

# Ireland: national report for 2015 - Drug policy Ireland

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

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- (2016) [\*Ireland: national report for 2015 – prevention.\*](#)
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- (2016) [\*Ireland: national report for 2015 – harms and harm reduction.\*](#)
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## 0. Summary

The National Drugs Strategy (interim) 2009–2016 (NDS) provides the implementation framework for illicit drugs policy in Ireland. Overall responsibility for the NDS rests with the Minister for Health and the Minister of State in the Department of Health with responsibility for Drugs Strategy. The NDS strategic framework is constructed around a hierarchy of aims and objectives. The strategic direction is expressed in a single ‘overall strategic objective’: ‘To continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research’.

The NDS focuses on illicit drugs. However, Action 1 of the NDS called for the establishment of a Steering Group ‘to develop proposals for an overall Substance Misuse Strategy’, which would include both illicit drugs and alcohol. On foot of this report, the government approved a package of measures to deal with alcohol misuse.

Implementation of the NDS is based on a ‘partnership’ approach, whereby over 20 government departments and statutory agencies, multiple service providers and community and voluntary groups work together through a nationwide network of regional and local drugs and alcohol task forces to deliver the NDS, with the statutory agencies critical in terms of core service provision.

Early in 2015 the government released a Public Health (Alcohol) Bill, including a number of measures included in the report of the steering group on substance misuse, including:

- minimum unit pricing for retailing of alcohol products,
- regulation of marketing and advertising of alcohol,
- structural separation of alcohol from other products in mixed trading outlets,
- enforcement powers to be given to Environmental Health Officers, and
- health labelling to include warnings and advice.

In 2015 the Department of Health published its annual progress report on implementation of the NDS. It shows that of the 63 actions, 29 have been completed; 20 are on the way to completion; and 12 have been delayed, some owing to the economic situation and some owing to the need for clarification to how to combine responses to illicit drugs and alcohol.

In April 2015 a Minister of State for the Drugs Strategy was appointed in the Department of Health. Prior to this appointment, responsibility for drugs had rested with the Minister for Health since the Office of the Minister for Drugs was disbanded in 2011. The new Minister, Aodhán Ó Ríordáin TD, has indicated his interest in drug reforms such as the decriminalisation of drug use and the establishment in Dublin of a medically-supervised heroin injecting facility to address public injecting and associated harms.

In November 2015 the Joint Committee on Justice, Defence and Equality released a report recommending a harm-reducing and rehabilitative approach to possession of small amounts of illegal drugs.

The current NDS is due to expire at the end of 2016. The government is currently finalising its approach to reviewing the current strategy and developing a succeeding policy document. Organisations and groups have begun to prepare and/or issue submissions on the approach and the priorities that should be adopted in the next document.

## 1. National profile

### 1.1 National drugs strategies

#### 1.1.1 Current national drugs strategy

The *National Drugs Strategy (interim) 2009–2016* (NDS) provides the implementation framework for illicit drugs policy in Ireland (Department of Community 2009). Overall responsibility for the NDS rests with the Minister for Health and the Minister of State in the Department of Health with

responsibility for Drugs Strategy (see Sections 1.3 and 3.1 below for more detail on this recent appointment of a junior minister with responsibility for drugs strategy). Government departments with responsibility for implementing various actions in the NDS include Children and Youth Affairs; Education and Skills; Environment and Local Government; Health; Justice and Equality; and Transport. Statutory bodies with responsibility for implementing actions include the Courts Service; the Customs Service; An Garda Síochána; the Health Products Regulatory Authority (formerly the Irish Medicines Board); the Health Research Board; the Health Services Executive; the Irish Prison Service; the Medical Bureau of Road Safety; the Probation Service; and the Road Safety Authority.

The NDS strategic framework is constructed around a hierarchy of aims and objectives. The strategic direction is expressed in a single 'overall strategic objective': 'To continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research'. This overall strategic objective is cascaded down through five 'overall strategic aims' or pillars:\*

1. To create a safer society through the reduction of the supply and availability of drugs for illicit use (Supply Reduction);
2. To minimise problem drug use throughout society (Prevention);
3. To provide appropriate and timely substance treatment and rehabilitation services (including harm reduction services) tailored to individual needs (Treatment and Rehabilitation);
4. To ensure the availability of accurate, timely, relevant and comparable data on the extent and nature of problem substance use in Ireland (Research); and
5. To have in place an efficient and effective framework for implementing the NDS (Co-ordination).

These overall strategic aims, or pillars, are each fleshed out in a series of operational objectives and key performance indicators (KPIs). Finally, to ensure these operational objectives and KPIs are achieved, the NDS identifies 63 actions to be taken across the full range of government departments and agencies involved in delivering drugs policy.

The NDS focuses on illicit drugs. However, Action 1 of the NDS called for the establishment of a Steering Group in autumn 2009 'to develop proposals for an overall Substance Misuse Strategy', which would include both illicit drugs and alcohol. This steering group submitted a report on proposing a National Substance Misuse Strategy (NSMS) in 2012 (Department of Health 2012a), and on foot of this report, in October 2013 the government approved a package of measures to deal with alcohol misuse, to be incorporated in a Public Health (Alcohol) Bill, the General Scheme of which was published in 2015 (Department of Health 2015a). The main measures include:

- minimum unit pricing for retailing of alcohol products,
- regulation of marketing and advertising of alcohol,
- structural separation of alcohol from other products in mixed trading outlets,
- enforcement powers to be given to Environmental Health Officers, and
- health labelling to include warnings and advice.

