diversion Scheme, which was originally announced by the government of the day in 2019.
- Increase funding for drug addiction services, including LDATFs, to improve their effectiveness.
- Launch a major awareness campaign on the impact of drugs on society.
- Re-establish the Oireachtas Joint Committee on Drugs Use.
- Explore the establishment of mobile medically supervised injecting facilities in areas of need, and increase the availability of naloxone and train relevant individuals on its use. These reflect recommendations made by the Citizens’ Assembly on Drugs Use.

**Minister’s comment on the process**

In concluding her response to a question on the development of the new drugs strategy in the Seanad on 4 March 2025, the Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy, Jennifer Murnane-O’Connor, said:

The new strategy will set out an ambitious vision for preventing drug use, improving access to evidence-based treatment services and supporting people’s recovery from drug use. It will also strengthen co-operation with EU member states, the British–Irish Council and the Council of Europe in addressing the challenges of illicit drug use. It is my intention to engage with the Oireachtas in implementing this new strategy because I am conscious that we need

to have cross-party support for it. We all need to work together on this.(Commencement Matters - Health Strategies. 2025)

## **2. Findings of the evaluation of the national drugs strategy 2017–2025**

### **Introduction**

An evaluation of the national drugs strategy *Reducing Harm, Supporting Recovery 2017-2025* was published in July 2025 (Grant Thornton 2025). The independent evaluation was commissioned by the Department of Health and carried out over a four-month period by a team of researchers from Grant Thornton Ireland.

### **Evaluation goals**

As required by the Department of Health’s specification for the evaluation, the findings are reported across four domains, that reflect the goals of the evaluation.

1. The impact of the strategy: In relation to the strategy’s goals and strategic priorities, to assess its overall impact in delivering a public health-led and whole-of-government response to drug and alcohol use.
2. Governance and coordination effectiveness: To review the governance and coordination structures involved in the implementation of the strategy, including the contribution of stakeholders (such as civil society and Drug and Alcohol Task Forces), government oversight, and reporting arrangements.
3. Performance against key outcome indicators: To measure the strategy’s performance against key outcome indicators, and to assess the broader impact of substance use on families, communities, and society. Key outcome indicators include:
  - Prevalence and patterns of drug use
  - Demand for drug and alcohol treatment services, and
  - Incidence of drug-related harms, including drug related deaths.
4. Coherence with international drug strategies: To explore the coherence and synergies between the strategy and relevant international responses. While those listed in the tender document included international responses such as those of the European Union (EU), the European Union Drugs Agency (EUDA), the Pompidou Group, and the British-Irish Council, the evaluation focused on collecting data on the national drugs strategies of seven countries.

The evaluation also aimed to inform Ireland’s next drugs strategy by identifying the accomplishments of the 2017–2025 strategy, areas where improvements could be made, and making recommendations to address drugs use in Ireland into the future.

### **Methodology**

The evaluation used a mixed-methods approach. Data collection included five elements:

1. Context mapping: A mapping of the evolution of drug policy in Ireland, the context in which the 2017–2025 strategy was developed, and any reviews of the strategy carried out to date.
2. Documentation review: A review of documents published since the start of the strategy that explore drug use in Ireland. Sources included: Google Scholar, the Health Research Board’s

(HRB's) National Drugs Library, Lenus, and the Department of Health. Documents were 'narratively summarised to present the overarching recurring themes, patterns, concepts, and issues raised' (p. 28) (Grant Thornton 2025).

3. Data review: A review of some of the national data on drug and alcohol use in Ireland, related to the period 2015–2024.
4. Stakeholder consultations: Collection and analysis of interviews, focus groups, and written submissions from stakeholders to identify the accomplishments in the lifetime of the strategy, areas for improvement, and suggestions for the future focus of Ireland's national drugs strategy.
5. International review: Ireland's national drugs strategy was comparatively reviewed against those of seven other countries. The evaluation team reviewed each country's strategy and policy orientation, as well as any collaborations with Ireland.

The evaluation findings evolved from two main activities that drew on the data collected:

1. Data integration: The team synthesised the data collected above 'to identify patterns, confirm validity of stakeholder observations and confirm accuracy of emerging conclusions' (p. 24) (Grant Thornton 2025).
2. Findings: The findings were identified across the four domains outlined above.

Finally, a set of recommendations was generated, based on the data collection and analysis outlined above.

### **Evidence review**

The findings from the five elements of the evidence review are presented in Chapter 4 of the evaluation report. The chapter provides a summary of each strand of data collection, reflecting the wide-reaching nature of the strategy and the complexity of the data. Two key gaps were identified by the HRB in relation to opioid use. These are discussed in the final section of this article.

### **Evaluation findings**

Chapter 5 of the evaluation report presents a set of key findings. The authors of the evaluation define a key finding as 'a distinct thematic element or operational component identified through the evaluation process as being of strategic relevance to the implementation and outcomes of the national drugs strategy (2017–2025)'. These emerged through a mixed-methods approach to bring together the quantitative and qualitative data gathered by the team. The process involved:

- 'Data integration: Consolidating all relevant data to establish a comprehensive and robust foundation.
- Pattern identification: Examining the integrated dataset to identify patterns and trends across data types.
- Validation: Engaging with Strategic Implementation Group 6 to validate emerging findings, ensuring their accuracy, relevance, and alignment with policy objectives.' (p. 81) (Grant Thornton 2025).

