

Focal Point Ireland: national report for 2018 - Drug policy Ireland

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

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This document was prepared for publication by the staff of the HRB National Drugs Library

Please use the following citation:

Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (2019) ***Focal Point Ireland: national report for 2018 – drug policy***. Dublin: Health Research Board.

Other reports in this National report series can be found at

http://www.drugsandalcohol.ie/php/annual_report.php

(2019) *Focal Point Ireland: national report for 2018 – legal framework* (2019)

Focal Point Ireland: national report for 2018 – treatment.

(2019) *Focal Point Ireland: national report for 2018 – drug markets and crime.*

(2019) *Focal Point Ireland: national report for 2018 – prevention.*

(2019) *Focal Point Ireland: national report for 2018 – prison.*

(2019) *Focal Point Ireland: national report for 2018 – harms and harms reduction.* (2019)

Focal Point Ireland: national report for 2018 – drugs.

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T0. Summary

Summary of T1.1.1 National drug strategies

Ireland's national drugs strategy, entitled *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*, was launched in July 2017 (Department of Health 2017a). While the strategy is structured around cross-cutting goals rather than the pillars of the previous strategy, its content largely follows on from that of the previous strategy, with an increased emphasis on a health-led approach to addressing the drug situation in Ireland (Department of Community 2009). It reflects the commitment made by Government in May 2016 'to pursue a health-led rather than a criminal justice approach to drug use' (Government of Ireland 2016). It is also the first integrated drug and alcohol strategy in Ireland. It defines substance misuse as 'the harmful or hazardous use of psychoactive substances, including alcohol, illegal drugs and the abuse of prescription medicines' (p. 7 (Department of Health 2017a)).

The strategy covers an eight-year period (2017–2025), and is accompanied by a shorter-term action plan (2017–2020). The strategy's vision is for: *'A healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life.'* The five strategic goals are:

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

A final substantive chapter focuses on what is termed 'strengthening the performance of the strategy'. There are two key elements to this: measuring performance, and the structures supporting the implementation of the strategy.

Government Departments with responsibility for implementing various actions in the strategy include: Health (overall responsibility); Education and Skills; Children and Youth Affairs; Social Protection; Housing, Planning, Community and Local Government; Justice and Equality; and, Transport, Tourism and Sport.

Summary of T1.2 drug strategy evaluation

There was no final report or evaluation of the national strategy that came to an end in 2016, nor was there any progress report on the national drugs strategy published for 2016 (these progress reports had been published for previous years of the strategy). A Rapid Expert Review of Ireland's National Drugs Strategy was carried out as part of the development of the current drug strategy (Griffiths, *et al.* 2016). This was not an evaluation, but it does provide some valuable insights, and in the

absence of any other evaluation/progress report its findings are summarised in section 1.2.2 of this workbook. This was reported on in the 2017 workbook.

Summary of T1.3 drug policy coordination mechanisms

- The Minister for Health continues to have overall ministerial responsibility for the national drug strategy. As previously, the Department of Health also has a Minister of State with responsibility for Health Promotion and the National Drug Strategy.
- The National Oversight Committee is a senior official level committee comprising senior members of the statutory, community and voluntary sectors, and encompassing the expertise of both a clinical and academic representative.
- A Standing Subcommittee will support the implementation of the strategy and promote coordination between national, local and regional levels. It will be chaired by a senior official in the Department of Health. Membership will include representatives from the statutory, community and voluntary sectors.
- The National Oversight Committee will be able to establish subcommittees to address specific issues and draw on any expertise necessary to support it on delivering its functions.
 - The Drugs Policy Unit, Department of Health will support the Ministers, National Oversight Committee and subcommittees, analyse the implications of research findings for policy and design of initiatives to tackle the drug problem, and advise on the commissioning of new research and development of new data sources.
- The Health Research Board will continue to be the EMCDDA's national focal point. It will manage the commissioning of any research.
- The Early Warning and Emerging Trends Committee will receive, share and monitor information from national and EU sources.
- Local and Regional Drug and Alcohol Task Forces will continue to focus on assessing the extent and nature of the drug and alcohol problem in their areas, and on coordinating action at local level so that there is a targeted response to the drug problem in local communities. They will continue to be represented on the national committees.



Source: Structures supporting implementation of Reducing Harm, Supporting Recovery (Figure 11, p. 79) (Department of Health 2017a).

Summary of T1.4 drug related public expenditure

Data is available on labelled drug-related public expenditure, including COFOG classification. Data are included in Table IV of this workbook. The total reported labelled public expenditure for 2017 was €240.95 million.

T1. National profile

T1.1 National drugs strategies

T1.1.1 Titles and dates of all national drugs strategies and supporting action plans

Timeframe	Title and web link	Scope (main substances / addictions addressed)
2017–2025	<i>Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025</i> https://www.drugsandalcohol.ie/27603/	Illicit drugs and alcohol
2009–2016	<i>National Drugs Strategy (interim) 2009-2016</i> https://www.drugsandalcohol.ie/12388/	Illicit drugs
2001–2008	<i>Building on Experience: National Drugs Strategy 2001 - 2008</i> https://www.drugsandalcohol.ie/5187/	Illicit drugs

Not defined,	<i>Second report of the Ministerial Task Force</i>	Illicit drugs
Timeframe	Title and web link	Scope (main substances / addictions addressed)
published in 1997 – Precursor to 2001–2008 national strategy	<i>for Measures to Reduce the Demand for Drugs</i> http://www.drugsandalcohol.ie/5114/	
Not defined, published in 1996 – Precursor to 2001–2008 national strategy	<i>First report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs</i> http://www.drugsandalcohol.ie/5058/	Illicit drugs
Not defined, published in 1991	<i>Government Strategy to Prevent Drug Misuse</i> https://www.drugsandalcohol.ie/5108/	Illicit drugs

T1.1.2 Summary of current national drugs strategy

Ireland's national drug strategy titled *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* was launched in July 2017 (Department of Health 2017a). While the strategy is structured around cross-cutting goals rather than the pillars of the previous national drug strategy (2009–2016), its content largely follows on from that of the previous strategy (Department of Community 2009). It reflects the commitment made by Government in May 2016 'to pursue a health-led rather than a criminal justice approach to drug use' (Government of Ireland 2016). The strategy covers an eight-year period (2017–2025), and is accompanied by a shorter-term action plan (2017–2020). The implementation structure is detailed in section T1.3, but an overview is as follows:

- Overall responsibility for the national drug strategy continues to rest with the Minister for Health and the Minister of State, Department of Health. With responsibility for Health Promotion and the National Drugs Strategy.
- Government Departments with responsibility for implementing various actions in the national drug strategy include: Health; Education and Skills; Children and Youth Affairs; Social Protection; Housing, Planning, Community and Local Government; Justice and Equality; and Transport, Tourism and Sport.
- Statutory bodies responsible for implementing actions in the national drug strategy include: Health Service Executive, Health Research Board, Child and Adolescent Mental Health

Services (CAMHS), Tusla, Irish Prison Service, local authorities, An Garda Síochána, the Revenue Commissioners, Customs and Excise, State Laboratory, Medical Bureau of Road Safety, and the Probation Service.

- The community and voluntary sector, including Drug and Alcohol Task Forces, Union for Improved Services Communication and Education (UISCE, a service users' forum), and the National Family Support Network are also responsible for implementing actions.

