Focal Point Ireland: national report for 2024 – Drug policy Ireland

Health Research Board. Irish Focal Point to the European Monitoring Centre for Drugs and Drug Addiction

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(2025) *Focal Point Ireland: national report for 2024 – Legal framework*

(2025) *Focal Point Ireland: national report for 2024 – Treatment*

(2025) *Focal Point Ireland: national report for 2024 – Drug markets and crime*

(2025) *Focal Point Ireland: national report for 2024 – Prevention*

(2025) *Focal Point Ireland: national report for 2024 – Prison*

(2025) *Focal Point Ireland: national report for 2024 – Harms and harms reduction*

(2025) *Focal Point Ireland: national report for 2024 – Drugs*

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List of tables and figures

T0. Summary

Please provide a 1,250 word (i.e. 5 by 250 word paragraphs) summary of the workbook: T1.1 national drug strategies (250 words); section T1.2 evaluation of national drug strategies (250 words); T1.3 drug policy coordination (250 words); T1.4 drug related public expenditure (250 words); new developments (250 words)

The answers should include the following points:

Summary of T1.1.1

- Describe the current national drug strategy document (date approved, ministries responsible, timeframe, overview of main principles, priorities, objectives, actions, the main substances and addictions it is focused on, its structure, e.g. pillars and cross-cutting themes)

Summary of T.1.2

- Describe the latest drug strategy evaluation (title, time to complete it, the evaluation criteria, the evaluation team, the scope, the type of data used, conclusions and recommendations)

Summary of T.1.3

- Describe the main drug policy coordination mechanisms at the inter-ministerial; national, regional and local strategic and operational levels.

Summary of T1.4

- Please comment on the existence of annual drug-related budgets; their relation with other instruments of drug policy (strategy/action plans); annual value of total public expenditure and of supply *and* demand. If possible, annual value by class of policy intervention (prevention, harm reduction, treatment, social reintegration, police, law courts, prisons) and time trend.

Summary of T1.1 National drugs strategies

Ireland's national drugs strategy, titled *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). 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 covers 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). This plan will extend through to 2025, at which point a new national drugs strategy will be published.

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; Children, Equality, Disability, Integration and Youth; Social Protection; Housing, Local Government and Heritage; Justice; and Transport.

Summary of T1.2 Drug strategy evaluation

Since its publication in 2017, Ireland's national drugs strategy has not been subject to evaluation per se, but its progress has been monitored and reviewed at various stages.

A mid-term review of Ireland's national drugs strategy was published in November 2021, 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 is not an evaluation of the strategy to date.

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. The Drugs Policy and Social Inclusion Unit, Department of Health is responsible for collating feedback from stakeholders on their progress in delivering on their allocated actions, and the progress report has been the output of this work. The information reported describes activities undertaken in working towards each goal and its associated outputs but does not cover outcomes.

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. 2021b). 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). 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.

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.

Summary of T1.3 Drug policy coordination

As a result of the 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 are:

- 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) support the implementation of each of the strategic priorities of the national drugs strategy from 2022 to 2025. These replaced the previous (standing) subcommittees. The SIGs promote coordination between national, local and regional levels to deliver on the strategy's priorities and reinforce cross-agency working. They have an independent chair who is a member of, and reports 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 are included in each SIG's membership. Membership includes 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 are 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 DPENDR about their budgets for the following year. Following detailed negotiations with Government Departments, the DPENDR agrees on proposed Estimates for Public Services for approval by Cabinet. These estimates are then voted on by Ireland's.

Labelled expenditure

Overall there is an increase in reported drug-related public expenditure for 2023 when compared with that for 2022. Total labelled expenditure for 2023 was €306,059,326 million, compared to €254,697,895 million in 2022.

Summary of T1.3.1 New developments

The following are the main policy developments or updates on policy in Ireland since the last national report:

1. 2023–2024: A year for debate on drugs policy in Ireland
2. Publication of the final report of the Citizens' Assembly on Drugs Use
3. Oireachtas Joint Committee on Drugs Use
4. Report by the SIG with responsibility for implementing actions relating to alternatives to coercive sanctions
5. Civil society responses to the recommendations of the Citizens' Assembly on Drugs Use (for example, the CityWide Drugs Crisis Campaign)
6. New national drugs strategy – 2025
7. Appointment of a new Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy
8. Ongoing growth of cocaine and crack cocaine use in Ireland
9. Criminal Justice (Engagement of Children in Criminal Activity) Act 2024
10. Medically supervised injecting facility (an update)
11. Health Diversion Scheme for possession of drugs for personal use (an update), and
12. Environmental prevention-focused developments with a policy element covered in more detail in Section T3.1 of the *Prevention workbook* include:
    - Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2024
    - Sale of Alcohol Bill (2022) (update).

Summary of T4.1 Additional important sources of information

Sources of information covered in Section T4.1 are:

1. *Young Ireland: the National Policy Framework for Children and Young People 2023-2028*
2. National Drugs Forum 2023
3. Civil society and drugs policy, and
4. SIG's report on alternatives to coercive sanctions.

T1.1 National drugs strategies

Table T1.1.1 Titles and dates of all national drugs strategies and supporting action plans[1]

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

T1.1.2 Summary of current national drugs strategy

Information relevant to this answer includes:

- time frame,
- responsible ministries,
- overview of its main principles, priorities, objectives and actions,
- its structure (i.e. pillars and cross-cutting themes),
- the main substances and addictions addressed.

- annual progress implementation reports
- current status of strategy and action plan implementation.
- If your current national drugs strategy's stated timeframe has expired, please confirm whether or not it has the status of remaining in force pending the development and approval of a new one. Please also outline by when a new strategy is expected to be developed and approved.

Ireland's national drugs strategy

Ireland's national drugs strategy, titled *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). 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 is reiterated in the current Irish Government's *Programme for Government: Our Shared Future*, published in 2020 (Fianna Fail et al. 2020). 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 remain 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; Children, Equality, Disability, Integration and Youth; Social Protection; Housing, Local Government and Heritage; Justice; 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; 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 running through to 2025 include 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 are more focused on illicit drugs 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 current strategy covers the themes of the 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 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 to 2025. See Section T1.2.2 of this workbook for an overview of the mid-term review. The six strategic priorities will be delivered through specific actions and an agreed set of deliverables developed by the SIGs (Department of Health 2023). The six priorities are:

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 the six health regions in 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 this 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). It is envisaged that this action plan will run to the end of the current national drugs strategy in 2025.

Overall, the 2023–2024 action plan represents 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 are: Health; Education; Social Protection; Housing, Local Government and Heritage; Justice; Rural and Community Development; and Transport. Agencies with lead responsibilities include: 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 are 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 & 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 Programme.

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.

The *Programme for Government: Our Shared Future*, launched in June 2020, supports the approach of the national drugs strategy, while committing to some additional actions that were also aligned with the strategy (Fianna Fail et al. 2020). These were described in detail in the 2020 national report. Overall, the current Programme for Government (Fianna Fail et al. 2020), 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) and contributions to the Citizens' Assembly on Drugs Use indicate an ongoing commitment to a health-led approach to meet the needs of people who use drugs for the remainder of the strategy's lifetime (to 2025).

Progress reports

No progress reports have been published on the current 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 current national drugs strategy are as follows:

- Drugs Policy and Social Inclusion Unit (2021) *Reducing Harm, Supporting Recovery: Progress Report 2020.* Dublin: Department of Health 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) 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) https://www.drugsandalcohol.ie/30660/

T1.1.3 National strategy/action plans on policing, public security and law enforcement

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. 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. https://www.drugsandalcohol.ie/40643/

T 1.1.4 Additional national strategy/action plans for other substances and addictions[2]

Table T1.1.4.1 Additional national strategy documents for other substances and addictions

Alcohol
Strategy title

Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025
Web address https://www.drugsandalcohol.ie/27603/
Tobacco
Strategy title *Tobacco Free Ireland*
Web address https://www.drugsandalcohol.ie/20655/
Image- and performance-enhancing drugs
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 drug 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 many are not available for analysis.

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 EU strategy and Ireland's national drugs strategy

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 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 this 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 2021b).

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 continues 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 2021b).

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

T1.2.1 Evaluations of national drugs strategies and supporting action plans

No evaluations or progress reports have been published on the current 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). A review of the strategy and action plan at mid-term in the 8-year national drugs strategy was published in November 2021 (Drugs Policy and Social Inclusion Unit 2021a) and was used to inform the development of six strategic priorities to be focused on for the remainder of the strategy's lifetime. See Section T1.1.2 and Section T1.2.2 of this workbook for more detail.

In relation to the previous national drugs strategy (2009–2016), no progress reports were published in 2016 or 2017, nor was there a summative report or evaluation of that strategy upon its completion. However, the *Report of the Rapid Expert Review of the National Drugs Strategy 2009-2016* (Department of Community, Rural and Gaeltacht Affairs 2009) provided a resource that contributed to the development of the current national drugs strategy (Griffiths et al. 2016). This report did not provide an evaluation of the strategy, but it did provide some valuable insights. It is summarised in Section T1.2.2 of this workbook, along with the mid-term review, the most recent progress report and the FPA on the strategy (Bruton et al. 2021b).

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. https://www.drugsandalcohol.ie/35183/

Titles of and links to the progress reports on the current national drugs strategy for 2018–2020 can be found in Section T1.1.2 of this workbook.

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

- *National Drugs Strategy 2009-2016: Progress Report to End 2015* (Department of Health 2016) https://www.drugsandalcohol.ie/25365/

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

T1.2.2. Results of the latest strategy evaluation

While not evaluations, several reports on Ireland's national drugs strategies have been published since 2016. In the following subsections, these are considered in reverse chronological order. There have been no new publications since last year's national report.

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. https://www.drugsandalcohol.ie/35183/

A mid-term review of Ireland's national drugs strategy was published in November 2021, 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. While it is not an evaluation of the strategy, its findings were used by the Drugs Policy and Social Inclusion Unit, Department of Health to develop a set of strategic priorities and a slightly revised delivery structure for the strategy from 2022 to 2025.

Context of review

Reducing Harm, Supporting Recovery included a strategic action plan for 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. This assessment combined with any new and emerging issues was to be used to inform the development of actions for the second phase of the strategy's lifetime from 2021 to 2025. This approach was a recommendation of the rapid expert review that was carried out on the National Drugs Strategy 2009–2016 (Griffiths et al. 2016) (see below). It was found that having a longer-term action plan meant the actions could not be reactive to change in the drugs situation over time, which contributed to an overall perception by stakeholders of a decline in that strategy's relevance and momentum over its duration.

Evidence sources

The approach of the mid-term review was to present evidence from five sources. Each section of the report presents the findings from one of these sources, while the final section outlines the new strategic priorities for the strategy moving forward. Where not already covered in this or other workbooks, a brief description of the evidence sources is outlined below.

1. Progress in implementing the strategic action plan for 2017–2020

The findings of the most recent progress report for 2020 on the national drugs strategy are outlined later in this section of the workbook.

2. Stakeholders' feedback

As part of the mid-term review, the Department of Health collected feedback from stakeholders represented on the NOC through 10 "engagement sessions" (Drugs Policy and Social Inclusion Unit 2021a) (p. 7). Submissions were also received from "groups outside the NOC", but no further information on how this information was collected is provided in the report. The engagement sessions were structured around three questions:

- How well is the strategy delivering on its goals?
- Are there specific areas/priorities that the strategy should focus on for the period 2021–2025?
- Are there ways in which the structures for the delivery of the strategy could be improved/strengthened?

The findings make up a significant part of the mid-term review document (pp. 7–21) (Drugs Policy and Social Inclusion Unit 2021a). They are presented thematically and cover a wide range of topics, including those related to the structure of the strategy and its implementation bodies; ongoing and emerging needs; and monitoring, research and evaluation associated with the strategy. It is beyond the scope of this workbook to describe all of the issues covered; however, a selection of those thought to be of most interest to the EUDA are as follows:

- **The health-led approach:** Having the needs of the individual at the centre of the strategy was seen as key. The health-led approach was perceived to be a success. However, it was seen to be linked to the work of law enforcement to reduce the supply and availability of illicit drugs.
- **Evolving drug markets:** Stakeholders recognised that drug markets and drugs are continuously evolving, and that keeping on top of new substances is an ongoing requirement. They considered resources such as the Early Warning and Emerging Trends subcommittee to be useful in this context. There was support for sustaining and increasing cooperation at an international level.
- **Alternative approaches to imprisonment:** There was support for the implementation of the Health Diversion Scheme and the ongoing running of the Drug Treatment Court. Progress on the Health Diversion Scheme was seen as slow, while it was suggested that the Drug Treatment Court should undergo an independent review.
- **Alcohol:** *Reducing Harm, Supporting Recovery* is the first national drugs strategy to cover both alcohol and other drugs. However, there was criticism that alcohol did not receive adequate attention in the strategic action plan for 2017–2020, and it was suggested that this should be addressed in the remainder of the strategy's lifetime.
- **Alignment with other strategies:** The needs of a person who uses drugs tend to be complex and multifaceted. Government policies have been developing since 2017, and the report argues that the associated strategies need to be aligned as much as possible to meet these complex needs. These include national and international strategies across the range of sectors.

- **Collaboration:** Overall, the strategy was seen to have facilitated improved collaboration between relevant Government Departments, agencies and services. However, opportunities for improvement included the formation of a "real partnership" (p. 12) (Drugs Policy and Social Inclusion Unit 2021a) between State agencies and affected communities, which in turn increases cooperation between youth and drug services in order to meet the needs of 14–18-year-olds.
- **Drug and Alcohol Task Forces (DATFs):** There was a call for a strengthening of the role of DATFs. DATFs argued that they should have a more visible role in the actions contained in the strategy. For example, they "could bring together the community, family and service users which could have a positive impact on communication and participation and could also assist in identifying emerging needs" (p. 14) (Drugs Policy and Social Inclusion Unit 2021a).
- **Support for families and communities:** Ongoing support is required for building the capacity of communities to respond to the drugs situation. There is an increasing need to strengthen the response to drug-related intimidation and violence, which has such a negative impact on many communities.

