



*Ireland National Action
Plan Report*



Colophon

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More information via: www.csidp.eu

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National Action Plan Report: Ireland

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Introduction

Civil Society Organisations (CSOs) are those entities that operate between the state and the market in any given area. In Ireland, in the context of drug policy, CSOs would typically be understood as agencies and actors that are active in the community and voluntary sectors. CSOs play a vital role in the implementation of drug policies. An involved civil society can bring new information to decision-makers in a variety of ways, including through research, experience working in close contact with particular populations and through bringing diverse opinions and ideas¹. The Pompidou Group (2016) has noted that CSOs bring *“knowledge and independent expertise to the process of decision making and policy making”*². This can add to policy-makers’ understanding of an ‘on the ground’ environment which is often in flux. Greer et al (2017) note that civil society delivers things that state, market and family cannot deliver³, and working to increase communication between these areas will allow policy makers to benefit from CSO experience, allowing policy to be informed by those who are most familiar with the daily realities of working under existing policy structures. Additionally, research from other policy arenas indicates that good civil society involvement can create a better acceptance of policies – when civil society is involved, popular legitimacy increases⁴. The process can be perceived as more transparent and accountable – important features of good governance. As the Pompidou Group (2016) has noted, civil society involvement creates added value to the policy and planning process itself, *‘enhancing the legitimacy, quality, and understanding and longer term applicability of the policy initiative’*⁵. Thus, a structured and formal engagement of civil society can better equip states to plan, implement and measure policy initiatives, thus directly contributing to national and EU drugs strategy objectives.

THE CSIDP PROJECT

The Civil Society in Drug Policy (CSIDP) project is supported by the European Commission⁶. It is coordinated by De Regenboog Groep, a CSO based in Amsterdam, Netherlands, and also involves partner agencies from 6 European countries, including Ana Liffey Drug Project from Ireland. The aim of

¹ See, for example, Greer, S., Wismar, M. and Kosinska, M. (2017). What is civil society and what can it do for health? In: S. Greer, M. Wismar, G. Pastorino and M. Kosinska, ed., *Civil Society and health - contributions and potential*. [online] World Health Organisation, pp.15-16. Available at: http://www.euro.who.int/__data/assets/pdf_file/0011/349526/Civil-society-web-back-cover-updated.pdf?ua=1 [Accessed 22 Feb. 2018].

² Ibid., p.1

³ Greer, Wismar and Kosinska (2017), p. 14

⁴ See, for example, https://www.researchgate.net/publication/257408083_Effects_of_civil_society_involvement_on_popular_legitimacy_of_global_environmental_governance

⁵ Op. cit., p.2

⁶ More information is available at the project website, <http://csidp.eu/>

⁷ In the context of this project ‘civil society’ is understood as including all non-governmental, voluntary and community organisations, but not individuals

the project is to enhance meaningful civil society⁷ involvement in the development and implementation of drug policies on a national and European levels. In order to achieve its aim, the project is carrying out a number of activities, which will ultimately contribute to the production of a roadmap which sets out how CSOs and states can engage in a mutually productive way, to the benefit of all.

NATIONAL ACTION PLANS

One such activity is the delivery of short 'National Action Plans' (NAP) in five of the partner agencies' home countries – Ireland, Bulgaria, Netherlands, Portugal and Italy. The action plans focus on discrete, deliverable actions which can contribute to the overall aim of the project. This report covers the development and delivery of the action plan for Ireland. Its purpose is to inform the development of the overall roadmap being developed under the project. It is structured as follows:

- A. Overview of CSI in Ireland
- B. The Irish NAP:
 - i. Development
 - ii. Actions
 - iii. Implementation
- C. Conclusions

Overview of CSI in drug policy in Ireland

Civil society organisations have long been involved in the response to drugs and drug use in Ireland. Initially, in the 1980s, such activity was sometimes seen as a supplement to the perceived limitations of statutory responses, which, as in many other jurisdictions at the time, had a heavy focus on supply reduction⁸, although many responses from civil society at the time also focused in this area. Over time, however, more focus on the importance and value of including civil society in policy forums and activities became apparent. For example, Local Drug Task Forces (LDTFs)⁹ were set up in 1997¹⁰ to facilitate a more effective response to the drug problem in the areas experiencing the highest levels of drug use. As CityWide have noted this was to be achieved “*through utilizing the knowledge and experience of local communities in designing and delivering those services.*”¹¹ Task Force structures included representatives from both NGOs active in the area, as well as members of the local communities they serve. Later, the model was extended from Local to Regional areas, and there are now 24 task forces (14 local, 10 regional) in operation¹². In addition to the drug and alcohol task forces, there is also a range of civil society networks and actors operating on local, and regional levels.