At the same time, the other measures set out in the NSMS were endorsed by the government and are being progressed by the relevant government departments and organisations. More detail on these measures is given in Section T1.2.2 below.

\*No explanation is given in the NDS for the difference between the five 'pillars' listed in the overall strategic objective, and those listed as the 'overall strategic aims'

### **1.1.2 Governance of drug issues**

Implementation of the NDS is based on a 'partnership' approach, whereby over 20 government departments and statutory agencies, multiple service providers and community and voluntary groups work together through a nationwide network of regional and local drugs and alcohol task forces (RDATFs and LDATFs) to deliver the NDS, with the statutory agencies critical in terms of core service provision. For more detail on drugs and alcohol task forces, see Section 1.3.1 below.

## 1.2 Evaluation of national drugs strategies

### 1.2.1 Evaluations of national drugs strategies and supporting action plans

Each year since 2012 the Department of Health has published a progress report on the implementation of the actions included in the NDS in the previous year. It is based on information provided by the various government departments and statutory agencies responsible for implementing the actions. The reports are as follows:

- *National Drugs Strategy 2009–2016: Progress report to end 2014* (Department of Health 2015b)
- *National Drugs Strategy 2009–2016: Progress report to end 2013* (Department of Health 2014)
- *National Drugs Strategy 2009–16: Implementation of actions progress report end 2012* (Department of Health 2013)

*National Drugs Strategy 2009-16: implementation of actions progress report end 2011* (Department of Health 2012b)

### 1.2.2 Results of the latest evaluation

The progress report for 2014 provides a narrative account of progress against each action in 2014 (Department of Health 2015b). Based on reading this report, an indication is given below of which actions under each pillar have been completed, where progress is being made, and where actions have been delayed or abandoned. Some actions may be included under more than one heading.

#### Supply Reduction – 17 actions

Under this pillar, most progress has been made in relation to local supply reduction initiatives, and compliance with EU-level obligations and operations. Work is under way in relation to several policy and legislative initiatives. Two capital projects have been put on hold owing to the difficult economic situation.

*Completed and/or ongoing: 11*

- Seven actions relating to local supply reduction initiatives have been largely completed, i.e. fostering community engagement through establishing appropriate drug networks, and ensuring drug issues are included in the work of Joint Policing Committees (Actions 2–4); developing frameworks for tackling drug-related intimidation in the community, and targeting adults in the drug trade who use children to engage in illegal drug-related activities (Actions 5 & 7); improving drug-related security in prisons (Action 8); and the introduction of a presumptive drug testing regime (Action 12).
- Five actions relating to EU-level obligations and operations (14–18), which involve monitoring and/or review of national legislation and policy or cooperation, are ongoing.

*Work in progress: 4*

- Drugs and driving (Action 9) – while the Medical Bureau of Road Safety (MBRS) has expanded its forensic analysis programme and provides training to the Gardaí, legislation to provide for roadside testing is still being developed (see Section T3.4 of Legal Framework workbook). The MBRS does not currently examine toxicology reports of all drivers involved in fatal road traffic accidents.
- Licensing laws to combat sale or supply of alcohol to persons under the age of 18 (Action 10) – the law in this area is subject to ongoing monitoring and review and, as noted in T1.1.1 above, legislative changes are currently being developed. An Garda Síochána has established a working group to develop appropriate enforcement and prevention strategies. Two initiatives already implemented successfully are test purchasing of alcohol products, and a National Age Card.
- Drug Court (Action 13) – on foot of two reviews of the Drug Treatment Court (in 2010 and 2012/13), the Minister for Justice and Equality is examining options for the way forward in the context of wider justice reforms such as the proposal to establish a Community Court (see Section T2.2. in Legal Framework workbook).
- Forensic Science Laboratory (Action 14) – permission has been given to fill four vacancies at senior level, including a Head of DNA. In 2014 an Implementation Group was established to

oversee the implementation of the Criminal Justice (Forensic Evidence and DNA Database System) Act 2014.

*Delayed: 2*

Implementation of two actions has been delayed owing to the current economic situation and budgetary constraints:

- full development of an integrated system to track the progression of offenders with drug-related offences through the criminal justice system is subject to review (Action 6), and
- plans to build a new Forensic Science Laboratory have been put on hold (Action 14).

**Prevention – 13 actions**

Actions under this pillar relate to both illicit drugs and alcohol. Most progress has been made with regard to setting up education programmes and drug policies in schools, and with regard to youth interventions and facilities in out-of-school settings, and developing online prevention and help services. Work is under way developing programmes targeting families experiencing difficulties owing to drug/alcohol use and the children of drug users, and also selective prevention measures to reduce under-age and binge drinking.