Other topics covered in this section of the review included research, stigma, diversity and inclusion, prevention and education, and dual diagnosis.

3. Focused policy assessment of expenditure on drug and alcohol services

The findings of the FPA are outlined later in this section of the workbook (Bruton et al. 2021b).

4. Data on trends and indicators on drug and alcohol use (Mongan et al. 2021)

The National Drug and Alcohol Survey (NDAS) provides information on alcohol and tobacco consumption and drugs use among the general population in Ireland. The NDAS also surveys people's attitudes and perceptions regarding tobacco, alcohol and other drugs use, and records the impact of drugs use on people's communities. Findings were presented in relation to the use of any illegal drug, use of specific drugs, factors associated with drugs use, perceptions and attitudes, and the impact of drugs use on local communities.

5. Rapid assessment of the impact of the COVID-19 pandemic on drug and alcohol services

In January 2021, the IGEES published a report on the impact of the COVID-19 pandemic on services and people who use drugs (Bruton et al. 2021a). The report is based on two surveys undertaken in 2020: one looking at the impact on people who used drugs and one looking at the impact on addiction services and their clients. The findings were reported on in Section T3.1 of the 2021 *Treatment workbook* (Bruton et al. 2021a).

New strategic priorities

The main outcome of the mid-term review was the development of six new strategic priorities for the remainder of the strategy's lifetime (to 2025). In addition to the five evidence sources listed above, the priorities were informed by an examination of other key strategic documents. These

included the *EU Drugs Strategy 2021-2025* (Council of the European Union 2020; Fianna Fail et al. 2020) (Department of Health 2021a).

The six strategic priorities are being delivered through specific actions. An agreed list of actions and associated deliverables for the period 2023–2024 has been developed for each priority through the work of the SIGs. The six priorities and the horizontal themes are outlined in Section T1.1.2 of this workbook.

Revised delivery structure

The findings of the review led to changes being made to the structures supporting the implementation of the strategy. See Section T1.3 of this workbook for a description of the revised structure.

- ***Focused Policy Assessment of Reducing Harm, Supporting Recovery: An analysis of expenditure and performance in the area of drug and alcohol misuse*** **https://www.drugsandalcohol.ie/34729/**

In August 2021, as part of the 2021 Government spending review process, the *Focused Policy Assessment of Reducing Harm, Supporting Recovery: An analysis of expenditure and performance in the area of drug and alcohol misuse* was published (Bruton et al. 2021b). This FPA of the national drugs strategy (Department of Health 2017) was prepared by IGEES staff based in the Department of Health and the DPENDR.

Aim of the focused policy assessment

The purpose of FPAs by the IGEES is to set out the rationale for a particular policy intervention; the public resources provided to support its delivery; the related outputs and services that are provided; and the achievements of the intervention relative to its stated goals. There are two main elements to the drugs strategy review:

- *Drug-related public expenditure (labelled and unlabelled):* The review profiles labelled expenditure and presents the findings of the first effort to estimate unlabelled expenditure in an Irish context. This estimate is based on medical and judicial costs as well as lost productivity.
- *Reducing Harm, Supporting Recovery (RHSR) performance against its PIs:* The review maps the availability of data for the strategy's 29 PIs and analyses those that are available (for 12 PIs), in an attempt to assess the performance of RHSR under its five strategic goals.

The authors focused on the time frame 2014–2020 so that data could be analysed for comparison before and after the implementation of the national drugs strategy in 2017.

Drug-related public expenditure

Labelled public expenditure

Labelled drug-related expenditure in Ireland includes budget allocations for the HSE Addiction Services and treatment services in prisons, for example. Bruton *et al.* reported the expenditure data as they appeared in Ireland's 2020 national report (Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2021) (see Table T1.2.2.1).

Table T1.2.2.1 Public expenditure directly attributable to drug programmes (labelled), 2014–2019[3]

Government Department/ agency	2014 (€ million)	2015 (€ million)	2016 (€ million)	2017 (€ million)	2018 (€ million)	2019 (€ million)
HRB	0.908	1.013	1.247	0.756	0.786	0.786
HSE Addiction Services	86.122	91.523	93.430	97.870	99.828	103.419
HSE DATF projects	21.570	22.064	22.780	22.140	22.630	22.920
AGS*	43.000	43.000	46.000	47.000	14.250	13.170
Department of Children and Youth Affairs	19.548	19.548	20.050	20.040	20.460	20.460
Department of Justice	18.762	19.363	20.560	7.300	6.950	–
Revenue Customs Service	16.235	17.445	17.360	17.360	19.600	–
Department of Social Protection (former FÁS area)	14.063	13.900	16.410	17.980	17.220	20.070
Department of Health	7.266	7.323	6.080	5.540	6.015	5.955
Irish Prison Service	4.200	4.235	4.400	4.200	–	–
Department of Education and Skills	0.748	0.748	0.770	0.760	0.760	0.720
Total	**€232.422**	**€240.162**	**€249.087**	**€240.950**	**€208.499****	**€187.500****

Source: HRB (Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2021).
* After 2017, AGS moved from reporting on 'policing/investigation costs' to 'policing/investigation costs of Garda National Drugs and Organised Crime Bureau' only.
** The €53 million decrease in expenditure between 2017 and 2019 reflects limitations in reporting of expenditure from AGS, Department of Justice, Irish Prison Service and the Revenue Customs Service, rather than a reduction in expenditure as such.

The authors noted that, while total expenditure appears to have decreased since 2016, this in fact reflects limitations in data reporting. Based on the available data, the largest increase in organisational spend over the period 2014–2019 was by the HSE Addiction Services – an increase of €17 million, an average year-on-year increase of 4% per annum.

Unlabelled public expenditure

A core part of the FPA is the work that went into developing an estimate of unlabelled expenditure on drugs use in Ireland. Unlabelled drug-related expenditure is the "non-planned or non-publicly announced ex-post public expenditure incurred by the general government in tackling drugs that is not identified as drug related in the budget" (Bretteville-Jensen et al. 2017) (p. 24). This would include, for example, the cost incurred for the imprisonment of people for drug-related offences.

While Irish estimates have been made for alcohol use (Mongan and Long 2016) (Hope 2014) (Byrne 2010), they have not been made for other drugs. The authors argued that this presented

> an obstacle to assessing the cost-effectiveness of publicly funded interventions, since any examination of the value of measures to alleviate the clinical, social and environmental harms of illegal drugs ought to relate changes in inputs (planned programmes to tackle this issue) to changes in outputs and costs (Bruton et al. 2021b) (p. 20).

Methodological approach

To develop the estimate, the authors focused on drug-related costs in prisons and acute hospitals. The selection was based on the assumption that they would account for a relatively large proportion of unlabelled expenditure. In addition, they examined a selection of economic costs (productivity losses associated with hospital treatment and imprisonment) and societal costs (premature drug-related death).

The review estimates unlabelled costs using both cross-sectional and longitudinal approaches. However, for the purpose of this summary, the focus is on the former, as it examines costs on an annual basis and therefore relates to the annual budgetary cycle as per labelled expenditure. The approach taken for each area of interest is described here in its simplest terms.

Prison and criminal justice costs: Costs related to drug offences (importation, manufacture or possession) and drug-related crime were examined. Identifying drug-related crime presented methodological challenges, as it required estimating the causal link between drugs use and other types of crime, i.e. what proportion of crimes such as theft or public order offences can be attributed to drugs and therefore defined as drug-related crime? To address this challenge, the authors adopted a framework of drug attribution fractions (DAFs), developed in the United States of America (USA), which estimates the proportion of different types of crime that are attributable to illicit drugs use (National Drug Intelligence Center 2011). DAFs were combined with information about the duration of sentences for people imprisoned for drug-related offences and controlled drug offences. An estimate of average costs per offence as well as a range of other parameters were used to provide an estimate of drug-related crime costs.

Healthcare costs: Acute hospital costs were estimated for admissions directly related to drugs use, as well as admissions for health problems associated with drugs use. DAFs were also used as part of the model, which included parameters on healthcare resource use and costs for the various conditions.

Productivity losses: Time spent in prison or hospital and premature death due to drug misuse represent a loss in economic output. The authors took a 'human capital approach' (p. 25) (Bruton et al. 2021b) in an effort to assess the costs involved. They estimated the costs of displaced paid labour, using median annual earnings and employment rates by age and gender, and analysed this with the relevant data source for prisons, acute hospitals and premature deaths.

Results

Table T1.2.2.2 provides the estimates of the unlabelled costs associated with problem drugs use under each of the four headings examined through cross-sectional analysis. (Note that the findings of the longitudinal analysis can be found on page 27 of the review.) The annual direct costs of hospital treatment, criminal offences and prison committals for a cohort of affected individuals in Ireland is estimated to be approximately €87 million, and when indirect productivity costs are included (mainly as a result of premature deaths) this rises to over €147 million.

Table T1.2.2.2 Estimates of annual unlabelled drug-related expenditure, based on cross-sectional analysis[4]

Source of expenditure	Estimate (€)
Hospital expenditure	**21,982,647**
Percentage of which are drug-related admissions	59%
Percentage of which are drug-implicated admissions	41%
Prison expenditure	**44,338,862**
Percentage of which are controlled drug offences	43%
Percentage of which is drug-related crime	57%
Criminal justice system expenditure	**20,391,062**
Percentage of which are controlled drug offences	34%
Percentage of which is drug-related crime	66%
Productivity costs	**60,707,970**
Percentage of which are prison related	38%
Percentage of which are premature death related	52%
Percentage of which are hospital treatment related	10%
Total unlabelled direct costs	**86,712,571**
Total unlabelled direct and indirect costs	**147,420,542**

Source: Adapted from (Bruton *et al*. 2021b) Table 6 (p. 27) (Bruton*, et al.* 2021)

Limitations

Limitations to these estimates are covered in detail in the review. They relate to the data available to conduct the analysis as well as a recognition that there is a range of other methodological approaches that if utilised would have produced different estimates. However, the authors argued that the aim of their analysis "was to characterise, rather than precisely estimate, the different types of unlabelled expenditure and productivity costs associated with problem drug use" (Bruton et al. 2021b) (p. 27).

Concluding comment on expenditure analysis

The data available on drug-related public expenditure are limited. However, the findings suggest that the unlabelled costs "contribute significantly" to the overall economic burden of problem drugs use and are therefore an "important component of any policy-orientated [*sic*] analysis of the marginal costs and effects of changes to the provision of addiction and treatment services" (Bruton et al. 2021b) (p. 27). The same message is true for labelled expenditure.

PI analysis

The FPA aimed to assess the performance of the national drugs strategy by analysing the data available for the PIs under each of its five strategic goals. There were three phases to this work: data scoping, collection and analysis. Data scoping found that there were significant limitations in the availability of data. The reasons for this included that the data did not exist, could not be accessed or did not fit an appropriate time frame. Where possible, proxy data were used, but overall data were found for only 12 of the 29 PIs. Data were provided by the HRB, HSE, Revenue, AGS, Central Statistics Office (CSO) and the European School Survey Project on Alcohol and Other Drugs (ESPAD) and Health Behaviour in School-aged Children (HBSC) surveys. Data were collated and charts created using Excel software, which facilitated a trend analysis of each indicator where possible.

Results

Despite the limitations, some of the key findings under each strategic goal identified in the discussion of the review are noted here.

Goal 1: Promote and protect health and well-being

Available data for this goal focus on rates of substance use among children and young people. The findings would suggest that at the time of the study young people's drugs use was decreasing or "holding steady" (p. 68). Nevertheless, the authors identified heavy episodic drinking among 15–16-year-olds as being of concern. They flagged the Drug Prevalence Survey as an important source of information for this goal (Mongan et al. 2021). However, the latest wave of the survey had not been published at the time the review was written.

Goal 2: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

The review draws extensively on data from the National Drug Treatment Reporting System (NDTRS) for 2019–2020 for this goal. Key findings included:

- Since December 2018, over 90% of problematic substance users had accessed treatment in NDTRS services within 1 month of assessment for those aged 18 years and over, and within 1 week for those aged under 18 years. This measure does not include the numbers of people waiting for assessment.
- 'Successful exits' from treatment averaged at 47% from 2014 to 2019, although there was variation across different substance and treatment types.
- The median number of years between starting to use drugs and entering treatment (lag) for those cases recording a successful exit dropped from 20 to 17 years in 2018 and remained at 17 years in 2019. This lag to treatment time may vary significantly by treatment type.
- Access to opioid substitution treatment (OST) rose steadily between 2014 and 2020. In 2014, the number in receipt of OST was approximately 9,300, rising to 9,974 by the end of 2019; in

June 2020, it was 10,465. This latest increase can in part be explained by the services' response to the COVID-19 pandemic.

- There is a gap in knowledge about problematic substance users who are not in contact with services. The authors argue that "understanding the unmet need for services is important in interpreting much of the results under Goal 2 and as such the conclusions that can be drawn are constrained by this" (Bruton et al. 2021b) (p. 69).

Goal 3: Address the harms of drug markets and reduce access to drugs for harmful use

Key findings in relation to drug markets and access to drugs include:

- There was a downward trend in the number of recorded offences for cultivation or manufacture of drugs from 345 in 2014 to 192 in 2019.
- The trend for offences for importation of drugs has remained relatively stable over the period 2014–2019.
- At the time of the analysis, possession offences (possession for sale and supply and possession for personal use) had been increasing since 2015.
- Rates of driving while over the legal alcohol limit had decreased between 2017 and 2020. However, the number of offences for driving while under the influence of drugs had risen over the same period. This is likely, at least in part, to be linked to changes in the testing system.
- There had been an increase in the quantity (kg) of drugs seized in recent years, while the number of seizures has increased since 2017.

It should be noted that the data in all but the last of the bullet points listed above are sourced from the CSO, which publishes recorded crime statistics based on the provision of Police Using Leading Systems Effectively (PULSE) data by AGS. Data are reported quarterly. The CSO publishes these data under the category 'under reservation'. This categorisation indicates that the quality of these statistics does not meet the standards required of official statistics published by the CSO.

