

Focal Point Ireland: national report for 2016 - Drug policy Ireland

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

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Focal Point Ireland: national report for 2016 – drugs.

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0. Summary

Ireland's National Drugs Strategy (interim) 2009–16 was launched on 10 September 2009 (Department of Community 2009). The overall strategic aim is 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. Five strategic aims are set out:

1. To create a safer society through the reduction of the supply and availability of drugs for illicit use.
2. To minimise problem drug use throughout society.
3. To provide appropriate and timely substance treatment and rehabilitation services (including harm reduction services) tailored to individual needs.
4. To ensure the availability of accurate, timely, relevant and comparable data on the extent and nature of problem substance use in Ireland.
5. To have in place an efficient and effective framework for implementing the National Drugs Strategy (interim) 2009–16.

A set of specific objectives and key performance indicators are set out under each of the strategy's five pillars. These are further elaborated through 63 actions spread across the different pillars, which list the agencies responsible for delivering them.

While the National Drugs Strategy is predominately focused on illicit drugs, Action 1 called for the establishment of a steering group to develop a national substance misuse strategy aimed at covering both illicit drugs and alcohol. The steering group's report was launched on 7 February 2012 and measures based on it, such as the Public Health (Alcohol) Bill 2015, have been developed by Government.

Key new developments include:

- A new National Drugs Strategy is under development and will be in place in early 2017.
- A new Programme for Government was published in May 2016. This included a commitment to pursue a health-led rather than criminal justice approach to drug use.
- A new Minister of State for Communities and the National Drugs Strategy, Catherine Byrne, was appointed in May 2016. Ms Byrne has been a longstanding advocate of medically supervised injecting centres, and the Public Health (Alcohol) Bill.
- The brief of the Drugs Policy Unit within the Department of Health has been expanded to include social inclusion.
- Legislation is being developed to allow for the first medically supervised injecting centre in Ireland. Although delayed, the necessary legislation is expected before the end of 2016.
- There is ongoing commitment at Government level to enact the Public Health (Alcohol) Bill, although it is facing challenges at EU level.

1. National profile

1.1 National drugs strategies

1.1.1 Current national drugs strategy

As reported in the 2015 workbook (Health Research Board and Irish National Focal Point to the

European Monitoring Centre for Drugs and Drug Addiction 2016), the *National Drugs Strategy (interim) 2009–2016* (NDS) (Department of Community 2009) 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 the 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 (Coordination).

These overall strategic aims, or pillars, are each fleshed out in a series of operational objectives and key performance indicators (KPIs). Finally, to ensure that these operational objectives and KPIs are achieved, the NDS identifies 63 actions to be taken across the full range of Government Departments and statutory 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 group submitted a report on proposing a National Substance Misuse Strategy (NSMS) in 2012 (Department of Health 2012a). 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 this Bill was published in 2015 (Department of Health 2015a), but it has yet to be enacted (see section 3.1 for an update on the Bill’s progress). The brief of some of the agencies responsible for delivering the NDS (for example, the Local and Regional Drug and Alcohol Task Forces) was also expanded to include alcohol. It has yet to be confirmed whether or not the new NDS due to be in place in 2017 will include alcohol, alcohol was included under the definition of ‘drug’ used for the public consultation process as part of the new strategy’s development.

*Note: 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

Since 2012 the Department of Health has published an annual 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 2015* (Department of Health 2016a)
- *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 2013a)
- *National Drugs Strategy 2009-16: implementation of actions progress report end 2011* (Department of Health 2012b)

International expert review group

As part of the development of the new NDS, which is due to be in place by January 2017, an international expert review group carried out a review of the current NDS (see section 4.2 of this workbook for more detail). However, the report has not been made publicly available and therefore it is not reported on in this workbook.