The adoption of the National Substance Misuse Strategy has led to a delay in the development of certain policy frameworks, standards and interventions – while the methodological approaches are re-assessed to ensure they are still appropriate

*Completed and/or ongoing: 7*

- Education programmes and drug policies in schools and recognised Centres of Education continue to be monitored improved (Actions 20, 21 and 23), and youth interventions and facilities in out-of-school settings continue to be developed (Actions 24 & 25).
- A web site providing fully integrated information ([drugs.ie](http://drugs.ie)) and access to a national helpline continue to be developed (Action 27).
- Early school leaving (ESL) (Action 31) continues to be addressed by a range of supports in the DEIS Programme. A consolidated report on DEIS, incorporating the inputs, processes and educational outcomes contained in all research on DEIS conducted to date, is scheduled for completion in 2015.

*Work in progress: 3*

- In line with the call to develop ‘a sustained range of awareness campaigns’ (Action 28), the HSE has supported a number of awareness initiatives relating to the use of information and communications technology (ICT) in drugs and alcohol awareness initiatives, a designated drug/alcohol awareness week/day, and targeting third-level educational institutions, workplaces and recreational venues.
- With regard to targeting families experiencing difficulties owing to drug/alcohol use and the children of drug users (Action 29), there has been a focus on ‘hidden harm’:
  - a national conference on the impact of parental problem alcohol and other drug use on children was held;
  - the national policy framework for children and young people 2014–2020 recognises the issue of Hidden Harm;
  - the HSE and TUSLA (the National Children’s Agency) are developing a strategic statement of intent for Hidden Harm, the objective being to bridge the gulf between drug and alcohol services and the child care system; and
  - a North/South Hidden Harm Group has been established to adopt an inter-sectoral response to Hidden Harm on an all-island basis.
- Selective prevention measures to reduce under-age and binge drinking (Action 30) were progressed in 2014 by setting up a National Community Mobilisation Alcohol Pilot Project to support communities in identifying alcohol-related harm issues and priorities and developing appropriate responses, with a view to developing an integrated action plan to address the issues under each of the national priority headings as outlined in the National Substance Misuse Strategy (Department of Health 2012a).

*Delayed/abandoned: 3*

- A framework for the future design of targeted prevention and education interventions using a tiered approach (Action 19) and the feasibility of implementing a uniform set of drugs and

alcohol education standards (Action 26) are being reassessed in the context of recommendations in the National Substance Misuse Strategy.

- Promotion of substance misuse policies and development of brief interventions in the informal education sector, tertiary institutions, workplaces, and youth, sport and community organisations (Action 22) have been superseded by actions in the National Substance Misuse Strategy.

### **Treatment & Rehabilitation – 25 actions**

Treatment and rehabilitation services are developed on an ongoing basis, including expanding the range of both services available and the groups with specific needs being targeted. A clinical and organisational governance framework for all treatment and rehabilitation services has been developed.

Work is reported to be well under way with regard to developing treatment guidelines for treating blood-borne viruses, and training programmes for all involved in the provision of substance misuse treatment services. Policies and procedures for referrals of under-18 service users who are showing signs of substance use, and for young people arrested by the Gardaí, are also being developed. In response to the issue of drug-related deaths, a naloxone demonstration project has been rolled out, but no progress is reported in relation to the development of a National Overdose Prevention Strategy or a review of the regulatory framework in relation to prescription drugs.

A statutory regulatory framework for the provision of counselling within substance misuse services has been delayed because counselling is not one of the 12 health and social care professions designated under the Health and Social Care Professionals Act 2005.

#### *Completed and/or ongoing: 11*

- The development and improvement of the range, integration and availability of, and access to, treatment and rehabilitation services, e.g. initial and comprehensive assessments, Minnesota Programme, brief intervention, individual counselling, individual care plans including provision for dual diagnosis, detox facilities, methadone services and alternative substitute opiate treatment services, residential care, under-18s services, and needle exchange, are reported to be ongoing (Actions 32–35).
- The treatment and rehabilitation needs of specific groups, i.e. families of drug users, service users and drug users, drug users in prisons, and vulnerable groups including travellers, LGBTs, new communities and sex workers, are reportedly being addressed on an ongoing basis (Actions 41–44).
- A clinical and organisational governance framework for all treatment and rehabilitation services (Action 45) has been developed by the Quality Standards Support Project (QSSP) of the Ana Liffey Drugs Project with the support of the HSE. The resources and supports can be found on line at [www.drugs.ie/quality](http://www.drugs.ie/quality)

#### *Work in progress: 10*

- Training in line with the HSE's Alcohol Screening and Brief Intervention Project is under way (Action 36).
- Early identification and onward referral of under-18 service users who are showing signs of substance use (Action 37) will be developed on foot of the completion of actions in the *National Strategy for Research and Data on Children's Lives 2011–2016*; specifically, actions relating to improved and increased use of data on alcohol and drugs in the lives of children, mining of data sources in relation to the interaction between drug use and youth offending, and increased dissemination of existing information on drug misuse among children and young people.
- A 'Pathways to Support' programme has been developed incorporating a treatment referral option for young people arrested by the Gardaí (Action 38), and An Garda Síochána are examining how this programme will be implemented.
- National clinical treatment guidelines for dealing with blood-borne viruses, especially hepatitis C, have been developed and the development of national hepatitis C screening guidelines is under way (Action 39).
- In response to the issue of drug-related deaths (Action 40), a naloxone demonstration project has been rolled out in 2015. The project will be evaluated and the evaluation should

scope out the effectiveness of training and product use. No progress is reported in relation to the development of a National Overdose Prevention Strategy or a review of the regulatory framework in relation to prescription drugs.