Goal 4: Support participation of individuals, families and communities

Due to poor availability of data, the only measure reported under Goal 4 was the uptake of treatment by members of the Traveller, LGBTQI+ and homeless communities. According to NDTRS data, members of the Traveller community increasingly do not take up treatment after being assessed (an increase from 6% in 2014 to 10% in 2019); a similar trend was found among people who are homeless. Uptake of treatment for cases of individuals who are homosexual and bisexual had remained stable over the period 2014–2019.

Goal 5: Develop sound and comprehensive evidence-informed policies and actions

The only data to be analysed under Goal 5 came from the NDTRS. Between 2014 and 2019 there was a small increase in the number of services providing treatment; however, the number that submitted data to the NDTRS remained at approximately 600 over this period.

Concluding comment on PI analysis

Similar to the expenditure analysis, the overarching message from the analysis of the PIs was that "limitations in the availability of data have constrained the conclusions that can be drawn on the

progress made under each goal, and in turn the overall performance of RHSR" (Bruton et al. 2021b) (p. 70). The authors also raised the question of attribution. Drugs use and its causes are complex; therefore, any changes found could not necessarily be attributed to the national drugs strategy.

Overall conclusions

The authors drew overall conclusions based on their findings. These include:

- The available evidence base on the costs of drug and alcohol misuse is limited by data availability and is estimated using varied methodological approaches. There is a need to improve the reporting of labelled expenditure across Government Departments and to gain consensus about the best approach for estimating unlabelled expenditure in this area. The authors suggest that there is a need to unpack the expenditure data in a more systematic way, in order to fully understand its limitations.
- The findings indicate that "unlabelled expenditure and productivity costs contribute significantly to the overall economic burden of problem drug and alcohol use" (Bruton et al. 2021b) (p. 6). Therefore, it is an important element of any analysis to look at the value of policies in this field in terms of changes that may be brought about.
- Limitations in the availability and quality of data on the PIs constrained the conclusions that could be drawn on the performance of the strategy. While some data should become available in the next phase of the strategy, in some cases PIs will need to be revised to more accurately reflect performance under that goal.
- The proportion of labelled expenditure could not be broken down by either that spent on health-led responses as opposed to criminal-led responses, or by the strategic goals of the national drugs strategy. In addition, the limitations in the detail and quality of expenditure data (labelled and unlabelled) meant that the authors were unable to make an assessment of what had been achieved for expenditure to date by the strategy. The authors argue that addressing the limitations of the datasets is a necessary step for improved monitoring and future evaluation of the national drugs strategy and public expenditure on drug and alcohol programmes more generally.
- Despite its limitations, this review represents a valuable step towards generating the economic evidence base upon which public policy on drugs use can be evaluated. Overall, it 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.

- ***Reducing Harm, Supporting Recovery: Progress Report 2020*** **(Drugs Policy and Social Inclusion Unit 2021)**

The most recent progress report on the current national drugs strategy was published in 2021 under the title *Reducing Harm, Supporting Recovery: Progress Report 2020* (Drugs Policy and Social Inclusion Unit 2021b). The report, like its predecessors in 2018 and 2019, is structured around the strategic action plan for 2017–2020 that was included in the main strategy document (Department of Health 2017). That action plan contained 50 specific actions, with a brief description of how each was to be delivered. Lead agencies were also identified, as well as any associated partners with

responsibility for the delivery of the respective actions. The strategy set out measures by which progress on delivery of its goals would be monitored and assessed. Among these measures, it was stated that "the key bodies responsible for delivering the strategic actions will be required to report on progress on an annual basis to the Minister with responsibility for the National Drugs Strategy" (Department of Health 2017) (p. 73). The Drugs Policy and Social Inclusion Unit, Department of Health is responsible for collating this feedback, and these progress reports are the output from this work (Drugs Policy Unit Department of Health 2019; Drugs Policy and Social Inclusion Unit 2020; Drugs Policy and Social Inclusion Unit 2021b).

As with the previous reports, the information reported for 2020 was descriptive and presented in table form. It listed activities undertaken in the implementation of the actions to the end of 2020. The only analyses included in this progress report were categorisations of the status of the actions. No details were given about what these categorisations were based on. See Table T1.2.2.3 for a summary of this progress. The report only provided information for 45 of the 50 strategic actions.

Table T1.2.2.3 Summary of action status for 2020 for each strategic goal[5]

Strategic goal	Fully completed	Broadly on track	Progressing, but with a minor delivery issue	Delayed, with a significant delivery issue
1) Promote and protect health and well-being	4	2	3	2
2) Minimise the harms caused by the use and misuse of substances, and promote rehabilitation and recovery	3	6	5	3
3) Address the harms of drug markets and reduce access to drugs for harmful use	2	3	1	1
4) Support participation of individuals, families and communities	2	2	0	1
5) Develop sound and comprehensive evidence-informed policies and actions	0	1	3	0
6) Strengthen the performance of the strategy	0	0	0	1
Total	**11**	**14**	**12**	**8**

Source: *Reducing Harm, Supporting Recovery: Progress Report 2020* (Drugs Policy and Social Inclusion Unit 2021b)

- ***Report of the Rapid Expert Review of the National Drugs Strategy 2009-2016***
  http://www.drugsandalcohol.ie/27289/

As reported in previous national reports, no evaluation of Ireland's National Drugs Strategy 2009–2016 was carried out; however, a rapid expert review of the strategy was published in 2016 (Griffiths et al. 2016). In late 2015, the then Minister of State with responsibility for Health Promotion and the National Drugs Strategy established a steering committee to provide him with guidance and advice on the development of the new national drugs strategy. The work of this steering committee was informed by inputs that included a report from a group of international experts who undertook a high-level review of the National Drugs Strategy 2009–2016 (Department of Community, Rural and

Gaeltacht Affairs 2009). The findings from their review were published in August 2016 in the *Report of the Rapid Expert Review of the National Drugs Strategy 2009-2016* (Griffiths et al. 2016). Its purpose was "to inform the development of the next national drugs strategy by providing a 'helicopter view' of and capturing some key learning points from the experiences of the National Drugs Strategy 2009–2016" (Griffiths et al. 2016) (p. 1). The review highlighted the complexities involved in developing a drugs strategy in a landscape that is always evolving and in which "articulation between social, criminal, and health policy areas is vital" (Griffiths et al. 2016) (p. 31).

The review team's terms of reference were to:

- Examine the progress and impact of the National Drugs Strategy 2009–2016 in the context of the objectives, key performance indicators (KPIs) and actions set out in the strategy
- Identify deficits in the implementation of the strategy
- Summarise success factors or barriers to success
- Comment on Ireland's evolution in tackling the drug problem in light of international trends
- Identify key learning points arising from the strategy and highlight areas to consider for development in the new national drugs strategy, and
- Provide a draft and final report to the Department of Health.

The review was based on documentary evidence and on meetings and site visits held during a week-long visit to Ireland in January 2016. The review team met with a range of stakeholders, including Government officials, statutory and voluntary sector service providers, community members and service users. It is important to note that this was not an evaluation of the National Drugs Strategy 2009–2016. Some of the key findings from the review are presented here.

National Drugs Strategy 2009–2016

The National Drugs Strategy 2009–2016 (Department of Community, Rural and Gaeltacht Affairs 2009) was described by Griffiths *et al*. as a "well-crafted and comprehensive version of a contemporary EU drug strategy" (Griffiths et al. 2016) (p. 2). Overall, the people consulted by the authors considered the strategy to have been "a valuable instrument, both in respect to the structures and coordination mechanism it established, and in respect to its content which allowed priorities to be identified and targeted" (Griffiths et al. 2016) (p. 6). It helped "facilitate multi-agency working, encouraged stakeholder buy-in, and helped galvanise political support for drug issues" (Griffiths et al. 2016) (p. 7). Over the course of the strategy, progress was made on many of the priority areas. In particular, it was successful in targeting resources and developing services for opioid users.

However, the review also found that, while delivery of the strategy got off to a good start, over time some of the positive changes delivered in the initial phases "became less apparent" (Griffiths et al. 2016) (p. 6) and the "usefulness and appropriateness of the instrument declined" (Griffiths et al. 2016) (p. 8). Areas that became problematic included "[meeting] changing needs, stakeholder participation, sustaining appropriate coordination mechanisms, and follow-up and continuing relevance of actions" (Griffiths et al. 2016) (p. 6). Griffiths *et al*. argued that changes would inevitably occur over the period of a drugs strategy, and it was therefore important that the strategy be adapted to meet these changes.

The review discussed areas in which the national drugs strategy had lost its momentum over time, including the following:

- The "strong role of community organisations" (Griffiths et al. 2016) (p. 9) in both strategy development and delivery was identified as one of the key features of the Irish context. In the course of the review, the team found that in some areas of the national drugs strategy, the coordination between local, regional and national levels became less effective over time. Roles and responsibilities became less clear, and lines of communication blurred. This impacted on progress in a number of ways, one of which was that opportunities to identify and adopt effective interventions were sometimes missed. "The need for effective engagement with local communities, needs-based service provision, and mechanisms to ensure the quality of services delivered across locations, came up repeatedly during discussion on the current strategy" (Griffiths et al. 2016) (p. 10).
- The impact of the strategy – in particular, the impact on local structures, services and practices – appeared to vary across geographical areas. This was influenced by "changes in the location of needs since the drafting of the last [national drugs] strategy; the difficulty of reconfiguring delivery structures in response to these changes; and practical and resource issues related to developing service models suitable for areas where the target population is more geographically dispersed" (Griffiths et al. 2016) (p. 9).
- The policy and operational landscape changed considerably over the course of the strategy. New strategies and structures had been developed across related fields. This had brought about "some corresponding lack of clarity on the purpose and/or role of different structures or actors working in the area" (Griffiths et al. 2016) (p. 6).
- The commitment to research, monitoring and evidence-based interventions in the national drugs strategy was seen as one of its strengths. However, momentum in this area had faded over time. It was seen as having faced some "problematic coordination and structural issues" (Griffiths et al. 2016) (p. 11), including inadequate resourcing, a lack of standardisation for data collection and a lack of capacity to analyse data collected and use it to inform strategic decisions.

Structure of the national drugs strategy

To take learning from the experience of the National Drugs Strategy 2009–2016, the review discussed the effects of three elements of the strategy's structure:

- The topic areas of the five pillars were described as "well chosen", as they contained all the main elements of a "modern balanced drug strategy" (Griffiths et al. 2016) (p. 8). There were pros and cons to structuring the national drugs strategy around these pillars. Keeping similar areas together gave clarity to the main tenets of the strategy, and having a "point of focus" (Griffiths et al. 2016) (p. 7) encouraged collaborative working in some areas. However, it also impeded cross-pillar coordination at times, in particular when resources were limited or reduced. Where issues cut across more than one pillar, they sometimes lacked ownership and failed to be addressed. However, the overall view was that the benefits of the pillar approach outweighed the costs. Griffiths *et al*. suggested that the new strategy could be designed in such a way that would maintain the clarity that comes from keeping similar areas grouped together, but that would also facilitate better cross-area working.

- Actions were embedded in the 7-year strategy (2009–2016). However, doing so was found to have particular limitations. The actions could not be reactive to change in the drugs situation over time, and this contributed to the perception of an overall decline in the national drugs strategy's "relevance and momentum" (Griffiths et al. 2016) (p. 6) over its duration.
- The National Drugs Strategy 2009–2016 included a set of KPIs. These were to be used to measure progress over time. Their appropriateness as measures both for changes over time and for the strategic goals they were linked to was not always clear. Furthermore, the data required in order to measure them were not always available, and investment in monitoring the KPIs "appeared to decline" (Griffiths et al. 2016) (p. 6) over the course of the strategy. The KPIs therefore did not fulfil their intended role. Griffiths *et al*. suggested that the strategy's objectives, actions and KPIs needed to be more clearly linked together and better sequenced in order to ensure that they are achievable.

Post-2016 national drugs strategy

Based on their findings, Griffiths *et al.* made a number of suggestions for the national drugs strategy post-2016. These included the following:

- **Separate the actions from the strategy:** Given the relatively long period of time covered by Ireland's drugs strategies, Griffiths *et al*. argued strongly for separating the strategy from the actions. The strategy document could lay out the vision, objectives and structure for the duration of the strategy (2017–2025), and a separate, time-bound (for example, 3 years) action plan could support the strategy. This approach would allow for an opportunity to reflect on progress and changes in the landscape at a midpoint in the strategy's time frame, and to make appropriate changes to the action plan.
- **Synergise with other strategies:** In order to minimise duplication and the waste of scarce resources, and to maximise the impact of the strategies, Griffiths *et al*. emphasised the importance of having clear "synergy and complementarity" (Griffiths et al. 2016) (p. 31) between the new national drugs strategy and other related strategies. This would include strategies dealing with other substances (alcohol in particular), strategies dealing with the needs of specific populations and strategies dealing with areas or social issues where drugs use is an issue.
- **Ensure equality of access to provision according to need:** Griffiths *et al*. argued that equality of access is a concept that should cut across the national drugs strategy. High-quality interventions of proven effectiveness need to be universally available irrespective of what types of drugs are being used, where the user lives or which community the user belongs to.
- **Identify and roll out good practice:** In the course of the review, Griffiths *et al.* were presented with numerous examples of good practice, but it appeared that there were barriers to these practices being implemented nationally. The authors argued for "a clear mechanism for identifying good practice supporting programme evaluation, and encouraging wider implementation where this is appropriate" (Griffiths et al. 2016) (p. 10). They suggested drawing on national and international practice and programmes in order to develop a suite of approved interventions that have been proven to work and which partners would be able to draw from.