Substance coverage

This is the first strategy to move towards an integrated approach to illicit drug and alcohol use. There has been a long-standing debate in Ireland on the question of whether alcohol *and* illicit drug use should and could be addressed in the same strategy. In 2009, the Government made a commitment to produce 'a combined National Substance Misuse Strategy to cover both alcohol and drugs' (p.5) (Department of Community 2009) but in practice alcohol policy has been largely implemented separately. The current strategy defines substance misuse as 'the harmful or hazardous use of psychoactive substances, including alcohol, illegal drugs and the abuse of prescription medicines' (p.7 (Department of Health 2017a)). There is an explicit commitment to ensuring that 'an integrated public health approach to drugs and alcohol is delivered as a key priority' (p. 22) (Department of Health 2017a). The strategy complements the Public Health (Alcohol) Bill and reinforces some of the key elements of the alcohol-focused 2012 *National Substance Misuse Strategy* (Department of Health 2012a). While there is much more of a focus on alcohol when compared to previous drug strategies, illicit drug use continues to be the primary focus of many of the actions of the new strategy for 2017–2020.

Overview of strategy: vision, values and goals

The strategy is underpinned by a set of core values and is structured around a vision and five goals. Each goal has a set of objectives, accompanying actions and performance indicators. While not explicitly structured around pillars, as was the previous national drug strategy, the themes of the previous strategy are covered in the new strategy: supply reduction, prevention, treatment, rehabilitation and research. However, there is an additional focus on the role of users, their families and communities and taking a more health-led approach.

Vision

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

Values

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

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

Goals

The five strategic goals and their accompanying objectives are:

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

A final substantive chapter focuses on what is termed ‘strengthening the performance of the strategy’. There are two key elements to this: measuring performance, and the structures supporting the implementation of the strategy. The ‘Strategic action plan 2017–2020’ is embedded in the main strategy document and contains 50 actions, with a list of statutory, community and voluntary ‘partners’ with responsibility for their delivery. Throughout the strategy there is a focus on synergising with other relevant strategies. A list of 21 ‘relevant inter-connected strategies and policies’ (p.99, (Department of Health 2017a)) is cited in the document, with a number of the actions linked directly to those of other Government strategies.

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

Each year, the Garda Commissioner is required to prepare an annual Policing Plan under Section 22 of the Garda Síochána Act 2005, as amended. The Policing Plan sets out the actions and activities that the Garda Síochána will undertake in a given year, along with the levels of performance to be achieved. The Policing Authority then approves that plan with the consent of the Minister for Justice and Equality. The 2018 Policing Plan is outlined in section T1.3.1a of the Drug Markets and Crime workbook. The Garda Síochána will report monthly to the Policing Authority on the progress made against the 2018 Policing Plan, and the monthly reports will be published by the Authority.

- Policing Authority of Ireland (2018) *An Garda Síochána Annual Policing Plan 2018*. Dublin: Policing Authority of Ireland. <https://www.drugsandalcohol.ie/29169/>

Summary available in section T1.3.1a of the Drug Markets and Crime workbook.

T1.1.4 Additional National strategy/action plans for other substances and addictions

Additional national strategy documents for other substances and addictions	
Alcohol	
Strategy title	<i>Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025</i>
Web address	https://www.drugsandalcohol.ie/27603/
Tobacco	
Strategy title	<i>Tobacco Free Ireland</i>
Web address	https://www.drugsandalcohol.ie/20655/
Image and performance enhancing drugs	
Strategy title	None
Web address	
Gambling	
Strategy title	None
Web address	
Gaming	

Strategy title	None
Web address	
Internet	
Strategy title	None
Web address	
Other addictions	
Strategy title	None
Web address	
Additional national strategy documents for other substances and addictions	
*please include extra lines as necessary	

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

No

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

No

T1.1.7 Elements of content of the latest EU drug strategy 2013-2020 and of the EU drug action plans (2013-16 and 2017-20) that were directly reflected Ireland’s most recent national drug strategy

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

Overall approach

The development of Ireland’s national drugs strategy and action plan was guided by national priorities, the input of stakeholders, and the findings of the Rapid Expert Review (see section T1.2.2 below for a summary of the review) (Griffiths, *et al.* 2016). While the Department of Health did not set out to mirror the EU strategy and action plan, there is significant overlap between them and Ireland’s national strategy and action plan. There is very close alignment between their goals, objectives, and actions. Ireland’s strategy reflects a similarly balanced approach to addressing both supply and demand reduction activities, although there is a lot of emphasis on taking a health-led rather than a criminal justice-led approach. Very similar actions and ways of working are identified across the board, including in the areas of prevention, treatment, harm reduction, rehabilitation/recovery/reintegration, drug markets, legislation, law enforcement, and drug monitoring. Both strategies emphasise the need for an evidence-based approach, which is reflected in one of the five goals of the Irish strategy being explicitly committed to supporting such an approach.

EU partners

The Irish strategy explicitly aligns itself with the EU and other international partners on a range of activities, for example on intercepting drugs – and precursors for diversion to the manufacture of drugs – being trafficked to Ireland, and on early warning and emerging trends networks. As part of an action to strengthen Ireland’s drug monitoring system, the strategy commits to using EMCDDA protocols to monitor the drug situation and to be able to respond to new data monitoring requests from the EU.

Human rights and health-led approach

The fundamentals of EU law and the values of the Union underpin the EU strategy, and within this is a strong commitment to upholding human rights. There are a number of features of the Irish strategy that indicate a more human rights-based approach than in previous Irish strategies. These include that it has a health-led approach to drug use; is underpinned by the values of compassion, respect, equity, inclusion, partnership, is evidence-informed; and incorporates human rights in some elements, for example introducing supervised injecting facilities and exploring approaches to the possession of small quantities of drugs. However, the language in the Irish strategy is framed around the health-led approach rather than using the language of human rights. Human rights are only specifically mentioned once in the Irish strategy document, and this is in relation to developing a Quality Assurance Framework for the delivery of services.

Performance measurement

Ireland’s action plan identifies 50 strategic actions, how they are to be delivered, the lead agency with responsibility for each action, and the relevant partners. However, unlike the EU Action Plan, it does not indicate timetables, indicators, or data collection/assessment mechanisms for each action. While not linked to specific actions, a selection of performance indicators is presented under each goal (Department of Health 2017a).

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

No information.

T1.2 Evaluation of national drugs strategies

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

There are no evaluations or progress reports available on the current strategy, which has been in place since July 2017. No progress reports on the National Drugs Strategy 2009–2016 were published for 2016 or 2017, nor was there a summative report/evaluation on that strategy upon its completion. However, a Rapid Expert Review of Ireland’s National Drugs Strategy (2009–2016) (Department of Community 2009) was carried out as part of the development of the current drug

strategy (Griffiths, *et al.* 2016). This was not an evaluation of the strategy, but it does provide some valuable insights. It is summarised in section T1.2.2 below.

The titles and links to progress reports on the previous strategy are as follows:

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

T1.2.2. Results of the latest strategy evaluation

Report of the Rapid Expert Review of the National Drugs Strategy 2009-2016

<http://www.drugsandalcohol.ie/27289/>

No evaluation of Ireland's National Drugs Strategy 2009–2016 was carried out; however, there was a Rapid Expert Review of the strategy. In late 2015, the then Minister of State with responsibility for Health Promotion and the National Drugs Strategy (Griffiths, *et al.* 2016). Aodhán Ó Ríordáin, established a Steering Committee to provide him with guidance and advice on the development of the new national drug strategy. The work of the Steering Committee was informed by a number of inputs, including a report from a group of international experts who undertook a high-level review of the National Drugs Strategy 2009–2016 ((Department of Community 2009)). The *Report of the Rapid Expert Review of the National Drugs Strategy 2009-2016* was completed in August 2016 (Griffiths, *et al.* 2016). It aimed 'to inform the development of the new national drugs strategy by providing a "helicopter view" and capturing some key learning points from the experience of the national drugs strategy 2009–2016' (p. 1). The review highlighted the complexities involved in developing a drugs strategy in a landscape that is always evolving and in which 'articulation between social, criminal and health policy areas is vital' (p. 31). The review team's terms of reference were:

- To examine the progress and impact of the National Drugs Strategy 2009–2016 in the context of the objectives, key performance indicators, and actions set out in the strategy
- To identify deficits in the implementation of the strategy
- To summarise success factors or barriers to success
- To comment on Ireland's evolution in tackling the drug problem in light of international trends

- To identify key learning points arising from the strategy and to highlight areas to consider for development in the new national drug strategy.