A set of findings is presented under each of the four domains outlined above. Each finding is categorised under one of three rating levels, which the evaluation's authors say reflect the status of implementation and progress, based on the strength of evidence, stakeholder feedback and alignment with the strategy. The ratings are:

- **Accomplishments:** The topic of focus is progressing well and demonstrates strong alignment with the goals of the strategy. Implementation is active and positive developments are either emerging or already evident.

- **Progress underway:** Meaningful steps have been taken in the topic of focus, and implementation is in progress. However, further work is required in order to strengthen delivery, embed practices, and ensure consistency across settings.
- **Areas for improvement:** This rating indicates limited progress to date. Strategic intent may be underdeveloped, and significant work is needed in order to initiate or advance implementation.

Twenty-five key findings were identified across the four domains. Of these, seven were rated as accomplishments, eight as progress underway, and 10 were rated as areas for improvement. Set out below is a summary of the evaluation’s findings for each domain, as presented in the evaluation report.

***Domain 1: To assess the overall impact of the strategy, its goals and priorities, in delivering a public health-led and whole-of-government response to drug and alcohol use.***

**Accomplishments**

- The expansion of harm reduction strategies nationwide: Harm reduction initiatives were seen as a central component of the health-centred approach of the strategy. Stakeholders expressed broad support for this approach and the initiatives identified as having progressed in the lifetime of the strategy – the expanded availability of naloxone, the operation of needle exchange programmes, and the introduction of drug-checking services at festivals.
- Strong responses to crisis events and emerging drug threats: The response of drug services to the COVID-19 pandemic and the cluster of overdoses linked to nitazines were highlighted as examples of the structures being in place to support the capacity for timely, health-oriented interventions in crisis situations.

**Progress underway**

- The provision of integrated and holistic care: Services related to addiction, mental health, housing and criminal justice were reported to operate often in isolation, and therefore were not meeting the complex needs of some service users. However, the evaluators noted the launch of the *model of care for dual diagnosis* in 2023 as a positive step towards providing more integrated care.
- Equity of access and inclusion: Stakeholders identified geographic and demographic disparities in access to treatment services. While some promising community-led and peer-driven initiatives that promote recovery and reduce stigma were identified, these were described as often being underfunded.

**Areas for improvement**

- Improve prevention and early intervention: Prevention was described as underdeveloped, inconsistent, and lacking in national ownership.
- Embed lived experience in policy and advancing recovery supports.
- The need for better integration of drug policy with problem alcohol use policy: There were concerns that the strategy only gave limited attention to problematic alcohol use and that a more unified approach to alcohol and other drugs was needed.
- The need for legal reform and alternative sanctions: The implementation of alternative sanctions for drug offences was found to be applied inconsistently across the country.
- Sustainable funding and workforce sustainability: There are staff shortages and disruptions in service delivery due to funding issues and restrictive hiring policies. Stakeholders called for multi-annual funding commitments and investment in the workforce.

***Domain 2: To review the governance and coordination structures underpinning the strategy, alongside evaluating the contributions of stakeholders, government oversight, and reporting arrangements.***

#### **Accomplishments**

- Strengthened governance structures to support implementation: The introduction of the Strategic Implementation Groups (SIGs) was perceived to have improved coordination in the implementation of the strategy, as well as engagement in the process among stakeholders.
- Interagency involvement at local and regional level: Civil society organisations and the Drug and Alcohol Task Forces were found to play a key role in implementing the strategy at a community level. They were described as well-positioned to respond to local needs and priorities. Interagency collaboration was reported to have strengthened over the course of the strategy.

#### **Progress underway**

- Strengthening governance and accountability structures: Despite the accomplishments in this area, stakeholders called for more clearly defined roles, mandates, and oversight mechanisms in key structures.
- Enhanced data collection: Integrating timely and consistent data from multiple sources could support broader surveillance and analysis of emerging drug trends, and improved responses.

#### **Areas for improvement**

- Inclusion, communication, and lived experiences in decision-making: A disconnect between policy development and the lived experience of people affected was highlighted. The evaluators argued that inclusive decision-making processes could improve the relevance, responsiveness, and trust in the implementation of the strategy.

***Domain 3: To evaluate the strategy's performance against the key outcome indicators of drug prevalence, treatment, and drug poisoning deaths.***

The evaluators acknowledge the challenge of attribution when considering the indicators – it is not possible to definitively attribute any trends or changes to the implementation of the strategy. Other external factors may have influenced observed outcomes. Only areas for improvement were identified. The HRB found gaps in the data considered in relation to changes in patterns of drug use in this section of the evaluation, specifically in relation to opioid use. These gaps are discussed in the HRB comments section at the end of this article.

#### **Areas for improvement**

- Changes in patterns of drug use: Cocaine use and polydrug use are both increasing in Ireland, and new substances consistently emerge. More targeted interventions and agile responses are required in order to reduce the risk of harm.
- Incidence of drug-related harms, including drug poisoning deaths: There has been an overall upward trend in the number of drug poisoning deaths between 2012 and 2021. However, there was a 20% decrease in the number of deaths between 2020 and 2021.
- Outcome measures: The evaluation identifies 'a critical need for measurable outcomes to assess the effectiveness of policies, interventions, and government expenditure on drug-related issues. Measuring direct effectiveness is challenging due to the need to integrate

multiple data sources, inconsistent data collection, time lags, and other factors’ (p. 104) Grant Thornton. (2025) (Grant Thornton 2025).