- **Monitor, research and evaluate:** These are considered "an essential element of any strategic response in this area" (Griffiths et al. 2016) (p. 31). This would help ensure that the strategy is responsive to changing needs and will deliver on its goals. Following on from this, there must be mechanisms in place to facilitate the analysis of what is found, as well as the provision of advice based on this evidence to relevant stakeholders. Stakeholders would then be able to spread good practice and identify problem areas.
- **Clarity of structural functions for implementation and delivery:** The strategy should have a clear focus on how it is to be implemented and delivered, including the organisational structure and the roles and responsibilities of the various stakeholders. To facilitate the delivery of the strategy, Griffiths *et al*. highlighted the importance of leadership (ideally at a ministerial level with the support of a committee) to provide drive and direction/prioritisation, and to ensure that resources are made available.
- **Alcohol:** The authors made special mention of alcohol as a theme that recurred throughout the review – the high prevalence of problems associated with it, the "interactions" (Griffiths et al. 2016) (p. 6) between alcohol and other problem drugs, and alcohol's place in the forthcoming strategy. While Griffiths *et al*. did not identify a specific model to follow, they noted that what is important is that areas such as prevention and treatment, where a "cross-substance approach is essential" (Griffiths et al. 2016) (p. 12), are adequately supported.

Specific issues for the new national drugs strategy

Section 4 of the review identified a long list of specific issues that the team considered important for inclusion in what would be the new national drugs strategy. Replicating the full list is beyond the scope of this workbook; however, issues in Ireland at the time, reflecting those in other EU member states, were: meeting the needs of an ageing cohort of opioid users; new psychoactive substances (NPS); concern about cannabis in its various forms, in particular its high-potency products; and the negative impact of criminalising users, especially young cannabis users. Issues that appeared to be of particular relevance to Ireland were problematic prescription drugs use, the spread of opioid use to rural areas, drug-related intimidation, and homelessness and housing insecurity.

The review was not an evaluation of the national drugs strategy. Rather, its purpose was to take lessons from the strategy's delivery to inform what was the forthcoming national drugs strategy.

T1.2.3 Planned evaluations of the national drugs strategy

Ireland's national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017), is due to expire in 2025. In a presentation to the Oireachtas Joint Committee on Drugs Use on 20 June 2024, a representative of the Department of Health outlined plans for the development of its successor. This included an evaluation of the current strategic action plan (2023–2024), although no more details of the approach to be taken were provided. In line with SIG Priority 6 ("to strengthen evidence-informed and outcomes-focused practice, services, policies, and strategy implementation"), the strategic action plan for 2017–2020 contained an action to provide expertise and guidance on the final evaluation of the implementation of the national drugs strategy. The lead agencies for this action are the HRB and the Department of Health. However, it is unclear whether any in-depth evaluation of the strategy will in fact be carried out prior to the introduction of a new strategy in 2025.

While descriptive annual progress reports were expected to be published for each year of the national drugs strategy, at the time of writing (September 2024), the most recent report published was for 2020. As outlined in Section T1.2.2 of this workbook, annual progress reports that are structured around the strategic action plans are supposed to be published for the lifetime of the strategy. Lead agencies responsible for delivering the strategic actions are supposed to report on their progress annually to the Minister with responsibility for the national drugs strategy. Those reports are then collated into a descriptive report of activities undertaken to implement the action plan.

T1.3 Drug policy coordination

T1.3.1 Coordination bodies involved in drug policy

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 are more streamlined, in order 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). The structure is illustrated in Figure T1.3.1.1 and has 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 is a senior official-level committee sponsored by the Minister of State for Public Health, Wellbeing and the National Drugs Strategy. Membership includes representatives from the statutory, community and voluntary sectors, as well as both a clinical and an academic representative. Membership from the statutory sector is at the level of Assistant Secretary. The Committee meets on a quarterly basis and has 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 to 2025. These replaced the previous (standing) subcommittees. The SIGs promote coordination between national, local and regional levels to deliver on the strategy's priorities and reinforce cross-agency working. They have an independent chair who

is a member of, and reports back to, the NOC. A service user and a nominee from both civil society and the LDATF and RDATF network are included in each SIG's membership. Membership includes representatives from the statutory, community and voluntary sectors.

Research Committee on Drugs: The Research Subcommittee on Drugs oversees the research outputs of the strategy, including the NDAS, in conjunction with the HRB.

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

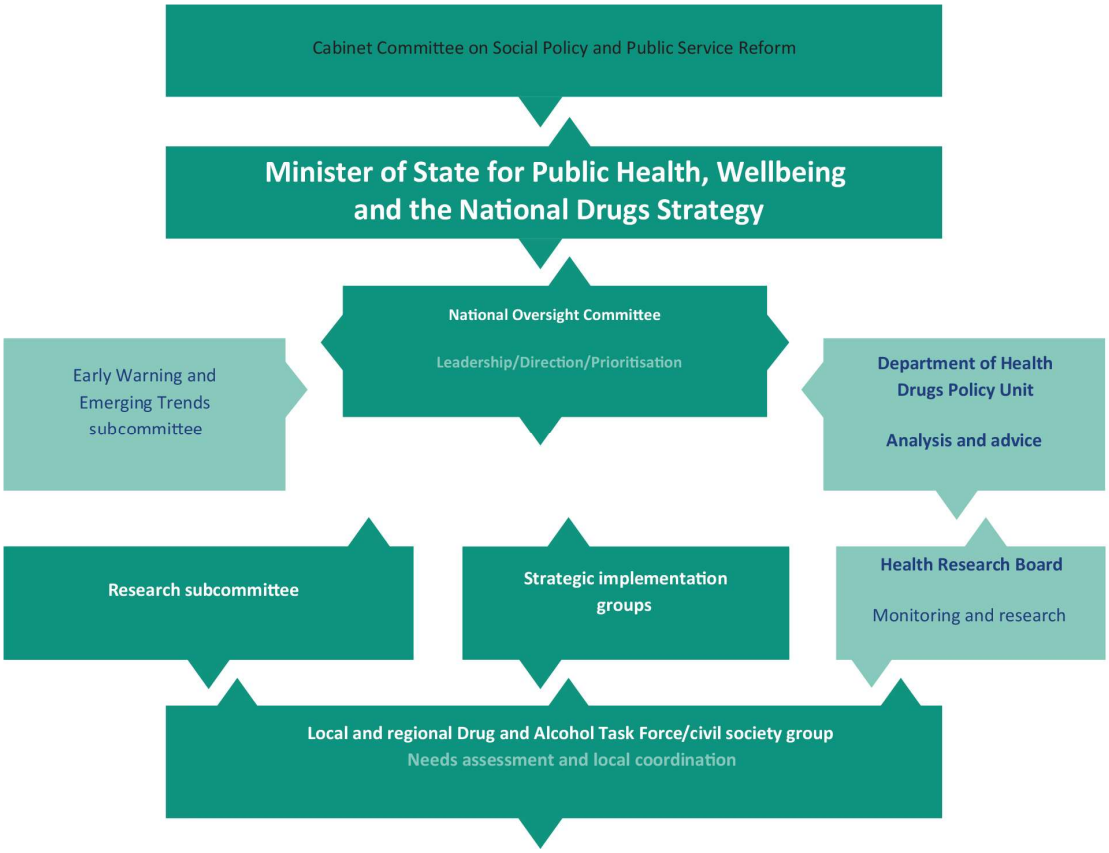
- Analysing the implications of research findings for policy and design of initiatives to tackle the drug problem
- Providing the NOC with advice on the commissioning of new research and the development of new data sources, having regard to current information and research deficits, advice, changing 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 T1.3.1.1 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 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" (https://www.oireachtas.ie/en/committees/33/drugs-use/our-role/). See Section T3.1 for more information on this committee.

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 wide-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 national report for 2022.

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 T.D., 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-departmental 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.

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 concluded in 2024, and its findings are explored in Section T3.1 of this workbook.

T1.4 Drug-related public expenditure

T1.4.1 Data on drug-related expenditure

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 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, the DPENDR 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

T1.4.1.1 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 some limitations in the data reported to the HRB which prevents it from being a more definitive account of changes in labelled expenditure over the period. Changes in what is reported year on year by some sources, limits 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 drug enforcement activity of the organisation. Given the complex nature of drug use, programmes funded may cover issues beyond drug use. In 2020 DCEDIY established their UBU Your Place Your Space youth programme. While drug related issues are a key target of the programme,

DCEDIY have noted that the total figure provided for the programme comes with the caveat that it is not exclusive to drug matters.

Table T1.4.1.1 Public expenditure directly attributable to drug programmes (labelled), 2014–2023[6]

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

[1] The Government Department or agency's name as of the time of writing (September 2024) is listed here.

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

[3] Changes in year totals may be attributed to changes in reporting of expenditure data by some agencies/departments, rather than changes in expenditure per se.

Unlabelled expenditure

A core part of the FPA published in 2021 (Bruton et al. 2021b) 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 this workbook.

T1.4.2 Breakdown of estimates of drug-related public 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 T1.4.2.1, and they coordinate its collection and make it available to the Irish Focal Point. The total labelled expenditure in T1.4.2.1 for 2023 is €306,059,326. The slight variation in total with Table 1.4.1.1 is due to a rounding of figures to the decimal places. Unlabelled expenditure is not included, but there is an estimate available for Ireland (see Section T1.1.2 of this workbook) (Bruton et al. 2021b).

T1.4.2.1 Breakdown of drug-related public expenditure

Expenditure	Year	Classification of the functions of government (COFOG)	National accounting classification	Trace (Labelled, Unlabelled)	Comments
€827,454	2023	gf07	s1311	HRB	Drug-related health surveillance systems and EU and UN reporting
€456,211	2023	gf07	S1311	HRB	Research and monitoring for national drugs strategy
€232,054	2023	gf07	s1311	HRB	HRB National Drugs Library
€3,881,080	2023	gf07	s1311	Health (Department of)	Treatment and rehabilitation services provided to people who use drugs – LDATF
€546,066	2023	gf07	s1311	Health (Department of)	Treatment and rehabilitation services provided to people who use drugs – RDATF
€33,935	2023	gf07	s1311	Health (Department of)	Residential treatment for adults
€973,091	2023	gf07	S1311	Health (Department of)	Other miscellaneous activities
€46,193,852	2023	gf08	S1311	DCEDIY	Youth programme for disadvantaged, marginalised or vulnerable young people – UBU Your Place Your Space
€154,058	2023	gfo9	s1311	Department of Education	Drug education and prevention projects
€338,912	2023	gf09	s1311	Department of Further and Higher Education, Research,	Drug Court – Education support

				Innovation & Science	
€124,138,723	2023	gf07	s1311	HSE	Addiction services
€9,298,005	2023	gf07	s1311	HSE	Drug-related health services – National Drug Treatment Service
€21,351,690	2023	gf07	s1311	HSE	Drug-related health services – Primary Care Reimbursement Service
€20,244,414	2023	gf10	s1311	Department of Social Protection	Community Employment Drugs Rehabilitation Programme
€494,273	2023	gf10	s1311	Department of Social Protection	Support for LDATF community-based projects
€10,312,705	2023	gf09	s1311	Department of Justice	Youth crime diversion programmes
€1,504,198	2023	gf03	s1311	Irish Prison Service	Drug treatment services in prisons
€13,598,000	2023	gf03	s1311	AGS	Policing/investigation costs of Garda National Drugs and Organised Crime Bureau only.
€51,500,605	2023	gf03	s1311	Revenue Customs Service	Border policing (anti-smuggling)
€306,059,326	**2023**				

T2. Trends.

Not applicable for this workbook.

T3 New developments

T3.1 Developments in drug policy

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 2024

The following are the main policy developments or updates on drugs policy in Ireland since the 2023 national report:

1. 2023-2024: A year for debate on drug policy in Ireland
2. Publication of the *Report of the Citizens' Assembly on Drugs Use*
3. Oireachtas Joint Committee on Drugs Use
4. Report by the SIG with responsibility for implementing actions relating to alternatives to coercive sanctions
5. Civil society responses to the recommendations of the Citizens' Assembly on Drugs Use (for example, the CityWide Drugs Crisis Campaign).
6. New national drugs strategy – 2025
7. Appointment of a new Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy
8. Ongoing growth of cocaine and crack cocaine use in Ireland
9. Criminal Justice (Engagement of Children in Criminal Activity) Act 2024
10. Medically supervised injecting facility (an update)
11. Health Diversion Scheme for possession of drugs for personal use (an update)
12. Environmental prevention-focused developments with a policy element, covered in more detail in Section T3.1 of the *Prevention workbook*, include:
    - Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2024
    - Sale of Alcohol Bill (2022) (update)

1. 2023-2024: A year for debate on drug policy in Ireland

Ireland's drugs policy has been the subject of much national debate in 2023–2024. This is largely due to the Citizens' Assembly on Drugs Use which provided a public forum in which the issues were debated in-depth and with the support of experts in the field. While the debate has had a wide scope, there has been a particular focus on Ireland's legal response to possession of drugs for personal use, and the implications for Ireland's new national drugs strategy, due for publication in 2025. Overall, the debate indicates further progression towards a more health-led response to drug issues. Indeed, considering the key messages from the policy-related outputs listed below and the overarching narrative among key stakeholders, there appears to be a broad consensus that people in possession of small amounts of drugs for their personal use should not end up in the criminal justice system. This section, T3.1, covers various outputs from this debate, including:

- Citizens' Assembly on Drugs Use
- Oireachtas Joint Committee on Drugs Use

- Report by the SIG with responsibility for implementing actions relating to alternatives to coercive sanctions
- Civil society responses to the recommendations of the Citizens' Assembly on Drugs Use (for example, the CityWide Drugs Crisis Campaign).

2. Publication of the Report of the Citizens' Assembly on Drugs Use

Ireland's 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. Following consideration of the extensive body of evidence presented to them, the Assembly members made 36 recommendations to the Government. These address legislative, policy and operational changes that the State should make to reduce the harmful impacts of illicit drugs.

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. The report is an invaluable resource for those interested in understanding the drugs situation in Ireland.

