Focal Point Ireland: national report for 2019 - Drug policy Ireland

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

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Focal Point Ireland: national report for 2019 – 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 2017). The strategy is structured around cross-cutting goals and emphasise a health-led approach to addressing the drug situation in Ireland (Department of Community 2009). It is the first integrated drug and alcohol strategy in Ireland. It defines substance misuse as "the harmful or hazardous use of psychoactive substances, including alcohol, illegal drugs and the abuse of prescription medicines" (Department of Health 2017) (p. 7).

The strategy covers an 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" (Department of Health 2017) (p. 8).

The strategy's five strategic goals are:

1. To promote and protect health and wellbeing
2. To minimise the harms caused by the use and misuse of substances and to 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 of the strategy focuses on what is termed "strengthening the performance of the strategy" (Department of Health 2017). There are two key elements to this: performance measurement and the structures supporting the implementation of the strategy. Government Departments with responsibility for implementing various actions in the strategy include: Health (overall responsibility); Education and Skills; Children and Youth Affairs; Employment Affairs and Social Protection; Housing, Planning and Local Government; Justice and Equality; and Transport, Tourism and Sport.

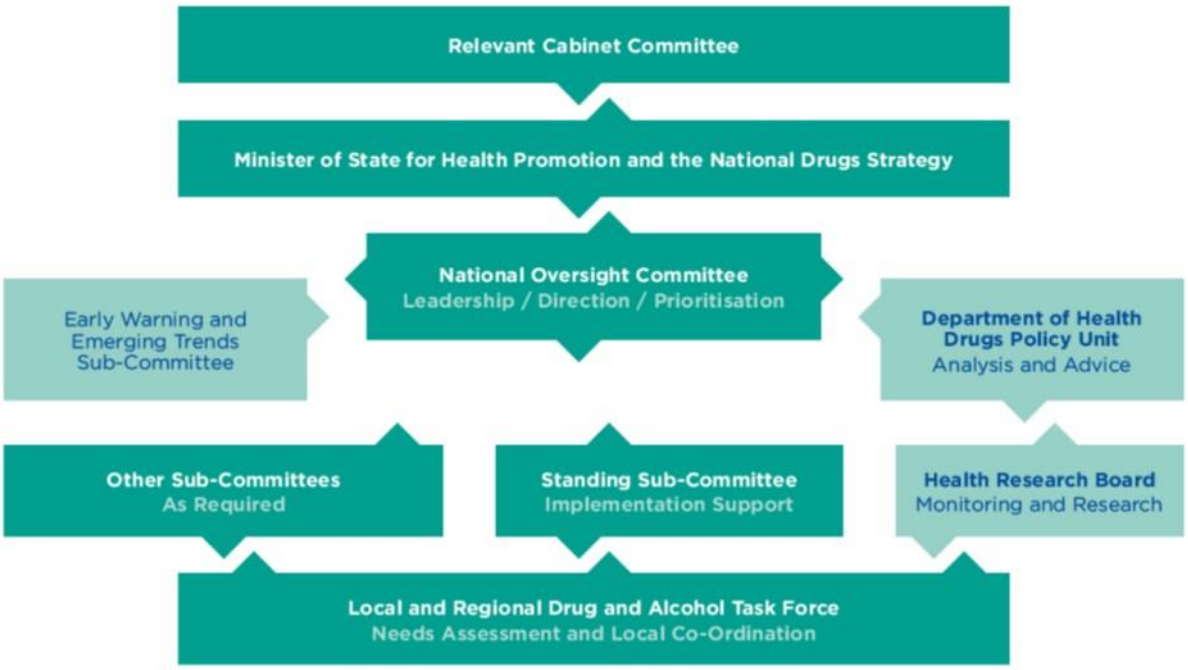
Summary of T1.2 Drug strategy evaluation

The first progress report on the strategy, entitled Reducing Harm, Supporting Recovery: Progress 2018 and Planned Activity 2019, was published in 2019 (Drugs Policy Unit Department of Health 2019). The progress report is structured around the strategic action plan for 2017–2020 which is included in the national drugs strategy document. The strategy set out a number of ways in which progress on its delivery would be monitored and assessed. Among these measures was that "the key bodies responsible for delivering the strategic actions will be required to report on progress on an annual basis to the Minister with responsibility for the National Drugs Strategy" (Department of Health 2017) (p. 73). The Drugs Policy and Social Inclusion Unit at the Department of Health is responsible for collating this feedback, and the progress report (Drugs Policy Unit Department of Health 2019) presents the first such output. The information reported is descriptive and is presented in bullet points – it tends to describe activities undertaken in working towards the goal and associated outputs. The report is limited in that it does not focus on outcomes, and information is not available on all actions.

There was no final report or evaluation of the national drugs strategy that ended in 2016 (Department of Community 2009), 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, e.g. 2011, 2012, 2013, 2014, 2015). 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 T1.2.2 of this workbook. This was reported on in the 2017 workbook.

Summary of T1.3 Drug policy coordination mechanisms
Drug policy coordination mechanisms

- The Minister for Health has overall ministerial responsibility for the national drugs strategy. The Department of Health also has a Minister of State with responsibility for Health Promotion and the National Drugs Strategy.
- The National Oversight Committee is a senior official-level committee comprising senior members of the statutory, community, and voluntary sectors, and including the expertise of both a clinical and an academic representative.
- A Standing Subcommittee supports the implementation of the strategy and promotes coordination between national, local, and regional levels. It is chaired by a senior official in the Department of Health. Membership includes representatives from the statutory, community, and voluntary sectors.
- The National Oversight Committee can establish subcommittees to address specific issues and draw on any expertise necessary to support it in delivering its functions.
- The Drugs Policy and Social Inclusion Unit at the Department of Health supports the Ministers, National Oversight Committee, and subcommittees; analyses the implications of research findings for policy and design of initiatives to tackle the drug problem; and advises on the commissioning of new research and the development of new data sources.
- The Health Research Board is the European Monitoring Centre for Drugs and Drug Addiction's (EMCDDA) national focal point. It manages the commissioning of any research.
- The Early Warning and Emerging Trends Committee receives, shares, and monitors information from national and European Union (EU) sources.
- Local and Regional Drug and Alcohol Task Forces 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 be represented on the national committees.



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

Summary of T1.4 Drug related public expenditure
The Minister for Health has overall responsibility for the national drugs strategy, whereas a wide range of Government Departments, state agencies, and the community and voluntary sector have responsibility for delivering on its actions. There is no centrally held or ring-fenced budget allocated

to the national drug strategy. Instead, delivery of the strategy is funded by each Department securing the budget for the activities it is responsible for, and which it has committed to deliver. The Government Departments secure the budgets for these activities as part of Ireland's annual national budgetary process.

In its simplest terms, Government Departments engage in bilateral negotiations with the Department of Public Expenditure and Reform (DPER) about their budget for the following year. Following detailed negotiations with Government Departments, DPER agrees on proposed Estimates for Public Services for approval by Cabinet. These estimates are then voted on by Ireland's parliament. Table 1.4.1 provides a summary of Ireland's labelled expenditure for the period 2014–2018. Unlabelled drug-related expenditure data are not available in Ireland and there are no studies underway to explore the feasibility of doing so.