- Development of national training standards for all involved in the provision of substance misuse services and appropriate educational models for paramedics, nurses and midwives, and doctors, is progressing (Action 47 & 48).

*Delayed: 4*

- A regulatory framework on a statutory basis for the provision of counselling within substance misuse services (Action 46) has been delayed because counselling is not one of the 12 health and social care professions designated under the Health and Social Care Professionals Act 2005. A statutory consultation process is now under way on the possible designation of counsellors and psychotherapists for regulation under the 2005 Act.

### **Research & Information – 8 actions**

In line with the EU Early Warning System, a communication protocol for notification of drug use emergencies has been developed in Ireland. The five key epidemiological indicators relating to drug use and the associated data collection systems are also all under continuous development.

Work is under way on the development of indicators for harm reduction, public expenditure and drugs and crime, and of a system for monitoring problem substance (including alcohol) use among those presenting to hospital emergency departments, and on the roll-out of unique identifiers under the Health Identifiers Act 2014.

While the National Advisory Committee on Drugs and Alcohol (NACDA) is currently overseeing a study to estimate the prevalence of children residing with substance-misusing parents, and two drug prevalence surveys, it has been unable to conduct the planned research on rehabilitation owing to lack of a researcher and a rehabilitation research budget. The reform of the Coroner Service has also had to follow a more gradual, cost-neutral approach owing to the difficult national economic situation.

*Completed and/or ongoing: 2*

- The five key epidemiological indicators relating to drug use (prevalence in general population, prevalence and patterns of use of specific drugs, drug treatment demand, drug-related deaths and infectious diseases) and the associated data collection systems are all under continuous development (Action 49).
- In line with the EU Early Warning System, a communication protocol for notification of drug use emergencies has been developed (Action 54).

*Work in progress: 3*

- The development of indicators for harm reduction, public expenditure and drugs and crime, of a system for monitoring problem substance (including alcohol) use among those presenting to hospital emergency departments, and the roll-out of unique identifiers under the Health Identifiers Act 2014, are all under way (Actions 50–52).

*Delayed: 3*

- The reform of the Coroner Service has had to follow a more gradual, cost-neutral approach owing to the difficult national economic situation (Action 53).
- While the National Advisory Committee on Drugs and Alcohol (NACDA) is currently overseeing a study to estimate the prevalence of children of, or residing with, substance-misusing parents, and the conduct of two drug prevalence surveys (in the general population and the prevalence of opioid use), it has been unable to conduct rehabilitation research owing to lack of a researcher and a rehabilitation research budget. Work on disseminating research findings and models of best practice has also been hampered by lack of research staff and a reduced budget (Actions 55 & 56).

### **Co-ordination – 7 actions**

*Completed and/or ongoing: 4*

- The Oversight Forum on Drugs (OFD) has been established (Action 58). See Section T1.3.1 below for an outline of the role of the OFD.
- A performance management framework for the NDS is maintained by the Department of Health by means of the OFD process and by compiling an annual report on progress in



implementing the actions in the NDS, based on reports submitted by the various government departments and statutory agencies. This report can be found at <http://www.drugsandalcohol.ie/23935/> (Action 59).

- To ensure a more co-ordinated approach to supporting Ireland’s international role and responsibilities in relation to problem drug use, protocols between relevant departments and agencies have been put in place and the relevant departments and agencies meet on an ongoing basis (Action 61).
- In line with the 2012 report on the review of drugs task forces, the National Co-ordinating Committee on Drugs and Alcohol Task Forces (NCC) has agreed new terms of reference for task forces, provided guidance on how task forces can implement the National Substance Misuse Strategy and has requested details of the measures task forces need to take to comply with rules on election of members. A sub-group has also been established to strengthen the mechanisms for measuring the impact of task forces (Action 62).

*Work in progress: 1*

- Task forces have inclusive service provision policies but there is a need for more formal representation from at-risk groups (e.g. travellers, new communities, LGBTs, homeless people and sex workers) through CityWide to inform policy and design interventions. A sub-group of the NCC (see Section 1.3.1 below for outline of the role of the NCC) is currently reviewing the level of engagement with travellers (Action 60).

*Delayed/abandoned: 2*

- The Office of the Minister of Drugs was established in 2010 but a year later was subsumed into the Department of Health (Action 57).

It was decided not to establish a dedicated treatment agency for drugs (Action 63).

### 1.3 Drug policy coordination

#### 1.3.1 Coordination bodies involved in drug policy

The **Minister for Health** has overall responsibility for the NDS. A **Minister of State with responsibility for the Drugs Strategy** is located within the Department of Health. Currently this Minister of State also has responsibility for the Equality portfolio within the Department of Justice and Equality (see Section 3.1 below for further detail).

An **Oversight Forum on Drugs (OFD)**, chaired by the Minister of State with responsibility for the Drugs Strategy, and comprising senior representatives of the various government departments and statutory agencies involved in delivering on the NDS, and representatives from the community and voluntary sectors, meets every quarter to monitor progress and address any operational issues.