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

National Drugs Strategy 2009–2016

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

However, the review also found that while delivery of the strategy got off to a good start, over time some of the positive changes delivered in the initial phases ‘became less apparent’ (p. 6) and the ‘usefulness and appropriateness of the instrument declined’ (p. 7). Areas that became problematic included ‘[meeting] changing needs, stakeholder participation, sustaining appropriate coordination mechanisms, and follow-up and continuing relevance of actions’ (p. 6). Griffiths *et al.* argued that it was inevitable that changes would occur over the period of a drugs strategy, and it was therefore important that the strategy could adapt to meet these changes. The review discussed a number of areas in which the National Drugs Strategy had lost its momentum over time, including the following:

- The ‘strong role of community organisations’ in both strategy development and delivery was identified as one of the key features of the Irish context (p. 9). In the course of the review, the team found that in some areas of the National Drugs Strategy, the coordination between local, regional, and national levels became less effective over time. Roles and responsibilities became less clear and lines of communication blurred. This impacted on progress in a number of ways. One of these impacts was that opportunities to identify and adopt effective interventions were sometimes missed. ‘The need for effective engagement with local communities, needs-based service provision, and mechanisms to ensure the quality of services delivered across locations, came up repeatedly during discussion on the current strategy’ (p. 10).
- The impact of the strategy appeared to vary across geographical areas – in particular, the impact on local structures, services, and practice. This was influenced by ‘changes in the location of needs since the drafting of the national drugs strategy; the difficulty in

reconfiguring delivery structures in response to these changes; and practical and resource issues related to developing service models suitable for areas where the target population is more geographically dispersed' (p. 9).

- The policy and operational landscape changed a lot over the course of the strategy. New strategies and structures had been developed across related fields. This had brought about 'some corresponding lack of clarity on the purpose and/or role of different structures or actors working in the area' (p. 6).
- The commitment to research, monitoring, and evidence-based interventions in the National Drugs Strategy was seen as one of its strengths. However, momentum in this area had faded over time. It was seen as having faced some 'problematic coordination and structural issues' (p. 11), including inadequate resourcing, a lack of standardisation for data collection, and a lack of capacity to analyse data collected and use it to inform strategic decisions.

Structure of the National Drugs Strategy

In order to take learning from the experience of the National Drugs Strategy, the review discussed the effects of three elements of the strategy's structure:

- The topic areas of the five pillars were described as 'well chosen', as they contained all the main elements of a 'modern balanced drug strategy'. There were pros and cons to structuring the National Drugs Strategy around the pillars. Keeping similar areas together gives clarity to the main tenets of the strategy. Having a 'joint point of focus' (p. 7) encouraged joined-up working in some areas. However, it also impeded cross-pillar coordination at times, in particular when resources were limited or reduced. Where issues cut across more than one pillar, they sometimes lacked ownership and failed to be addressed. However, the overall view was that the benefits of the pillar approach outweighed the costs. Griffiths *et al.* suggest that the new strategy could be designed in a way that would maintain the clarity that comes from keeping similar areas grouped together but that would also facilitate better cross-area working.
- Actions were embedded in the seven-year strategy. However, doing so was found to have particular limitations. The actions could not be reactive to change in the drug situation over time, and this contributed to an overall perception of a decline in the National Drugs Strategy's 'relevance and momentum' (p. 6) over its timeframe.
- The National Drugs Strategy included a set of key performance indicators (KPIs). These were to be used to measure progress over time. Their appropriateness as measures for both changes over time and for the strategic goals they were linked to was not always clear. Furthermore, the data required in order to measure them were not always available, and investment in monitoring the KPIs 'appeared to decline' (p. 6) over the course of the strategy. The KPIs therefore did not fulfil their intended role. Griffiths *et al.*

suggested that the strategy's objectives, actions, and KPIs need to be more clearly linked together and be better sequenced in order to ensure that they are achievable.

New national drug strategy

Based on their findings, Griffiths et al. made a number of suggestions for the development of what was going to be the new national drugs strategy. These included the following:

- **Separate the actions from the strategy:** Given the relatively long period of time covered by Ireland's current and forthcoming strategies, Griffiths *et al.* argued strongly for separating the strategy from the actions. The strategy document could lay out the vision, objectives, and structure for the seven years, and a separate time-bound (for example, three years) action plan could support the strategy. This approach would allow for an opportunity to reflect on progress and changes in the landscape at a midpoint in the strategy's timeframe and to make appropriate changes to the action plan.
- **Synergise with other strategies:** In order to minimise duplication and the waste of scarce resources, and to maximise the impact of the strategies, Griffiths et al. emphasised the importance of having clear 'synergy and complementarity' (p. 31) between the new national drugs strategy and other related strategies. This would include strategies dealing with other substances (alcohol in particular), strategies dealing with the needs of specific populations, and strategies dealing with areas or social issues where drug use is an issue.
- **Ensure equality of access to provision according to need:** Griffiths et al. argued that equality of access is a concept that should cut across the strategy. High-quality interventions of proven effectiveness need to be universally available irrespective of the types of drugs being used, where the user lives, or which community the user belongs to.
- **Identify and roll out good practice:** In the course of the review, Griffiths et al. were presented with numerous examples of good practice, but it appeared that there were barriers to them being implemented nationally. The authors argued for 'a clear mechanism for identifying good practice supporting programme evaluation, and encouraging wider implementation where this is appropriate' (p. 10). They suggested drawing on national and international practice and programmes in order to develop a suite of approved interventions that have been proven to work and that partners would be able to draw from.
- **Monitor, research, and evaluate:** These are considered 'an essential element of any strategic response in this area' (p. 31). This would help ensure that the strategy is responsive to changing needs and will deliver on its goals. Following on from this, there must be mechanisms in place to facilitate the analysis of what is found, as well as the provision of advice based on this evidence to relevant stakeholders. Stakeholders would be able to spread good practice and identify problem areas.

- **Clarity of structural functions for implementation and delivery:** The strategy should have a clear focus on how it is to be implemented and delivered, including the organisational structure and the roles and responsibilities of the various stakeholders. To facilitate the delivery of the strategy, Griffiths et al. highlight the importance of leadership (ideally at a ministerial level with the support of a committee) to provide drive and direction/prioritisation, and to ensure that resources are made available.
- **Alcohol:** The authors made special mention of alcohol as a theme that recurred throughout the review – the high prevalence of problems associated with it, the ‘interactions’ (p. 6) between alcohol and other drug problems, and alcohol’s place in the forthcoming strategy. While Griffiths *et al.* do not identify a specific model to follow, they note that what is important is that areas such as prevention and treatment, where a ‘cross-substance approach is essential’ (p. 12), are adequately supported.

Specific issues for new national drugs strategy

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

As outlined earlier, the review was not an evaluation of the National Drugs Strategy. Rather, its purpose was to take lessons from the strategy’s delivery to inform what was the forthcoming national drugs strategy.