Table 1.4.1 Public expenditure directly attributable to drug programmes (labelled), 2014–2018

Department/Agency	2014 (€m)	2015 (€m)	2016 (€m)	2017 (€m)	2018 (m)
Health Research Board	€0.908	€1.013	€1.247	€0.756	€0.786
HSE Addiction Services	€86.122	€91.523	€93.43	€97.87	€99.828
HSE Drugs and Alcohol Task Force Projects	€21.570	€22.064	€22.78	€22.14	€22.63
An Garda Síochána	€43.000	€43.000	€46.00	€47.00	€14.25
D/Children & Youth Affairs	€19.548	€19.548	€20.05	€20.04	€20.46
D/Justice	€18.762	€19.363	€20.56	€7.30	€6.95
Revenue Customs Service	€16.235	€17.445	€17.36	€17.36	€19.60
D/Social Protection (former FÁS area)	€14.063	€13.900	€16.41	€17.98	€17.22
D/Health	€7.266	€7.323	€6.08	€5.54	€6.015
Irish Prison Service	€4.200	€4.235	€4.40	€4.20	-
D/Education & Skills	€0.748	€0.748	€0.77	€0.76	€0.76
Total	**€232.422**	**€240.162**	**€249.087**	**€240.95**	**€208.499**

Summary of T1.4.1 New developments

There have been five main policy developments in Ireland since the 2018 National Report:

1. New approach to possession for personal use

On August 2nd 2019 the Irish Government announced the launch of a Health Diversion Approach to the possession of drugs for personal use (Harris 2019, 2 August). This approach offers alternatives to criminal prosecutions for the first ***two*** instances in which people are found in possession of drugs for their personal use. Essentially the action taken by An Garda Síochána will depend on the number of times an individual has been caught in possession.

- On the first occasion, An Garda Síochána will refer them, on a mandatory basis, to the Health Service Executive for a health screening and brief intervention.
- On the second occasion, An Garda Síochána will have the discretion to issue an Adult Caution.
- On the third or any subsequent occasion, An Garda Síochána will revert to dealing with the person in line with Section 3 of the Misuse of Drugs Act 1977, under which they could receive a criminal conviction and custodial sentence.

2. Medical cannabis access programme established

On 26 June 2019, legislation was passed to allow for a Medical Cannabis Access Programme to come into operation in Ireland on a pilot basis for five years. The programme is only accessible to people with one of the following three medical conditions, for whom standard treatments have not worked:

- Spasticity associated with multiple sclerosis

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

3. Public Health (Alcohol) Act 2018

The Public Health (Alcohol) Act 2018 was signed into law in October 2018. It is the first piece of legislation to identify alcohol use as a public health issue. The aim of the act is to reduce alcohol consumption in Ireland, and the harms it causes at a population level and it provides for a suite of evidence-based measures to deliver on this aim. Some of the key provisions, including minimum unit pricing and restrictions on alcohol advertising had yet to be introduced at the time of writing.

4. Safe injecting facilities

The establishment of a pilot supervised injecting facility continues to face delays. While the relevant legislation has been enacted, the selected provider continues to face delays in securing planning permission to open the facility.

5. Report on national drugs strategy progress 2018 and planned activity 2019

The first progress report on the strategy was published in June 2019 -*Reducing Harm, Supporting Recovery: Progress 2018 and planned activity 2019 (Drugs Policy Unit Department of Health 2019)*. The report is descriptive and does not focus on outcomes, and information is not available on all actions. It is described in section T1.2.2.

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	*Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* https://www.drugsandalcohol.ie/27603/	Illicit drugs and alcohol
2009–2016	*National Drugs Strategy (interim) 2009-2016* https://www.drugsandalcohol.ie/12388/	Illicit drugs
2001–2008	*Building on Experience: National Drugs Strategy 2001 - 2008* https://www.drugsandalcohol.ie/5187/	Illicit drugs
Not defined, published in 1997 – Precursor to 2001–2008 national strategy	*Second report of the Ministerial Task Force for Measures to Reduce the Demand for Drugs* http://www.drugsandalcohol.ie/5114/	Illicit drugs
Not defined, published in 1996 – Precursor to 2001–2008 national strategy	*First report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs* http://www.drugsandalcohol.ie/5058/	Illicit drugs
Not defined, published in 1991	*Government Strategy to Prevent Drug Misuse* https://www.drugsandalcohol.ie/5108/	Illicit drugs

T1.1.2 Summary of current national drugs strategy

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 2017). 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 2017)). 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 2017). 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 2017)) 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/

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 *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*
Web address https://www.drugsandalcohol.ie/27603/
Tobacco
Strategy title *Tobacco Free Ireland*
Web address https://www.drugsandalcohol.ie/20655/
Image and performance enhancing drugs
Strategy title None
Web address
Gambling
Strategy title None
Web address
Gaming
Strategy title None Web address
Internet
Strategy title None Web address
Other addictions
Strategy title None Web address
*please include extra lines as necessary

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

Local and Regional Drug and Alcohol Task Forces (LDATFs and RDATFs) assess the extent and nature of the drug problem in their areas and coordinate action at local level so that there is a targeted response to the drug problem in local communities. They comprise representatives from a range of relevant agencies, such as the HSE, An Garda Síochána, the Probation and Welfare Service, Education and Training Boards, local authorities, the youth service, as well as elected public representatives and voluntary and community sector representatives.

The Task Forces are required to have a local strategy. However, these are not systematically published and therefore many are not available. For this reason, they are not included in the table below. However, the guidance handbook for Task Forces is currently under review and it is expected that this will be one of the issues addressed; it is hoped that information will be available for future national reports.

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

No, the capital city does not have its own drug strategy/action plan.

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

Overall approach

The development of Ireland's national drugs strategy and action plan was guided by national priorities, the input of stakeholders, and the findings of the Rapid Expert Review (see section T1.2.2 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 drugs strategy and action plan. There is very close alignment between their goals, objectives, and actions. Ireland's drug strategy reflects a similarly balanced approach to addressing both supply and demand reduction activities, although there is much emphasis on taking a healthled 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 EU underpin the EU strategy, within which 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, and 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 2017).

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
The first progress report on the current strategy '*Reducing Harm, Supporting Recovery: Progress 2018 and planned activity 2019* (Drugs Policy Unit Department of Health 2019) was published in 2019 (see section T1.2.2). 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.

The title and link to the first progress report on the current strategy is:

- *Reducing Harm, Supporting Recovery Progress 2018 and planned activity 2019* (Drugs Policy Unit Department of Health 2019) https://www.drugsandalcohol.ie/30660/

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)
- *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 2009–2016: 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
Progress Report 2018
The first progress report on the strategy was published in 2019 – *Reducing Harm, Supporting Recovery: Progress 2018 and planned activity 2019 (Drugs Policy Unit Department of Health 2019).* The Drugs Policy and Social Inclusion Unit at the Department of Health is responsible for collating this feedback, and this report presents the first such output.

The progress report is structured around the 'Strategic action plan 2017–2020' that is embedded in the main strategy document and which contains 50 actions, with a brief description of how each is to be delivered. Lead agencies, as well as any associated partners with responsibility for the delivery of each action, are also identified. The strategy sets out a number of ways in which progress on its delivery would be monitored and assessed. Among these measures was that "the key bodies responsible for delivering the strategic actions will be required to report on progress on an annual basis to the Minister with responsibility for the National Drugs Strategy" (Department of Health 2017) (p. 73).

Alongside each action are listed the lead agencies responsible for its delivery; they were invited to report on progress in 2017 and 2018, as well as planned activity for 2019 and 2020. The information reported is descriptive and presented in bullet points – it tends to describe activities undertaken in working towards the goal and associated outputs. The report is limited in that it does not focus on outcomes, and information is not available on all actions. Therefore, a detailed description of the report is not included here.