At a national level, ‘*Reducing Harm, Supporting Recovery*’ is Ireland’s current National Drug Strategy (NDS). It covers the period 2017-2025. It emphasises supporting a health-led response to drug and alcohol use in Ireland. Its vision is for “*a healthier and safer Ireland, where public health and safety is protected and the harm caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing an quality of life.*”¹³

To achieve this vision, the NDS sets out five strategic goals, and explicitly recognizes the importance of civil society activity in achieving policy success, noting that

*“Partnership between the statutory, community and voluntary sectors was a major factor in the success of previous strategies, and will continue to be the cornerstone of the new strategy. Drug and Alcohol Task Forces (DATFs) will play a key role in coordinating interagency action at local level and supporting evidence-based approaches to problem substance use, including alcohol and illegal drugs.”*¹⁴

⁸ See, for example, O’Gorman, A. (1998) Illicit Drug Use in Ireland: An Overview of the Problem and Policy Responses. Journal of Drug Issues. Volume: 28 issue: 1, page(s): 155-166

⁹ Later changed to Drug and Alcohol Task Forces

¹⁰ Initially, Task Forces did not have a focus on alcohol

¹¹ See https://www.drugsandalcohol.ie/15574/1/Citywide_local_drug_task_forces_info_sheet_community_reps.pdf

¹² <https://health.gov.ie/healthy-ireland/drugs-policy/local-and-regional-drugs-task-forces/>

¹³ National Drug Strategy, p.8

¹⁴ National Drug Strategy, p.7

The strategy was developed with the guidance of a steering committee, which included representation from civil society actors. Such actors also have an explicit role in the delivery of some of the actions under the strategy, and there is civil society representation on the National Oversight Committee, which gives ‘leadership and direction to support implementation of the strategy’¹⁵. Civil society members on this body are provided through networks with specific focuses. For example, there are places available for representation from the Union of Improved Services Communication and Education (UISCE)¹⁶, CityWide¹⁷, the National Family Support Network¹⁸ and the Voluntary Drug Treatment Network¹⁹. The Chairpersons’ and Coordinators’ Networks of the Drug and Alcohol Task Forces also have representation.

¹⁵ National Drug Strategy, p.76

¹⁶ A representative organisation for people who use drugs; see www.myuisce.org

¹⁷ A national network of community activists and community organisations that are involved in responding to Ireland’s drugs crisis; see www.citywide.ie

¹⁸ A networking organisation respects the lived experiences of families affected by substance misuse; see www.fsn.ie

¹⁹ A network of civil society organisations who provide direct services to people who use drugs, and of which ALDP is a member

The Irish NAP: Development

As part of the CSIDP project, a template for developing NAPs generally was agreed by the project partners. NAPs were to be simple, discrete and achievable, and focused on actions in three potential areas – structures for civil society engagement, processes for civil society engagement and specific issues where respondents felt that state and civil society could work together²⁰. In the Irish context, we sought responses from civil society actors in early 2017, using a number of networks, including voluntary sector clusters, local and regional drug and alcohol task forces and the drugs.ie database, to ask for feedback.

In total, we reached out to over 500 civil society contacts. This exercise yielded a very limited response – only eight validly completed forms we’ve received, although two were from representative /networking organisations, which have a mandate to respond on behalf of large numbers of civil society actors. Not all respondents addressed all of the questions, and some were organisationally rather than strategically focused. Nonetheless, there was crossover on broad themes from respondents.

Key responses in each thematic area centred on the following:

1. In terms of structural issues, there was a general acceptance that structures are in place but need to work better. Where new structures were suggested, they were to increase direct participation and ownership by stakeholders/ citizens, including PWUD, families, members of the Travelling community, minority communities and young people
2. In terms of process issues, transparency and accountability were noted as key issues as was the need for resources to support existing processes noted to support CS participation
3. In terms of specific issues, those raised by more than one respondent were:
 - Rights and access issues
 - Decriminalisation
 - Drug Related Debt and Intimidation

From these responses, we developed discrete actions which would be achievable within the framework of the CSIDP project. These were brought to a project meeting in Dublin in June 2017, attended by all the partner agencies and representatives of civil society in each country and focused on feedback and review of the National Action Plans. The actions were finalised in the context of the new Irish National Drug Strategy which was launched in July 2017. To ensure consistency with the national strategy, the

²⁰ A copy of the questionnaire used is available from info@aldp.ie

actions and an update on the CSIDP project generally was circulated to the members of the standing sub-committee of the National Oversight Committee to give those stakeholders a chance to feedback. Our final plan comprised of four actions aimed at contributing to the overall project aim of enhancing civil society engagement in national policy, and the actions are set out in the table below.