1.2.2 Results of the latest evaluation

The Department of Health published its annual report for 2015 on progress in implementing the actions included in the *National Drugs Strategy (interim) 2009–2016* (Department of Health 2016a). The report is a descriptive account of activities in 2015: in some cases they are reported at a national level, whereas in others they are reported at the level of the Community Healthcare Organisations (CHOs). Where there has been no change, the report tends to repeat the 2014 content reported on in the 2015 workbook (Health Research Board and Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2016). No reference is made in the report to the key performance indicators identified in the NDS and neither is there any overall assessment of the level of progress made in achieving outcomes. The overall message under each pillar remains the same as that reported in the 2015 workbook (Health Research Board and Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2016).

The following points draw on changes identified under each of the five pillars in the 2015 progress report; they provide updates on what happened during the 12 months after the period covered in the 2014 progress report.

- **Supply Reduction**

Overall progress in delivering on supply reduction actions continued to be made in relation to local supply reduction initiatives, and in relation to compliance with EU-level obligations and operations. In 2015, progress was made on policy and legislative initiatives, including the Road Traffic Bill 2016, the Public Health (Alcohol) Bill 2015, and the Bill to amend the Misuse of Drugs Act to restore the Government's power to declare substances to be controlled. Furthermore, some progress was made on activities that had been affected by the difficult economic situation in Ireland since 2008:

- Forensic Science Ireland (FSI) received €1 million additional funding for additional staff members in the 2016 Estimates.
- Funding was also allocated for a new forensic science laboratory. Construction is due to start in 2019.
- The DNA database was launched late in 2015 and is being used by the Gardaí and FSI.
- Some steps were taken to meet the need for an integrated system to track the progression of offenders with drug-related offences through the criminal justice system. A Chief Information Officer was appointed, with responsibility for developing the concept of a 'justice and equality information hub'; approval was given for three 'Pathfinder' projects to prove the concept.

- **Prevention**

The prevention aspect of the strategy deals with both illicit drugs and alcohol. Since the implementation of the strategy, the most progress with regard to prevention has been made in areas such as setting up education programmes and drug policies in schools, developing youth interventions and facilities in out-of-school settings, and developing online prevention and help services. Work was ongoing in progressing programmes targeting families experiencing difficulties due to drug/alcohol use, as well as programmes targeting the children of drug users. Work was also under way on prevention measures to reduce underage and binge drinking.

- **Treatment and Rehabilitation**

Activity under the Treatment and Rehabilitation pillar is mainly illustrated in the progress report by using examples of activities from CHOs. The overall message for 2015 was the same as that for 2014 – the development and improvement of the range, integration and availability of treatment and rehabilitation services were reported to be ongoing, as was improvement in access to these services. With regard to a drugs intervention programme (incorporating a treatment referral option) for young people who come to the attention of the Gardaí as a result of their drug use, Gardaí now have an information leaflet to give to young people. No further action was reported since the 2014 progress report in relation to the following actions:

- While work was reported to be well under way with regard to training programmes for all involved in the provision of substance misuse treatment services, treatment guidelines for treating blood-borne viruses had yet to be published.
- In response to the issue of drug-related deaths, the findings of the naloxone demonstration project were still awaited.
- No progress was reported in relation either to the development of a National Overdose Prevention Strategy, or to the review of the regulatory framework in relation to prescription drugs.
- A statutory regulatory framework for the provision of counselling within substance misuse services continued to be delayed because counselling was not one of the 12

health and social care professions designated under the Health and Social Care Professionals Act 2005.

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- **Research and information**

Many activities under the Research pillar were ongoing. 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 were all under continuous development. The HRB National Drugs Library continued to promote the use of evidence in drugs work, and to provide resources to those working in the area. In line with the EU Early Warning System, a communication protocol for notification of drug use emergencies was being further developed.

The National Advisory Committee on Drugs and Alcohol 2015 research work programme was the same as that for 2014. Progress was hindered due to the lack of a researcher and a reduced budget. However, there were some specific developments:

- The development of indicators for harm reduction, public expenditure and drugs and crime was under way. In 2015, for the first time, data on drug treatment in prisons were included in the report on prisons provided to the EMCDDA.
- The HSE was finalising a plan for the establishment and rollout of the Individual Health Identifier (IHI).