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

As reported in previous National Reports, no evaluation of Ireland's National Drugs Strategy 2009–2016 was carried out; however, 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 next national drugs strategy by providing a 'helicopter view' of and capturing some key learning points from the experiences of the national drugs strategy 2009–2016" (Griffiths*, et al.* 2016) (p. 1). The review highlighted the complexities involved in developing a drug strategy in a landscape that is always evolving and in which "articulation between social, criminal, and health policy areas is vital" (Griffiths*, et al.* 2016) (p. 31). The review team's terms of reference were:

- To examine the progress and impact of the National Drugs Strategy 2009–2016 in the context of the objectives, key performance indicators, 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.
- To provide a draft and final report to the Department of Health

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

National Drugs Strategy 2009–2016

The National Drugs Strategy 2009–2016 (Department of Community 2009) was described by Griffiths *et al*. as a "well-crafted and comprehensive version of a contemporary EU drug strategy" (Griffiths*, et al.* 2016) (p. 2). Overall, the people consulted by the authors considered the strategy to have been "a valuable instrument, both in respect to the structures and coordination mechanism it established, and in respect to its content which allowed priorities to be identified and targeted" (Griffiths*, et al.* 2016) (p. 6). It helped "facilitate multiagency working, encouraged stakeholder buyin, and helped galvanise political support for drug issues" (Griffiths*, et al.* 2016) (p. 7). Over the course of the strategy, progress was made on many of the priority areas. In particular, it was successful in targeting resources and developing services for 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" (Griffiths*, et al.* 2016) (p. 6) and the "usefulness and appropriateness of the instrument declined" (Griffiths*, et al.* 2016) (p. 8). Areas that became problematic included "[meeting] changing needs, stakeholder participation, sustaining appropriate coordination mechanisms, and follow up and continuing relevance of actions" (Griffiths*, et al.* 2016) (p. 6). Griffiths *et al*. argued that it was inevitable that

changes would occur over the period of a drug 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 (Griffiths*, et al.* 2016) (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" (Griffiths*, et al.* 2016) (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 last [national drugs] strategy; the difficulty of reconfiguring delivery structures in response to these changes; and practical and resource issues related to developing service models suitable for areas where the target population is more geographically dispersed" (Griffiths*, et al.* 2016) (p. 9).
- The policy and operational landscape changed considerably over the course of the strategy. New strategies and structures had been developed across related fields. This had brought about "some corresponding lack of clarity on the purpose and/or role of different structures or actors working in the area" (Griffiths*, et al.* 2016) (p. 6).
- The commitment to research, monitoring, and evidence-based interventions in the national drugs strategy was seen as one of its strengths. However, momentum in this area had faded over time. It was seen as having faced some "problematic coordination and structural issues" (Griffiths*, et al.* 2016) (p. 11), including inadequate resourcing, a lack of standardisation for data collection, and a lack of capacity to analyse data collected and use it to inform strategic decisions.

Structure of the national drugs strategy

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" (Griffiths*, et al.* 2016) (p. 8). 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 "point of focus" (Griffiths*, et al.* 2016) (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 such a way that would maintain the clarity that comes from keeping similar areas grouped together, but that would also facilitate better cross-area working.
- Actions were embedded in the 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" (Griffiths*, et al.* 2016) (p. 6) over its timeframe.
- The National Drugs Strategy 2009-2016 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" (Griffiths*, et al.* 2016) (p. 6) over the course of the strategy. The KPIs therefore did not fulfil their intended role. Griffiths *et al*.

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

New national drugs 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" (Griffiths*, et al.* 2016) (p. 31) between the new national drug 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" (Griffiths*, et al.* 2016) (p. 10). They suggested drawing on national and international practice and programmes in order to develop a suite of approved interventions that have been proven to work and 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" (Griffiths*, et al.* 2016) (p. 31). This would help ensure that the strategy is responsive to changing needs and will deliver on its goals. Following on from this, there must be mechanisms in place to facilitate the analysis of what is found, as well as the provision of advice based on this evidence to relevant stakeholders. Stakeholders would be able to spread good practice and identify problem areas.
- **Clarity of structural functions for implementation and delivery:** The strategy should have a clear focus on how it is to be implemented and delivered, including the organisational structure and the roles and responsibilities of the various stakeholders. To facilitate the delivery of the strategy, Griffiths *et al*. highlighted the importance of leadership (ideally at a ministerial level with the support of a committee) to provide drive and direction/prioritisation, and to ensure that resources are made available.
- **Alcohol:** The authors made special mention of alcohol as a theme that recurred throughout the review – the high prevalence of problems associated with it, the "interactions" (Griffiths*, et al.* 2016) (p. 6) between alcohol and other 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 "crosssubstance approach is essential" (Griffiths*, et al.* 2016) (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 what would be the new strategy. Replicating the full list is beyond the scope of this workbook. However, issues in Ireland at the time, reflecting those in other EU member states, were: meeting the needs of an ageing cohort of 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 current action plan (2017–2020) 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 period. It is planned to carry out a midterm evaluation of the strategy during 2020 – which would be used to inform any updated action plan for 2021–2024. No more detail is available at the time of writing (July 2019). 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 to report on progress on an annual basis to the Minister with responsibility for the National Drugs Strategy. The first output from this process was published in 2019 and is outlined in section T1.2.2. (Drugs Policy Unit Department of Health 2019).

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" (Department of Health 2017) (p. 76).

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 Health Promotion and 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 drugs initiatives and to improve the impact on the drug problem
c) To monitor the drugs situation and oversee the implementation of a prioritised programme of research to address gaps in knowledge
d) To ensure that the lessons drawn from evidence and good practice inform the development of policy and initiatives to address the drug problem

e) To convene Sub-Committees, as required, to support implementation of the strategy" (Department of Health 2017) (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" (Department of Health 2017) (p. 78) with Drug and Alcohol Task Forces (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

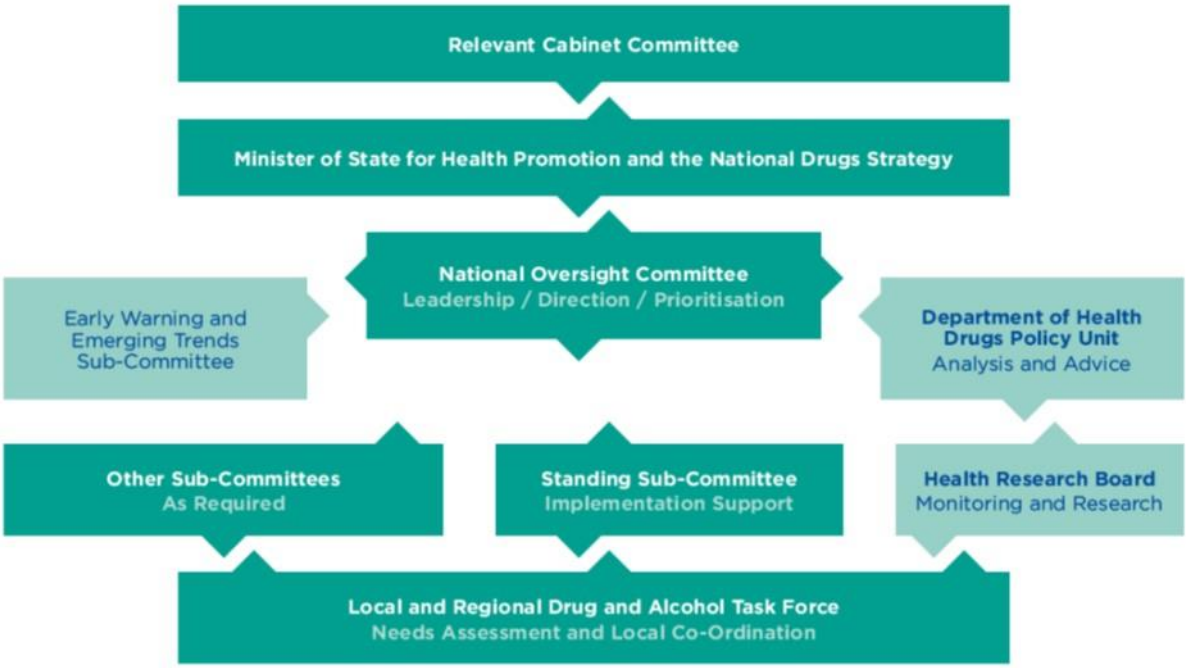
- Providing the National Oversight Committee with advice on the commissioning of new research and the development of new data sources, having regard for: current information and research deficits; advice; changing patterns of drug use; and emerging trends
- Providing a secretariat to the National Oversight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

Health Research Board (HRB): The HRB is 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 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. In the strategy, the Department of Health has responsibility for supporting the measurement of the performance of the DATFs through the performance measurement system. DATFs are partners of the HSE in the

oversight and implementation of the drugs strategy at local level. DATFs make recommendations to the HSE regarding funding of projects. 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 2017).