- Data on drug-related expenditure: The authors of the evaluation identified unlabelled expenditure and productivity costs as being part of the ‘burden of drug and alcohol misuse’ (p. 104) (Grant Thornton 2025).
- The availability and quality of expenditure data severely constrains the evaluation of the strategy’s performance and any assessment of cost-effectiveness.

***Domain 4: To explore the alignment of Ireland’s strategy (2017-2025) with relevant international responses.***

**Accomplishments**

- Active engagement with the EU and alignment with broader EU and policy frameworks: Ireland actively participates in EU-level working groups, research collaborations, and policy development initiatives. Alignment is illustrated by the emphasis on a health-led and rights-based framework.
- International cooperation: Ireland plays an active role in the British-Irish Council and the Pompidou Group, and is committed to human rights and sustainable development through United Nations (UN) engagement.
- Effective use of data and early warning systems: The HRB submits national data to the EUDA on an annual basis and participates in the European Early Warning System.

**Areas for improvement**

- Health-led reform: Further integration is needed of a health-led model underpinned by comprehensive services.
- Integrated and accessible care: It is recommended that opioid agonist treatment (OAT) services are expanded through general practitioners (GPs) and that addiction care is integrated into primary care.
- Inclusive, trauma-informed and youth-focused responses to drug use: The evaluators identify a need for trauma-informed and community-based strategies, and ways to address drug use among students through youth-focused, education-led initiatives.
- Promotion of International Overdose Awareness Day: By promoting this day, help to reduce stigma, remember lives lost, and raise awareness.

**Recommendations**

The evaluation contains 10 recommendations, divided into three broad themes: people, process and systems. The aim of the recommendations is ‘to guide the next phase of strategic development, ensuring a more coordinated, equitable, and outcomes-focused response to drug use in Ireland’ (p. 117) (Grant Thornton 2025). Outlined below are the topline recommendations, as they appear in the report (p. 117–123) (Grant Thornton 2025).

**People**

1. Embed an equity lens throughout the national drugs strategy, ensuring culturally appropriate services, and strengthening data systems to monitor the impact on populations.
2. Increase community engagement and service user involvement by embedding participatory approaches in policymaking, service design, and provision of community-based services.

3. Align service delivery with regional needs and enhance the capacity of service providers to ensure equitable and consistent implementation.

#### Process

4. Maintain and strengthen coordination and communication between the National Oversight Committee and the SIGs by clarifying roles, improving information-sharing structures, and enhancing transparency in decision-making.
5. Establish formal mechanisms for interdepartmental collaboration on cross-sectoral issues impacting on drug policy, particularly in areas such as housing, justice, and health.
6. Continue to strengthen the health-led response by placing a focus on justice system reform, community-based responses, and investment in community safety and trust-building initiatives.

#### Systems

7. Embed recovery as a central aspect of the national drugs strategy by ensuring equitable access to integrated, peer-led, and person-centred recovery services across all regions.
8. Strengthen prevention and early intervention by investing in evidence-based programmes that address social determinants of drug use, support at-risk youth and families, and embed trauma-informed practice across all services.
9. Strengthen the integration of alcohol within the national drugs strategy by clearly defining roles, responsibilities, and service provisions for the prevention, treatment, and recovery of alcohol-related harm, including the national rollout of integrated community alcohol treatment services.
10. Optimise the use of data by further investing in comprehensive monitoring, evaluation, and research systems to inform evidence-based policy, track progress, and support accountability at all levels.

#### Limitations

The authors of the evaluation identified a set of limitations to their work which they recognised could impact on the overall evaluation and recommendations.

- **Short time frame of the evaluation:** The ‘accelerated time frame’ of the evaluation (i.e. under four months) ‘posed significant constraints’ on the depth and breadth of analysis that could be carried out (p. 26) (Grant Thornton 2025), as well as the team’s ability to identify the nuances of the implementation, outcomes, and the long-term impact of the strategy.
- **Scope of stakeholder engagement:** Despite engaging representatives from various Government Departments and service provider and user organisations, the authors identified the scope of stakeholder consultations as a key limitation in the evaluation. Therefore ‘this section of the report may not fully capture the diverse experiences and perspectives of all service provider and service user organisations’ involved in the national drugs strategy. They describe the different groups as having different perspectives and experiences when discussing the strategy. However, they see as a limitation that ‘these varying viewpoints made it challenging to form a comprehensive and unified conclusion’ (p. 26) (Grant Thornton 2025). The HRB would consider that the value of carrying out consultations with different groups is the varying perspectives gained. This can provide an opportunity to analyse for areas of overlap and agreement, and possible areas of difference, and the implications of these.
- **Complexity of the data:** The data used to evaluate the strategy are ‘highly complex, encompassing various quantitative and qualitative metrics’ (p. 26) (Grant Thornton 2025).

The authors found that the complexity was compounded by a need to integrate data from multiple sources, and what they considered to be ‘the outdated nature of some of the available data’ (p. 26) (Grant Thornton 2025), the impact of the COVID-19 pandemic on data, and a lack of ‘sufficient granularity’ of some data, limiting their ability to carry out detailed analysis (p. 26) (Grant Thornton 2025).

Additional limitations of the evaluation identified by HRB researchers, stemming from those outlined above, are discussed in the section below.