- **Coordination**

There was little change in relation to the Coordination pillar, with many of the proposed structures already in place. Some progress was made in developing engagement with specifically identified at-risk groups, including Travellers, new communities, LGBTs, the homeless and sex workers. A subgroup of the National Coordinating Committee for Drug and Alcohol Task Forces reviewed and updated the 2009 NDS Traveller Framework Document, and was engaged in identifying lead agencies to implement the recommendations in the document. This document is not publicly available.

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 specific responsibility for the Drugs Strategy** is based in the Department of Health. This Minister of State currently has responsibility for the Communities portfolio also. Therefore, her brief is spread across the Department of Health and the Department of Arts, Heritage, Regional, Rural and Gaeltacht Affairs.

The Department of Health **Drugs Policy and Social Inclusion Unit** is responsible for driving and coordinating the effective implementation of the NDS. It is also responsible for developing national policy on drugs and for ensuring that drugs policy is informed by evidence on the nature and extent of problem drug use in Ireland and internationally. The remit of the Unit has recently been expanded to include social inclusion (see section 3.1 of this workbook).

An **Oversight Forum on Drugs (OFD)** is responsible for the high-level monitoring of progress being made in the implementation of the NDS across Government Departments and agencies. The OFD is chaired by the Minister of State with responsibility for the Drugs Strategy, and it comprises senior representatives of the various Government Departments and statutory agencies involved in

delivering the NDS, as well as representatives from the community and voluntary sectors. The group meets every quarter to monitor progress and address any operational issues. It produces the annual progress report described in section 1.2.2 of this workbook.

The **National Advisory Committee for Drugs and Alcohol (NACDA)** advises Government on the prevalence, prevention, treatment, rehabilitation and consequences of substance use and misuse in Ireland, based on the analysis of research findings and information available to NACDA. The committee comprises representatives from Government Departments, State Agencies and the community and voluntary sectors.

A **National Coordinating Committee for Drug and Alcohol Task Forces (NCC-DTAF)** was set up following a 2012 review of the Drugs Task Forces and the structures under which they operate. The primary role of the committee is to drive the 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: Local and Regional Drug and Alcohol Task Force Chairs and Coordinators; and representatives from Government Departments and agencies, and the community and voluntary sectors.

Local and Regional Drug and Alcohol Task Forces (L/RDATFs) play a key role in assessing the extent and nature of the drug problem in their areas and in 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 that have identified existing and emerging gaps in the following areas: supply reduction; prevention; treatment; rehabilitation, and research.

The 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 sector 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 Ireland are covered by a drug and alcohol task force. Ireland has 14 LDATFs and 10 RDATFs

1.4 Drug related public expenditure

1.4.1 Data on drug-related expenditure

Details of the expenditure attributable to drugs programmes by government department/agency from 2009-2015 to date are outlined in Table 1.4.2.1. Between 2009 and 2014, drug-related expenditure in Ireland declined by 16%; however, in 2015 expenditure stayed at a similar level as in the previous year.

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	91.523
HSE Drugs and Alcohol Task Force Projects	0	0	0	0	0	21.570	22.064
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	19.363
Revenue Customs Service	15.867	15.797	15.470	14.241	14.624	16.235	17.445

D/Social Protection (former FÁS area)	18.800	18.000	15.634	11.859	13.434	14.063	13.900
D/Health	40.326	35.755	33.554	32.376	30.524	8.280	8.336
Irish Prison Service	5.000	5.200	5.200	5.000	4.500	4.200	4.235
D/Education & Skills	3.643	2.461	0.411	0.815	0.810	0.748	0.748
D/Environment, Community & Local Government	0.461	0.461	0.400	0.200	0	0	0
Total	277.270	267.792	252.229	241.019	237.147	232.528	240.162

Source: Unpublished data, Drugs Policy Unit, Department of Health, October 2016

The break-down of drug-related public expenditure in 2015 by COFOG classifications is provided in Table IV. Total expenditure is €240.162 million.