T1.4 Drug related public expenditure

T1.4.1 Data on drug-related expenditure

As described in section T1.3.1, the Minister for Health has overall responsibility for the national drugs strategy, while a wide range of Government Departments, state agencies, and the community and voluntary sector have responsibility for delivering on its actions. There is no centrally held or ring-fenced budget allocated to the national drug strategy. Instead, delivery of the strategy is funded by each Department securing the budget for the activities for which it is responsible and has committed to deliver. Government Departments negotiate their budgets as part of Ireland's annual national budgetary process. It is beyond the scope of this workbook to describe this complex process in detail (for more detail see https://webarchive.oireachtas.ie/parliament/media/housesoftheoireachtas/libraryresearch/lrsnotes/lrsnotebudget_process_and_documents_140422.pdf).

In its simplest terms, Government Departments engage in bilateral negotiations with the Department of Public Expenditure and Reform (DPER) about their budget for the following year. The 'estimates process' requires each Department to forecast its expenditure for the following year, based on the range of activities it has committed to deliver in that year, including actions that relate to the national drug strategy. It reflects the cost of providing an existing level of public service by the Government Department / agency and any plans for additional services and commitments. The previous year's budget is used as a baseline and Departments can amend this to reflect changes in their responsibilities and departmental priorities. After further detailed negotiations with Departments, DPER agrees on proposed Estimates for Public Services for approval by Cabinet. These estimates are then voted on by Ireland's parliament.

Table 1.4.1 outlines a summary of public expenditure estimates for 2013–2018.

Table 1.4.1. Public expenditure directly attributable to drug programmes (labelled), 2013–2018

Department/Agency	2013 (€m)	2014 (€m)	2015 (€m)	2016 (€m)	2017 (€m)	2018 (m)
Health Research Board	€0.957	€0.908	€1.013	€1.247	€0.756	€0.786
HSE Addiction Services	€90.392	€86.122	€91.523	€93.43	€97.87	€99.828
HSE Drugs and Alcohol Task Force Projects	n/a	€21.570	€22.064	€22.78	€22.14	€22.63
An Garda Síochána	€44.00	€43.000	€43.000	€46.00	€47.00	€14.25
D/Children & Youth Affairs	€20.310	€19.548	€19.548	€20.05	€20.04	€20.46
D/Justice	€18.553	€18.762	€19.363	€20.56	€7.30	€6.95
Revenue Customs Service	€14.624	€16.235	€17.445	€17.36	€17.36	€19.60
D/Social Protection (former FÁS area)	€13.434	€14.063	€13.900	€16.41	€17.98	€17.22
D/Health	€29.567	€7.266	€7.323	€6.08	€5.54	€6.015
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	€0.76
Total	**€237.147**	**€232.422**	**€240.162**	**€249.087**	**€240.95**	**€208.499**

T1.4.2 Breakdown of estimates of drug related public expenditure

Unlabelled drug-related expenditure data are not available in Ireland and there are no studies underway to explore the feasibility of providing this. Labelled expenditure is reported by each Government Department or agency to the Drugs Policy and Social Inclusion Unit at the Department of Health for the purpose of this workbook unit staff contact each Government Department and ask for labelled data in line with Table IV, they coordinate its collection and make it available to the Focal Point.

IV Breakdown of drug-related public expenditure

Expenditure €m	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Comments
0.514	2018	gf07	s1311	Health	Research and reports in relation to drug services and drug-related deaths
0.271	2018	gf07	s1311	Health	National Documentation Centre
0.786					
0.400	2018	gf07	s1311	Health	Research and advisory function of the NACDA
4.126	2018	gf07	s1311	Health	Treatment and rehabilitation services provided to drug users- LDATF
1.105	2018	gf07	s1311	Health	Treatment and rehabilitation services provided to drug users – RDATF
0.206	2018	gf07	s1311	Health	National network of community activists and community organisations

0.169	2018	gf07	s1311	Health	Supports the development of family support groups throughout the country
0.008	2018	gf07	s1311	Health	Freephone service to report drug dealing and drug related crime
6.015					
20.46	2018	gf08	S1311	Children & Youth affairs	Youth programmes with drug specific initiatives & mainstreamed drug projects
0.4	2018	gfo9	s1311	Education and Skills	Drug education and prevention projects LDATF
0.36	2018	gf09	s1311	Education and Skills	Drug Court - Education support
0.76					
70.78	2018	gf07	s1311	Health Service Executive	Drug related health services
14.66	2018	gf07	s1311	Health Service Executive	Treatment and rehabilitation services provided to drug users –LDATF
7.44	2018	gf07	s1311	Health Service Executive	Treatment and rehabilitation services provided to drug users -RDATF
0.53	2018	gf07	s1311	Health Service Executive	Cross Task Force Funding
7.64	2018	gf07	s1311	Health Service Executive	Drug related health services - NDTS
21.41	2018	gf07	s1311	Health Service Executive	Drug related health services -PCRS
122.458					
17.22	2018	gf10	s1311	Social Protection	Training and rehabilitation places for drugs referred clients on Community Employment
0.006	2018	gf10	s1311	Social Protection	Support for community-based drugs projects
17.22					
0.1	2018	gf03	s1311	Justice & Equality	Drug Treatment Court
1.72	2018	gf07	s1311	Justice & Equality	Community based rehabilitation services
5.13	2018	gf09	s1311	Justice & Equality	Youth crime diversion programmes
6.95					
n/a		gf03	s1311	Irish Prison Service	Drug treatment services in Prisons
14.25	2018	gf03	s1311	An Garda Síochana	Policing/investigation costs of Garda National Drugs & Organised Crime only.
19.6	2018	gf03	s1311	Revenue's Customs Service	Border policing (antismuggling)
208.499					

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. New approach to possession for personal use
2. Medicinal cannabis
3. Public Health (Alcohol) Act 2018
4. Safe injecting facilities
5. Report on national drugs strategy progress 2018 and planned activity 2019

1. New approach to possession for personal use

On 2 August 2019, the Government announced the launch of a Health Diversion Approach to the possession of drugs for personal use. The final report of the *Working Group to Consider Alternative Approaches to the Possession of Drugs for Personal Use* and supporting documents were also published that day (Working group to consider alternative approaches to the possession of drugs for personal use 2019), (Hughes*, et al.* 2019), (Irish government economic and evaluation service 2019). Taking into consideration the findings of this report and the range of stakeholder views, the Department of Health and the Department of Justice and Equality agreed to adopt a more health-led approach to possession for personal use.

The Health Diversion Approach offers alternatives to criminal prosecutions for the first **two** instances in which people are found in possession of drugs for their personal use. Essentially, the action taken by An Garda Síochána (AGS) will depend on the number of times an individual has been caught in possession.