ACTION	ACTIVITIES	BY WHO	OUTPUT
<i>Identifying all civil society actors</i>	Developing database of Irish civil society organisations involved in drug policy	Ana Liffey Drug Project	Database in MS Excel
<i>Encouraging participation in civil society structures</i>	Documenting activity under actions of NDS between September 2017 and April 2018.	Ana Liffey Drug Project, in contact with the relevant bodies	Short report in MS Word
<i>Enhancing transparency in existing structures</i>	Development of visual representation of drug policy structures in Ireland	Ana Liffey Drug Projects	Visual map of structures
	Development of visual documentation (minutes, terms of reference, etc.)	Ana Liffey Drug Project, in contact with the relevant bodies	Online repository of documents
<i>Monitoring civil society input on issues in drug policy</i>	Documenting activity on the issues noted at 6(d)	Ana Liffey Drug Project, in contact with the relevant bodies	Short report in MS Word

The Irish NAP: Implementation

ACTION ONE: IDENTIFYING ALL CIVIL SOCIETY ACTORS

The first action was to establish a database identifying and containing details of all civil society actors active in the field of drug policy in Ireland. It was clear from our initial consultation process that there were a large number of organisations that were potentially part of this cohort, but that engagement among this group with our request had been poor. Reflecting on this, we saw that although there were networks and contact lists that could be utilized, it did not appear that there had been any attempt to identify CS actors in the policy arena in their totality. To address this, we set about identifying CS actors in a structured way, by undertaking the following activities:

- Collating the details of CSOs already in our networks or known to us
- Reviewing the publicly available details of all registered charities via the Charities Regulator website, using drug and drugs as search tools
- Reviewing the publicly available contact details of all treatment service providers on the national drugs website, drugs.ie, and screening out those that are provided by statutory agencies
- Reviewing public submissions to a parliamentary committee looking at an aspect of drug policy
- Reviewing the final list internally with colleagues to establish if there were any entities not yet identified which should be added
- Screening the database for any duplicates

This process generated an initial list of 213 potential candidates for CSOs that are involved in drug policy in Ireland. Following this, we contacted by email every organisation on the database, informing them of the project, providing a definition of what is considered a CSO and what is considered drug policy and asking them if they considered themselves to be a CSO involved in drug policy, and providing an optout if they did not. Following the introduction of the General Data Protection Regulation, and mindful of the fact that the database contained some personal details, we contacted everybody on the database again and asked them to specifically opt in if they wanted to remain on the database.

Following this process, we have a database of 44 CSOs who self-identify as actively involved in drug policy, and we continue to add to this list as consents are received. The list is a good cross section of CSO activity, and includes a range of organisations covering various geographical areas and with a focus on a range of different service types and interests including services for LGBTQ+ people, youth, homeless and Traveller populations, family support, community activism, HIV and BBVs, penal reform, student and nursing groups.

ACTION TWO: ENCOURAGING PARTICIPATION IN CIVIL SOCIETY STRUCTURES

Action two concerns encouraging participation in civil society structures. The specific activities related to identifying relevant actions directed at CS participation under the National Drug Strategy and documenting specific steps taken under those actions during the currency of the National Action Plan.

We began the implementation of this action by identifying the relevant actions. We reviewed the National Drug Strategy and liaised with a range of stakeholders including a CSO representative on the oversight committee to identify relevant actions. This process revealed the following actions:

ACTION	ACTIVITIES	OUTPUT
2.1.27a.	Fostering engagement with representatives of people from specific communities, including Traveller community, LGBTI community, new communities, sex workers and homeless people ²¹	Health Service Executive, partnered by the community and voluntary sectors
4.1.39.	Supporting and promoting community participation in all local, regional and national structures	Department of Health, partnered by the community sector, local authorities, Department of Housing, Planning and Local Government, Drug and Alcohol Task Forces
4.2.44.	Promoting the participation of services users and their families in local, regional and national decision making structures	Department of Health, partnered Relevant Departments and Agencies, C&V sectors, DATFs, Networks of people who use drugs and alcohol, Networks of people who use services and/Family Support Networks

As the strategy only became operational in July 2017 and will run until 2025, it was noted that it was not necessarily the case that any or all of these actions would be progressed during the currency of the national action plan. For that reason, we extended the period of analysis as far as possible, and will continue to note any activity around these key actions. In order to establish activity which had taken place that was relevant to these activities we sought input from two main sources – the department of health, which is the government department with responsibility for the strategy and colleagues in civil society organisations.