1.4.2 breakdown of estimates of drug related public expenditure

The break-down of drug-related public expenditure in 2015 by COFOG classifications is provided in Table IV. Only total figures, rather than breakdown by programme, are available for the work of the Health Research Board and the Department of Children and Youth Affairs for 2015. Total expenditure is €240.162 million

IV Breakdown of drug related public expenditure 2015 (€m)

Expenditure €million	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Comments
	2015	gf07	s1311	Health	Research and reports in relation to drug services and drug-related deaths
	2105	gf07	s1311	Health	National Documentation Centre
1.013					
0.395	2015	gf07	s1311	Health	Research and advisory function of the NACDA
4.315	2015	gf07	s1311	Health	Treatment and rehabilitation services provided to drug users
1.144	2015	gf07	s1311	Health	Treatment and rehabilitation services provided to drug users
0.209	2015	gf07	s1311	Health	National network of community activists and community organisations
0.171	2015	gf07	s1311	Health	Supports the development of family support groups throughout the country
0.023	2015	gf07	s1311	Health	Freephone service to report drug dealing and drug related crime
0.090	2015	gf07	s1311	Health	Other miscellaneous activities

7.323					
	2015	gf08	s1311	Children & Youth Affairs	Youth programmes with Drug specific initiatives
	2015	gf08	s1311	Children & Youth Affairs	Youth programmes with Drug specific initiatives
	2015	gf08	s1311	Children & Youth Affairs	Mainstreamed drug projects
19.548					
0.398	2015	gfo9	s1311	Education and Skills	Drug education and prevention projects
0.350	2015	gf09	s1311	Education and Skills	Drug Court - Education support
0.748					
Expenditure	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Comments
63.222	2015	gf07	s1311	Health Service Executive	Drug related health services
14.516	2015	gf07	s1311	Health Service Executive	Treatment and rehabilitation services provided to drug users LDATF
7.548	2015	gf07	s1311	Health Service Executive	Treatment and rehabilitation services provided to drug users RDATF
0.529	2015	gf07	s1311	Health Service Executive	Cross Task Force Funding
7.116	2015	gf07	s1311	Health Service Executive	Drug related health services
20.656	2015	gf07	s1311	Health Service Executive	Drug related health services
113.587					
13.300	2015	gf10	s1311	Social Protection	Training and rehabilitation places for drugs referred clients on Community Employment
0.600	2015	gf10	s1311	Social Protection	Supprt for community based drugs projects
13.900					
0.051	2015	?	s1311	Justice and Equality	Funding contribution to Maritime Operational and Analysis Centre Lisbon
0.122	2015	gf03	s1311	Justice & Equality	Drug Treatment Court
0.127	2015	gf07	s1311	Justice & Equality	Research on drug related deaths
1.595	2015	gf07	s1311	Justice & Equality	Community based rehabilitation services

17.468	2015	gf09	s1311	Justice & Equality	Youth crime diversion programmes
19.363					
4.235	2015	gf03	s1311	Irish Prison Service	Drug treatment services in Prisons
43.000	2015	gf03	s1311	An Garda Síochána	Policing/investigation costs
17.445	2015	gf03	s1311	Revenue's Customs Service	
240.162					

2. New developments

2.1 Developments in drug policy

- **New Programme for Government**

- 'A Programme for Partnership Government' was published on 11 May 2016 (Government of Ireland 2016). This document set out the direction the new Government's plans across a range of policy areas, including those related to drug and alcohol use. A number of specific commitments were made:
 - To complete and commence the new National Drugs Strategy within 12 months.
 - To pursue a health-led rather than criminal justice approach to drug use.
 - To legislate for medically supervised injection rooms. ○ To consult on and target new step down services and facilities for people leaving drug rehabilitation.
 - To enact the Public Health (Alcohol) Bill. ○ To strengthen the regulation of alcohol advertising to children.
 - To support the expansion of Local Drug Task Force projects and the Garda Youth Diversion programme.
 - To fund an expansion of youth services to early school leavers and other young people.
 - To reduce drug and alcohol-related crime through a combination of policing, treatment and demand reduction activities.
 - To 'properly' resource An Garda Síochána to be able to reduce the sale and supply of illicit drugs on the streets.