According to Paul Reid, Chair of the Citizens' Assembly on Drugs Use:

> Drug use in Irish society is a wide-ranging, complex and multi-faceted issue. Unfortunately, political debate and media coverage far too often tends towards one-dimensional analysis and over-simplification of the issues. In contrast, the Citizens' Assembly has given extensive time to delving into the complexities and nuances of drug use, examining the evidence and hearing different perspectives (vol. 1, p. 3) (Citizens' Assembly 2024)

Background

The Government committed to the Citizens' Assembly on Drugs Use in its 2020 *Programme for Government: Our Shared Future* (Fianna Fail et al. 2020), and in February 2023 gave its approval for the Assembly to be established. 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. Previous assemblies have covered diverse topics, such as a directly elected Mayor for Dublin and local government structures for Dublin, Ireland's capital city; biodiversity loss; gender equality; the Eighth Amendment of the Irish Constitution (which deals with the issue of abortion); the needs of an ageing population; fixed-term parliaments; the system for referenda; and climate change. For more information on the Citizens' Assembly, visit: https://www.citizensassembly.ie/en/

The Citizens' Assembly on Drugs Use met over six weekends. Membership of the Assembly was made up of a selection of 99 Irish residents aged 18 years and over and an appointed independent Chair, Paul Reid, former chief executive of the HSE. Members did not have to be Irish citizens or on the electoral register. Based on a random selection, a pool of 20,000 households were invited to take part. From those who agreed to be considered for membership, a selection was made that reflected the age, gender, social class and regional spread of Irish society. The group was also found to have "a diverse range of perspectives and levels of experience in relation to the issue of drug use" (vol. 1, p. 7) (Citizens' Assembly 2024). 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.

Terms of reference

The remit of the Citizens' Assembly on Drugs Use 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. It was to consider, among others:

- The drivers, prevalence, attitudes, and trends in relation to drugs use in Irish society
- The harmful impacts of drugs use on individuals, families, communities, and wider society
- Best practice in promoting and supporting rehabilitation and recovery from drug addiction
- The lived experience of young people and adults affected by drugs use, as well as their families and communities
- International, EU, national and local perspectives on drugs use
- The efficacy of current strategic, policy, and operational responses to drugs use
- International best practice and practical case studies in relation to reducing supply, demand and harm, and to increasing resilience, health and well-being, and
- The opportunities and challenges, in an Irish context, of reforming legislation, strategy, policy, and operational responses to drugs use, taking into consideration the implications for the health, criminal justice, and education systems.

(Dail Éireann Debate. Citizens' Assembly on Drug Use: Motion. 2023)

Building the Assembly's knowledge

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).

The members of the Assembly agreed on a work programme through which a broad theme would be covered over each of the six weekends, ensuring that they had the information required to meet their terms of reference. Other than when site visits were being made to drug services, the meetings followed a structured format. A set of presentations would be made by contributors or a panel discussion held on a particular topic or theme, then in a roundtable discussion members would discuss what they had heard, followed by a question-and-answer session. The final report provides an account of each of the six meetings. It includes summaries or full transcripts of each of the presentations, an account of the themes emerging from the roundtable discussions, as well as the question-and-answer sessions. This makes for valuable reading and captures the depth and complexity of the topics covered in the meetings. Full video recordings of each session are also available to watch online. 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/

Overview of the six meetings

1. Setting the scene: The first meeting provided an overview of deliberative democracy and tools such as citizens' assemblies and how they can inform policy-making. This was followed by presentations on drugs policy, trends, and patterns of use at the national, international and European levels.

2. Lived experiences: The second meeting involved site visits to drug services followed by panel discussions and presentations that explored the lived experiences of people who use drugs, and their families, communities, and service providers.

3. Health and community-based perspectives: The third meeting focused on the role of policy and service delivery providers in the health, community and voluntary sectors. This included consideration of health-led approaches to drugs use, including those implemented in Austria and Portugal. Presentations were also made by national contributors who described the landscape of harm reduction, treatment, and recovery services available for people who use drugs, illustrating good practice and innovative ways of working.

4. Criminal justice and Ireland's legislative framework: The fourth meeting provided an overview of supply-side issues at a national and international level. Members heard about the experiences of those involved in the courts and prisons and the various options available in those settings for people who use drugs. Contributors also reflected on alternative options for dealing with people who come into contact with the criminal justice system because of their drugs use. This meeting addressed a core element of the work of the Assembly: the exploration of possible alternatives to the current legislative framework in Ireland in relation to drugs use. Models explored ranged from maintaining the status quo to legalisation with regulation (see the section on recommended legislative changes below).

5. Prevention strategies and practice: The fifth meeting focused on prevention strategies and practice across a range of settings. It also included presentations on health-led recovery as well as governance and funding options.

6. Conclusions and recommendations: In the sixth and final meeting, members of the Assembly voted through a secret ballot to decide on the Assembly's recommendations for the Government. Prior to the meeting, draft ballot statements on the issues that had emerged as priorities for Assembly members were circulated to them for comment. Through an iterative, democratic process, these were amended and then voted on by the Assembly. The outcome of this process is discussed in the next section.

Recommendations of the Citizens' Assembly

The recommendations of the Citizens' Assembly form the core outcome of the process. As with previous assemblies, 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. As mentioned above, 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 recommendations.

In line with the Assembly's terms of reference, the recommendations reflect the legislative, policy and operational changes that it considers the State should make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities, and wider society. The 36 recommendations made by the Assembly are listed at the end of Section T3.1. In the report, each recommendation is accompanied by an explanatory narrative which, to varying degrees, provides greater detail and specification to the recommendation. It is beyond the scope of this report to provide a detailed account of each of them, but they are available in full for examination in the relevant section of the report (vol. 1, pp. 9–18) (Citizens' Assembly 2024). There are some themes that cut across the recommendations and illustrate the broad consensus among members on many issues. While not an exhaustive list, these include:

- Drugs use is a "serious, urgent, complex, escalating and evolving public health issue that causes widespread and significant harm" (vol. 1, p. 9) (Citizens' Assembly 2024).
- Not enough is being done in Ireland to address the drugs situation and to meet the needs of those affected – people who use drugs, their families, communities, and wider society. The situation "demands a more effective, urgent and ambitious response from the State" (vol. 1, p. 9) (Citizens' Assembly 2024). This includes giving much greater political prominence and priority to drugs policy.
- Given the complex and cross-cutting nature of the issues involved, the Assembly's recommendations argue for a response that invokes effective involvement from all stakeholders, with high-level leadership. Stakeholders include Government Departments, policy-makers, State bodies, service providers, service users, the community and voluntary sectors, civic society, and the general public.
- Significant additional funding resources need to be allocated to implement the wide range of responses identified in the recommendations, for example, in supply reduction, community safety, prevention, treatment, and harm reduction.
- The Assembly would like those with responsibility for addressing drugs issues to be held to account, for example, when implementing the Citizens' Assembly's recommendations and the national drugs strategy. It advocates for rigorous monitoring of progress and spend across all areas.
- The Assembly considered drugs use to be predominantly a health issue. For example, it would like health-led options to be formally adopted and resourced as an alternative for people experiencing drug addiction who are in contact with the criminal justice system. None of the changes recommended involve stricter penalties on people who use drugs, in fact, the contrary.
- The Assembly recognised the value of rigorous evidence. For example, it is essential to inform best practice and remove barriers when evidence-based approaches are identified.

- More treatment and other service places are needed across the settings where people who use drugs present for support.
- The skills and knowledge of those working in a role that involves addressing the drug issue at any level need to be supported and developed.

The explanatory narrative of Recommendation 1, for example, states:

> While there are good examples of effective evidence-based operational and policy responses to drugs issues, there is clear evidence that the State's response continues to be hindered by delays, inaction, lack of policy innovation, under-investment, policy incoherence and the need for more effective leadership at all levels (vol. 1, p. 9) (Citizens' Assembly 2024)

Recommended legislative change

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. Therefore, it is worth exploring this recommendation in more detail.

Preparing for the ballot

Choosing a legislative approach is a technically complex issue for which the Secretariat prepared a background paper to support the members in their deliberations ahead of their fourth meeting (Citizens? Assembly 2023). Among the topics covered were key terms and concepts such as decriminalisation, diversion, legalisation, etc.; the current legislative framework at national, EU and international levels (including that related to human rights); the interplay between legislation, policy and practice; and an overview of the harms caused by drugs use in Ireland.

The paper also introduced five examples of different legislative models to illustrate plausible alternative approaches that the Assembly may consider recommending the Irish legislature adopt to deal with possession for personal use. The fourth Assembly meeting was structured as a workshop that explored the models. It facilitated an extensive opportunity for members to draw on the knowledge of an expert panel, have additional time for roundtable discussions and report their comments back to the Secretariat. Participants were asked to reflect on the different models and what effects they might have on stakeholders; how effective each model would be in reducing the various harms of drugs use; and the advantages and disadvantages of each model and possible improvements that could be made. They were also invited to suggest any alternative models they would like considered. The main objective of the workshop was for members to develop a methodology that they could use for the remainder of their deliberations to assess the pros and cons of alternative systems that might be considered in relation to dealing with illicit drugs in Ireland.

Ballot options

Five models were on the ballot. Each model, including the text of the recommendation (in italics below), and some of the key elements of the accompanying explanatory narrative are outlined in A-E below. The full text for each model can be found in Appendix H of Volume 2 of the report (pp. 216–218) (Citizens' Assembly 2024).

A. **The status quo/options within the current legal framework:** *To retain the current legislative approach to possession of drugs for personal use, including offences specified under Section 3 of the Misuse of Drugs Act, 1977 and sentencing as specified under Section 28 of the Act.* Under this approach, possession for personal use can result in a criminal conviction and a prison sentence. There is also no legal basis for direct referrals by gardaí to health-led services.

B. **Limited health diversion:** *The Government should introduce the planned Health Diversion legislation as an urgent legislative priority.* Under this approach, the offence of possession of drugs for personal use and the related sentences would be retained as per the status quo model. However, new legislation would provide for leniency in the treatment of people found in possession of drugs for personal use for the first time. First-time offenders would be referred for a brief intervention. They would avoid an appearance in court, with the prospect of a criminal conviction, fine, and possible prison sentence.

C. **Comprehensive health-led approach:** *The State should introduce a comprehensive health-led approach 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.

D. **Tolerance of possession of drugs for personal use:** *The State should take a more tolerant approach to people found in possession of drugs for personal use.* Under this approach, possession of drugs for personal use would remain illegal, but an approach combining decriminalisation and depenalisation would be adopted. People found in possession would have their drugs confiscated with no further consequences or charges to follow, and no required referral to health or other support services.

E. **Legalisation and regulation of drugs:** *Drugs should be legalised and made available to adults on a regulated basis.* This is a significantly different proposal to the previous approaches and would have implications for the production, sale and distribution of drugs, as well as possession for personal use. People who use drugs would be able to purchase and consume drugs without fear of prosecution, among other potential benefits. The Exchequer would also receive a new revenue stream from taxation of drugs sales.

Results of the ballot

A universal comprehensive health-led approach is the model recommended by the Assembly. This was the most divisive of the recommendations within the Assembly. While appearing as number 17 in the list of recommendations, it was the first on the ballot. Six ballots were taken to come to the recommendation of adopting a comprehensive health-led approach for all drugs. Initially, members were asked to choose whether they would recommend a universal or a hybrid approach to any legislative model, that is, would the same or a different approach be recommended for different types of drugs. The Assembly agreed to take separate ballots for (1) cannabis; (2) dimethyltryptamine

(DMT), psilocybin/mushrooms, ayahuasca, ibogaine, etc.; (3) cocaine; and (4) all other drugs. Despite the decision to consider a hybrid approach, the comprehensive health-led approach was chosen in each of the ballots, essentially resulting in the recommendation of a universal approach. However, there was variation in the numbers between drugs, with the cannabis vote proving especially divisive. The comprehensive health-led model received only one more vote than the legalisation and regulation model (39 versus 38 votes). In contrast, in the cocaine vote, the comprehensive health-led model received 56 votes in the final count, with the status quo being the next most popular model with 22 votes. The ballot results are presented in detail in the final report (vol. 2, pp. 180–202) (Citizens' Assembly 2024).

Concluding comment

The final report of the Citizens' Assembly is an invaluable record of the drugs situation in Ireland in 2023 and its complexities. 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.

If the Assembly is to have an impact on policy and bring about legislative change on a par with other citizens' assemblies, there will need to be a firm commitment from Government and an increase in the resources provided. Furthermore, there will need to be a new sense of urgency at the highest levels, especially where legislative changes are to be made. Developing the new national drugs strategy provides an opportunity to harness the learning from the Assembly and state a commitment to what is needed to reduce the harms caused. There is an opportunity to build on the innovation, expertise and commitment of those working across the sector, so evident throughout the course of the Assembly.

List of the recommendations provided by the Citizens' Assembly on Drugs Use

1. The State should take urgent, decisive and ambitious action to improve its response to the harmful impacts of drugs use, including implementing necessary legislative changes.
2. The Government should prioritise drugs misuse as a policy priority, as part of an overall socio-economic strategy.
3. The Government should give greater political priority and prominence to drugs policy and related issues. A dedicated Cabinet Committee chaired by the Taoiseach, supported by a senior officials group, should consider and publish a detailed annual report on drug trends and emerging risks. The Department of Health must be supported in providing effective leadership and coordination of the work of the NOC for the national drugs strategy.
4. The Government should recognise that an effective national response to drugs-related issues requires whole of government policy coherence, operational cohesion and effective leadership.