²¹ This takes place in the context of the broader action 2.1.27, which is to improve the capacity of services to accommodate the needs of people who use drugs and alcohol from specific communities

Notwithstanding the fact that the strategy is in the early stages of implementation, it is clear that there is a significant amount of activity ongoing related to these activities, much of which is cross-related or has relevance to a number of activities. For example:

- The basic structures noted in the strategy have been established by the Department of Health. A National Oversight Committee was established to give leadership and direction to support the implementation of the strategy. This Committee is chaired by the Minister for State with responsibility for the National Drug Strategy and meets on a quarterly basis. The key civil society stakeholders are represented on this committee including the community sector, National Family Support Network, UISCE, the National Voluntary Drug and Alcohol Sector as well as the Task Force chairs and coordinators networks. In addition, a Standing Sub-Committee of the National Oversight Committee meets monthly to drive the implementation of the strategy. This committee is chaired by a senior official in the Department of Health and has representation from all of the actors mentioned above as well as Pavee Point, representing the Traveller community in Ireland
- Civil society engagement at local level is also important and is achieved through the local and regional Drug and Alcohol Task Forces. The Department of Health encourages civil society membership on task forces and is currently working to update the Task Force Handbook and Code of Governance which will address participation issues. A working group under the strategy, with civil society participation, has been formed for this purpose
- In addition, the Department of Health has committed to funding a Policy and Communications role for the National Voluntary Drug and Alcohol Sector to represent the experiences and evidenced-based communications from the sector at national, regional and local forums. The Department already funds similar positions for Citywide and for the National Family Support Network, and this is a significant and welcome step to ensuring civil society participation is resourced under the new strategy
- In November 2018, the Department of Health and the Health Research Board hosted a National Drugs Forum as a means of engagement and shared learning between all stakeholders involved in the strategy. This forum was open to all interested parties and provided an opportunity to facilitate learning and discussion among policy makers, civil society actors, and people accessing services in relation to drugs and drug use
- Civil society stakeholders have been encouraged and facilitated to engage with policy makers during the deliberations of the working group investigating alternative approaches to the possession of drugs for personal use. Although there is not broad civil society representation on the working group, two of the members of the working group are people who use or have used drugs. An online questionnaire was developed in such a way as to make it as easy as possible for any member of society to access it and fill it in. The Department of Health also worked with a wide variety of media to advertise the questionnaire including national radio and newspapers, online news outlets and social media. They also called on organisations and services who worked in the drugs area to facilitate participation and engagement with the questionnaire, through their structures, and a focus group was also conducted with people who had been convicted for personal possession. This broad consultation led to the submission over 20,000 responses, the highest number ever for

an issue in the drugs field.

CityWide has carried out a number of relevant activities, including:

- Working with the formal policy structures and representatives of the Traveller community to ensure Traveller representation on the standing sub-committee of the national drugs strategy
- Working with Belong To Youth Services on drug policy issues, supporting the inclusion of the voices of young LGBTQI+ people in drug policy in Ireland
- Holding a roundtable discussion for representatives of ethnic minority communities and Drug and Alcohol Task Forces, with a number of resource documents currently being finalised for launch in early 2019. Based on an initial piece of research with key NGO voices in organisations engaged with ethnic minorities
- Civil society respondents also reported good work supported by the Health Service Executive in relation to the rights of PWUD, and in particular activities being carried out by Community Response around peer education.

In general, it is fair to say that the new strategy has been positively received by civil society actors, that state structures are open and supportive of civil society participation, and that there has been a good amount of work focused on participation in the first year of the strategy's implementation. Insofar as civil society actors noted opportunities for improvement in these areas, comments focused on the need to ensure that key decisions are made within the relevant participative structures at local, regional and national level, and that where specialised working groups are established under the strategy, that these groups are also structured to maintain the high level of civil society participation and inclusion that is apparent in the oversight and implementation committees.