### **HRB comments on the evaluation**

The evaluation of the strategy provides valuable insights that will inform the development of the next national drugs strategy. The authors of the evaluation identified a set of limitations, including the short time frame given to the evaluation and the complexity of the data. The HRB recognises these limitations and agrees that they are reflected in parts of the report. Among the limitations, the HRB has identified two gaps in the evidence as presented that it considers important to note. Both gaps relate to opioid use. While relatively few young people are starting to use heroin, there continues to be a considerable cohort of ageing opioid users who will need ongoing OAT treatment and also additional care, given the high prevalence of comorbidities within this population. An accurate understanding of the scale and nature of their treatment needs (for their addiction, mental health, and physical comorbidities) is important, in order to inform the deliberations of the development of the new strategy and ensure that these people’s needs are met.

- **Prevalence of opioid use:** The prevalence of opioid use is a central feature of the landscape of drug use in Ireland, particularly in the context of the level of harms caused. While the evaluation considers prevalence data gathered through general population surveys, these do not provide adequate insights when exploring opioid use. In order to fill this gap, three studies have been carried out specifically to estimate the prevalence of problematic opioid use in Ireland covering periods from 2011 to 2022 (Hanrahan et al. 2022) (Hanrahan et al. 2025) (Hay et al. 2017). The evaluation does not consider the findings of these studies. The overall message of this body of work is that the prevalence of opioid use significantly declined among young people in Ireland over the 10-year period, and the prevalence of opioid use overall stabilised. While recognising that the estimates do not cover all years of the strategy’s lifetime, the HRB considers the three studies an important body of evidence, the findings of which should be considered when exploring changes in Ireland’s drug situation over the course of the national drugs strategy.
- **Opioid agonist treatment (OAT) and the Central Treatment List (CTL) data:** OAT is a key drug treatment service in Ireland. The Central Treatment List (CTL) is the administrative database to regulate the dispensing of OAT in Ireland and is a complete register of all patients receiving OAT (as treatment for problem opioid use) in Ireland. The evaluation did not explore these data. OAT is considered in the context of the National Drug Treatment Reporting System data, and a report on the impact of OAT on people experiencing homelessness. The omission of the CTL data is problematic. For example, CTL data show that approximately 37% of all OAT is provided by GPs (as of 31 December 2024). This is not fully reflected in the NDTRS data as GPs have limited levels of participation in this system. As a result, the evaluation is not correct in concluding that GPs have ‘limited participation in the provision of OAT’ (p. 113) (Grant Thornton 2025). The HRB recognises that there are difficulties in gaining access to an OAT GP in some areas, but the picture is complex.

### **3. Joint Committee on Drugs Use Interim Report**

The Joint Committee on Drugs Use was established by the Government to consider the *Report of the Citizens' Assembly on Drugs Use* and to make a reasoned response to each of its 36 recommendations (Citizens' Assembly 2024). On 22 October 2024, the Committee published its Interim Report. (Joint Committee on Drugs Use (2024) Joint Committee on Drugs Use Interim Report. Dublin: Houses of the Oireachtas. Available from: <https://www.drugsandalcohol.ie/42080/>)

## **Context**

The Committee included members from across the spectrum of political parties (not just Government parties). The *Joint Committee on Drugs Use Interim Report* is based on the Committee's seven meetings held between June and September 2024. At these meetings, presentations were made and questions asked of members of Government Departments and other State bodies, representatives of organisations working in the drugs use and addiction sector, and academic institutions with an interest in the field. Rather than working through each of the Citizens' Assembly's recommendations in turn, Committee meetings considered drugs use in Ireland more broadly. To view a video or read a transcript of the Joint Committee on Drugs Use meetings, visit: <https://www.oireachtas.ie/en/committees/33/drugs-use/debates/>

The Committee identified four modules to inform its work. These are: drugs policy, the national drugs strategy and a whole-of-government approach; engagement on decriminalisation, depenalisation, diversion and legalisation; engagement on a health-led approach; and family and community. The first two of these modules are addressed in the Interim Report.

## **Recommendations**

The *Joint Committee on Drugs Use Interim Report* reflects the complexities involved in addressing the challenges associated with drugs use in Ireland. As mentioned above, the orders of reference for the Committee outlined its role: "the Joint Committee shall consider the *Report of the Citizens' Assembly on Drugs Use* ('the Report') and shall provide a response to the subject matter of the Report, including a reasoned response to each of the 36 recommendations contained in the Report." (p. 4).

For the Joint Committee on Drugs Use terms of reference, visit:

[https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/committee\\_on\\_standing\\_orders\\_and\\_dail\\_reform/reports/2024/2024-02-28\\_orders-of-reference-for-special-committee-on-drugs-use\\_en.pdf](https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/committee_on_standing_orders_and_dail_reform/reports/2024/2024-02-28_orders-of-reference-for-special-committee-on-drugs-use_en.pdf)

The Interim Report presents each of the Assembly's recommendations, alongside the Committee's response which takes the form of one or more sentences/statements to provide context to their position. Overall, the Committee agrees with the recommendations of the Citizens' Assembly on Drugs Use – although it acknowledges that it did not have enough time to explore them all in adequate depth. The only recommendation that the Committee did not explicitly agree with was that which called for an annual report on drug-related expenditure which would be audited by the Comptroller and Auditor General (Recommendation 20). More time was required to consider this.