5. The Government must assign accountability, at the highest level, for the State's response to problematic drugs use, including for the implementation and tracking of the progress of the Citizens' Assembly recommendations.
6. The Government should introduce a 'Health in all Policies' approach to policy development.
7. The Government should publish a new iteration of the national drugs strategy as a matter of urgency. A first draft should be published by June 2024 for consultation, with the recommendations of the Citizens' Assembly as a key input. The [next] Strategy should contain annual action plans with measurable targets and objectives, clear designation of responsibilities, and regular reporting on implementation and expenditure.
8. The Government should ensure effective stakeholder involvement in implementing the [next iteration of the] National Drugs Strategy.
9. The Government should work with key stakeholders to build an effective whole-of-society response to drugs-related issues.
10. Drugs policy design and implementation should be informed by service users and people who use drugs as well as family members of people affected by drugs, with provision of appropriate supports to enable this involvement.
11. The State should formalise, adopt and resource alternative, health-led options for people with a drug addiction within the criminal justice system.
12. The Government should allocate additional resources to fund community-based and residential treatment and recovery services as an alternative to custodial sentences for people with problematic drugs use.
13. The Department of Justice and the Irish Prison Service should develop and fund enhanced prison-based addiction treatment services.
14. The Government should develop and expand the use of alternative pathways for young people engaged in low-level sale and distribution of drugs. The Assembly recommends that the criminal justice system adopts the widespread use of restorative justice and diversion initiatives in these cases, with enhanced investment in community-based youth work and community development projects and initiatives.
15. Drugs policy should prioritise the needs of vulnerable and marginalised groups and disadvantaged communities.
16. The national drugs strategy should seek to optimise services to ensure continuity of care and joined-up care for all service users, including people with complex and/or specific needs.
17. The State should introduce a comprehensive health-led response to possession of drugs for personal use.
18. The Government should allocate significant additional funding on a multi-annual basis to drugs services across the statutory, community and voluntary sectors to address existing service gaps, including in the provision of community-based and residential treatment services, to support the implementation of the recommendations of the Citizens' Assembly. This funding should ensure geographic equitability in terms of access to statutory services, as well as providing for accountability, transparency and traceability of allocations.
19. The Government should examine the potential of novel funding sources to support increased drug services within the health and criminal justice systems, and in the

community and voluntary sectors. Any novel funding should be secured, tracked and ringfenced for drug services expenditure.

20. Key stakeholders should publish a joint report on an annual basis detailing total and disaggregated expenditure and channels of funding provided for drug-related services in Ireland, audited by the Comptroller and Auditor General.
21. The Government should recognise, value and adequately resource the role of family members and extended support network in supporting people affected by drugs use and their children. Kinship carers and children should have the same rights as foster carers and foster children, and this should include legal rights and monetary rights on a non-means-tested basis.
22. The [next iteration of the] national drugs strategy should include a strategic workforce development plan.
23. A minimum, mandatory basic training should be implemented for personnel across education, health, criminal justice, prison and social care services on trauma-informed and problem-solving responses to addiction, and health-led response options for those presenting with problematic drugs use or addiction.
24. The national drugs strategy should continue to prioritise the objective of reducing illicit drugs supply and associated structures, at international, national and local level within communities.
25. The national drugs strategy should focus on building resilient, sustainable communities though local partnerships in both urban and rural settings, and stronger community policing.
26. The national drugs strategy [should] continue to prioritise the objective of tackling the source and impact of drugs-related intimidation and violence, and take a zero-tolerance approach.
27. The national drugs strategy should include a detailed action plan to enhance Ireland's approach to prevention of drugs use.
28. The Departments of Health and Education, in conjunction with the HSE, should design and implement a comprehensive, age-appropriate school-based drug prevention strategy for primary school children, junior and senior cycle secondary students, and wider community settings, as well as their parents/guardians and teachers. Prevention programmes should utilise external experts to deliver to classrooms, supporting teachers, with regular updating by the experts to the schools.
29. The Department of Health should roll out regular national public health information campaigns, focusing on reducing shame and stigmatisation of people who use drugs, prevention, risk mitigation and advertising services.
30. The national drugs strategy should prioritise a systemic approach to recovery.
31. The Department of Health should develop a strategy to enhance resilience, mental health, well-being and prevention capital across the population, including a focus on providing therapeutic supports for children and young people, and for people dealing with trauma and adverse childhood experiences and dual diagnosis.
32. The [next] national drugs strategy should incentivise and promote evidence-based innovations in service design and delivery, prioritise the evaluation of pilot projects and emphasise the timely mainstreaming of best practice nationally and internationally.

33. The national drugs strategy should include a plan to strengthen the national research and data collection systems for drugs to inform evidence-based decision-making.
34. Referral of submissions received by the Citizens' Assembly from the general public and stakeholders on Drugs Use to inform the development and implementation of the national drugs strategy.
35. Referral of certain submissions received by the Citizens' Assembly on Drugs Use, in relation to the potential therapeutic benefits of certain substances, to the appropriate authorities for consideration.
36. The national drugs strategy should use evidence-based approaches to harm reduction, and take measures to reduce the barriers to implementing harm-reduction approaches without undue delay.

See vol. 1, pp. 9–18 (Citizens' Assembly 2024)

3. Oireachtas Joint Committee on Drugs Use

As mentioned in Section T1.3.1 of this workbook, in Ireland there are mechanisms that the Government can use to inform the policy-making process. Oireachtas committees advise the Oireachtas on a range of specific areas, including drugs policy. They also scrutinise Government expenditure and debate proposed legislation. Where appropriate, they publish reports on specific issues. These reports reflect the views of the committee rather than 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/

Brief

The Joint Committee on Drugs Use was set up by the Government to specifically consider the recommendations in the report of the Citizens' Assembly on Drugs Use and make a reasoned response to each recommendation. Its terms of reference were agreed in February 2024, and it held its first meeting in June 2024. Within its terms of reference is a requirement that the Committee reports to the Government within 7 months of its first meeting.

Membership

The Committee includes members from across the spectrum of political parties (not just Government parties). The first Chair of the Committee was Michael McNamara, an Independent TD (member of Ireland's parliament) for Clare. He has spoken in the past about the issue of drugs, supporting legalisation and regulation. On his website he states that "drugs need to be legalised and possession decriminalised by the Dáil to take this lucrative trade out of the hands of brutal thugs without delay" (https://michaelmcnamaratd.com/2022/11/30/legalising-drug-use-in-ireland/ accessed on 1 June 2024). In a Dáil debate on drugs policy in November 2022, he argued the following:

> They are evil and the trade is very much in their hands, and they are making money out of it, but the answer is not to continue to chase them, it is to take the trade out of their hands, to legalise drugs and to deal with the fact that there is a huge and growing market for drugs. That is a health issue, and it must be dealt with in the same way we deal with the appetite and demand for every other substance – cigarettes, alcohol, etc., instead of fighting a losing war, which we are very clearly losing, despite the best efforts of the Garda (https://www.oireachtas.ie/en/debates/debate/dail/2022-11-30/8/#spk_41).

Michael McNamara has since resigned from his position as Chair. In September 2024 Gino Kenny TD of People Before Profit -Solidarity is his replacement. Drugs policy is an area in which he has been active, for example he advocated for a change in the law in Ireland to provide access to cannabis for medical reasons. A Medical Cannabis Access Programme was introduced in Ireland in 2019. The other members of the Committee reflect cross-party membership, including Independents, as well as members of the Seanad (the Senate).

Activity

Prior to the summer break for the Oireachtas (11 July 2024), the Committee had met six times and received presentations from members of Government Departments and other State bodies, and from representatives of other organisations and academic institutions with an interest in the field. Committee meetings are public and are broadcast live, with recordings and transcripts of the meetings available publicly. Four of the six meetings had 'decriminalisation, depenalisation, diversion and legalisation of drugs' as the main topic under discussion. The meetings are on-going. See https://www.oireachtas.ie/en/committees/33/drugs-use/debates/

4. Report by the SIG with responsibility for actions relating to alternatives to coercive sanctions

In July 2024, a report was published by the SIG for Priority 5 of the national drugs strategy, its focus being to promote alternatives to coercive sanctions (ACS) for drugs-related offences (Centre for Justice Innovation 2024). The report is based on research carried out by the Centre for Justice Innovation (https://justiceinnovation.org/). It maps existing ACS in Ireland, explores how they are delivered and presents stakeholders' views on how these could be improved, as well as the potential for the expansion of ACS in the Irish context.

Scope of ACS

ACS can cover a wide range of interventions. The authors cite the EUDA's definition of ACS as "measures that are rehabilitative, such as treatment, education, aftercare, rehabilitation and social reintegration" (European Monitoring Centre for Drugs and Drug Addiction 2015). ACS also vary in terms of the types of offences they deal with and the stage of the judicial process at which they are accessed, for example, pre-arrest or post-sentencing.

In Ireland, much of the public debate on ACS is focused on responding to possession of drugs for personal use. For example, in the Health Diversion Scheme and in the Citizens' Assembly on Drugs Use, recommendation that the State should introduce a comprehensive health-led response to possession of drugs for personal use. However, the ACS identified in this report have a broader scope and deal with "minor drug offences in Ireland" (p. 1) (Centre for Justice Innovation 2024). They also represent interventions that deal with people at various stages of the criminal justice system.

Method/Aim

Data were collected through a survey and interviews with stakeholders involved in the delivery of ACS. The report includes a "light touch literature review", which looked at drugs use in the context of the Irish criminal justice system, the evidence on alternatives to coercive sanctions and the forms that they can take, and it outlines the barriers to their implementation.

Profile of ACS

In 2019, the Irish Government agreed to establish a health diversion programme which would see people found in possession of any drug for personal use who fitted certain criteria diverted away from the criminal justice system. While this has yet to be implemented, there are some ACS being delivered in Ireland. The report found nine ACS, reflecting a variety of different approaches: the Garda Adult Cautioning Scheme, diversionary measures, the Dublin Drug Treatment Court (DDTC) and drug treatment programmes with various criminal justice referral pathways into them. Other than the Garda Adult Cautioning Scheme, all of the initiatives operate at the local level. Funding for initiatives came mainly from the Department of Health, the Department of Justice, LDATFs, the Probation Service and sometimes a mix of agencies lending resources, or, in one case, self-sustaining fines imposed on individuals being diverted into the programme. For more detail on each ACS, see Section T3.1 of the *Legal framework* workbook.

There were two findings that recur throughout the report:

- Knowledge about the different ACS is not widespread, either within or between localities. Those involved in the delivery of an ACS only had very limited, if any, awareness of ACS in other areas.
- Overall, there is an appetite for ACS among those who work in probation, court workers, those who work in the judiciary, those who work in treatment services and the stakeholders and networks of those running local initiatives. However, the view was more mixed in relation to members of AGS.

Through their interviews with stakeholders, the authors identified five overarching themes:

There are opportunities and enthusiasm to develop pre-arrest and point-of-arrest diversion offers: They found a "solid foundation" (p. 15) of court and post-court diversion into treatment programmes, but the options that focused on pre-arrest and point-of-arrest diversion for drug-related offences among adults were much more limited. ACS were found to have broad support among probation services, court workers, some members of the judiciary, the drug and alcohol treatment providers and their networks. However, attitudes among AGS towards ACS were more varied.

Funding is available from various sources but can lack consistency: While existing ACS were managing with funding from a variety of sources, it was suggested that increased specific management of HSE funding for each ACS activity may help to provide better national awareness of what is being delivered, and the impact it is having.

There are gaps around learning and evaluation: Given that existing ACS are being funded and managed at the local level and are often driven by a small number of stakeholders, there has been little opportunity for learning from and evaluation of the various interventions and the impact they are having.

There is a lack of awareness around some existing projects: Projects tended to be local, and not all stakeholders working in the area were aware of ACS as options in their locality.

There is a promising environment for change: Given the broad support of ACS from stakeholders and the recommendations of the Citizens' Assembly on Drugs Use, the authors argue that this has created an environment amenable to the expansion of ACS and particularly the availability of pre-arrest and point-of-arrest diversion.

> The findings of this report lead us to believe that at present Ireland is at the precipice of transforming how its justice system responds to drug use in a more effective and humane way. It has shown how local initiatives have identified a need for ACS and have begun to implement them throughout the country in the absence of a national ACS for possession of drugs for personal use. The innovative work undertaken across the system to support individuals with their drug use is laudable, but it is missing opportunities earlier to prevent offending and re-offending and improve health outcomes for its citizens (p. 3).

In his foreword to the report, Tony Duffin, Chair of the SIG, says, "looking ahead it is important that we deliver streamlined processes to ensure alternatives to coercive sanctions are accessible, cost-effective, and efficient, offering individuals every chance to thrive and avoid the negative impact of criminal penalties" (p. 1).

5. Civil society responses to the recommendations of the Citizens' Assembly on Drugs Use (for example, the CityWide Drugs Crisis Campaign)

The CityWide Drugs Crisis Campaign is a national network of community activists and community organisations working to respond to drugs use in Ireland. In June 2024, CityWide published a short document aimed at the Oireachtas Joint Committee on Drugs Use, in order to help inform their deliberations on the recommendations of the Citizens' Assembly on Drugs Use. Throughout the document, CityWide draws on the example of Portugal and what resulted when it implemented its national drugs strategy. Below are the key elements of what CityWide recommends to the Committee.

Vision

CityWide supports a vision for any future Irish national drugs strategy in which "people who use drugs are seen, not as somehow different or separate to others, but as full and equal members of our society" (p. 1).

Seven steps

The document is structured around seven steps that CityWide considers to be crucial in the implementation of the recommendations of the Citizens' Assembly on Drugs Use, if Ireland is to deliver on the vision above and bring about a positive impact on those experiencing the most serious harms from drugs use in Ireland.

Step 1 Change the law, change the culture

CityWide calls for an end to the criminalisation of people who use drugs by removing the possession of drugs for personal use as an offence from the Misuse of Drugs Act, 1977. To support policing in this situation, there is a need for clear and practical protocols that outline where and when policing versus other agencies' responsibilities begin and end. CityWide argues that outreach harm reduction teams and drug consumption rooms are needed to facilitate this too.

Step 2 Invest in addressing broader social context

Alongside decriminalisation is a need for increased investment in service provision. CityWide argues for the re-establishment of the Combat Poverty Agency, which would be independent of Government and would have the power to hold Government to account. Such an organisation would

support community engagement and a partnership approach to developing and implementing effective responses to the drugs issue.

Step 3 Invest in services on long-term and consistent basis

There is a need for increased funding on a multi-annual basis for services across the statutory, community and voluntary sectors.

Step 4 Invest in community participation

CityWide calls for a renewed commitment and investment in community participation at local, regional and national level. Included in this is a call for clarification from Government that it will restore the independence of the DATFs to carry out their role as community-led interagency partnerships advocating and campaigning for the needs of their communities.