ACTION THREE: ENHANCING TRANSPARENCY IN EXISTING STRUCTURES

The third action focused on enhancing transparency in existing structures. It was clear from our work that there were a number of policy fora that were operational in Ireland (such as those noted in the previous section) and a number of routes through which an interested citizen or group could engage with drug policy. However, these routes were not often well publicized or understood. This action focused on making these pathways more visible, and identifying structures which would be of use to citizens looking to engage. Initially, this was to be achieved by the development of two elements - a simple graphical representation and a repository of information. However, as we worked, it made better sense to create an accessible document with links to the relevant resources. To achieve this we undertook a number of tasks:

1. We conducted desk research to identify relevant bodies, structures, etc.
2. We created the 'Interested in Drug Policy?' document, a compilation of the key information we had

identified with key links

3. We reviewed the 'Interested in Drug Policy?' with key stakeholders before finalising

The completed action is in the form of the 'Interested in drug policy?' document, which sets out in a clear and accessible form the various structures and provides some guidance for individuals or civil society actors who are interested in engaging with drug policy in a formal way. The document is available on www.csidp.eu, and is best viewed in electronic format such that links can be utilized.

ACTION FOUR: MONITORING CIVIL SOCIETY INPUT ON ISSUES IN DRUG POLICY

The final action focused on monitoring civil society input in three areas that had been identified through the initial consultation as those in which state and civil society could work together. These were:

- Rights-based issues
- Decriminalisation
- Drug-related debt and intimidation

To compile a report of relevant information in these areas, we contacted key civil society actors with a focus in each area and sought feedback from them. A note of activities in each area is as follows.

Rights based issues

Both CityWide and UISCE report activities being undertaken on rights-based issues during the currency of the CSIDP project. During 2017 Citywide worked in partnership with Community Drug Projects and their participants on the development of a campaign to highlight and counter drug-related stigma. This resulted in the 'Stop the Stigma' campaign, which was launched by Minister Catherine Byrne at the end of February 2018, and can be accessed on <http://stopthestigma.ie/>

The campaign sets out 5 key areas of action : Changing the language, Challenging stigma in delivery of services, Supporting community drug programmes, Understanding the complexity of addiction, Ending criminalisation of people who use drugs.

CityWide are now working on developing the next stages of the campaign, and have brought together a number of groups and individuals across a range of sectors, including representatives of state bodies, who are engaging with the issues around drug-related stigma and have developed a work plan for implementation over the coming year. Both UISCE and Service Users' Rights in Action (SURIA) are participating in the process as organisations to ensure that the views of people who use drugs are

adequately represented.

SURIA also published work on human rights issues for people using drug services in Ireland, which was carried out in partnership with the Irish Human Rights and Equality Commission and this work will be supported as part of the work plan on the broader Stop the Stigma campaign.

Despite these achievements, which have been progressed with the support of state agencies, UISCE report that that on a concrete, practical level, many of the people who use services are not aware of their rights - either within the service or either from a human-rights perspective. Thus, one of UISCE's main activities is to make sure the community of PWUD are aware of the rights they have in this regard. This work has been ongoing, and before the publication of the national drugs strategy in 2017, UISCE published a poster and distributed to different services in Ireland, with the aim of informing the community of PWUD that they have rights and that they're in a position to stand up for them if those rights aren't being met.

UISCE also notes barriers to lodging complaints about services experienced by the community of PWUD, including:

- Many people are not even aware that they have the right to express their dissatisfaction with a service and, even if they are aware of it, some people have told us that they're afraid that that submitting a complaint might jeopardise their ability to access the service
- In order to follow through a complaints process, time and other means are needed (computer access, internet access, phone service). Some members of the community of PWUD are not in a position to be put on hold for 30 min when making a call to express their dissatisfaction with a service. Similarly, complaints processes sometimes require a follow up, which requires all the means mentioned before, which are not always available for the relevant person.

Drug-related debt and intimidation

As a starting point, it is useful to note that there is an innovative and ongoing programme in relation to drug related debt and intimidation ongoing in Ireland delivered in partnership between the state and civil society, and also that this area has been identified as a priority issue for consideration by the National Oversight Committee. Action 4.1.42 of the national drugs strategy to specifically mandates the state (via An Garda Síochána, the policing function) and civil society (via the National Family Support Network (NFSN)) to work together to strengthen the effectiveness of the Drug-Related Intimidation Reporting Programme:

An Garda Síochána and the National Family Support Network will each carry out its own evaluation of the Drug-Related Intimidation Reporting Programme to strengthen its effectiveness and, if appropriate, develop measures to raise public awareness of the programme.