Subsequently, the Department of Health published its briefing for new ministers, which described the work of the Department and those responsible for its delivery (Department of Health 2016b). Developing the new NDS, providing policy input for the legislative changes required for the introduction of medically supervised injecting centres and pursuing the adoption of the Public Health (Alcohol) Bill were all identified as part of the Department of Health's work.

- **New Minister of State for Communities and the National Drugs Strategy**

On 19 May 2016 Catherine Byrne was appointed Minister of State for Communities and the

National Drugs Strategy. Her brief is spread across the Department of Health and the Department of Arts, Heritage, Regional, Rural and Gaeltacht Affairs. Ms Byrne is Fine Gael TD for Dublin South-Central, a former Lord Mayor of Dublin, and was the party's spokesperson on the National Drugs Strategy from 2007 to 2010. More recently, she has been a member of the Oireachtas Cross Party Group on Alcohol and the Oireachtas Committee on Health and Children. She attributes great importance to the role of Minister with responsibility for the Drugs Strategy: in 2015, she called for it to be upgraded to a Cabinet position (Byrne 2015, 26 March).

Over the years, Ms Byrne has made numerous contributions to the debate on drug and alcohol issues. In summary, her views with respect to the current Government's priorities are:

- She has been a longstanding advocate for the introduction of medically supervised injecting centres (Byrne 2015, 9 July).
 - She has given her backing to all elements of the Public Health (Alcohol) Bill. In particular, she "wholeheartedly" supported the introduction of minimum unit pricing for alcohol (Byrne 2015, 23 April).
 - She has argued strongly against any alcohol sponsorship of sporting events (Byrne 2014, 18 June), (Byrne 2011, 1 December), and she has expressed the view that the Public Health (Alcohol) Bill does not go far enough in relation to this issue. For example, in February 2015 she urged the Minister for Health to "re-examine how we can curtail alcohol sponsorship of sporting events because we need to send out a strong message that alcohol has no place in our sporting events" (Byrne 2014, 18 June).
 - Minister Byrne has been critical of the way in which drug services are structured and has expressed concern about the duplication of services in some areas (Byrne 2015, 26 March), (Byrne 2015, 9 July). She has questioned the suitability of "the drugs task force model", looking for its "reconfiguration" so that the needs of users would be better met (Byrne 2013, 10 July).
 - She has sought changes to school-based drug and alcohol education programmes (Byrne 2015, 9 July).
- **Expanded brief of the Drugs Policy and Social Inclusion Unit, Department of Health**

The unit within the Department of Health that is responsible for implementing the NDS and informing the development of national policy on drugs has recently had its remit expanded to include social inclusion. It is now called the Drugs Policy and Social Inclusion Unit. The new brief covers the development of policy in collaboration with other Government Departments and statutory agencies to meet the health needs of vulnerable groups, i.e. Travellers/Roma, refugees/asylum seekers and homeless persons.

- **Organised crime violence**

During the first half of 2016, there was an escalation in violence associated with organised crime in Dublin's inner city. The violence was largely related to a feud between two known gangs active in the drugs trade. In response, the Government has outlined plans to introduce a number of measures. These include:

- The expedited passage of certain elements of the Misuse of Drugs (Amendment) Bill, 2016 into the Misuse of Drugs (Amendment) Act 2016. The primary purpose of the Act is to bring certain substances which are known to be traded on the illicit market under the schedules of the Misuse of Drugs Act 1977 to 2015 – in

particular certain prescription medicines such as zopiclone and zaleplon (see section 3.1 of the legal framework workbook for more information).

- The Proceeds of Crime (Amendment) Act 2016, which gives the Criminal Assets Bureau the power to seize property that they suspect to be the proceeds of crime, for up to 21 days. It reduces the threshold of the value of property that can be pursued from €13,000 to €5,000. The aim is to target middle- and lower-level criminals involved in organised crime, including drug dealing (see section 3.4 of the legal framework workbook for more information).
- Supplementing the Proceeds of Crime (Amendment) are the draft regulations for Section 44 of the Criminal Justice Act 1994, which have been approved to reduce thresholds for the seizure of cash suspected of being the proceeds of crime, from €6,349 to €1,000 (see section 3.4 of the legal framework workbook for more information).
- Accelerated recruitment into An Garda Síochána, and increases in the number policing the areas most affected by organised crime.
- A new Garda Special Crime Task Force to respond to organised crime at a local level.