T1.2.3. Planned evaluations of the national drugs strategy

Ireland’s action plan identifies 50 strategic actions, how they are to be delivered, the lead agency with responsibility for each action, and the relevant partners. These actions are to be delivered between 2017 and 2020, and the strategy allows for the introduction of new measures after 2020 in order to address issues that emerge during the initial four-year period. While the strategy does not indicate timetables, indicators, or data collection/assessment mechanisms for each action, there are performance indicators under each goal which will be measured on an annual basis. In addition, the key bodies responsible for delivering the strategic actions are required in order to report on progress on an annual basis to the Minister with responsibility for the National Drugs Strategy.

T1.3 Drug policy coordination

T1.3.1 Coordination bodies involved in drug policy

The structure of the coordination and implementation of the current national drugs strategy set out to improve on previous structures by being more streamlined to better deliver on the key functions of the strategy, and by ensuring that participation in the strategy would be optimised in a way that avoids 'duplication and overlap' (p. 76, (Department of Health 2017a)).

Ministerial responsibility: The Minister for Health continues to have overall responsibility for the National Drugs Strategy. In addition, the Department of Health has a Minister of State with responsibility for Health Promotion and the National Drugs Strategy.

National Oversight Committee: This is a senior official level committee sponsored by the Minister of State with responsibility for the National Drugs Strategy. Membership includes representatives from the statutory, community, and voluntary sectors, as well as expertise from both a clinical and an academic representative. Membership from the statutory sector is at the level of Assistant Secretary. The committee meets on a quarterly basis and has five main functions, as outlined in its terms of reference:

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

Standing Subcommittee: A Standing Subcommittee supports the implementation of the national drugs strategy and promotes coordination between national, local, and regional levels. It meets on a monthly basis and is chaired by a senior official in the Department of Health. Membership includes representatives from the statutory, community, and voluntary sectors. Its terms of reference are:

- To drive implementation of the national drugs strategy at national, local, and regional levels
- To develop, implement, and monitor responses to drug-related intimidation as a matter of priority
- To support and monitor the role of Drug and Alcohol Task Forces in coordinating local and regional implementation of the national drugs strategy with a view to strengthening the Task Force interagency model

- To improve performance, promote good practice, and build capacity to respond to the drug problem in line with the evidence base
- To ensure good governance and accountability by all partners involved in the delivery of the strategy
- To report to the National Oversight Committee on progress in the implementation of its work programme.

Members are expected to develop what is called a 'liaison relationship' (p. 78 (Department of Health 2017a)) with DATFs to support effective coordination and communication between delivery bodies and stakeholders at all levels.

Subcommittees: The National Oversight Committee can establish subcommittees in order to address specific issues and draw on any expertise necessary to support the National Oversight Committee on delivering its functions.

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

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

Health Research Board (HRB): The HRB continues to be the EMCDDA's national focal point. It manages the commissioning of any research that the National Oversight Committee decides needs to be undertaken in order to address the gaps in its knowledge.

Early Warning and Emerging Trends Committee: This committee receives, shares, and monitors information from national and EU sources on new psychoactive substances of concern and on any emerging trends and patterns in drug use and the associated risks.

Drug and Alcohol Task Forces (DATFs): The current terms of reference of the DATFs are referred to in the strategy. Based on these terms of reference, the role of the DATFs continues to focus on assessing the extent and nature of the drug and alcohol problem in their areas, and on coordinating action at local level so that there is a targeted response to the drug problem in local communities. They continue to implement the National Drugs Strategy in the context of the needs of their region or local area through action plans. They also provide an annual report on their activities to the

Minister of State with responsibility for Health Promotion and the National Drugs Strategy. The Department of Health has responsibility in the strategy for supporting the measurement of the performance of the DATFs through the performance measurement system. DATFs are partners of the Health Service Executive (HSE) in the oversight and implementation of the drugs strategy at local level. The DATFs make recommendations regarding funding of projects to the HSE. While the DATFs assist the HSE in the management of the projects, the statutory provision states that it is the responsibility of the HSE exclusively to ensure that the funding is appropriately managed (personal communication, HSE, July 2018).



Source: Structures supporting implementation of Reducing Harm, Supporting Recovery (Figure 11, p. 79) (Department of Health 2017a).

T1.4 Drug related public expenditure

T1.4.1 Data on drug-related expenditure

Data are available on labelled drug-related public expenditure, in line with the COFOG classification system (see Table IV). No data is available on unlabelled drug-related public expenditure in Ireland. The total labelled public expenditure for 2016 was €249.08 million. A summary of labelled expenditure for the period 2013-2017 is in Table 1.4.1.1 below. This is a summary of data presented in previous national reports, since the more detailed breakdown (including COFOG classification) of data was first reported on in 2013.

Table 1.4.1.1 Labelled drug-related public expenditure 2013-2017

Department/Agency	2013 (€m)	2014 (€m)	2015 (€m)	2016 (€m)	2017 (€m)
Health Research Board	€0.957	€0.908	€1.013	€1.247	€0.756
HSE Addiction Services	€90.392	€86.122	€91.523	€93.43	€97.87

HSE Drugs and Alcohol Task Force Projects	n/a	€21.570	€22.064	€22.78	€22.14
An Garda Síochána	€44.00	€43.000	€43.000	€46.00	€47.00
D/Children & Youth Affairs	€20.310	€19.548	€19.548	€20.05	€20.04
D/Justice	€18.553	€18.762	€19.363	€20.56	€7.30
Revenue Customs Service	€14.624	€16.235	€17.445	€17.36	€17.36
D/Social Protection (former FÁS area)	€13.434	€14.063	€13.900	€16.41	€17.98
D/Health	€29.567	€7.266	€7.323	€6.08	€5.54
Irish Prison Service	€4.500	€4.200	€4.235	€4.40	€4.20
D/Education & Skills	€0.810	€0.748	€0.748	€0.77	€0.76
Total	€237.147	€232.422	€240.162	€249.087	€240.95

In June 2018 the Government announced once-off funding of €1 million 'to support and enhance services nationwide. This funding will be allocated as follows: once-off funding of €290,000 for taskforces in the fourth quarter of 2018, an allocation of €10,000 for each local drugs and alcohol taskforce and €15,000 for each regional drugs and alcohol taskforce.' (Byrne 2018, 28 June)

T1.4.2 Breakdown of estimates of drug related public expenditure

The breakdown of labelled public expenditure in 2017 by COFOG classification is provided in Table IV below. The total labelled public expenditure reported for 2017 was €240.95 million

IV Breakdown of drug-related public expenditure 2017

Expenditure €m	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Comments
0.505	2017	gf07	s1311	Health	Research and reports in relation to drug services and drug-related deaths
0.251	2017	gf07	s1311	Health	National Documentation Centre
0.756					
0.04	2017	gf07	s1311	Health	Research and advisory function of
					the NACDA
4.06	2017	gf07	s1311	Health	Treatment and rehabilitation services provided to drug users- LDATF

1.06	2017	gf07	s1311	Health	Treatment and rehabilitation services provided to drug users – RDATAF
0.21	2017	gf07	s1311	Health	National network of community activists and community organisations
0.16	2017	gf07	s1311	Health	Supports the development of family support groups throughout the country
0.01	2017	gf07	s1311	Health	Freephone service to report drug dealing and drug related crime
		gf07	s1311	Health	Other miscellaneous activities
5.54					
5.58	2017	gf08	s1311	Children & Youth Affairs	Youth programmes with Drug specific initiatives (round 1)
13.28	2017	gf08	s1311	Children & Youth Affairs	Youth programmes with Drug specific initiatives (round 2)
1.18	2017	gf08	s1311	Children & Youth Affairs	Mainstreamed drug projects (LDATF)
20.04					
0.40	2017	gfo9	s1311	Education and Skills	Drug education and prevention projects LDATF
0.36	2017	gf09	s1311	Education and Skills	Drug Court - Education support
0.76					
68.43	2017	gf07	s1311	Health Service Executive	Drug related health services
14.92	2017	gf07	s1311	Health Service Executive	Treatment and rehabilitation services provided to drug users –LDATF
7.22	2017	gf07	s1311	Health Service Executive	Treatment and rehabilitation services provided to drug users -RDATAF
0.53	2017	gf07	s1311	Health Service Executive	Cross Task Force Funding
7.26	2017	gf07	s1311	Health Service Executive	Drug related health services - NDTs
21.65	2017	gf07	s1311	Health Service Executive	Drug related health services -PCRS
120.01					
17.39	2017	gf10	s1311	Social Protection	Training and rehabilitation places for drugs referred clients on Community Employment
0.59	2017	gf10	s1311	Social Protection	Support for community based drugs projects
17.98					