A **National Co-ordinating Committee for Drug and Alcohol Task Forces (NCC)** drives implementation of the NDS at the local and regional level. It is responsible for making recommendations to the Minister of State with responsibility for the Drugs Strategy in relation to the implementation of the NDS. The committee is chaired by a senior official in the Department of Health, with membership consisting of two representatives of each of the four networks – the LDATF Chairs, the LDATF Coordinators, the RDATEF Chairs and the RDATEF Coordinators; representatives of the key Departments and agencies involved in the implementation of the NDS; and two community-sector representatives and two voluntary- sector representatives.

**Local and Regional Drug and Alcohol Task Forces (L/RDATEFs)** play a key role in assessing the extent and nature of the drug problem in their areas and coordinating action at local level so that there is a targeted response to the drug problem in local communities. They implement the NDS in the context of the needs of their region or local area through action plans which have identified existing and emerging gaps in the following areas:

- Supply reduction,
- Prevention,
- Treatment,
- Rehabilitation, and
- Research.

Drug and alcohol task forces comprise representatives from a range of relevant agencies, such as the HSE, the Gardaí, the Probation Service, Education and Training Boards, local authorities, the Youth Service, as well as elected public representatives and voluntary- and community-sector representatives.

LDATFs were originally set up in areas with the highest levels of drug misuse. Following the establishment of Regional Drugs and Alcohol Task Forces (RDATFs) under the first National Drugs Strategy (2001–2008), all areas of the country are covered by a drug and alcohol task force. There are 14 LDATFs and 10 RDATFs.

## 1.4 Drug related public expenditure

### 1.4.1 Data on drug-related expenditure

Each year the Department of Health, in its role as coordinator of the implementation of the National Drugs Strategy 2009–2016 (NDS), requests government departments and state agencies with responsibilities for implementing actions in the NDS to submit a report on their drug-related expenditure in the current year, broken down according to the COFOG values (1st and 2<sup>nd</sup> levels).

According to Sections 1.4.1–1.4.2 of last year's [National Report](#) on the drug situation and responses in Ireland, while direct public expenditure on the drugs issue had decreased by 15% between 2009 and 2013, in 2014 it began to show a small increase compared to the previous year.

### 1.4.2 Breakdown of estimates of drug related public expenditure.

Details of the expenditure attributable to drugs programmes by government department/agency from 2009 to date, as well as the estimated allocation for 2015, are outlined in Table 1.4.2.1. In the six years since 2009, drug-related expenditure in Ireland has declined by 16%; however, in 2015 expenditure stayed at the same level as in the previous year.

Commenting on the figures for the past seven years, the Minister with responsibility for the Drugs Strategy, Aodhán Ó Ríordáin, stated that the decrease in HSE expenditure in 2011 compared to 2010 arose because of savings made as a result of the public service pay cut, HSE staffing redundancies and a reduction in funding to voluntary and community agencies. Further savings were identified by the HSE in 2014 and these were taken into account in determining the 2015 allocation. The reduction in the Department of Health allocations in 2014 and 2015 reflects the fact that the Department transferred €21.04m in funding relating to Drugs and Alcohol Task Force projects to the HSE on 1 January 2014, with a further €1.02m transferring on 1 January 2015 (Ó Ríordáin 2015).

**Table 1.4.2.1 Public expenditure directly attributable to drug programmes, 2009–2015**

Department/Agency	2009 (€m)	2010 (€m)	2011 (€m)	2012 (€m)	2013 (€m)	2014 (€m)	2015 (€m)
HSE Addiction Services	104.867	105.400	92.878	89.368	90.392	86.122	86.279
HSE Drugs and Alcohol Task Force Projects	0	0	0	0	0	21.570	22.593
An Garda Síochána	45.004	44.500	45.014	45.850	44.000	43.000	43.000
D/Children & Youth Affairs	28.501	25.740	24.987	22.730	20.310	19.548	19.548
D/Justice & Equality	14.801	14.478	18.681	18.580	18.553	18.762	18.928
Revenue Customs Service	15.867	15.797	15.470	14.241	14.624	16.235	16.235
D/Social Protection (former FÁS area)	18.800	18.000	15.634	11.859	13.434	14.063	13.702
D/Health	40.326	35.755	33.554	32.376	30.524	8.280	7.350
Irish Prison Service	5.000	5.200	5.200	5.000	4.500	4.200	4.285
D/Education & Skills	3.643	2.461	0.411	0.815	0.810	0.748	0.746
D/Environment, Community & Local Government	0.461	0.461	0.400	0.200	0	0	0
<b>Total</b>	<b>277.270</b>	<b>267.792</b>	<b>252.229</b>	<b>241.019</b>	<b>237.147</b>	<b>232.528</b>	<b>232.666</b>

Source: Ó Ríordáin, 1 July 2015

The break-down of drug-related public expenditure in 2015 by COFOG classifications is provided in Table 1.4.2.2. Total expenditure is €232.422 million, which is €244,000 less than the total shown in

Table 1.4.2.1 above: the data in Table 1.4.2.2 were assembled earlier in the year than the data presented in Table 1.4.2.1.