Step 5 Open up a discussion about the impact on our communities of the current legal framework under which drugs are controlled

In considering issues relating to regulation of drugs, CityWide argue that the Oireachtas Committee on Drugs Use should look at and consider the recommendations made by the Oireachtas Justice Committee in its report of December 2022.

Step 6 Challenge drug-related stigma and its underlying causes

CityWide emphasises the close relationship between drug-related stigma and that which exists relating to class, poverty and inequality. CityWide considers that "the extent to which poverty-related and drug-related stigma have become intertwined and embedded in our society presents a major challenge that requires a long-term and sustained response" (p. 7). To address this issue, a national anti-stigma campaign needs to be developed and implemented, which would run throughout the course of the new national drugs strategy.

Step 7 Ensuring implementation of the Oireachtas Joint Committee on Drugs Use recommendations

The Oireachtas Joint Committee on Drugs Use will need to gain Government and cross-party support so that effective oversight structures with the power to hold stakeholders to account, in order to ensure their recommendations are delivered on.

Comment

This CityWide output represents another of the voices in the debate surrounding drugs policy in Ireland. It further illustrates the weight given to the findings of the Citizens' Assembly on Drugs Use and the need for them to be reflected in the development and implementation of policy and practice in Ireland.

6. New national drugs strategy – 2025

Ireland's national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017), is due to expire in 2025. In a presentation to the Oireachtas Joint Committee on Drugs in June 2024, a representative of the Department of Health outlined plans for the development of its successor. She noted four sources that the new strategy will draw upon:

- The report on the final recommendations of the Citizens' Assembly on Drugs Use (Citizens' Assembly 2024). The recommendations that are accepted by the Government will heavily

inform the scope and direction of the new national drugs strategy. Indeed, Ireland's Pledge4Action initiative at the meeting of the UN Commission on Narcotic Drugs in March 2024 outlines the Irish Government's commitment to "carefully consider and respond with urgency to the assembly's recommendations for reform of the legislative, policy and operational approach to drug use, and to indicate the timeframe for implementing those recommendations [of the Citizens' Assembly] which it accepts" (https://www.unodc.org/unodc/en/commissions/CND/session/67_Session_2024/pledge4action-cnd-2024-midterm-review.html#AnchorChile).

- The output of the Oireachtas Joint Committee on Drugs Use, which has as its brief to consider the recommendations in the report of the Citizens' Assembly on Drugs Use and make a reasoned response to each recommendation
- While details are not yet available, there is a plan to carry out an evaluation of the development and implementation of the strategy, to include:
    - the oversight structures for the national drugs strategy
    - the SIGS, and
    - the 6 strategic priorities and 34 actions in the strategic action plan 2023–2024.
- The 800 public submissions made to the Citizens' Assembly on Drugs Use.

The first draft of the new strategy is due to be prepared for Q1 2025.

7. Appointment of a new Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy

In April 2024, Colm Burke TD was appointed as the new Minister of State at the Department of Health with responsibility for Public Health, Wellbeing and the National Drugs Strategy. Minister Burke has been a TD since 2020, prior to which he was a Senator (2011–2020) and a member of the European Parliament (2007–2009). Among his first tasks as Minister will be to coordinate a response to the 36 recommendations of the Citizens' Assembly on Drugs Use, which is the subject of an Oireachtas Joint Committee on Drugs Use (see Section 1 for more information on the Assembly).

8. Ongoing growth of cocaine and crack cocaine use in Ireland

Cocaine use continues to grow in Ireland, as reflected in the latest treatment data. As reported in last year's *Drug Policy workbook*, 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 2023 show that this pattern continued in 2023 when cocaine accounted for 37.6% of all treatment cases, with a 20.5% increase from 2022 (4,923 versus 4,084 cases). Cocaine remains the most common main drug among new cases, accounting for almost half (46.1%) of new cases in 2023. For previously treated cases, cocaine accounted for 32.7% of cases, the highest number recorded to date. Between 2022 and 2023, treatment demand for powder cocaine increased by 16.8% (536 cases), while treatment demand for crack cocaine increased by 33.7% (303 cases). Socio-demographic characteristics of cases varied by the type of cocaine used. Of cases for whom powder cocaine was the main problem, 22.4% were female, 40.5% were employed and the median age

entering treatment was 31 years. Of cases for whom crack cocaine was the main problem, 46.2% were female, 6.5% were employed and the median age was 39 years. (pp. 3–4) (Lynch et al. 2024). The Government has responded by funding the provision of HSE and community-based services for people who use cocaine and crack cocaine. The funding supports treatment services, the development of training programmes for addiction service staff nationwide and the establishment of targeted interventions in those communities worst affected by cocaine and crack cocaine.

9. Criminal Justice (Engagement of Children in Criminal Activity) Act 2024

The Criminal Justice (Engagement of Children in Criminal Activity) Act 2024 was enacted in March 2024. The Act provides a framework to deal with offences relating to the engagement of a child in criminal activity. It received support from across political parties. See Section 3.4 of the *Legal framework workbook* for further information.

10. Medically supervised injecting facility (an update)

Since 2017, Ireland has had legislation in place to establish its first medically supervised injecting facility. While building work has commenced on such a facility, it had yet to open at the time of writing (September 2024). The purpose of the facility will be to provide a clean, safe healthcare environment where people who inject drugs can access medical and social services from healthcare professionals.

There have been a lot of delays to its establishment, primarily related to Ireland's planning procedures managed by An Bord Pleanála. There was a lengthy process involved in initially securing planning permission (on a temporary basis of 3 years) in December 2019. However, this granting of permission was appealed to Ireland's High Court where, in July 2021, it was revoked. It is understood that the reason planning permission was revoked was not because it was for a medically supervised injecting facility; rather, it was because of technical and legal issues with the planning process. The High Court's decision was also influenced by the failure of the facility to adequately address strongly held opposition lodged by a school near to the site. However, in December 2022, An Bord Pleanála granted planning permission for the facility to go ahead.

As reported on in previous national reports, the Misuse of Drugs (Supervised Injecting Facilities) Act 2017 was signed into Irish law on 16 May 2017 (see https://www.oireachtas.ie/documents/bills28/acts/2017/a0717.pdf). In its Introduction, the Act is summarised as:

> An Act to provide for the establishment, licensing, operation and regulations of supervised injecting facilities for the purposes of reducing harm to people who inject drugs; to enhance the dignity, health and well-being of people who inject drugs in public places; to reduce the incidence of drug injection and drug-related litter in public places and thereby to enhance the public amenity for the wider community; and to provide for matters related thereto.

11. Health Diversion Scheme for possession of drugs for personal use (an update)

Arising 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 work programme of the group 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 and a pathway to recovery, allowing them to avoid a criminal conviction, which can have far-reaching consequences for people, particularly younger people.

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. When a person is found by a member of AGS to be in possession of drugs for personal use:

- On the first occasion, the person would be referred for a SAOR health screening and brief intervention.
- On the second occasion, AGS would have discretion to make a further referral for a SAOR health screening and brief intervention, or to issue an adult caution, if applicable.
- On the third or any subsequent occasion, AGS will revert to dealing with the person in line with existing legislation, under which the individual could receive a criminal conviction and custodial sentence.

Legal advice has been received stating that, in principle, it is not constitutionally impermissible to operate a diversion scheme of this nature administratively. An administrative scheme has been developed and is under consideration.

Following a mid-term review of the national drugs strategy, a strategic priority to promote alternatives to coercive sanctions for drug-related offences was adopted. This strategic priority aligns with the EU Drugs Strategy and Action Plan. A SIG-5 with an independent Chair was established with cross-sectoral stakeholders to reinforce the health-led, rather than criminal justice-led, approach to people who use drugs and who commit drug-related crimes. The focus of the SIG-5 has been on the

roll-out of the Health Diversion Scheme. As part of its work, it has produced a report on alternatives to coercive sanctions.

12. Environmental prevention-focused policy developments

Environmental prevention-focused policy developments are covered in more detail in Section T3.1 of the *Prevention workbook* and include:

a. Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2023
b. Sale of Alcohol Bill (2022) (an update)

a. Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2023

In December 2023, the Public Health (Tobacco Products and Nicotine Inhaling Products) Act was signed into law: https://www.irishstatutebook.ie/eli/2023/act/35/enacted/en/html Recognising the addictive nature of nicotine, the Irish Government committed to taking a more restrictive approach to vaping and other routes of nicotine use. The Act introduces a licensing system for the sale of tobacco and nicotine inhaling products (including e-cigarettes) as well as a prohibition on the sale of nicotine inhaling products such as e-cigarettes to those aged under 18 years. It also allows for other additional enforcement tools. Some of the key features of the legislation are that it:

1. Regulates any product that can be used for the consumption of nicotine-containing vapour or any component of that product
2. Bans the sale of nicotine inhaling products to those aged under 18 years. The offence carries a penalty of a fine of up to €4,000 and/or up to a 6-month term of imprisonment.
3. Prohibits the sale of e-cigarettes (and related nicotine inhaling products) from self-service vending machines, temporary or mobile premises and at places or events for children
4. Prohibits advertisements for e-cigarettes on public transport and near schools
5. Introduces minimum suspension periods for retailers convicted of offences, and
6. Introduces fixed penalty notices for offences.

b. Sale of Alcohol Bill (2022): An analysis of costs and benefits

This section on the Sale of Alcohol Bill (2022) is an edited version of an extract from *Alcohol: availability, affordability, related harm, and policy in Ireland* (Doyle et al. 2024) (pp. 89–90)).

As reported on in the 2023 *Prevention workbook*, the *General Scheme of the Sale of Alcohol Bill 2022* was published by the Department of Justice in late 2022, partly in response to the economic impact of the COVID-19 pandemic on the night-time economy and in order to revive the same. The Bill also aims to streamline the liquor licensing process, much of which is based on very outdated legislation. The Minister for Justice has since proposed to separate the Bill into two strands, one of which would be a shorter reform Bill, the Intoxicating Liquor Bill 2024, where extended opening hours is one of several features.

The original Bill focuses on modernising the liquor licensing laws. In relation to public health, however, many aspects of the Bill conflict with the Public Health (Alcohol) Act 2018, as it proposes to make alcohol more freely available, not only through additional venues being licensed to sell liquor but also through extended opening hours. Under the Sale of Alcohol Bill (2022), the extinguishment

requirement – that anyone wishing to open a new pub or off-licence must first purchase a licence from an existing outlet – would be abolished. Under the extinguishment requirement, those licences could then be transferred to another location in any part of the country, thus maintaining a constant number of licences throughout the country. The enactment of the Bill is likely to result in many more venues (referred to as 'cultural amenities' in the Bill) applying for and being granted a liquor licence, thus increasing the availability of alcohol (Babor 2023).

The Sale of Alcohol Bill (2022) strengthens the law around the distance sale of alcohol, whereby, upon implementation, those delivering alcohol to a home or venue must confirm that the person receiving the alcohol is aged 18 years or over, but no further checks are required to ensure that they are the person who will be consuming the alcohol. Public health advocates argue that the Bill undermines the Public Health (Alcohol) Act 2018, and many submissions were made during the Bill consultation process to highlight the dangers associated with increased alcohol availability and the risks this would pose to public health. Public health advocates have issued a call for a health impact assessment to consider the findings elsewhere that indicate that extending opening hours and making alcohol more available is associated with increased alcohol-related harms (Chikritzhs and Stockwell 2006) (Rossow and Norström 2012).

At the time of writing (September 2024) the legislation had yet to be passed and continues to be the subject of much debate, particularly in the context of the ongoing call for a health impact assessment to be carried out before its passing through the legislature.

T4 Additional information

T4.1 Additional important sources of information

The following are activities or publications of interest over the period since the last national report.

1. *Young Ireland: the National Policy Framework for Children and Young People 2023-2028*
2. National Drugs Forum 2023
3. Civil society and drugs policy
4. SIG's report on alternatives to coercive sanctions

1. *Young Ireland: the National Policy Framework for Children and Young People 2023-2028*

In November 2023, DCEDIY launched *Young Ireland: the National Policy Framework for Children and Young People 2023-2028* (Ireland. Department of Health 2023). While a more detailed account of this new policy framework is given in Section T3.1 of the *Prevention workbook*, this section highlights some key elements.

Young Ireland sets out the policy direction and key priorities in respect of children and young people (aged 0–24 years) in Ireland across all Government Departments and State agencies to the end of 2028. It is the successor strategy to *Better Outcomes, Brighter Futures: The national policy framework for children & young people, 2014 - 2020* (Department of Children and Youth Affairs 2014), which was Ireland's first national policy framework for children and young people. Overall, *Young Ireland* reflects a continuation in its aim, focus and approach when compared to its predecessor.

Vision and framework

The vision of *Young Ireland* is of "an Ireland which fully respects and realises the rights of children and young people" (p. 8) (Ireland. Department of Health 2023). As laid out in a summary of the framework, it:

- "sets out current issues impacting children and young people identified by them, as demonstrated by the Children and Young People's Indicator Set and as recently highlighted by the UN Committee on the Rights of the Child;
- sets out a programme of work to create an enabling environment to ensure that children and young people are a central part of everyone's agenda;
- announces spotlight programmes to focus on the most significant challenges for children and young people, with resources from across government;
- re-establishes governance structures where the State will work with civil society partners to provide renewed leadership and impetus to realise existing policy commitments such as *First 5, Ireland's EU Child Guarantee National Action Plan*, the newly announced Child Poverty and Well-being Programme Office, and other major policy initiatives across Government impacting children and young people;
- identifies the priority areas requiring coordinated action across Government; and,
- identifies a number of complementary actions to address issues that were identified during the development of this framework" (p. 2) (Ireland. Department of Health 2023).