0.10	2017	?	s1311	Justice and Equality	Funding contribution to Maritime Operational and Analysis Centre Lisbon
0.09	2017	gf03	s1311	Justice & Equality	Drug Treatment Court
1.72	2017	gf07	s1311	Justice & Equality	Research on drug related deaths
5.34	2017	gf07	s1311	Justice & Equality	Community based rehabilitation services
7.30					
4.20	2017	gf03	s1311	Irish Prison Service	Drug treatment services in Prisons
47.00	2017	gf03	s1311	An Garda Siochana	Policing/investigation costs
17.36	2017	gf03	s1311	Revenue's Customs Service	Border policing (anti-smuggling)
240.95					

Acronyms in Table IV

LDATF- Local Drug and Alcohol Task Force projects

RDATF- Regional Drug and Alcohol Task Force projects

NDTS - National Drug Treatment Service PCRS

- Primary Care Reimbursement Service

T2. Trends. Not applicable for this workbook.

T3. New developments

T3.1 Developments in drug policy

The key areas to report on this year are:

1. Parliamentary debate on the implementation of the National Drugs Strategy
2. Decriminalisation
3. Medicinal cannabis
4. Public Health (Alcohol) Bill 2015
5. Supervised injecting facilities

1. Parliamentary debate on the implementation of the national drugs strategy

The first Dáil debate on implementing the national drug and alcohol strategy happened on 28 June 2018, just under one year since its launch in July 2017 (Byrne 2018, 28 June). The Minister of State with responsibility for Health Promotion and the National Drugs Strategy outlined some of the key elements of the document. While there was criticism from other members of the Dáil about the delay in having an opportunity to debate the strategy, the document itself was broadly welcomed across political parties – in particular, its health-led approach to drug use and addiction and the action to examine alternatives to criminal sanctions for personal possession. While not an exhaustive list,

criticisms of the strategy and of the Government's delivery of it that emerged in the course of the debate included the following:

- A stronger acknowledgement of the link between social and economic deprivation and drug use is needed.
- A recurring theme is that the Government is providing insufficient funds for service providers to be able to deliver on the actions of the strategy.
- There needs to be a more comprehensive approach to the use of methadone as a treatment option, and it need not be seen as an end in itself.
- The Government response needs to be cognisant of the ongoing spread of problematic drug use into all areas of the country, and to have adequate responses to deal with this.
- Service providers need to be better supported in their work, not just in terms of funding but also in better working conditions and improved quality standards.
- Community groups need to be involved in decision-making that is currently happening on too centralised a basis.
- The full range of Government Departments need to be held accountable for progress under the actions for which they have responsibility. The structures outlined in the strategy need to ensure that this is done.
- The ongoing delay in implementing the Public Health (Alcohol) Bill 2015 was heavily criticised.

(Byrne 2018, 28 June)

2. Decriminalisation

The decriminalisation of limited amounts of drugs for personal use continues to be on the Irish drug policy agenda; it is currently under consideration by a Government-led working group. As reported on in the 2017 National Report, there is no commitment in the National Drugs Strategy to legislate for decriminalisation, but there is a commitment to explore it as an option for future policy. An action under Goal 3 of the strategy is 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 to the relevant Minister within 12 months' (Department of Health 2017a).

Since the 2017 National Report, a Working Group has been established. The group's remit is to:

- Examine the current legislative regime that applies to simple possession offences in this jurisdiction and the rationale underpinning this approach, and any evidence of its effectiveness
- Examine the approaches and experiences in other jurisdictions to dealing with simple possession offences
- Examine the advantages and disadvantages, and the potential impact and outcomes, of any alternative approaches to the current system for the individual, the family, and society, as well as for the criminal justice system and the health system

- Identify the scope of any legislative changes necessary to introduce alternative options to criminal sanctions for those offences
- Explore a cost-benefit analysis of alternative approaches to criminal sanctions for simple possession offences
- Make recommendations to the relevant Minister within 12 months.

Responsibility for delivering on this action is allocated jointly to the Department of Health and the Department of Justice and Equality. There are three main elements to the work of the group:

1. First, a research phase, the output of which will be a report setting out a number of possible policy options that could be applied in Ireland to the possession of small amounts of illegal drugs for personal use.
2. Second, a consultation phase on the research report to engage with and hear the views of all stakeholders: Government Departments and agencies, the public, people who use drugs, service users, service providers, families, communities, representative groups and organisations, and elected representatives. As part of this, a public consultation was undertaken via an online questionnaire (see T.4.1 below for the content of this questionnaire).
3. Third, a deliberative phase that will lead to the development of recommendations on policy options for the consideration of relevant Ministers.

The group is chaired by a former Appeal Court judge and membership includes representatives from the Department of Health, the Department of Justice and Equality, the HSE, the Health Research Board, An Garda Síochána, the Probation Service, the Office of the Director of Public Prosecutions, people with lived experience of using drugs, and an academic expert.

At the launch of the Working Group in November 2017, Ministers from both responsible Government Departments offered support for a move away from the current policy position (Department of Health 2017b). Minister for Health, Simon Harris TD, said ‘The Programme for a Partnership Government contains a firm commitment to support a health-led rather than criminal justice approach to drugs use. We need to ensure people affected by drug problems are given every opportunity to recover from addiction and get on with their lives. The establishment of this Working Group is therefore an important first step towards finding a more rehabilitative response to people who use illegal substances.’ Minister of Justice and Equality, Charlie Flanagan TD, said ‘While this is a sensitive policy issue for many people, we have to be cognisant of drug policy developments over the years, and the trend internationally towards less punitive approaches to the possession of small quantities of drugs for personal use. At the same time, we must ensure that the public is protected from dangerous or potentially dangerous and harmful substances’ (Department of Health 2017b). The Working Group is due to report to the Minister of State with responsibility for Health Promotion and the National Drugs Strategy by the end of 2018.

3. Medicinal cannabis

Since the 2017 National Report, medicinal cannabis has continued to receive a lot of attention in Ireland. This has largely been focused around the establishment of a Cannabis for Medical Use Access Programme. The key activities during 2017/18 in this area were as follows:

- Ongoing work of the Expert Reference Group to support the establishment of the Cannabis for Medical Use Access Programme. While yet to be published, the group has completed the clinical guidance for healthcare professionals who will treat patients through this Access Programme.
- Work is ongoing to find a quality-assured and affordable source of medicinal cannabis for the Access Programme. This is an element of the process highlighted by the Minister for Health in June 2018: 'the Access Programme is not yet operational, as further work is required in relation to certain elements, in particular the availability of appropriate quality-approved medical cannabis products that are affordable to patients. This is a critical aspect in establishing the access programme. The Department is working intensively on finding solutions to the supply of appropriate products for Irish patients' (Donnelly 2018, 28 June).
- Until the access programme is established, the current regulations allow for access to medicinal cannabis under the granting of a licence on a case-by-case basis by the Minister for Health. As of June 2018, seven licences had been granted for seven different individuals to access cannabis for medicinal purposes (Barry 2018, 28 June).
- Publication of an online repository of information on cannabis for medical use on the Department of Health's website (Department of Health 2018). It provides information for doctors and patients on the existing Ministerial medical cannabis licence scheme, the Medical Cannabis Access Programme currently under development, and relevant legal and policy overviews on wider medical cannabis issues.