- **Decriminalisation**

Support for the decriminalisation of possession for ‘small amounts of drugs’ was reported on in the 2015 workbook (Health Research Board and Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2016), in the context of the findings of the Joint Committee on Justice, Defence and Equality (Joint Committee on Justice 2015) and speeches made by the then Minister with responsibility for the National Drugs Strategy. While the recent change in government has resulted in less of a focus on the topic, the current Minister has made a commitment to explore the issue. On 23 June 2016, Ms Byrne stated: “I do not want to criminalise anybody who takes drugs because of addiction, but decriminalisation is a complex issue and it has to be worked out properly before we can say people should not be criminalised for carrying drugs in their pockets. ... No decision has been made on decriminalisation, but we need to examine this in great depth in conjunction with the Department of Justice and Equality. If we decriminalise addicts, we need to consider how that will affect other people. It is being looked at.” (Byrne 2016, 23 June). Subsequently, in the context of speaking positively about the ‘Portuguese model’, Ms Byrne stated: “It is common sense not to criminalise people who are mentally and medically sick. We have to find a mechanism to avoid criminalising these people.” (Byrne 2016, 29 June).

- **Cannabis for medicinal use**

A Private Members’ Bill, the Cannabis for Medicinal Use Regulation Bill 2016, was introduced in the Dáil on 21 July 2016. The Government has not opposed the Bill and it has proceeded to the second stage, to be debated in private members’ time (see section 5.1 of the Legal Framework workbook for more information).

- **Medically Supervised Injecting Centres (MSICs)**

There is ongoing commitment and progress towards the introduction of a medically supervised injecting centre (MSIC) in Ireland. As outlined above, in the 2016 Programme for Government (Government of Ireland 2016) there is an explicit commitment to support “a health-led rather than criminal justice approach to drug use, including legislating for

injection rooms” (p.56). In December 2015 additional Heads in the Misuse of Drugs (Amendment) Bill were included to provide enabling provisions for supervised injecting facilities. Elements of the Bill were enacted in July 2016 under the Misuse of Drugs (Amendment) Act 2016. However, the elements of the legislation dealing with MSICs have not been enacted for two reasons. First, there was a delay in the formation of a government at the start of the year, which delayed the legislative process. Second, as a response to increased violence associated with organised crime in Dublin, the Bill was split into two Bills. The passage of the first was expedited through the legislative process (see section 3.1 of the Legal Framework workbook). However, the Bill dealing with MSICs has been delayed the final quarter of 2016.

Once introduced, the provisions will enable the Minister for Health to issue licences permitting the establishment of supervised injecting facilities. It is envisaged that initially one supervised injecting facility would be established on a pilot basis in Dublin city centre. An independent evaluation of the first facility would be carried out. It would determine the facility’s utility, safety and costeffectiveness. The outcome of the evaluation would be used to inform the decision to license further facilities. The Drug Policy and Social Inclusion Unit has responsibility for providing policy input into the preparation of this legislation. In May 2016 the Unit stated: “it will commence preparatory work on the development of a plan to establish a pilot centre, in consultation with the HSE, An Garda Síochána and other relevant interest groups” (Department of Health 2016b).

- **Public Health (Alcohol) Bill 2015**

The Public Health (Alcohol) Bill was launched in Ireland on 8 December 2015. The Bill addresses alcohol as a public health issue for the first time and it aims to reduce alcohol consumption in Ireland to 9.1 litres of pure alcohol per person per annum by 2020, and to reduce alcohol-related harm.

