

Minister Frank Feighan

**Opening statement on implementation of the national drugs
strategy 2021-2025**

Joint Committee on Health

9.30am on Wednesday, 19th January

Introduction

Thank you for the invitation to appear before the Joint Oireachtas Committee on Health to discuss the implementation of the national drugs strategy 2021-2025. I am joined by two officials: the principal officer in the drugs policy and social inclusion unit in the Dept of Health, Jim Walsh, and the national clinical lead for addiction in the HSE, Dr Eamon Keenan.

I am honoured to be to appear before the committee for the first time as Minister of State for the National Drugs Strategy. The timing is of my appearance is significant, as I recently set out new strategic priorities for this period.

While I address this meeting as the minister of state in the Dept of Health, I want to emphasise that the national drugs strategy is a whole-of-government policy, that involves many other government departments and which is accountable to the Department of the Taoiseach and Cabinet Committee on Social Affairs and Equality.

My first message for the committee is that drugs continue to be a major policy challenge for Irish society. Let me remind the committee of some of the components of the challenge:

- 9 per cent of the population used an illegal drug in the last year, this rises to one-in-four among males aged 25-34
- 376 individuals died from a drugs overdose in 2017
- 9,700 cases were treated for problem drug use in 2020, with another 5,800 cases were treated for problem alcohol use
- the many people who experience the collateral impact of drugs, including children, families & communities, as documented in recent reports on Ballymun, Drogheda, Darndale, Tallaght, the North East Inner City and Dublin South Central.
- in excess of €200 million per annum in labelled public expenditure on drugs, including €136m from Dept of Health, with unlabelled expenditure and productivity costs of over €650 million
- the scale of the drugs economy and criminal activity.

My second message is the commitment to a health-led approach in the national drugs strategy, whereby drug use is treated as a public health issue and not primarily as a criminal justice matter. Let me be clear: a war on drugs is not an effective response to drug use.

My third message is about the effectiveness of the national drug strategy to-date in addressing these challenges, in particular delivery of

the 50 actions in the first period of the strategy, 2017-2020. The recently published mid-term review found that 25 actions have been delivered upon, either completely or broadly on track. A further 20 actions are progressing but with a minor or major delivery issue.

Specific achievements include prevention of the harmful effects of drug and alcohol use, improved access and availability of drug and alcohol treatment services, alternatives to possession of drugs for personal use, public awareness of the drug related intimidation reporting program, opportunities to exchange knowledge around what works and to inform policy development, and engagement with the British Irish Council and the European Union.

Strategic priorities 2021-2025 for national drugs strategy

I now want to turn to the strategic priorities for 2021-2025 under the national drugs strategy. The priorities provide the framework for the actions to be decided for the remaining four years of the strategy.

They are based on the evidence gathered during the mid-term review of the strategy covering 2017 to 2020 which I published in September. These priorities are also informed by the lessons of the Covid-19 pandemic and the new EU drugs strategy and action plan 2021-2025.

The strategic priorities seek to better align government policies relating to drugs and to strengthen inter-agency partnership, including

collaboration with the voluntary and community sectors. In addition, the priorities strengthen the health-led approach and connect with the EU drugs strategy and action plan 2021-2025.

The **first priority** focuses on protecting children and young people from drug use and the associated harms, based on the UN Convention on the Rights of the Child.

The **second priority** is to enhance access and delivery of drug and alcohol services in the community. This includes both HSE addiction services and community-based services.

The **third priority** is about harm reduction and integrated care pathways for high-risk drug users.

The **fourth priority** addresses the social determinants and consequences of drug use in disadvantaged communities.

The **fifth priority** is to promote alternatives to coercive sanctions for drug-related offences, which is a litmus test for the achievement of a health-led approach.

The **sixth priority** is to strengthen the performance of the strategy by promoting evidence-informed and outcomes-focused practice and policies.

The priorities will be linked to outcome indicators, so that we can measure the impact of the strategy. Indicators will include cannabis use among young people, the number of people receiving treatment, the number of drug-related deaths, experiences of drug-related violence and intimidations, and convictions for person possession of drugs.

Let me emphasise that the vision, values and goals of *Reducing Harm, Supporting Recovery* continue for the remaining period of the strategy. The content of the strategy is therefore unchanged, as is the commitment to the inter-agency partnership between statutory, community and voluntary sectors.

To conclude, I would like to say something about the financial underpinning for the strategic priorities. In the last two Budgets, I have allocated €17 million in additional resources to the national drugs strategy.

I also want to re-iterate my support for the role of drug and alcohol task forces in assessing local needs and enhancing the provision of community-based drug and alcohol services. To this end, I've established the community services enhancement fund of €2m on a recurring basis.

I want to pay tribute to the work of frontline drug and alcohol services during the Covid-19 pandemic. The designation of drugs services as

essential services at the start of the pandemic was a significant acknowledgement by Government of the importance of this sector.

Thank you for your attention and I look forward to your comments and questions.