Current access regime

Access to cannabis in Ireland continues to be controlled under the Misuse of Drugs Acts, 1977 to 2016 and the Regulations made thereunder. As cannabidiol (CBD) is not psychoactive, it is not controlled under the Misuse of Drugs legislation. However, CBD oil is not authorised as a medicinal product in Ireland, although it is sometimes marketed and sold here as a nutritional or dietary supplement. As a psychoactive substance, tetrahydrocannabinol (THC) is controlled under the Misuse of Drugs legislation and possession is unlawful except under licence. Under the existing legislation, it is open to the Minister for Health to grant a licence to a medical practitioner registered in Ireland for access to medical cannabis containing THC for a named patient. The granting of a licence is based on submission of an application to the Minister that is endorsed by a consultant who is responsible for the management of the patient and who is prepared to monitor the effects of treatment over time. As mentioned above, as of June 2018, seven people had been granted licences to access medicinal cannabis (Barry 2018, 28 June). It is interesting to note that one of

these licences was granted to treat chronic pain – a condition that is not expected to be included under the new Access Programme described below.

Cannabis for Medical Use Access Programme

As reported in the 2017 National Report, because of a Government-commissioned report on cannabis for medical use, a commitment was given by the Minister for Health to develop a Cannabis for Medical Use Access Programme and the necessary secondary legislation. *Cannabis for Medical Use – A Scientific Review* (Health Products Regulatory Authority 2017) was published in early 2017, a summary of which was provided in the 2017 National Report. In brief, the review was carried out by the Health Products Regulatory Authority (HPRA) in response to a request from the Minister for Health in November 2016 for expert scientific advice on the use of cannabis for medical purposes. His decision to establish the access programme was based on the advice of the HPRA, and the programme will therefore only be accessible to people with one of the following three medical conditions:

- Spasticity associated with multiple sclerosis
- Intractable nausea and vomiting associated with chemotherapy
- Severe, refractory (treatment-resistant) epilepsy.

As is currently the case when applying for medicinal cannabis under licence, applicants will continue to be required to have the support of a medical consultant.

Expert Group

In order to support the establishment of the Access Programme, the Department of Health established an Expert Group responsible for developing clinical guidance for healthcare professionals treating patients through the Access Programme. The group is chaired by a member of the Health Information and Quality Authority (HIQA) and has representation from the areas of oncology, palliative care, anaesthesiology, general practice, adult neurology, paediatric neurology, multiple sclerosis, psychiatry, pharmacy, patients, and ethics, as well as representatives from HIQA, the HPRA, the National Medicines Information Centre, and the Department of Health. The group first convened in March 2017.

A critical requirement for the successful establishment of the Access Programme was meaningful engagement with representative bodies, clinicians, patients, and pharmacists so that these groups are integral to the drafting of operational clinical guidance. This has involved continuous, ongoing dialogue between the experts and third parties throughout this initiative. The group conducted a targeted consultation on the draft guidance; the guidelines have been finalised and will be published before the end of 2018. The Expert Group is also considering other operational aspects for the implementation of the Access Programme, and the HSE is going to establish and maintain a register to support the programme. Department of Health officials continue to work on secondary legislation

to underpin the programme and on the logistics of sourcing suitable quality-controlled and affordable cannabis-based product supplies for the Irish market (Donnelly 2018, 28 June).

Cannabis for Medicinal Use Regulation Bill 2016

The Cannabis for Medicinal Use Regulation Bill 2016 was reported on in the 2016 and 2017 National Reports. It is a Private Members' Bill, rather than a bill that has been proposed by the Government. It was referred to a Select Committee in December 2016, and the final report was published in July 2017 (Joint Committee on Health 2017). The Select Committee recommended that the Bill should not proceed to the next stage. It found that:

'the Bill has technical issues and implementation difficulties, that it may have unintended policy consequences (including leakage of supply of cannabis to recreational markets and a lack of safeguards against harmful use of cannabis by patients), that there are major legal issues (the numerous amendments which would be necessary to reconcile the Bill with existing law would be onerous), and that access to medicinal cannabis in Ireland would be better achieved through an access programme and secondary legislation, which the Committee has been informed is under preparation' (p. 10).

While the Bill continues to be considered under the legislative process, its progress is unclear. It does not have the support of the Government, which is pursuing its own strategy on the topic.

4. Public Health (Alcohol) Bill 2015

The Public Health (Alcohol) Bill was launched in Ireland on 8 December 2015, but its progress through the various stages of the legislative process continues to face delays. The delays have been caused by objections at both a national and EU level, and are outlined below. As reported in the 2017 National Report, the Bill addresses alcohol as a public health issue for the first time and 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 previous National Reports (2015, 2016 and 2017), the main provisions of the Bill, as originally proposed, include:

- Minimum unit pricing to tackle the sale of cheap alcohol, particularly in the off-trade sector.
- Compulsory health labelling of alcohol products, which would mean that alcohol containers would be required to carry information about the amount of alcohol measured in grammes and the calorie count; health warnings, including one for pregnancy; and a link to a public health website. All alcohol imports would have 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 have 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) that contains alcohol products only. Alcohol products behind checkout points would have to be concealed.
- The restriction or banning of promotions whereby alcohol products are sold at a reduced price or free of charge; these include promotions targeted at a particular category of persons, and 'happy hour' type promotions.

As mentioned above, there continues to be Government support for the Public Health (Alcohol) Bill in Ireland. The Programme for Government launched in May 2016 (Government of Ireland 2016) made an explicit commitment to enact the Public Health (Alcohol) Bill, and when the Taoiseach was appointed in June 2017, he reiterated that getting the Bill passed was a priority for the current Government. At the launch of the national drugs strategy in July 2017, the Taoiseach made a commitment to pass the Bill by the end of 2017; however, this did not happen. As reported on in the 2016 and 2017 National Reports, there have been challenges at a European level to the Bill's provisions on labelling and minimum unit pricing. On the domestic front, the Bill has also faced opposition and has been subject to lobbying by the drinks industry and by small independent retailers. Opposition to the Bill has been based on a number of fronts, most significantly on the proposal to require traders to provide a structural separation of alcohol from other products and on labelling.

Most recently, the Bill was subject to a standstill period until 20 July 2018 as a result of notification of three amendments to the Bill having been submitted to the European Commission in January 2018. The Commission's response raises some challenges to these amendments, which may delay the implementation of the Bill further. The provisions of the Bill being notified and the relevant comments from the Commission are summarised here:

1. **Amendment:** The inclusion of an additional health warning for alcohol products and in advertisements for alcohol products, which would be 'a warning that is intended to inform the public of the direct link between alcohol and fatal cancers'.

Commission's comment: While the Commission recognised the validity of rules restricting the advertising of alcoholic beverages as a public health measure for combating alcohol

abuse, it also stated that 'it must be proportionate to the objective to be achieved'. It expressed concern that, for example, EU magazines that contain an advertisement for alcohol would have to be reprinted with the health warning for distribution in Ireland. It asked if 'a more targeted approach on restrictions on advertisements could be more appropriate'.

2. **Amendment:** A specification of the minimum proportion of printed material to be given to a health warning as 'at least one third of the printed material will be given over to evidencebased health warnings'.