- On the first occasion, AGS will refer them, on a mandatory basis, to the Health Service Executive (HSE) for a health screening and brief intervention.
- On the second occasion, AGS will have the discretion to issue an Adult Caution (see Section T 2.2 of the Legal Framework Workbook for a description of the Adult Caution scheme).
- On the third or any subsequent occasion, AGS will revert to dealing with the person in line with Section 3 of the Misuse of Drugs Act 1977, under which they could receive a criminal conviction and custodial sentence.

The health screening and brief intervention will be carried out by trained HSE staff using the Screening and Brief Intervention for Problem Alcohol and Substance Use (SAOR) programme. New posts will be created across the HSE's Community Healthcare Organisation Areas for staff trained in SAOR to carry out the brief intervention. At the time of writing, no further details were available on how the new approach will be implemented.

An implementation, monitoring, and evaluation group has been established to examine the need for legislative change, the operational details, and the phasing of the implementation. The group will be chaired by the Department of Health and its membership will include, but not be limited to, the HSE, AGS, and the Department of Justice and Equality. It is expected that this group will begin its work in Q4 2019, with the aim of phasing in the Health Diversion Approach in Q3 2020.

Other recommendations made by the Working Group, but which were not considered by Government, included that imprisonment would no longer be an outcome for the possession of drugs for personal use and that all related convictions could be spent. Under the provisions of the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016, an adult convicted of an

offence covered by the Act does not have to disclose the conviction after seven years, except in certain circumstances.

The remainder of this section looks at three other topics related to the new approach:

A. An outline of the final report of the Working Group, focusing on its recommendations.
B. A more detailed overview of the Working Group's conclusions on the question of decriminalisation in the Irish context.
C. Stakeholder responses to the Working Group's report and the Health Diversion Approach

A. Overview of Working Group's final report

In December 2017, the Working Group to Consider Alternative Approaches to the Possession of Drugs for Personal Use was established. It was set up to deliver on a commitment in Ireland's national drugs strategy 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 2017) (p. 58). The group undertook a programme of research and consultation to identify alternatives to the current system and to consider which alternatives would be appropriate in the Irish context (Irish government economic and evaluation service 2019), (Hughes*, et al.* 2019). The group's final report was published on 2 August 2019 (Working group to consider alternative approaches to the possession of drugs for personal use 2019).

Report overview

The report presents an overview of the current situation in Ireland in relation to the possession of drugs for personal use. It maps out Ireland's current legislative regime and the rationale underpinning it as well as the current options available to the courts when prosecuting for simple possession. The report includes key findings from research commissioned by the Working Group on the legislative approach taken in Ireland compared with other jurisdictions. It outlines a set of possible options that could work in the Irish context. There is also an overview of the public consultation and various stakeholder presentations made in the course of the group's work. Key findings from an examination of the costings of alternative approaches carried out by the Irish Government Economic and Evaluation Service (IGEES) in the Department of Justice are also included (Irish government economic and evaluation service 2019). The report outlines the Working Group's considerations on a selection of policy approaches and their suitability to the Irish context.

Principles

In considering different policy approaches and making their recommendations, the Working Group identifies three principles that alternatives should address, while also being cognisant of potential difficulties imposed by Ireland's legal system:

- A person should be afforded the opportunity to avoid a criminal conviction for the possession of drugs for their personal use
- A person should be supported to avoid, reduce and recover from drug-related harm
- A person with problematic drug use should be referred to appropriate treatment or other support (Working group to consider alternative approaches to the possession of drugs for personal use 2019) (p. 58).

Recommendations

In the final chapter of the report, the Working Group presents a set of recommendations. These are based on detailed discussion of the evidence gathered in the course of its work, its consultations and its discussions of the various alternatives. It recommends three policy options for the legislature to consider. It regards these as both workable in the Irish context and can address the concerns of Government and the public, albeit to varying degrees.

Option 1: Adult caution

- The Adult Cautioning Scheme is a discretionary alternative to prosecution, whereby a person found in possession of drugs for personal use could be given a formal caution by Gardaí,

who could also provide the individual with a health and social services information leaflet (see Section T 2.2 of the Legal Framework Workbook for a description of the Adult Caution scheme).

Option 2: Multiple adult cautions

- Subject to the agreement of the Director of Public Prosecutions, a person could be given the benefit of an adult caution by Gardaí more than once. This could provide a discretionary alternative to prosecution and criminal conviction on more than one occasion.
- The individual would also be provided with a health and social services information leaflet, whenever they are given an adult caution in respect of possession of drugs for personal use.

Option 3: Diversion to health services

- This option is based on a public health approach to drug use.
- A person in possession of drugs for personal use would be offered a diversion for a SAOR brief intervention and screening.
- A person with or at risk of problematic drug use would then be offered the appropriate onward referral for treatment or other supports.

In addition to these three policy options, the Working Group makes a set of other recommendations:

(a) That imprisonment, in principle, is no longer an outcome for the possession of drugs for personal use (subject to a full examination of the legal implications and any unforeseen consequences).
(b) That all convictions for drug possession for personal use can be spent. In addition, that the time between the conviction and it becoming spent be reduced from seven years to three years.
(c) That a dismissal or non-conviction under the Probation Act is recorded correctly so that it will be clear when the person's records are being checked.
(d) That current legislation is **not** changed to include a threshold limit to distinguish between what is meant by personal use versus that for sale or supply.
(e) Given the nature of problem substance use as a chronic, often recurring condition, that there are pathways available at all levels of the criminal justice system to refer people to treatment following prosecution.
(f) That additional investment in services is made to meet the greater treatment demand that may come from any change in related policy.
(g) That there is a campaign to increase awareness of the treatments available and the harms associated with drug use. It mentions in particular those associated with cannabis use.
(h) That any alternative approach introduced in Ireland is monitored, has a data collection mechanism, an evaluation of the implementation, and scope for appropriate modification.

1. Working Group's conclusions on decriminalisation in Irish context

The Working Group considered decriminalisation as one of the alternative policy approaches to dealing with possession for personal use in the Irish context. It was ultimately rejected by the Working Group and not considered by the Government when developing their Health Diversion Approach.

Portuguese approach

Decriminalisation has received a lot of attention among stakeholders over recent years and throughout the lifetime of the Working Group, in particular 'the Portuguese approach' (Working group to consider alternative approaches to the possession of drugs for personal use 2019) (p. 61). As defined by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), under decriminalisation 'the status of the offence is reclassified from a criminal offence to a non-criminal offence within a country's legal framework. It is still an offence, it is still prohibited behaviour that will be stopped by police and punished, but it is no longer considered criminal' (Working group to consider alternative approaches to the possession of drugs for personal use 2019) (p. 27).

Research commissioned by the Working Group described Portugal as using a model of 'decriminalisation with targeted diversion to health/social services' (Hughes*, et al.* 2019) (p. 68). The Director of the National Unit to Combat Trafficking in Narcotic Drugs of Portugal's Judicial Police made a presentation to the Working Group. He described how in Portugal the possession of drugs for personal use continues to be illegal. However, the offence is not a criminal one but is considered to be a misdemeanour for which a penalty or sanction can be applied. When a police officer finds a

person in possession, they refer the person to a 'drug dissuasion committee' – this is a local administrative body for drug addiction, set up by Portugal's Ministry for Health. The individual has a mandatory obligation to report to the committee on referral from a member of the police. There is no limit to the number of referrals an individual can get.