The Committee used the report to make 59 additional recommendations of its own. Many of these recommendations duplicated findings from the Citizens' Assembly. Some recurring themes in these recommendations were: to adopt a health-led approach to dealing with drugs use; addressing stigma and trauma experienced by people who use drugs; the decriminalisation of people who use drugs; removing barriers to treatment and recovery, including housing; increasing the capacity of treatment services; ensuring the community's role in addressing drugs use, including the involvement of the

Drug and Alcohol Task Forces; increasing the availability of harm reduction services, including naloxone; addressing the causes of poverty, criminal activity and drugs use; improving service provision in prisons; and an improved funding structure that would include increased resources and multi-annual funding structures.

### **Legislative change**

While the Committee's recommendations tended to be in line with those of the Assembly, there was also some divergence, most notably on the question of legislative change to reduce the harms of drugs use.

### **Citizens' Assembly's recommendation**

As previously reported in Section T3.1 of the 2024 *Drug policy workbook* a core element of the work of the Citizens' Assembly on Drugs Use was to recommend the legislative changes that the State could make to reduce the harms of illicit drugs use. A structured and systematic approach was taken in the Assembly to explore the possible options. After much discussion and debate, five models were included in a ballot carried out with the Assembly members. In its simplest terms, the options ranged from maintaining the status quo to the legalisation and regulation of drugs. The Assembly voted for the State to introduce a comprehensive health-led response to possession of drugs for personal use.

Under this approach, the State would respond to drugs use primarily as a health rather than a criminal justice issue. While possession of drugs would remain illegal, those found in possession would be afforded extensive opportunities to engage voluntarily with health-led services. This would minimise or potentially completely remove the possibility of criminal conviction and prison sentences for simple possession. At its core, this model combines diversion, decriminalisation, and dissuasion.

While the Assembly favoured this approach for all drugs, the vote was particularly close in relation to cannabis. The comprehensive health-led model received one more vote than the legalisation and regulation model (39 versus 38 votes) when it came to cannabis. However, the comprehensive health-led approach was the model voted for by most Assembly members across all drug types considered. This resulted in Recommendation 17 of the *Report of the Citizens' Assembly on Drugs Use* – that the State should introduce a comprehensive health-led response to possession of drugs for personal use.

### **The Committee's response and recommendations**

The Committee states that it agrees with the Assembly's recommendation. In response, it makes three statements: that a health-led response should be made operational; it recommends decriminalisation of the person in relation to possession for personal use; and that healthcare should be voluntary and not mandated. However, the Committee's own recommendations adopt a different position to that of the Citizens' Assembly in relation to cannabis. Two of the Committee's recommendations (numbers 43 and 44) deal with researching and introducing a regulatory model for 'an Irish not-for-profit regulated cannabis market' (p. 14) (Joint Committee on Drug Use 2024). As outlined above, this was not a move recommended by the Citizens' Assembly on Drugs Use.

### **Concluding comment**

The Citizens' Assembly adopted a systematic and transparent approach to its selection of recommendations. While the Committee's Interim Report states that it agrees with the

recommendations of the Assembly in relation to legislative changes, its own recommendations would suggest otherwise in relation to cannabis. It is unclear from the report how this divergence should be addressed. The dissolution of the Government in November 2024 paused the work of the Joint Oireachtas Committee on Drugs Use. The lack of clarity at the time about how it would progress was recognised in the Cathaoirleach's foreword to the Interim Report. However, there was a commitment in the *Programme for Government 2025: Securing Ireland's Future* published in January 2025 to re-establish the Committee (Fianna Fail et al. 2025). See the following section for information on the next iteration of the committee.

#### **4. The Joint Oireachtas Committee on Drugs Use is re-established**

In May 2025, it was announced that the Joint Oireachtas Committee on Drugs Use had been re-established.

##### **Committee brief**

The Joint Committee on Drugs Use was set up by the Government to consider the 36 recommendations in the *Report of the Citizens' Assembly on Drugs Use* and to make a reasoned response to each recommendation (Citizens' Assembly 2024). As mentioned in its Orders of Reference published in April 2025, the re-established Committee will also need to consider the findings of the Interim Report of the previous Committee (Committee on Standing Orders and Dáil Reform 2024). In a video on the Houses of the Oireachtas website, the Committee's Chair, Gary Gannon TD, described the Committee as being in "an interesting position" whereby it needs to respond to both reports. The Committee will be "going through the recommendations of the Citizens' Assembly, comparing that against the recommendations of the previous Committee, seeing where it needs more work, more engagements and delivering a really comprehensive programme of works." (For more information, visit: <https://www.oireachtas.ie/en/press-centre/press-releases/20250529-the-joint-committee-on-drugs-use-has-been-established/>). This process will then inform the content of the Committee's public meetings which began in September 2025. The Committee is required to report to the Oireachtas within 9 months of its first public meeting.

##### **Committee membership**

The Committee includes members from across the spectrum of political parties (not just Government parties). The Chair of the Committee is Social Democrats TD Gary Gannon. The other members of the Committee reflect cross-party membership, including Independents, as well as members of the Senate (Seanad Éireann).

#### **5. Cocaine use and harms in Ireland**

Since the *2024 Drug policy workbook*, cocaine use has continued to increase in Ireland, as reflected in the latest treatment data. As reported in previous *Drug policy* workbooks, in 2022 cocaine replaced opioids as the drug for which most people sought treatment in Ireland (Department of Justice 2022) (O'Neill et al. 2023). The latest treatment data for 2024 show that cocaine was the most common drug reported in 2024, accounting for 39.8% of all cases, and a 7.4% increase from 2023 (5,289

versus 4,923 cases). It remains the most common main drug among new cases, accounting for almost one-half (46.8%) of such cases. Furthermore, for previously treated cases, cocaine accounted for 35.8% of cases, the highest number recorded to date (Lynch et al. 2025).