Commission's comment: While the Commission accepted the validity of a health warning, it expressed 'strong concerns on the proportionality of the requirement that 'at least one third of the printed material will be given over to evidence-based health warnings'. It considered the size of the warning to be disproportionate to the aim of public health protection and queried whether the same objective could be achieved 'if the health warnings had smaller, yet visible size?'

3. **Amendment:** The introduction of a broadcast watershed for advertisements for alcohol products as follows: 'a person shall not broadcast, or cause to be broadcast, an advertisement for an alcohol product on a television programme service between the hours of 3.00 a.m. and 9.00 p.m. A person shall not broadcast, or cause to be broadcast, an advertisement for an alcohol product on a sound broadcasting services on a week-day between the hours of midnight and 10.00 a.m., or 3.00 p.m. and midnight.'

Commission's comment: The Commission sought clarification of the scope of this watershed – it wanted confirmation that this would be limited to broadcasters under Irish jurisdiction.

Subsequent scrutiny of the Bill during the Committee Stage in Dáil Éireann was completed in June 2018. During this phase, it was agreed to remove the requirement as outlined in point 2 above that 'at least one third of the printed material will be given over to evidence-based health warnings'. The Bill still has to pass through the Report and Final Stages of the Irish legislative process. It is expected that this will happen in the autumn 2018 session of the Oireachtas.

5. Supervised injecting facilities

As reported on in the 2017 National Report, the Misuse of Drugs (Supervised Injecting Facilities) Act 2017 was signed into Irish law on 16 May 2017

(<http://www.oireachtas.ie/documents/bills28/acts/2017/a0717.pdf>). In the Introduction, the Act is summarised as:

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

Following a procurement process, Merchants Quay Project CLG was selected as the preferred bidder to deliver the service; however, as of July 2018, the service has yet to open. There have been delays due to a requirement for the service to secure planning permission. The HSE expects the service to be open before the end of 2018

<https://www.hse.ie/eng/about/who/primarycare/socialinclusion/homelessness-andaddiction/medically-supervised-injecting-centre/faq.html>

T4. Additional information

T4.1 Additional important sources of information

1. Government public consultation on decriminalisation
2. Drug treatment service users' human rights and equality
3. Reducing stigma in Ireland

1. Government public consultation on decriminalisation

As reported in section T3, the Irish Government established a Working Group to examine approaches other than giving a criminal penalty for personal possession of illegal drugs. As part of its work, the group sought the public's opinions to be included in the recommendations it makes to Ministers. It carried out this consultation via an online questionnaire. The group provided respondents with an explanation of the current system in Ireland and an overview of systems elsewhere. While not an exhaustive list, respondents were asked the following:

- If they agreed with the current approach in Ireland that can prosecute people before the courts if they are found to possess illegal drugs for personal use.
- When thinking about the current approach, the extent to which they agreed or disagreed with the following statements:
 - It stigmatises people who use drugs
 - It can affect a person's future chances of getting a job
 - It can affect a person's future chances of travelling to certain countries
 - It prevents or reduces drug use
 - It ignores health and addiction issues.
- If they were in favour of removing criminal penalties for possessing illegal drugs for personal use.
- If Ireland removed criminal penalties for possessing illegal drugs for personal use, the extent to which they agreed that the following outcomes would happen:

- There would be more drugs in the community
- It would encourage people to seek treatment for drug addiction
- It would make it easier for drug dealers to go undetected
- It would lead to more people experimenting with drugs
- It would save time and resources for Gardaí and the Courts.
- What the respondent thought should happen to a person found in possession of one of a range of drugs: cannabis, ecstasy or MDMA, cocaine, heroin, or other illegal or controlled drugs.
 - The options were: No action; A caution or warning; Referral to a drug education and awareness programme; Referral to a drug treatment service; Participation in a community engagement programme; An on-the-spot fine (similar to a minor driving offence); Increasing penalties for repeated offences; Prosecution before the courts; Don't know; Some other action (please name this)

A report on this consultation will be delivered to the Working Group to inform its work. As of 28 June 2018, there had been approximately 16,000 responses to the online consultation from a broad spectrum of the population (Byrne 2018, 28 June).

2. Drug treatment service users' human rights and equality

Our Life, Our Voice, Our Say is a report published in March 2018 by the Community Action Network (CAN) (Community Action Network 2018). It highlights a range of challenges faced by service users of opioid treatment in Ireland, framing them in the context of users' human rights and service providers' obligations under the Irish Human Rights and Equality Commission Act 2014. Since the introduction of the Act, public bodies have been required to take proactive steps to promote equality, protect human rights, and fight discrimination in relation to their functions and powers. The report is the main output of a project on the topic. It was coordinated by CAN with support from the Irish Human Rights and Equality Commission (IHREC). It contains the findings of the project as well as a set of recommendations from the project's steering committee.

Key issues

The report is structured around four main sections. Each section explores service users' experiences, the legal framework, and any relevant guidelines as they relate to the topic under consideration. The four topics are:

- The practice and frequency of supervised urine sampling
- The meaningful engagement of service users in drug treatment service delivery
- Treatment choices and care plans
- Effective complaints mechanism.

Recommendations

The project steering committee then made a set of recommendations based on the findings. It is beyond the scope of this workbook to list all 28 recommendations, but a selection is reported below.

- **Supervised urine sampling**

The report is highly critical of the practice of supervised and frequent urine sampling. It is recommended that the HSE provides training and awareness for medical and administrative staff on:

- More evidence-based approaches to providing adequate levels of treatment and care to service users, including the limitations of urine sampling as a condition for service users accessing treatment
- The diverse experiences of people accessing drug services, including specific issues arising from urine sampling for particular groups – for example, women, transgender people, people with disabilities, or people who may have suffered abuse.
- **Meaningful engagement of service users in delivery** Recommendations under this topic include:
 - That the HSE ensures an end to the culture of blame, stigma, and punishment that is reflected in the experiences of the service users documented in the report
 - That the HSE puts a greater emphasis on building a positive relationship and open dialogue between service users and service providers, and on deeper and more meaningful service user engagement
 - That the HSE designs and promotes dispensing and treatment structures that are person-centred and flexible; recognises the diversity of service users; and aims to facilitate service users to engage in employment, training, education, and carrying out family and caring duties
 - That the HSE recognises the value of consultation and that service users are diverse and are not represented by one umbrella organisation.

- **Treatment choices and care plans**

The project steering committee recommends that:

- The HSE engages with service users to review the provision of treatment choice – including Suboxone, Subutex, methadone maintenance, methadone detox, methadone tablets, and residential and community detox – and ensure it is accessible and usable for service users in all drug services.
- The HSE ensures that all drug treatment services provide meaningful holistic care plans that are informed by service users' personal goals, that are clearly documented in an accessible manner, and that are subject to regular review and update.

- **Effective complaints mechanism** Recommendations made include that:
- The HSE engages with service users to develop and implement a positive action plan to ensure that information on a complaints system is available in an accessible manner.
- The HSE ensures that all service users are informed of their right to make a complaint through an independent system of complaints.

Concluding comment

Our Life, Our Voice, Our Say provides valuable insights into challenges facing service users of opioid treatment services in Ireland and the obligations of providers under various elements of legislation and guidelines. Under the Irish Human Rights and Equality Commission Act, 'in preparing strategic plans, public sector bodies must assess and identify the human rights and equality issues that are relevant to their functions. These issues must relate to all of its functions as policy maker, employer and service provider' (p. 4) (Irish Human Rights and Equality Commission 2016). Despite this, a human rights and equality assessment was not reported to have been carried out as part of the methodology used to develop the current national drug and alcohol strategy (Department of Health 2017a). This report highlights the opportunities for services to be more proactive in this area. As recommended by the authors, the report could be a useful document to disseminate to service providers in order to encourage a more client-centred approach to service delivery.