Focus on vulnerable young people

While the strategy is concerned with all children and young people, it has a particular focus on those who face additional challenges, including:

> those with a disability; with mental health challenges; living in or at risk of poverty including homelessness; who are members of the Traveller or Roma communities; who are members of the LGBTI+ community; who have suffered abuse or neglect; seeking international protection; from minority ethnic backgrounds; migrant children and young people; living in a single parent household; living in Care or Aftercare; who are young carers; living in a household with substance misuse; or with a family member in prison. (p. 8) (Ireland. Department of Health 2023).

Spotlights

To meet the needs of children and young people who are more vulnerable to poor outcomes, *Young Ireland* identifies an initial set of three 'spotlights'. Spotlights are "areas which require action across Government, and concentrate on these pressing challenges in a focused, time-bound way" (p. 16) (Ireland. Department of Health 2023). While it is envisaged that more spotlights will be identified over the course of the strategy, the data strongly indicate that the first three should be: child and youth poverty, mental health and well-being for children and young people, and disability services.

Measuring success

The five national outcomes identified for *Young Ireland* are the same as those of *Better Outcomes, Brighter Futures*. They are that all children and young people will be/have:

- Active and healthy with physical and mental wellbeing

- Achieving full potential in learning and development
- Safe and protected from harm
- Economic security and opportunity, and
- Connected, respected and contributing to their world.

***Young Ireland* and the national drugs strategy**

Young Ireland is aligned with Ireland's national drugs strategy, which it specifically identifies under the outcome of 'Safe and protected from harm', in which it cites *Reducing Harm, Supporting Recovery* as one of the existing policies and strategies that complement its work.

2. National Drugs Forum 2023

Ireland's National Drugs Forum took place in November 2023. This annual event is an opportunity for stakeholders to learn about and discuss new developments and thinking in drug and alcohol research and policy. The 2023 event focused on finding ways to increase policy-makers' awareness of research and enabling researchers to align research planning with policy priorities.

Plenary sessions

The morning part of the programme was made up of presentations from a variety of speakers. The keynote address was given by Professor Kerstin Mey, President of the University of Limerick, who spoke about "navigating the tension between health awareness and the law". This was followed by the first plenary session in which there were presentations under the theme of Irish and EU drugs strategies after 2025:

- Dr Nada Milisavljevic, from the Innovation and Security Research unit, Migration and Home Affairs DG in the European Commission – "EU security research and innovation programme and the role of practitioners"
- Mr Paul Reid, Chair of the Citizens' Assembly on Drugs Use – "The workings and outcomes from the Citizens' Assembly on Drugs Use", and
- Dr Sarah Morton of University College Dublin – "Drug policy and intervention change: exploring the interfaces".

The theme of the second plenary session was "assessing needs and planning services in the new health system". The session will consider the implications of Sláintecare, in particular the newly-established health regions, for the design and implementation of area-based responses and the challenges of aligning prevention, treatment and harm reduction interventions with the wider changes in health policy and service planning. This session had the following presentations:

- Dr Jonathan Pratchske, a social and economic research consultant who is author of an HRB-commissioned integrative review on area-based responses. The title of his presentation was "Place-based initiatives to reduce drug-related threats in communities: an evidence review"
- Sarah Treleaven, from the Department of Health – "The new regional health areas, public health and service provision", and

- Dr Suzi Lyons of the HRB – "Analysis of the relationship between addiction treatment data and geographic deprivation in Ireland, 2019 to 2021".

PDFs and videos of the presentations are available at: https://www.drugsandalcohol.ie/39905/

Interactive session on scenarios development (Galvin 2024)

Purpose of scenario development in drugs policy

All foresight work involves developing a capacity to identify weak signals, considering how they may react within a specified environment and determining the level of attention they deserve. Epidemiologists and drugs policy experts anticipate greater diversity in patterns of drugs use as the plant-based drugs that have dominated the picture in recent decades are partially replaced by synthetic drugs, and polydrug use becomes increasingly common. Geopolitical changes, the emergence of new trafficking routes and other supply-related factors add further complexity to the issue of drugs use. As with any complex system, it is problematic to assign significance to a particular variable in the drugs field, especially if it is difficult to discern. We can easily overlook signals or fail to recognise their potential significance or predict what signals will become trends. There are cognitive as well as imaginative factors that can impede a thoughtful consideration of possible future events, but foresight helps us to identify what these barriers are and allows us to be more playful and open in considering signals. It is a valuable tool for developing anticipatory capacity and considering the range of possible outcomes from currently observable trends.

- **Scenario planning**

Scenario planning presents a particular challenge. An approach that is often adopted in business and policy fields is to make our assumptions about the future explicit and then challenge them by imagining very different outcomes (Ramírez and Wilkinson 2016). By articulating or illustrating concepts of the future, we make these concepts part of the discourse, and our capacity to prepare for them helps us make an impact in the present. This is the anticipation which is the goal of all foresight work. It aims to alert actors to possible developments before it is too late or while they still have some power to influence the course of events and otherwise to successfully confront the challenges anticipated. Ideally, this is developed in an environment where experts are encouraged to be creative, be respectful of the expertise of other perspectives, and where they have access to both quantitative evidence to support conclusions as well as to qualitative data relative to the so-called 'soft variables', which may be difficult to discern but often play a determining role in shaping the future of a given topic, country or organisation hence their importance in the analysis (de Jouvenel 2019).

Scenarios are internally consistent, hypothetical yet plausible events or series of events, constructed to enable us to see the processes that might lead to such events and inform the actions we can take to either bring them about or prevent them. Scenario planning identifies trends and key uncertainties which can then be combined to create a picture of the future. There are several techniques of scenario planning, but all begin with a definition of scope: what is the broad question we want to answer? Several trends are identified, from which key drivers for a scenario workshop are selected. Two extremes describe the ends of the spectrum of possible outcomes from these

drivers. These outcomes are the key uncertainties, and two of these uncertainties can be combined to create the scenario matrix (Bishop et al. 2007).

Scenario planning workshop

The aim of the scenario planning workshop at the National Drugs Forum was to develop futures literacy among the forum participants by working with the notions of uncertainty and scenarios. The discussion held at the workshop was on the future of problem substance use among young people in Ireland in 2040, to identify potential future threats and to explore ideas and recommendations regarding response activities. The workshop was a very condensed approach to scenario planning, which often takes place over several days. The workshop organisers decided to use the Rip Van Winkle technique (Dewar 2022), in which participants are asked to imagine that they have just woken from a sleep of several years and must think of a number of questions they need to ask about the world they find themselves in. Each question has a 'yes' or 'no' answer and reveals aspects of what the questioner is uncertain about, which allows them to identify crucial and – simultaneously – 'vulnerable' assumptions about the future of problem substance use among young people in Ireland in 2040. It was decided to undertake this part of the exercise using an online survey of registered participants in the National Drugs Forum.

Identifying clusters of uncertainties

The survey identified a list of uncertainties, which were then arranged into 14 topic clusters. These defined the framework drivers of change for the workshop. Two extreme outcomes were assigned for each uncertainty cluster, and the workshop participants were asked to select two uncertainties to construct the scenario matrix (see Table T4.1.1). Using these two key uncertainties, each group in the workshop prepared four scenario snapshots using a 2x2 matrix.

Table T4.1.1 Scenario matrix based on 14 clusters of uncertainties

Clusters of uncertainties	Minimum	Maximum
Prevalence and trends	Demand for synthetic drugs has collapsed, and only plant-based substances are produced.	Almost all substances being consumed are synthetic.
Normalisation and social acceptance	It is not socially acceptable to consume drugs nor is it considered appropriate to discuss drug consumption.	It is socially accepted to consume drugs in public places.
Regulation, legalisation, and criminal sanctions	Criminal sanctions apply for possession of controlled substances, even for personal use.	There are no legal sanctions applying to possession or use of any substance.

Harm and safety	Increasingly dangerous drugs have not deterred risky behaviour, and the number of poisonings increases every year.	A highly regulated market provides relatively safe drugs in many outlets.
Mental health treatment	There are strict limitations imposed on medical substance use. There is increased control on licensed prescribers. The list of substances used for medical purposes has been narrowed down.	Non-medical substance use increases; new cheap, safe drugs are easily available and widely used to deal with anxiety, stress, mood, etc. (like vitamins today).
Education and prevention	There is a widespread lack of trust in prevention messages.	Early intervention and prevention systems are in place and working effectively.
Support services	Most health services are privatised.	There is immediate access to specialised treatment for all.
Family and community	Poor infrastructure and public services create large areas of deprivation and alienation.	The '15-minute city' is a reality, and communities are vibrant and cohesive.
Funding, research, and policy	There is no public funding for drug-related research.	Policy is based strongly on interdisciplinary research evidence.
Role of Big Tech	People do not have control over their personal data. There is widespread use of sensitive personal and medical data by Big Tech/artificial intelligence (AI) companies to monitor users' behaviours as predictors for automated health and treatment advice (social engineering, monopolist approach).	People have control over their medical and health-related personal data and their 'digital footprint'. They can decide which data they would like to provide access to, and to whom, in order to get personalised health and treatment advice. There are no Big Tech/AI monopolies.
Cultural shift and media	Development of the metaverse has transferred all social activity to the digital world; even substance use is happening in virtual communities facilitated by new functionalities of gaming and online dating apps.	There is a massive return to real-life social encounters and interactions; people spend almost no time alone; new societal groups and movements are on the rise (substance-free and substance-liberated).

External drivers (economic, environmental, geopolitical)	Climate crisis and economic stagnation delays initiation into adulthood, career development and family formation.	Climate catastrophe is averted, and AI and renewable energy provide plentiful career opportunities.
Crime violence and drug markets	Security services tolerate operation of drug markets, and organised crime groups control large sections of the urban environment.	Drug markets operate at a low level, with individuals making purchases online or outside their locality.
Innovations in treatment	Substitution is no longer effective in treating dependency. Psychosocial counselling has limited impact in response to synthetic drugs.	Treatment dependency is a major medical discipline in response to the need to reduce non-communicable diseases. Telemedicine and personalised care are highly advanced.

Scenarios development workshop

Nine separate groups participated in the workshop, where each created scenarios based on the two key uncertainties they selected. A group of stakeholders who had participated in a previous foresight exercise with the HRB volunteered to facilitate the tables at the workshop. National Drug Forum participants willingly engaged in the work, and there was lively and open discussion at each table. There was considerable variety in the key drivers chosen to develop the scenarios, and the results provided a fascinating insight into how people imagine the uncertainties that our 2040 colleagues will face. Table T4.1.2 presents a sample of some scenarios created during the workshop.

Table T4.1.2 Sample of scenarios based on two key uncertainties selected by group

Uncertainties selected	Examples of scenarios developed
Harm and safety Support services	The quadrant combining a regulated market and good availability of services presented a hopeful scenario in which deaths and crime were reduced and mental health services were capable of dealing with the consequences of increased substance use. A much bleaker scenario was envisaged in the lower left quadrant, with a health and law enforcement service unable to cope with loose regulation. Another table saw the combination of increased regulation and limited services as a recipe for social and economic upheaval. Regulation can increase safety but only in a situation where there is equality of access to services.

Harm and safety Funding, research, and policy	In a regulated environment in which research is well-supported, there will be a reduction in harms and an increased capacity to identify emerging trends and share learning between service providers. While the opposite quadrant describes increasing harms and a lack of knowledge, there are more opportunities for communities to organise and advocate for change.
Harm and safety Family and community	Where a lack of support for communities is combined with looser regulation, the lack of infrastructure will mean exploitation of vulnerable groups, poor information and disorganised harm reduction services. A different combination sees fewer criminal convictions and more support for those dependent on drugs closer to their own homes.
Prevalence and trends Innovations in treatment	A drugs market dominated by synthetic drugs and where highly advanced treatment modes are available could see a much greater availability of new drugs, while AI, on which much treatment will depend, will make critical information available quickly and reduce harms. However, if treatment does not advance, a high prevalence of synthetic drugs could have severe consequences and result in a collapse in harm reduction services. Another table that worked with these two uncertainties concluded that more effective services may result in less reluctance to use novel drugs, but the harms could be offset by extensive drug checking in a more regulated market.
Innovations in treatment Regulation, legalisation and criminal sanctions	Without changes to the legal status of drugs, even highly effective treatment will have reduced impact, as people may be reluctant to enter treatment. There will be an increase in short-term treatment and use of emergency services, and a highly medicalised approach to treatment. Where conventional treatments have become less effective, slow change in the regulatory environment will mean clients presenting with more complex health needs, a sharp upturn in drug deaths, and severe social dislocation.

The scenarios development workshop at the National Drugs Forum complements the work on horizon scanning, a different but related foresight technique that the HRB is undertaking as part of DRUG-PREP, a project funded by the European Commission.

Conclusion

Researchers in strategic foresight often refer to the goal of 'futures literacy' (Miller 2019). One step in developing futures literacy is to use imagination and discussion to make assumptions about the future explicit and enable people to use their anticipatory capacity to describe what this future might be. A scenarios development workshop is a useful way of facilitating the generation of these ideas.

While the workshop at the National Drugs Forum was a brief and limited exercise in strategic foresight, it confirmed that there was real interest and enthusiasm among stakeholders in engaging in this work, and agreement on the relevance of foresight concepts to prepare for uncertainty in a complex and challenging policy area.

T4.2 Any other important aspect of drug policy or public expenditure that has not been covered in the specific questions above.

There is no more information to add.

T4.3 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 (see https://www.cso.ie/en/statistics/nationalaccounts/archive/releasearchive2014/

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 2023, published in July 2024 (see https://www.cso.ie/en/releasesandpublications/ep/p-ana/annualnationalaccounts2023/). 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. In order 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, methodology and references

T5.1 Sources

- HRB's National Drugs Library: https://www.drugsandalcohol.ie/
- Houses of the Oireachtas: 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
    - CSO National Accounts data: https://www.cso.ie/en/statistics/nationalaccounts/
- Department of Health: https://www.gov.ie/en/organisation/department-of-health/

T5.2 Studies used in this report

Where appropriate, this information is outlined in Sections T3.1 and T4.1 of this workbook, under each study.

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European Drugs Agency

The European Drugs Agency (EUDA) is a decentralised 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 drugs 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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