A new paper on trends in cocaine use and related harms in Ireland was published in July 2025 (Mongan et al. 2025). Given the relatively high rate of cocaine use in Ireland, when compared with its European counterparts, the paper explores the health-related impacts of cocaine use in Ireland over time. Below are the methods and results as presented in the paper by Mongan *et al.* (Mongan et al. 2025).

### Methods

The authors carried out a retrospective, multi-source database study using data from national databases to evaluate the following time trends: (1) prevalence of cocaine use; (2) number of cocaine-related hospital discharges; (3) number of cocaine-related psychiatric hospital admissions; (4) treatment demand for problem cocaine use; and (5) cocaine-related deaths. Joinpoint regression was used to examine change points over time and average annual percentage changes (AAPCs).

### Results

- Last-year cocaine use among 15–64-year-olds increased from 1.1% in 2002/03 to 2.4% in 2022/23.
- The number of cocaine-related acute hospital discharges per 100,000 population increased from 1.4 in 2000 to 24.3 in 2023 (AAPC: 13.0%; 95% CI: 11.95, 14.84).
- Psychiatric hospitalisations increased from 0.2 in 2000 to 2.4 in 2022 (AAPC: 11.1%; 95% CI: 9.41, 15.48).
- Treatment entrants reporting cocaine as a main problem drug increased from 1.5 per 100,000 population in 2000 to 93.2 in 2023 (AAPC: 17.5%; 95% CI: 15.89, 20.74).
- Cocaine-related deaths increased from 0.3 in 2000 to 5.6 in 2020 (AAPC: 16.9%; 95% CI: 14.71, 21.70).
- In general, rates of harm increased from 2000 to 2007, decreased until 2011–2013, and since 2013 have increased significantly and consistently.

Mongan *et al.* (2025) conclude that multiple databases show significant increases in cocaine-related harm since 2000, and that responding to cocaine-related health problems and prevention efforts focused on cocaine constitutes a public health priority.

## 6. Features of cannabis debate in Ireland 2024-2025

Since the last *Drug policy workbook* (September 2024) cannabis has been the subject of debate and discussion within the Oireachtas. Below are some of the key issues that have been discussed.

- **Legislative change in relation to cannabis**

There has been debate around the best legislative response to cannabis use and its possession for personal use. The debate has ranged from those proposing legalisation to those arguing for the status quo. Much of this debate has occurred in the context of the recommendations of the Citizen's Assembly on Drugs Use and the Joint Oireachtas Committee on Drugs Use. Cannabis tends to be discussed separately from other Scheduled substances, with much of the debate focusing on the decriminalisation of cannabis for personal use. The Government's position is to support the Health

Diversion Scheme for people found in possession of (any) drug for personal use, and to respond to the recommendations of the Citizen’s Assembly.

- **Medical Cannabis Access Programme (MCAP)**

Under Ireland’s Medical Cannabis Access Programme (MCAP), a medical consultant can prescribe a listed cannabis-based treatment for a patient under his or her care for the following medical conditions, where the patient has failed to respond to standard treatments: spasticity associated with multiple sclerosis; intractable nausea and vomiting associated with chemotherapy; and, severe, refractory (treatment-resistant) epilepsy. As of 14 May 2025, there had been 64 applications under the MCAP, all of which were successful. While the relevant regulations have been in place since 2019, MCAP was only operationalised by the HSE in November 2021 “when products that satisfied the regulatory requirements became available” (Dáil Éireann Debate. Cannabis for Medicinal Use. [24716/25]. 2025).

There has been debate in the Oireachtas about whether the scope of MCAP should be expanded to allow access for people experiencing a wider range of medical conditions. In response to a question on this issue in July 2025, the Minister for Health said that a clinical review of MCAP was to be carried out, the findings of which would inform the decision to include other conditions within the scope of the programme. Membership of the clinical review group was being decided at the time of her response (July 2025). Once the group members are appointed, the review will begin (Dáil Éireann Debate. Question 484. Cannabis for Medicinal Use [37665/25]. 2025).

### **Cannabis legislation being considered by the Oireachtas**

A private member’s Bill, Misuse of Drugs (Cannabis Regulation) Bill 2022, is under consideration by the Oireachtas. (Government of Ireland [no date]). If passed, it would amend the Misuse of Drugs Act, 1977 to enable a person who is at least 18 years of age to have possession, for the person’s personal use, of either or both cannabis and cannabis resin that in each case does not exceed a specified amount and to provide for related matters.

- **Regulation of cannabinoid products**

Linked to the cannabis debate was where cannabinoid products (such as HHC) are available on the Irish market and perceived to be causing harms. For example, until its regulation in July 2025, HHC was the subject of discussion in the Oireachtas, with calls being made by some stakeholders for its scheduling under Ireland’s Misuse of Drugs Act, 1977. See section 8 (e) below on the classification in July 2025 of HHC.

## **7. Health Diversion Scheme for possession of drugs for personal use (an update)**

At the time of writing (September 2025), Ireland’s Health Diversion Scheme has yet to be implemented. AGS and the Director of Public Prosecutions are finalising the operational elements of the scheme. The HSE has in place a network of nine SAOR (Support, Ask and Assess, Offer Assistance, Refer) practitioners who will provide brief health interventions by appointment with the individuals referred.