**Table 1.4.2.2. Break-down of drug related public expenditure**

Expenditure €m	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Comments
0.614	2014	gf07.05	Department of Health: Health Research Board	Labelled	Research and reports in relation to drug services and drug-related deaths
0.294	2014	gf07.05	Department of Health: Health Research Board	Labelled	National Documentation Centre
0.365	2014	gf07.05	Department of Health: National Advisory Committee on Drugs and Alcohol	Labelled	Research and advisory function of the NACDA
4.994	2014	gf07.02	Department of Health: Local Drugs Task Forces	Labelled	Treatment and rehabilitation services provided to drug users
1.459	2014	gf07.02	Department of Health: Regional Drugs Task Forces	Labelled	Treatment and rehabilitation services provided to drug users
0.209	2014	gf07.04	Department of Health: Citywide	Labelled	National network of community activists and community organisations
0.170	2014	gf07.04	Department of Health: National Family Support Network	Labelled	Supports the development of family support groups throughout the country
0.008	2014	gf07.04	Department of Health: Dial-to-Stop Drug Dealing	Labelled	Free phone service to report drug dealing and drug-related crime
0.061	2014	gf07.06	Department of Health: Other	Labelled	Other miscellaneous activities
18.397	2014	gf 08.01	Department of Children & Youth Affairs: Young People's Facilities & Services Fund (rounds 1 and 2)	Labelled	Youth programmes with drug- specific initiatives
1.151	2014	gf08.01	Department of Children & Youth Affairs: Local Drugs Task Force projects	Labelled	Mainstreamed drugs projects
0.393	2014	gf09.05	Department of Education & Skills: Local Drugs Task Force area projects	Labelled	Drug education & prevention projects
0.355	2014	gf09.05	Department of Education & Skills: Drug Court –	Labelled	Drug Court – education support

			education support		
58.761	2014	gf07.04	Health Service Executive: Drug-related health services	Labelled	Drug-related health services
21.570	2014	gf07.02	Health Service Executive: Drugs Task Force projects	Labelled	Treatment and rehabilitation services provided to drug users
7.395	2014	gf07.04	Health Service Executive: National Drug Treatment Service	Labelled	Drug-related health services
19.966	2014	gf07.04	Health Service Executive: Primary Care Reimbursement Service	Labelled	Drug-related health services
13.463	2014	gf10.05	Department of Social Protection: Community Employment (CE) Programme	Labelled	Training and rehabilitation places for drugs-referred clients on CE schemes
0.600	2014	gf10.07	Department of Social Protection: Local Drugs Task Force mainstream projects	Labelled	Support for community-based drugs projects
0.124	2014	gf03.03	Department of Justice & Equality: Courts Service – public order & safety	Labelled	Drug Treatment Court
0.136	2014	gf07.05	Department of Justice & Equality: Health Research Board – Health	Labelled	Research on drug-related deaths
1.595	2014	gf07.06	Department of Justice & Equality: Probation Service – Health	Labelled	Community-based rehabilitation services
16.907	2014	gf09.06	Department of Justice & Equality: Irish Youth Justice Service – Education	Labelled	Youth crime diversion programmes
4.200	2014	gf03.04	Department of Justice & Equality and Health Service Executive: Irish Prison Service	Labelled	Drug treatment services in prisons
43.000	2014	gf03.01	Department of Justice & Equality: Garda Síochána	Labelled	Policing & investigation costs
16.235	2014	gf03.01	Revenue, Irish Tax & Customs: Customs Service	Labelled	Supply reduction – border policing (anti-smuggling)

Source: Unpublished data, Drugs Policy Unit, Department of Health, October 2015

## 2. New developments

### 2.1 Developments in drug policy

In April 2015 Aodhán Ó Ríordáin TD was appointed Minister of State for the Drugs Strategy in the Department of Health. He is also Minister of State with responsibility for New Communities, Culture and Equality, which brief is spread across the Department of Justice and Equality and the Department of Arts, Heritage and the Gaeltacht. Prior to his appointment, responsibility for drugs had rested with the Minister for Health since 2011, when the Office of the Minister for Drugs was disbanded.

Minister for Health Leo Varadkar welcomed the appointment, commenting 'There is a lot of merit in appointing a cross-Departmental Minister for Drugs, as there is a significant overlap between Health and Justice in this area, ranging from treatment and prevention to enforcement and diversion. The new role will bring together the work and actions of the HSE and Gardaí among others.' Minister Varadkar also noted the new Minister's commitment to the equality agenda and his 'excellent track record of community work'.

### **New Minister supports drug policy reforms**

On 2 November 2015 Minister Aodhán Ó Ríordáin gave the keynote address at a meeting of the London School of Economics IDEAS International Drug Policy Project (Ó Ríordáin A 2015a). Having outlined the history of the drug problem in Ireland and policy responses, he outlined his views in favour of two new harm-reduction options.

#### ***Medically-supervised injecting facilities***

'Addiction is not a choice, it's a healthcare issue. This is why I believe it is imperative that we approach our drug problem in a more compassionate and sensitive way. One of the key things that I aim to achieve during my remaining time in office is the introduction of a medically supervised injecting centre for intravenous drug users. ... I have asked officials in my Department to examine proposals for the provision of medically supervised injecting facilities as a response to this issue. This is in line with similar models in Sydney and parts of Europe.

'Research has shown that the use of supervised injecting centres is associated with self-reported reductions in injecting risk behaviours that increase risk of blood-borne virus transmission, overdose and death. The impact of injecting centres on the reduction of HIV or hep C virus incidence among the wider population of intra-venous drug users remains unclear. However, as the recent spike in blood-borne viruses in Dublin was among those who are most likely to avail of supervised injecting facilities, I hope that the introduction of these facilities may reduce the risk of future spikes occurring.'