Suitability to Irish context

Having given 'considerable time over the course of its meetings to examining how a similar approach could be adopted in Ireland' (Working group to consider alternative approaches to the possession of drugs for personal use 2019) (p. 61), the Working Group concluded that decriminalisation along the lines of that in Portugal was not suited to the Irish context. The decision is based on their understanding that the Irish legal system is not compatible with decriminalisation. Unlike most European Union countries, Ireland is a common law jurisdiction, not a codified civil law jurisdiction. The Working Group argues that there would be difficulties in applying decriminalisation (as defined by the EMCDDA) – in particular, that the concept of a criminal offence with an administrative or civil sanction would not be compatible with the Irish legal system. Decriminalisation would require an amendment to Section 3 of the Misuse of Drugs Act 1977 so that possessing drugs for personal use would no longer be an offence. The Working Group identified three main problems with making such a legislative change:

- The Gardaí would no longer have the power to stop and search a person for possession of drugs for their personal use. The Working Group considered whether Garda powers to stop and search based on public health considerations could be preserved if possession for personal use was decriminalised. They formed the view that this could give rise to constitutional and legal difficulties as no criminal offence would have been committed.
- Organised crime gangs could use the limits set for personal possession to facilitate a supply chain just below these thresholds. Although the report also notes that the 'Working Group understands that people involved in the sale and supply of drugs already carry minimum amounts of drugs in order to avoid criminal prosecution for sale or supply at present in Ireland' (Working group to consider alternative approaches to the possession of drugs for personal use 2019) (p. 61).
- Removal of the offence could lead to *de facto* legalisation 'given that there would no longer be a criminal offence of possession for personal use' (Working group to consider alternative approaches to the possession of drugs for personal use 2019) (p. 67), and there may be unintended and undesirable consequences.

Recommendations

Given this context, the Working Group did not recommend the Portuguese model of 'decriminalisation with targeted referral to services' as appropriate for the Irish context. Instead, it concluded that the best way to mirror such an approach would be to continue to have possession for personal use as an offence, so that Gardaí have the power to stop and search but that they would also be able to divert people to appropriate services (Working group to consider alternative approaches to the possession of drugs for personal use 2019) (p. 67). This rationale was cited by Minister for Health Simon Harris in his speech at the launch when explaining why the Government decided not to decriminalise possession for personal use (Harris 2019, 2 August).

2. Responses to Working Group's report and Government's Health Diversion Approach

The work and findings of the Working Group as well as the Government's new approach have attracted much interest among stakeholders. The views of stakeholders vary and reflect the debate about whether possession for personal use calls for a health- or justice-led response. Some responses to the report and the Government's approach are considered here.

Justice-led approach

The Working Group's report includes addenda containing the views of three stakeholders, from the field of justice, on the report's recommendations: namely, a representative of the Office of the Director of Public Prosecutions (ODPP), An Garda Síochána (AGS), and a Senior Lecturer in Law

(Working group to consider alternative approaches to the possession of drugs for personal use 2019). The report does not describe the process through which these responses were selected for inclusion.

The responses included:

- The ODPP considers that the removal of a custodial penalty (recommendation (a) above) would also remove from the options of community service orders and suspended sentences from the courts.
- As a response to possession for personal use, AGS does not support the introduction of multiple adult cautions (option 2 above); the removal of a custodial penalty (recommendation (a) above); and has reservations about recommendation (b) that all such convictions could be spent.
- AGS criticises the report for not giving more consideration to the impact of the drugs market on organised crime in Ireland.
- AGS does not consider the Working Group to have fully explored the procedural and legal impediments to the alternative approaches and therefore does not recommend full adoption of the report's findings.
- AGS supports recommendations (c)–(h) as outlined above.
-

Similar views are expressed by the chairperson of the Working Group in his minority report (Sheehan 2019).

Health-led approach

The Government's decision to move towards a more health-led approach has been broadly welcomed by other stakeholders. However, there have been criticisms that the report's recommendations and the Government's approach have not gone far enough in the direction of health. Below are some of the views expressed in two stakeholder responses: an open letter to An Taoiseach signed by 52 civil society organisations (while sent prior to the launch of the report, it was based on 'indications' of what the report would contain which reflected accurate content) and an opinion piece from the Ana Liffey Drug Project (Citywide 2019), (Keane 2019, 7 August).

- The civil society representatives argue that implementing a health diversion approach while maintaining a criminal status for possession for personal use is 'contradictory and lacking in logic' (Citywide 2019).
- The value of limiting a person to only one opportunity to be diverted to a health intervention is challenged. Ana Liffey contends that 'if drug use is a health issue the first time, it is a health issue the hundredth time'.[9] It argues that this approach will further marginalise and stigmatise the most vulnerable users. Given the nature of their drug use and their circumstances, they are more likely to come into contact with AGS, and therefore will continue to be treated as criminals.
- Both responses challenge the assumptions that the 'legal changes required to decriminalise possession for personal use would be too complicated' (Citywide 2019) and that decriminalisation could not be made compatible with retaining the powers of AGS to stop, search, and confiscate drugs. Both call for a more detailed consideration of how appropriate legislation could be developed.
- Ana Liffey view the proposed Health Diversion Approach as unnecessarily 'complicated and bureaucratic' and argue that it does not represent 'value to the taxpayer' (Keane 2019, 7 August).
- The Government is criticised for not considering other recommendations of the Working Group. In particular, that imprisonment would no longer be an outcome for the possession of drugs for personal use and that all related convictions could be spent.

2. Medical Cannabis Access Programme

On 26 June 2019, legislation was passed to allow for a Medical Cannabis Access Programme to come into operation in Ireland on a pilot basis for five years. The structure of the programme is in line with the findings of *Cannabis for Medical Use – A Scientific Review* (Health Products Regulatory Authority 2017), which was published in early 2017, a summary of which was provided in the 2017 National Report. The aim of the programme is to enable access to acceptable cannabis-based products for medical use which are of a standardised quality and meet the requirements outlined in the Misuse of Drugs (Prescription and Control of Supply of Cannabis for Medical Use) Regulations 2019. A more detailed description of the legislation is given in Section T3.1 of the Legal Workbook.

Some key elements of the programme are outlined here:

- At the time of writing no medical cannabis products are available in Ireland. However, the new legislation means that commercial operators can now apply to have their products supplied to the Irish market.
- The programme is only accessible to people with one of the following three medical conditions, for whom standard treatments have not worked:
    - Spasticity associated with multiple sclerosis
    - Intractable nausea and vomiting associated with chemotherapy
    - Severe, refractory (treatment-resistant) epilepsy.
- The medical conditions covered by the programme will be reviewed after five years, or as scientific evidence becomes available to support the use of medical cannabis products for other conditions.
- Applicants are required to have the support of a medical consultant who has specialist training in the relevant specified medical condition.
- A register for the access programme will be maintained by the HSE. Data to be recorded include: anonymised patient identifiers, prescribers enrolled in the programme, and prescribed/supplied medical cannabis products.

3. Public Health (Alcohol) Act 2018

The Public Health (Alcohol) Act 2018 was signed into law in October 2018. It is the first piece of legislation to identify alcohol use as a public health issue. The aim of the act is to reduce alcohol consumption in Ireland, and the harms it causes at a population level and it provides for a suite of evidence-based measures to deliver on this aim. Some of the key provisions, including minimum unit pricing and restrictions on alcohol advertising had yet to be introduced at the time of writing. More detail on the legislation is available in the Section T4.2 of the Legal Workbook.

4. Supervised injecting facilities

The establishment of a pilot supervised injecting facility is a commitment in the *Programme for a Partnership Government* (Government of Ireland 2016) and is an action in the national drugs strategy, *Reducing Harm, Supporting Recovery* (Department of Health 2017). The purpose of the facility is to provide a clean, safe healthcare environment where people who inject drugs can access medical and social services from healthcare professionals. Despite the relevant legislation having been enacted, the facility has yet to open.