As outlined in the 2015 workbook (Health Research Board and Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2016), the main provisions of the Bill include:

- Minimum unit pricing to tackle the sale of cheap alcohol particularly in the offtrade sector.
- Compulsory health labelling of alcohol products which would mean that alcohol containers would be required to carry information about the amount of alcohol measure in grammes and the calorie count; health warnings, including one for pregnancy; and a link to a public health website. All alcohol imports would need to meet these requirements.
- The regulation of advertising and sponsorship of alcohol products. Advertisements would only be able to give specific information about the product, and advertising would be banned near schools, early years services, playgrounds, and around public transport. Alcohol-related advertisements would be restricted to films with an ‘18 and over’ certificate and there would be a 9.00 pm broadcasting watershed for alcohol advertisements. Advertising would be prohibited in sports grounds for events where the majority of competitors or participants are children, and merchandising of children’s clothing would also be restricted.
- The structural separation of alcohol products in mixed trading outlets, where alcohol would need to be stored either in a separate area of the shop through which customers do not have to pass to buy ‘ordinary’ products, or in a closed storage unit(s) which contains alcohol products only. Alcohol products behind check-out points would need to be concealed.

- Promotions whereby alcohol products are sold at a reduced price or free of charge would be restricted or banned; these include promotions targeted at a particular category of persons, and 'happy hour' type promotions.

- **Challenges to enacting the Bill**

Since the 2015 workbook, there has been ongoing Government support for the Public Health (Alcohol) Bill in Ireland. In the new administration's programme for government launched in May 2016, there was an explicit commitment to enact the Public Health (Alcohol) Bill. However, the Bill is facing a number of delays at the European level. On 22 January 2016 the European Commission was formally notified of Ireland's intention to introduce the proposed legislation under the relevant EU directives (Directive 98/34/EC and Directive 2000/13/EC). Labelling and Minimum Unit Pricing are the elements attracting challenges from up to 11 EU countries. Under the first Directive (dealing with minimum unit pricing, labelling and control of marketing and advertising), the initial standstill period ended on 28 April 2016, but as a number of Member States issued a detailed opinion, the standstill period was extended until 28 July 2016. More information was also requested by the EU Commission under the second directive, which also deals with labelling. The Department of Health (Department of Health 2016b) has noted that the European Court of Justice's ruling on proposals by the Scottish Government to introduce minimum unit pricing may also have implications for the introduction of the Public Health (Alcohol) Bill and they expect further objections to this element of the Bill.

3. Additional information

3.1 Additional important sources of information

- **New National Drug Strategy 2017**

The Cabinet Committee on Social Policy and Public Service Reform mandated the Department of Health to develop a new National Drugs Strategy (NDS), to follow the current NDS which will expire at the end of 2016. Late in 2015 the then Minister with responsibility for the NDS established a Steering Committee to provide him with guidance and advice in the development of the new NDS. This Committee met for the first time on 8 December 2015.

- **Steering committee**

The Steering Committee is tasked with considering how the new NDS should address problem drug use, including the structures through which this could be done, and developing performance indicators to measure the effectiveness of the new NDS. It will present a draft report to the Oversight Forum on Drugs for discussion and amendment, and then make a submission to the Minister with responsibility for the NDS, who will submit the proposed new Strategy to the Cabinet Committee on Social Policy and Public Service Reform for approval. The new NDS is expected to be finalised by the end of 2016, in time to commence implementation in January 2017.

The Steering Committee has a comprehensive and wide-ranging membership, representing the key Government Departments and agencies responsible for implementing the Strategy, as well as the community and voluntary sectors and the drugs and alcohol task forces (see table 3.1 below). The Steering Committee has an independent chair – a former general secretary of the Irish National Teachers' Organisation.

Table 3.1 Steering Committee membership for the new National Drugs Strategy

Sector	Body	Number of Representatives
Statutory sector	Department of Health	3
Statutory sector	Health Service Executive	2
Statutory sector	Department of Justice and Equality	1
Statutory sector	An Garda Síochána	1
Statutory sector	Department of Education and Skills	1
Statutory sector	Department of Environment, Community and Local Government	1
Statutory sector	Department of Children and Youth Affairs	1
Statutory sector	Department of Social Protection	1
Statutory sector	Health Research Board	1
Community sector	Community sector – represented by CityWide Drugs Crisis Campaign	2
Community sector	National Family Support Network	1
Voluntary sector	Voluntary sector – represented by the Voluntary Drug Treatment Network	2
Cross-sector task force network	Local Drug and Alcohol Task Force Chairs Network	1
Cross-sector task force network	Regional Drug and Alcohol Task Force Chairs Network	1
Cross-sector committee	National Advisory Committee on Drugs and Alcohol	1
Total number of representatives:		20