#### ***Decriminalisation***

'Since taking up my new role as Minister for Drugs, I have spoken to a lot of people who would like to see a more compassionate approach to those who experience drug problems. Too often those with drug problems suffer from stigma, due to a lack of understanding or public education about the nature of addiction. This stigma can be compounded for those who end up with a criminal record due to possession of drugs for their own use.

'It is against this background that there is now an emerging debate in Ireland on whether an alternative approach to the possession of small quantities of illicit drugs for personal use should be considered.

'I am in favour of a decriminalisation model, but it must be one that suits the Irish context and it must be evidence-based. I believe that this kind of approach will only work if it is accompanied by timely treatment and harm reduction services, backed up by wrap-around supports which foster recovery – such as housing, health and social care. Above all, the model must be person-centred and involve an integrated approach to treatment and rehabilitation based on a continuum of care with clearly defined referral pathways.'

### **Oireachtas (Parliamentary) Committee recommends a harm-reducing and rehabilitative approach to possession of small amounts of illegal drugs**

On 5 November 2015 the Joint Committee on Justice, Defence and Equality released a report recommending a harm-reducing and rehabilitative approach to possession of small amounts of illegal drugs (Joint Committee on Justice 2015). In June 2015, a delegation of the Committee visited the EMCDDA in Portugal and engaged extensively with Portuguese authorities on the approach to drug addiction adopted there since 2001. On return from Portugal, the delegation proposed that the Committee investigate the adoption of a similar model to the Portuguese approach in Ireland. The Committee has concluded that there is merit in further exploring the Portuguese model and in examining how it may be adapted for use in an Irish context. The Committee suggests that a health/counselling/ treatment approach may be more effective and more 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.

Specific recommendations include:

1. The Committee strongly recommends 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 and rather than via the criminal justice route.
2. The Committee recommends that discretion for the application of this approach would remain with An Garda Síochána/Health Providers in respect of the way in which an individual in possession of small amounts of drugs for personal use might be treated.
3. The Committee recommends that any harm reducing and rehabilitation approach be applied on a case-by-case basis, with appropriately resourced services available to those affected, including resources for assessment (e.g. similar to the Dissuasion Committees used in Portugal) and the effective treatment of the individuals concerned.
4. The Committee draws attention to the success of 'informal' interaction with users when referred to the 'Dissuasion Committees' in Portugal and recommends that such an approach should be employed in Ireland if the recommendations in this report are to be adopted.
5. The Committee recommends 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. The Committee feels that out-of-school 'informal' interaction by Youth Services could have a major role to play in this context.
6. The Committee recommends that research be undertaken to ensure that the adoption of any alternative approach be appropriate in an Irish context.

### 3. Additional information

#### 3.1 Additional important sources of information

Two papers critically examining aspects of Ireland's current approach to alcohol and drug policy were published during 2015.

##### **'Ireland's Public Health (Alcohol) Bill: policy window or political sop?'**

Against a historical backdrop of previous alcohol policy proposals in Ireland in recent decades, Shane Butler has written an article titled 'Ireland's Public Health (Alcohol) Bill: policy window or political sop?', which looks critically at recent developments in alcohol policy (i.e. the Steering Group report on a National Substance Misuse Strategy and the government decision to approve a number of alcohol policy measures to be incorporated into a Public Health [Alcohol] Bill). He sought to determine to what extent it represents, in Kingdon's terms, a 'policy window' for the public health approach to alcohol issues (Butler S 2015). Butler argues that while some specific public health measures may be introduced, the various 'streams' of the Irish policy process have not joined together in an unambiguous, consensual acceptance of the public perspective on alcohol, and that the 'politics stream' has not to date deemed this perspective to be consonant with the 'national mood'.

##### **'Drug use trends: static drug policies'**

Aileen O'Gorman gave a paper at the 2015 annual conference of the International Society for the Study of Drug Policy (ISSDP) based on a study of licit and illicit drug use patterns in the Finglas–Cabra local drugs task force area in Dublin, undertaken in the second half of 2012 (O'Gorman, *et al.* 2013). The conference paper was titled 'Changing drug trends: static drug policies'. The abstract of O'Gorman's paper, printed below, is from the book of ISSDP [conference paper abstracts](#).

##### *Background*

Since the 1990s, patterns and trends in drug consumption have evolved in response to global and local shifts in drug production and supply, and in fluctuating levels of demand influenced by accessibility, price, quality, and cultural appeal. The consumption of a combination of licit and illicit substances has become a regular feature of weekend and festive socialising among young people. 'Illegal leisure' had become normalised and accommodated into the social and cultural practices of different social groups (citations deleted), albeit on a differentiated basis (citations deleted).



Nonetheless, internationally, drug policy remains predominantly and intransigently prohibitionist, focused on criminalising users, curtailing supply, and preventing and treating addictions. The gap between drug policies and drug consumption practices is ever widening.