As outlined in the *2024 Drug policy workbook*, the scheme evolved from a national drugs strategy action. The Government established a working group in December 2017 to consider alternative approaches to the possession of drugs for personal use. The group’s work programme consisted of meetings with experts from other countries, commissioning research on other jurisdictions and

undertaking a public consultation. The working group identified three principles that should be addressed with any alternative approach:

- That a person should be afforded the opportunity to avoid a criminal conviction for personal possession
- That a person should be supported to avoid, reduce and recover from drug-related harm, and
- That a person with problematic drugs use should be referred to appropriate treatment or support.

In line with the working group's recommendations, in 2019 the Government agreed a health-led approach to the possession of drugs for personal use (Working group to consider alternative approaches to the possession of drugs for personal use 2019) (Irish government economic and evaluation service 2019).

The Health Diversion Scheme represents the depenalisation of drugs possession for personal use, coupled with a diversion to health services in defined circumstances. This approach will connect people who use drugs with health services, allowing them to avoid a criminal conviction. Under the Health Diversion Scheme, AGS will divert a person found in possession of drugs for personal use to the HSE for a health screening and brief intervention, with an onward referral to further services if appropriate.

## **8. Policy issues related to environmental prevention**

This section outlines new developments and research on environmental prevention activities in Ireland that have relevance for the policy field. They are covered (some in more detail) in Section T3.1 of the *Prevention workbook*.

- a) Gambling Regulation Act 2024
- b) Proposed vaping legislation
- c) Zero-alcohol products – marketing and sale
- d) Labelling of alcohol products
- e) Regulation of hexahydrocannabinol (HHC) in Ireland

### **a) Gambling Regulation Act 2024**

Despite heavy lobbying by the gambling industry, comprehensive legislation focused on gambling was signed into law in October 2024. The Gambling Regulation Act 2024 provides for the establishment of the Gambling Regulatory Authority of Ireland (Ireland. Office of the Attorney General 2024). Some of its responsibilities under the new legislation are:

- licensing and regulating betting, gaming, certain lotteries and the sale or supply of products or services related to gambling;
- to provide for the funding of that Authority by means of imposition of a charge on licensees;
- to provide for the establishment and maintenance of a register of persons who hold gambling licences in the State and a National Gambling Exclusion Register;
- to provide for the establishment of a Social Impact Fund to, among other matters, finance research into, raise awareness of, and eliminate or reduce, compulsive and excessive gambling;
- to provide for contributions to the Fund by certain licensees;

- to provide for the imposition of obligations on those licensees including obligations relating to advertising, promotion and sponsorship for the purposes of safeguarding persons participating in gambling;
- to provide for the prohibition of children participating in gambling or being employed in the gambling industry; to provide, for the purposes of ensuring conditions attached to gambling licences and obligations imposed on licensees are complied with, for compliance and enforcement measures.

Ireland. Office of the Attorney General. (2024) Gambling Regulation Act. Dublin: Irish Statute Book. For more information, visit: <https://www.drugsandalcohol.ie/43656/>

#### **b) Proposed vaping legislation**

Ireland continues to propose legislation to prevent young people from using nicotine products and to reduce the overall harm caused by such products. Following on from the Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2023, there is more legislation being proposed to apply further restrictions to the sale and marketing of these products. The Public Health (Nicotine Inhaling Products) Bill, which is being drafted at the time of writing (September 2025, will contain a range of measures to reduce the appeal of nicotine inhaling products to young people. This includes:

- A ban on point-of-sale display and advertising of these products in most shops
- Restrictions on the colours and imagery used on nicotine inhaling products and their packaging
- A ban on devices resembling toys or games
- Restrictions on flavours for sale and requirements for only basic flavour names to be used; and
- A complete ban on disposable vapes.

Once completed, the draft legislation will require notification at EU level under the Technical Standards Directive (Directive 2015/1535) and the Tobacco Products Directive (Directive 2014/40/EU).

#### **c) Zero-alcohol products – marketing and sale**

Since the *2024 Drug policy workbook*, zero-alcohol products have been the subject of debate both within the Irish media and Parliament. Concerns relate to products that use the same branding as their full-strength alternatives. This is in the context of these products being used to reduce the impact of the measures enforced through the Public Health (Alcohol) Act (2018) (Office of the Attorney General 2018). See Section 1.2.1 of the *Prevention workbook* for more detail on the provisions. Stakeholders have sought clarity on two issues:

- How the advertising of these products is affected by the provisions for the advertising of alcohol products under the Public Health (Alcohol) Act 2018.
- In Ireland there is no law preventing the sale to under 18-year-olds of zero-alcohol products with the same branding as their full-strength alternatives. This raises concerns among public health advocates and other stakeholders.

#### **d) Labelling of alcohol products**

Section 12 of the Public Health (Alcohol) Act 2018 (Office of the Attorney General 2018) legislates for the labelling of alcohol products so that all alcohol products to be sold in Ireland will be required to display:

- A warning informing the public of the danger of alcohol consumption
- A warning outlining the danger of alcohol consumption when pregnant
- A warning informing the public of the direct link between alcohol and fatal cancers
- The quantity in grams of alcohol contained in the container concerned
- The calorie content in the container concerned, and
- Details of a website, to be established and maintained by the HSE, providing public health information in relation to alcohol consumption.