As reported on in previous National Reports, the Misuse of Drugs (Supervised Injecting Facilities) Act 2017 was signed into Irish law on 16 May 2017 (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 initiated in August 2017, Merchants Quay Project CLG (now Merchants Quay Ireland) was selected in February 2018 as the preferred bidder to deliver the service and it was planned that the service would be open before the end of that year. However, as of July 2019, the service has yet to open. The delay can be attributed to Ireland's planning regulations; planning permission is required in order to establish a supervised injecting facility. Merchants Quay Ireland lodged an application for planning permission with Dublin City Council in October 2018. Subsequently, Dublin City Council requested additional information for its consideration of planning permission for the development, including a policing plan and more detail on the service's operational plan. A number of objections to the proposal by individuals and businesses in the area were also lodged as part of the process. In August 2019 planning permission was refused by Dublin City Council. Merchants Quay have appealed this decision but no fixed date is known for when the appeal decision will be made but it is not expected until 2020.

5. Report on national drugs strategy progress 2018 and planned activity 2019

The first progress report on the strategy was published in 2019 - *Reducing Harm, Supporting Recovery: Progress 2018 and planned activity 2019* (Drugs Policy Unit Department of Health 2019). The report is limited in that it does not focus on outcomes, and information is not available on all actions. It is described in more detail in section T1.2.2.

T4. Additional information

T4.1 Additional important sources of information

1. *Not criminals* – a report on decriminalisation in Ireland
2. Second National Intercultural Health Strategy 2018–2023
3. 'The voice of the street'

1. 'Not criminals' – a report on decriminalisation in Ireland

Keane M, Csete J, Collins J and Duffin T (2018) *Not criminals: underpinning a health-led approach to drug use*. Dublin: Ana Liffey Drug Project and London School of Economics and Political Science. https://www.drugsandalcohol.ie/29791/

As discussed in section 3.1, alternatives to the criminalisation of possession of small amounts of drugs for personal use have been considered by a working group jointly led by the Department of Health and the Department of Justice and Equality. The group was established in December 2017 to deliver on a commitment in the national drugs strategy 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 2017) (p. 58). The group has undertaken research and consultation to identify alternatives to the current system and to ensure that any alternatives would be appropriate in the Irish context.

Civil society

The debate has attracted the attention of many of those working with people who use drugs in Ireland, including the Ana Liffey Drug Project (ALDP). Since 2015, the International Drug Policy Unit at the London School of Economics and Political Science (LSE) has been working with ALDP in order to advocate for and support progressive drug policies in Ireland. As part of this work, the ALDP have informed and facilitated discussions in Ireland about the decriminalisation of small amounts of drugs for personal use. The term 'decriminalisation' will be used for the remainder of this section of the workbook to refer to this context. There have been two outputs from this collaboration: a series of town hall-style meetings and the publication of the report *Not criminals*, which explores various aspects of decriminalization (Keane*, et al.* 2018).

Town hall meetings

The first of a national series of town hall-style meetings to increase awareness and understanding of what progressive drug policy is, with a particular focus on decriminalisation, was held in Dublin in June 2018. Panel members included Dr John Collins, Director of the International Drug Policy Unit

at LSE; Tony Duffin and Marcus Keane of ALDP; and Anna Quigley of CityWide Drugs Crisis Campaign. Contributions were also made by Gaelic Athletic Association (GAA) sportsman Philly McMahon and writer and actor Emmet Kirwan. Panellists highlighted the change in the Government's drugs strategy towards a more health-led approach, away from dealing with drug use and addiction as a criminal issue. The current legal situation in Ireland was described, alongside what decriminalisation might look like here, all of which were placed in the context of international evidence on the topic.

Not criminals

In October 2018, the report *Not criminals* was launched (Keane*, et al.* 2018). Speakers at the launch included Marcus Keane, Dr John Collins, Prof. Catherine Comiskey of Trinity College Dublin, and Dr Nuno Capaz, Vice-President of Portugal's Drug Addiction Dissuasion Commission. The report provides "an evidence source on the adoption of a health-led approach to the possession of small amounts of drugs for personal use" (Keane*, et al.* 2018) (p. 3). Ireland is described as being at a pivotal point in drug policy. The national drugs strategy offers an opportunity for policymakers to act on its health-led focus by legislating for decriminalisation. The report maps the evolution of international and national drug policy; describes in detail the law in Ireland as it relates to simple possession; presents evidence of the impact the current system has for users; and provides an overview of decriminalisation in Portugal and the Czech Republic.

Health-led policy

There has been a shift in the international policy debate away from considering criminal law as the best way to address personal drug use. The harms of criminalising the use of drugs are well documented and alternative approaches are being considered internationally. While Ireland's current national drugs strategy reflects a health-led position in line with this shift, through an analysis of Oireachtas debates the authors found that a focus on users' health is not new in Irish drug policy. While possession for personal use has been criminalised in Ireland since the introduction of the Misuse of Drugs Act in 1977, punishment was not a primary focus of policymakers at the time. The debates that preceded the introduction of the 1977 Act illustrate that they were concerned about the health of people using drugs and considered them in need of care rather than punishment.

Irish law

Despite this, section 3 of the 1977 Act allows for the punishment of those found in possession of controlled substances for personal use. The penalties applied vary and depend on a number of factors, most importantly whether the substance is cannabis or another controlled substance, and whether this is the person's first offence. While penalties can include up to seven years in prison, the report concludes that in practice the system takes a more humane approach. It notes that the Director of Public Prosecutions elects for summary disposal in all cases of simple possession. Despite this more humane approach, a significant number of people are affected by this law each year: "In 2017, there were 12,201 recorded incidents of possession of drugs for personal use, representing over 70% of all drug related offences. The District Court received 20,746 drugs offences involving 13,033 defendants in 2016" (Keane*, et al.* 2018) (p. 35).

Impact of criminalisation

The negative impact of criminalising people for their drug use is illustrated, for example, by stigmatising people and limiting their future employment opportunities. Indeed, criminalising possession as a policy response is not considered effective – it is reported that there is no clear link between the harshness of a country's policy on possession of drug use and levels of drug use. In turn, the available evidence does not support the argument that decriminalisation has an effect on broader trends, such as prevalence. Indeed, where it has been introduced, as part of a comprehensive policy approach, decriminalisation has been found to be associated with a range of positive health and social outcomes.

Report recommendations

Based on their examination of the international evidence and the legal and policy context in Ireland, the authors make three recommendations (Keane*, et al.* 2018) (p. 5):

1. That Ireland decriminalise possession of small amounts of drugs for personal use. Continued criminalisation of people who use drugs is unsupportable by the best available evidence as a policy choice, and is in stark contradiction to a health-led policy for drug use.
2. That, in designing such a policy, the focus is on pragmatic interventions which focus on health, and include the following:
    a) Threshold limits which are reasonable, reflect the lived experience of people who use drugs and which serve as broad guidelines, not as inflexible standards. To protect against people attempting to thwart the system, intent should also be a key consideration for decision-makers where people are in possession of small amounts of drugs
    b) Sanctions which are not punitive, but solely health based, supportive, voluntary and with as many opportunities afforded to the individual as needed. The sanctions chosen should recognise that not all drug use is problematic, and where possible, utilise existing structures and services, with defined pathways and interventions set in advance.
    c) Decisions that are taken as close to the first point of contact as possible
    d) Training for health workers, educators, law enforcement and judiciary on the aims and implementation of the new system.
3. That any policy that is introduced be independently evaluated in terms of implementation and impact, and that adequate resources be made available for this purpose.
4.

Concluding comment

At both the town hall meeting in Dublin and the launch of the report, audiences overwhelmingly welcomed the proposal to decriminalise. However, there were concerns expressed by some attending the events that decriminalisation could be perceived as sending a message to young people that drug use is no longer problematic and that the prevalence of such use might increase. Feedback at both sessions would also suggest that there is a lack of understanding among some of those working in the area and the public more generally about what decriminalisation is and how it differs from legalisation and regulation.