#### *Aims and methods*

This paper draws from the findings of a recent neighbourhood study that explored drug consumption patterns, practices and meanings from the perspective of a group of young people 'from the street' whose public presence was often perceived as problematic and who were regarded as being 'at risk' through their drug use (citation deleted). Data were collected through individual and focus groups interviews, and ethnographic observations and conversations in the drug users' natural locations. The paper is further informed by a series of neighbourhood drug studies, which began in Dublin in 1996 and have been conducted at intervals since (citations deleted). These studies share a similar critical interpretivist methodological approach, which explored the lived experience of these drug users within a political economy framework of analysis of socio-spatial risk environments.

#### *Findings*

Patterns emerged from the drug enthusiasts' narratives illustrating how drug consumption practices were shaped by different intentions mediated by time and space settings, and the negotiation of an intricate interplay between structure and agency. Drug intentions were a key influence on their consumption practices. These intentions ranged from 'chillin', 'buzzin', 'getting mangled', and 'coming down' and each intention was embedded in a set of polydrug combinations that included alcohol, cannabis, ecstasy, cocaine, new psychoactive substances, and prescription tablets (mainly benzodiazepines and so called 'Z drugs' such as Zimovane, Zopiclone etc.).

The paper describes and analyses their drug choices, intentions, and risks and situates them in the context of the role and meaning drug use, and their participation in the drugs economy, play in their lives. Glimpses of rational action and cost-benefit analyses in their discourses of choice were seen to be brokered within short-term socio-temporal spaces and bounded by the broader social, cultural and policy contexts they inhabit. Drug users do not exist in isolation from their social, economic and policy contexts. The findings of this study highlight the need for integrated drug and social policies that address broader contextual structural issues and inequalities.

## **4. Notes and queries**

### **4.1 Planned evaluations**

The National Drugs Strategy is due to expire at the end of 2016. Appearing before a joint sitting of the joint parliamentary committees on Health and Children and on Justice, Defence and Equality in July 2015, Minister Aodhán Ó Ríordáin TD stated: '... as Minister with responsibility for the national drugs strategy, I will be leading the development of the drugs strategy for the period after 2016. My intention over the coming months is to lay the groundwork for a concise and focused policy, placing a clear emphasis on the practical implementation of actions. An examination of the approach to drugs policy and practice in other jurisdictions will also help to identify any additional evidence-based approaches which might be considered in an Irish context. The development of the new strategy gives us the opportunity to have a constructive and wide-ranging public dialogue on our current drug policies so that we are in a strong position to develop a fit-for-purpose response to the drug problem which will meet challenges into the future.' (Ó Ríordáin A 2015b)

Organisations and groups in Ireland have begun to prepare and/or issue submissions on the approach and the priorities that should be adopted in the next document. For example, Citywide Drugs Crisis Campaign is holding a conference on 12 November 2015 to highlight the issue of drug law reform in the run-up to UNGASS 2016 and the preparation of the new national drugs strategy. Position papers have been developed by the Irish Medical Organisation (Irish Medical Organisation (IMO) 2015), the Fianna Fáil political party (Frances Fitzgerald 2015) and SAOL, an integrated programme of education, rehabilitation, advocacy and childcare working with women drug users and their children (Pike B 2015).

## **4.2 Estimate of the contribution of the illicit drug market to the National Accounts provided to EUROSTAT**

To comply as far as possible with the Eurostat requirement, the revised and additional estimates for illegal activities for Ireland were included in CSO's Quarterly National Accounts (QNA) in respect of Q1 2014 and the annual National Income & Expenditure accounts (NIE) 2013 (personal communication, Pat Kilduff, CSO, August 2014).

## **5. Sources, methodology and references**

### **5.1 Sources**

[National Drugs Strategy](#)

[Public Health \(Alcohol\) Bill 2015](#)

[National Drugs Strategy 2009-2016: progress report to end 2014](#)

[Steering Group Report on a National substance misuse strategy](#)

[National Advisory Committee on Drugs and Alcohol](#)

### **5.2 Methodology**

**O'Gorman, A., et al. (2013). An analysis of current licit and illicit drug use patterns in the Finglas-Cabra local drugs task force area. Dublin, Finglas/Cabra Local Drugs Task Force.**

The research methodology employed in this study was based on a community and participatory research methodology developed by the Principal Investigator for a module in Community Research Methods on the UCD Diploma in Community Drugs Work. The research was conducted by the Principal Investigator and a team of privileged access community researchers who were graduate students of this Diploma – a programme undertaken in partnership with the URRUS (community education) project in Ballymun, as part of the Drugs Education and Research Initiative in the UCD School of Applied Social Science.

The research methodology was a sociologically grounded mixed-method approach, based on the collection and analysis of quantitative and qualitative data drawn from a variety of information sources. The approach used induction and triangulation to validate and cross-check data in order to arrive at an in-depth understanding of local drug use patterns and to develop a typology of local drug users and their consumption practices. The approach was underpinned by a participatory research methodology, designed to minimise the power relationship between the observer and the observed, and to maximise understanding of the lived experience of drug use from the users' perspective.



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## European Monitoring Centre for Drugs and Drug Addiction

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is a decentralised EU agency based in Lisbon. The EMCDDA provides the EU and its Member States with information on the nature, extent, consequences and responses to illicit drug use. It supplies the evidence base to support policy formation on drugs and addiction in both the European Union and Member States.

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

The Irish Focal Point to the EMCDDA is based in the Health Research Board. 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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Irish Prison Service  
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