3. Reducing stigma in Ireland

The national drugs and alcohol strategy *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017a) follows through on the commitment made by the Government in May 2016 to pursue a health-led rather than a criminal justice-led approach to drug use (Government of Ireland 2016). Seeing drug use as a health issue rather than a criminal one is an important step towards reducing the stigma experienced by people who use drugs. Activities that aim to raise awareness of the issue and that set out to reduce the stigma are ongoing in Ireland.

UISCE and the Office of the Press Ombudsman

In October 2017, Office of the Press Ombudsman of Ireland issued an advisory notice (UISCE 2016) to all national and local newspaper editors. The letter was sent following an approach made to the Ombudsman by the Union for Improved Services, Communication and Education (UISCE), an organisation that provides an independent representative voice for people who use drugs and that works towards protecting their civil liberties and human rights. In its submission, UISCE made a number of key points that are echoed in a report by the Global Commission on Drug Policy on the negative perceptions of drugs and the people who use them - *The world drug perception problem:*

countering prejudices about people who use drugs. The points cited in the Ombudsman's advisory notice include the following:

- Stigma is a barrier to equality. The language and imagery used to describe addiction in the media contribute to the stigma experienced by people who use drugs.
- There is a 'widely-held, generalising, and unscientific position' that illicit drugs are 'bad' (UISCE 2016), and this informs a perception that people who use drugs are also bad.
- Drug use is viewed as unacceptable and criminal, and therefore people who use drugs are labelled as 'deviant criminals' (UISCE 2016) .
- Stigma leads to discrimination, and they are 'what drive the gross violations of the human rights of people who use drugs, and also result in these violations going for the most part unchallenged' (UISCE 2016).

The UISCE provided a sample list of stigmatising language and offered alternatives that it advocates using (UISCE 2016).

CityWide campaign

On behalf of CityWide Drugs Crisis Campaign, on 27 February 2018, the Minister of State with responsibility for Health Promotion and the National Drugs Strategy, Catherine Byrne TD, launched a new campaign that focuses specifically on the issue of stigma, which is called 'Stop the Stigma: Addiction is a health issue not a crime' (see <http://www.citywide.ie>). Its overall aim is to challenge drug-related stigma. CityWide believes that stigma will have a negative impact on the effective implementation of many of the actions in the National Drugs Strategy. Stigma is identified by CityWide and its partners as presenting a barrier to people who want to address their problem drug use; it drives people into isolation, danger, and back into addiction. They argue that it labels families and neighbourhoods and that it destroys people's prospects and their chance to contribute to society. This has negative consequences for everyone for people who have problems with addiction, for their families and their wider communities, and for people who work in addiction and related public services. The first stage of the campaign is about increasing awareness of stigma and its impact, as well as building up alliances through a wide range of non-governmental organisations and civil society networks.

T4.2 National estimate of the contribution of illicit drug market activity to the National Accounts

There are national estimates of the contribution of illicit drug market activity to National Accounts. In order to comply with the Eurostat requirements, the revised and additional estimates for illegal activities, including illicit drugs, for Ireland were first included in the Central Statistics Office's Quarterly National Accounts (QNA) for Q1 2014 (and in subsequent quarters), and in the annual

National Income and Expenditure (NIE) accounts, the most recent being NIE 2016, published in July 2018. Ireland estimates the production and trafficking of illegal drugs from the supply side based on data on annual drug seizures by individual drug type (in terms of volume and street value), which are provided by An Garda Síochána. Due to the volatile nature of seized quantities, the estimate is based on the average of a longer time series. In order to derive import/wholesale prices, Ireland bases its estimates on information from the United Nations Office on Drugs and Crime (UNODC) World Drug Report (personal communication, Central Statistics Office, July 2018).

T5. Sources, methodology and references

T5.1 Sources

- Houses of the Oireachtas (Parliament): www.oireachtas.ie
- Central Statistics Office: www.cso.ie
- Department of Health: www.health.gov.ie

T5.2 Studies used in this report

Community Action Network (2018) *Our Life, Our Voice, Our Say: Applying a Public Sector Equality and Human Rights Duty Approach to the Human Rights and Equality Issues Identified by Service Users of Opioid Treatment Services*. Dublin: Community Action Network. <https://www.drugsandalcohol.ie/28876/>

This report is grounded in the views and experiences of service users. The authors describe it as having used the 'Community Action Network (CAN) Method' of engagement, which 'seeks to break the silence of people experiencing oppressive structures in their lives, bring those lived experiences together as core issues, imagine a better future by identifying the changes that need to occur, and move together by identifying forms of action to make change happen' (p. 20). They describe a number of strands to the work on this project, which focus on the empowerment of service users and engagement with service providers in order to improve the mutual understanding of the issues faced and identify appropriate strategies to bring about change.

The report itself draws on a number of strands of evidence: a service user survey, 'dialogue' events, an analysis of relevant legal frameworks, and analysis of relevant health policies and guidelines.

The survey of service users had two rounds; the first was carried out in 2012 and the second in 2017. The survey was designed and administered by service users who were also members of the project. Two dialogue events represented the microcosm of the drug services and involved consultation between all stakeholders in opioid service provision. The first was supported by President Michael D. Higgins, and the second was attended by Catherine Byrne TD, Minister of State with responsibility for Health Promotion and the National Drugs Strategy.

T5.3 References

Barry, M. (2018, 28 June) Dail Eireann debate. Written answer 64- cannabis for medicinal use.

Available at <https://www.kildarestreet.com/wrans/?id=2018-06-28a.167&s=medicinal+cannabis>

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Department of Health (2016). National drugs strategy 2009-2016: progress report 2015. Department of Health, Dublin. Available at <http://www.drugsandalcohol.ie/25365/>

Department of Health (2017a). Reducing harm, supporting recovery. A health-led response to drug and alcohol use in Ireland 2017 - 2025. Department of Health, Dublin. Available at <http://www.drugsandalcohol.ie/27603/>

Department of Health (2017b) Minister Byrne announces establishment of a Working Group to consider alternative approaches to the possession of drugs for personal use. Available at <https://www.drugsandalcohol.ie/28263/>

Department of Health (2018). Cannabis for medical use information for patients and healthcare professionals. Department of Health, Dublin. Available at <https://www.drugsandalcohol.ie/29336/>

Donnelly, S. (2018, 28 June) Dail Eireann debate. Written answer 39 - cannabis for medicinal use. Available at <https://www.kildarestreet.com/wrans/?id=2018-06-28a.90&s=medicinal+cannabis>

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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.

Acknowledgements

Completion of the national focal point's reports to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) depends on the support and cooperation of a number of government departments and statutory bodies. Among those to whom we would like to express our thanks are the staff of the following:

Customs Drugs Law Enforcement, Revenue
Department of Children and Youth Affairs
Department of Education and Skills
Drugs and Organised Crime Unit, An Garda Síochána
Drugs Policy Division, Department of Justice and Equality
Drugs Policy Unit, Department of Health
Forensic Science Ireland

Health Protection Surveillance Centre, Health Service Executive
Hospital In-Patient Enquiry Scheme, Health Service Executive
Irish Prison Service
National Advisory Committee on Drugs and Alcohol, Department of Health
National Social Inclusion Office, Primary Care Division, Health Service Executive

We also wish to acknowledge the assistance of the coordinators and staff of local and regional Drug and Alcohol Task Forces, voluntary, community-based and other non-governmental organisations.

We wish to thank our HRB colleagues in the Evidence Centre, National Drug Treatment Reporting System, the National Drug-related Deaths Index and the HRB National Drugs Library, all of whom make significant contributions to the preparation of the national report.