Of the components of the legislation, alcohol labelling was the most scrutinised component, both at a national and EU level, and faced extensive opposition from the alcohol industry. The regulations have been subject to an EU notification process and the World Trade Organization was also notified, as required. Following this authorisation, the alcohol labelling legislation was signed into law in May 2023, with a lead-in time of 3 years (to May 2026) in order to ensure that producers and retailers had time to prepare for these measures.

Despite being signed into law, alcohol labelling continues to be the subject of much public debate. Most recently, this escalated following the threat/implementation of US tariffs on imports from the EU, including alcohol products from Ireland. While the legislation only affects products to be sold in Ireland, the industry has lobbied the Government, arguing that labelling will have a negative impact on the industry, exacerbating the negative effect of the US tariffs.

While the Minister for Health continues to publicly state support for the law to come into operation in 2026, other senior politicians (including the Minister for Finance) have stated that it should be revisited and potentially delayed.

The Minister for Health responded to parliamentary questions on the topic by stating:

The requirement for health warnings and information on the labels of alcohol products was enacted at Section 12 of the Public Health (Alcohol) Act 2018 on 17 October 2018. The Minister for Health made the Public Health (Alcohol) (Labelling) Regulations 2023 and commenced Section 12 of the Act on 18 May 2023. That law will come into operation on 22 May 2026.

(Dáil Éireann Debate. Product Labelling. [36271/25]. 2025)

### **e) Regulation of hexahydrocannabinol (HHC) in Ireland**

In July 2025 hexahydrocannabinol (HHC) became a Schedule 1 controlled drug under the Misuse of Drugs Act 1977. Schedule 1 controlled drugs are subject to the strictest of control measures and both the possession and/or sale and supply of a Scheduled 1 controlled drug is an offence under the Misuse of Drugs Act, 1977. Thirteen other substances, including several semi-synthetic cannabinoids and a novel benzodiazepine, were also newly classified as controlled drugs under the same Declaration Order.

Before July 2025 HHC was unregulated in Ireland and freely available to buy in high-street shops and online. HHC had been the subject of much debate in Ireland, with ongoing calls from those working in the areas of health and drug prevention for the legal loophole allowing for its sale to be closed.

HHC was not covered under the Criminal Justice (Psychoactive Substances) Act 2010 as it is classified as semi-synthetic.

## T4 Additional information

The purpose of this section is to provide additional information important to drug policy in your country that has not been provided elsewhere.

### **T4.1 Optional. Describe additional important drug policy information, studies or data, providing references and/or links.**

There is no new information.

### **T4.2 Optional. Please describe any other important aspect of drug policy or public expenditure that has not been covered in the specific questions above.**

There is no new information.

### **T4.3 Optional. Are you aware of any national estimate of the contribution of illicit drug market activity to the National Accounts?**

There are national estimates of the contribution of illicit drug market activity to the National Accounts. In order to comply with the Eurostat requirements, the revised and additional estimates for illegal activities, including illicit drugs, for Ireland were first included in the CSO's Quarterly National Accounts Quarter 1 2014.

These estimates have been included in the Quarterly National Accounts in all subsequent quarters and also in the annual National Income and Expenditure (NIE) accounts, the most recent being NIE 2024, published in July 2025 (for more information, visit:

<https://www.cso.ie/en/releasesandpublications/ep/p-ana/annualnationalaccounts2024/>). Ireland estimates the production and trafficking of illegal drugs from the supply side, based on data on annual drug seizures by individual drug type (in terms of volume and street value), which are provided by AGS. Due to the volatile nature of seized quantities, the estimate is based on the average of a longer time series. To derive import/wholesale prices, Ireland bases its estimates on information from the United Nations Office on Drugs and Crime's *World Drug Report*.

## T5 Sources and methodology

The purpose of this section is to collect sources and bibliography for the information provided above, including brief descriptions of studies and their methodology where appropriate.

### **T5.1 Please list notable sources for the information provided above.**

- HRB's National Drugs Library: <https://www.drugsandalcohol.ie/>
- Houses of the Oireachtas: [www.oireachtas.ie](http://www.oireachtas.ie)

- For more information on Ireland’s budgetary process, please see: <https://www.oireachtas.ie/en/visit-and-learn/how-parliament-works/the-budget/>
- CSO: [www.cso.ie](http://www.cso.ie)
  - CSO National Accounts data: <https://www.cso.ie/en/statistics/nationalaccounts/>
  - Department of Health: <https://www.gov.ie/en/organisation/department-of-health/>

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## European Drugs Agency

The EUDA is a decentralised European Union (EU) agency based in Lisbon. The EUDA provides the EU and its member states with information on the nature, extent, and consequences of, and responses to, illicit drug use. It supplies the evidence base to support policy formation on drugs and addiction in both the EU and its member states.

There are 30 national focal points that act as monitoring centres for the EUDA. These focal points gather and analyse country data according to common data collection standards and tools and supply these data to the EUDA. The results of this national monitoring process are supplied to the EUDA for analysis, from which it produces the annual *European Drug Report* and other outputs.

The Irish Focal Point to the EUDA is based in the HRB. The focal point writes and submits a series of textual reports, data on the five epidemiological indicators, and supply indicators in the form of standard tables and structured questionnaires on response-related issues such as prevention and social reintegration. The focal point is also responsible for implementing Council Decision 2005/387/JHA on the information exchange, risk assessment, and control of new psychoactive substances.

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