Source: written response by Minister of State for Communities and the National Drugs Strategy, Catherine Byrne 17.06.16 <https://www.kildarestreet.com/wrans/?id=2016-06-14a.1044&s=catherine+byrne#g1046.r>

The work of the Steering Committee will be informed by the following inputs, delivered over the first half of 2016 – a report from an international expert review group, an evidence briefing compiled by an independent academic institution, and feedback from focus groups.

- **International expert review group:**
During a week-long visit to Ireland in January 2016, a group of three international experts undertook a high-level review of the current NDS, and reported to the Steering Group on their findings and observations. This expert review group included Paul Griffiths, Scientific Director with the EMCDDA, who chaired the group; Nicola Singleton, also of the EMCDDA; and Professor John Strang of the National Addiction Centre, King's College, London. The group's terms of reference included examining the progress and impact of the current NDS in the context of the objectives, key performance indicators and actions set out in the strategy; identifying deficits in the implementation of the NDS; summarising success factors or barriers to success; commenting on Ireland's evolution in tackling the drug problem in the light of international trends; and identifying key learning points arising from the strategy and highlighting areas to consider for development in the new NDS. This report has not been made publicly available.
- **Independent evidence briefing:** During the first four months of 2016, a two-part evidence briefing, compiled by researchers at Liverpool John Moores University, was presented to the Steering Committee. It comprised (1) a report on the drugs situation in Ireland, including a ten-year trend analysis, and (2) an overview of international evidence on interventions in the following response areas – prevention (universal, selective and indicated), harm reduction, treatment (medical, psychosocial and residential modalities, social reintegration (rehabilitation and recovery).

- **Focus groups:** To enable engagement with statutory, community and voluntary bodies who have a role in the delivery of the objectives of the Strategy, the Steering Committee is to establish four focus groups to consider the following topics: supply reduction; education and prevention; continuum of care (encompassing treatment, rehabilitation and recovery); evidence and best practice. Chaired by the Chair of the Steering Committee, these focus groups will give their views on the relevance of the current Strategy in tackling problem drug use in Ireland, identify any gaps presenting and indicate how they believe these gaps might be addressed.

It is envisaged that the new NDS will take account of national policy frameworks such as the National Action Plan for Social Inclusion 2007–2016 (Office for Social Inclusion 2007) and the Healthy Ireland Framework (Department of Health 2013b) as well as international policies, such as the EU Drugs Strategy 2013–2020 (4 below), and the associated Action Plan (Council of the European Union 2013), which is supported by Ireland.

The Cabinet Committee has stipulated that there should be a fundamental review of all aspects of the current NDS, including the role of the drugs and alcohol task forces. Issues that the Steering Committee has been particularly asked to consider are:

- the length of the Strategy, and whether to develop a more concise and focused version, to facilitate clear and concise reporting on progress and implementation;
- the optimum duration of the Strategy in order to reflect the changing nature of the drugs phenomenon and the need to maintain the momentum necessary to keep pace with changing drug trends;
- the five pillars and whether new or alternative pillars are needed so as to ensure that the Strategy is focused on new or emerging issues; and the appropriate balance between the objectives of supply reduction and demand reduction

4. Notes and queries

4.1 Estimate of the contribution of the illicit drug market to the National Accounts provided to EUROSTAT

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 (QNA) in respect of Q1 2014, (and in subsequent quarters), and in the annual National Income and Expenditure (NIE) accounts, the most recent being NIE 2015, published in July 2016. The CSO does not separately disclose the estimates for illegal activities in the national accounts and balance of payments.

5. Sources, methodology and references

5.1 Sources

House of the Oireachtas (Parliament): www.oireachtas.ie

Central Statistics Office: www.cso.ie

Department of Health (including the Drug Policy and Social Inclusion Unit): www.health.gov.ie

Professional Development Service for Teachers: www.PDST.ie

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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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