Since the launch of the strategy NFSN have employed an external research consultant to complete an evaluation of the Drug-Related Intimidation Reporting Programme, using qualitative interviews and focus groups in ten sites around Ireland where family support workers have used the programme. This work is currently in the write up phase. The Drugs and Organised Crime Bureau of An Garda Síochána have also contracted one of their researchers to interview the nominated inspectors in each of the ten corresponding sites around Ireland. Once both of these research reports have been completed both partner agencies will come together and review the findings, developing and launching a strategic action plan which will include any necessary reviews of the programme and will lead into a public awareness campaign in the coming two years.

Alongside this, NFSN and the Drugs and Organised Crime Bureau held a joint seminar which brought together all 24 of the nominated inspectors for refresher training and to discuss the implications of the National Drugs Strategy. NFSN representatives have also visited Templemore Garda Training College to give a talk on the programme to a division of garda trainees with drug and addiction specific training. NFSN development workers, again in partnership with the Drugs and Organised Crime Bureau have also held two training sessions on the reporting programme for workers/volunteers who work with families and have two more planned before the end of the 2018.

Further to the work carried out by NFSN, CityWide have also been doing work to contribute to the Citywide is developing its evidence base to inform the National Oversight Committee's discussions on potential future policy initiatives. The evidence base is building on the 2016 report produced by Citywide in partnership with the state Health Research Board (HRB) on drug related intimidation and community violence in Ireland, which can be downloaded from www.citywide.ie. Both Citywide and NFSN were also members of the core planning group for the North Inner City Conference on drug-related intimidation which took place in May 2018.

Decriminalisation

The third area which had been identified was that of decriminalisation, broadly understood in the Irish context as being the removal from the sphere of the criminal law the offence of possession of drugs for personal use. Again, this issue has a specific reference point in the National Drugs Strategy - pursuant to action 3.1.35 of 'Reducing Harm, Supporting Recovery', a working group has been established to consider the approaches taken in other jurisdictions to the possession of small quantities of drugs for personal use with a view to making recommendations on policy options, something which had been advocated for by CityWide in their capacity as a CSO on the National Steering Committee for the development of the NDS. The working group was established in December 2017, and is scheduled to report in December 2018. As noted earlier, the working group conducted a broad online consultation, receiving over 20,000 submissions, as well as running focus groups with people who have been criminalised for possession of drugs for personal use, and seeking input from key civil society stakeholders.

Aside from the working group activity, there has also been a lot of civil society engagement around decriminalisation during the currency of the plan. The Ana Liffey Drug Project have run a series of town

hall events on decriminalisation in partnership with Hot Press and the London School of Economics, and have drafted a detailed policy paper to support and inform the working group which can be downloaded from www.aldp.ie. CityWide have created a maintained a decriminalisation evidence base on an ongoing basis, which is now available also as a key resource on the Health Research Board (HRB) website, as well as at www.citywide.ie. CityWide have also prepared a Frequently Asked Questions leaflet which has been widely circulated at meetings and events.

Conclusions

A number of conclusions can be drawn from the work undertaken in Ireland during the currency of the CSIDP project. These are:

1. It is apparent that there is a lot of civil society activity in the area of drug policy, both in the general context, and in the context of specific policy issues. However, much of the input from the civil society sector during the CSIDP project came, perhaps unsurprisingly, from those groups that have a specific remit under the national strategy. In noting this, it is important to also note that these groups are network organisations, and so have a mandate to speak for the members of their network. In this context, it may be the case that individual CSOs do not feel the need to engage separately with work in this area.
2. The second observation is that insofar as civil society actors do want to engage in formal structures, there are routes available to achieve this. Network organisation like CityWide, NFSN and UISCE have a national remit, and interested parties can contact those groups for advice and support on how to engage. The resources produced under the CSIDP project in the Irish context will also be of use, and there are numerous actions in the National Drug Strategy directed at participation of civil society actors in the structures. Finally, Local and Regional Drug and Alcohol Task Forces provide another contact route for interested parties.
3. Finally, both state actors and civil society actors are engaged in initiating and carrying out work in key areas, and there is a significant amount of dialogue and partnership work ongoing. The input from civil society actors noted this activity as positive, and where there were comments on opportunities for improvement, they tended to focus on ensuring adequate support to ensure inclusive decision making within the established structures, rather than highlighting any need for new structures to support CSOs.