2. Second National Intercultural Health Strategy 2018–2023

Health Service Executive (2019) *Second National Intercultural Health Strategy 2018–2023*. Dublin: Health Service Executive. https://www.drugsandalcohol.ie/30767/

The *Second National Intercultural Health Strategy 2018–2023* was launched in Ireland in January 2019. It sets out an integrated approach to addressing the health and support needs experienced by the increasing numbers of HSE service users from diverse ethnic and cultural backgrounds. These service users make up a diverse group in terms of country of origin, economic and social backgrounds, education and work experience, integration, and healthcare outcomes. Various crossgovernment strategies contain specific actions assigned to the HSE in respect of the health status, experiences, and outcomes of members of minority ethnic communities across Ireland. The new strategy represents a strategic response to integrating these actions. It also includes additional specific health-related actions identified through consultations with stakeholders; learning from the implementation of the first HSE National Intercultural Health Strategy; and evidence from international and national research.

The strategy has five goals:

1. Enhance accessibility of services to service users from diverse ethnic, cultural and religious backgrounds
2. Address health issues experienced by service users from diverse ethnic, cultural and religious backgrounds
3. Ensure provision of high-quality, culturally responsive services to service users from diverse ethnic, cultural and religious backgrounds
4. Build an evidence base

5. Strengthen partnership working to enhance intercultural health.

One of the cross-government strategies included is the national drugs strategy, *Reducing Harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017–2025* (Department of Health 2017). Under Goal 2, the intercultural strategy commits to implementing the relevant actions of the national drug strategy. It refers to strategic action 2.1.27, which aims to improve the capacity of services to accommodate the needs of people from specific communities who use drugs and alcohol, including the Traveller community; the lesbian, gay, bisexual, transgender and intersex community; new communities; sex workers, and homeless people.

This is to be done by:

- Fostering engagement with representatives of these communities, and/or services working with them, as appropriate
- Considering the need for specialist referral pathways for specific groups who may not otherwise attend traditional addiction services (i.e. those who engage in chemsex)
- Providing anti-racism, cultural competency and equality training to service providers
- Ensuring that all services engage in ethnic equality monitoring by reporting on the nationality, ethnicity and cultural background of service users for the National Drugs Treatment Reporting System (NDTRS) and treat related disclosures with sensitivity.

Another strategy cited is the *National Traveller and Roma Inclusion Strategy 2017–2021* (Department of Justice and Equality 2017) through which the HSE is required to examine how drug and alcohol services engage and educate family members, as appropriate, in the development and delivery of service user care plans.

3. 'The voice of the street'

Melaugh B and Rodrigues H (2018) 'The voice of the street': Using peer led outreach with people who use drugs to inform the development of Ireland's National Drug Strategy. *Social Work and Social Sciences Review*, 19(3): 7–16. https://www.drugsandalcohol.ie/29784/

Public consultation was carried out as part of the development of Ireland's current national drug strategy – *Reducing Harm, Supporting Recovery* (Department of Health 2017).
In a bid to ensure that the voices of those most affected by the new strategy would be heard, the Union for Improved Services, Communication and Education (UISCE), a representative voice for people who use drugs in Ireland, carried out a consultation with people who use drugs (PWUD). While central to any drug policy, the stigmatisation and criminalisation of drug use are just two of the reasons why the voices of PWUD tend not to be heard in the policymaking process. In 2018, a paper was published on the peer-led street outreach approach undertaken by UISCE to fill this gap. The paper provided insights into how to engage with PWUD to inform policy development (Melaugh and Rodrigues 2018).

Peer-led outreach

UISCE focused its efforts on what might be considered the hardest to reach of the PWUD cohort in Ireland – those who are injecting on the street. Melaugh et al. describe this as presenting three key challenges: how to access these PWUD, ethical issues of safety and consent, and the logistical demands of carrying out the consultation in the time available. UISCE decided to build on its experience of taking a peer-led approach to its work – whereby PWUD use their knowledge and contacts to engage with other PWUD. Through this work, the views and experiences of 51 PWUD were included in the consultation.

Key issues in using this method of consultation were:

- Prior to carrying out the consultation, UISCE had to address the ethical concerns of informed consent, confidentiality, and safety. It did this by complying with various ethical frameworks that guide its work more broadly.

- The research tool (a questionnaire designed by the Department of Health for the public consultation more broadly) needed to be appropriately adapted for PWUD. The wording was made more accessible through consultation with PWUD.
- Success was dependent on how well-known the peer carrying out the recruitment was to the potential participants. Furthermore, reassurances were needed where PWUD were suspicious of others due to concerns about the police or drug debt, for example.
- The weather also presented a barrier to recruitment – people were less willing to complete the survey when it was cold and wet.

Findings
Given the nature of the questionnaire as a broader public consultation document, the findings were limited in terms of depth. Findings included that 72% of PWUD identified heroin as the most harmful drug; 60% agreed that it was difficult to access treatment; and 68% were not aware of the existence of the 2009–2016 national drugs strategy. A full report of the findings is available from UISCE (UISCE 2016).

In conclusion
This consultation ensured that the voices of PWUD were heard in the development of the strategy. However, the 'Your Voice' paper highlights how time-consuming a process carrying out a consultation can be and the challenges faced (Melaugh and Rodrigues 2018). UISCE is represented on the National Oversight Committee for the national drug and alcohol strategy (see section T1.3.1) and, as such, it might be expected that further consultation exercises will be undertaken to ensure that the voices of PWUD are heard and thus inform the ongoing implementation of the strategy.

T4.2 Any other important aspect of drug policy or public expenditure that has not been covered in the specific questions above.
There is no more information to add.

T4.3 National estimate of the contribution of illicit drug market activity to the National Accounts
There are national estimates of the contribution of illicit drug market activity to the National Accounts. In order to comply with the Eurostat requirements, the revised and additional estimates for illegal activities, including illicit drugs, for Ireland were first included in the 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 2018, published in July 2019. 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).

T5. Sources, methodology and references

T5.1 Sources

- Health Research Board's National Drugs Library: https://www.drugsandalcohol.ie/
- Houses of the Oireachtas (Parliament): www.oireachtas.ie ○ For more information on Ireland's budgetary process: https://www.oireachtas.ie/en/visit-and-learn/how-parliament-works/the-budget/
- Central Statistics Office: www.cso.ie ○ Central Statistics Office for National Accounts data: https://www.cso.ie/en/statistics/nationalaccounts/
- Department of Health: www.health.gov.ie ○ Drugs Policy and Social Inclusion Unit: https://health.gov.ie/healthy-ireland/drugspolicy/

T5.2 Studies used in this report

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

T5.3 References

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European Monitoring Centre for Drugs and Drug Addiction

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is a decentralised EU agency based in Lisbon. The EMCDDA provides the EU and its Member States with information on the nature, extent, consequences and responses to illicit drug use. It supplies the evidence base to support policy formation on drugs and addiction in both the European Union and Member States. There are 30 National Focal Points that act as monitoring centres for the EMCDDA. These focal points gather and analyse country data according to common data-collection standards and tools and supply these data to the EMCDDA. The results of this national monitoring process are supplied to the Centre for analysis, from which it produces the annual *European drug report* and other outputs.

The Irish Focal Point to the EMCDDA is based in the Health Research Board. The focal point writes and submits a series of textual reports, data on the five epidemiological indicators and supply indicators in the form of standard tables and structured questionnaires on response-related issues such as prevention and social reintegration. The focal point is also responsible for implementing Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances.

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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

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