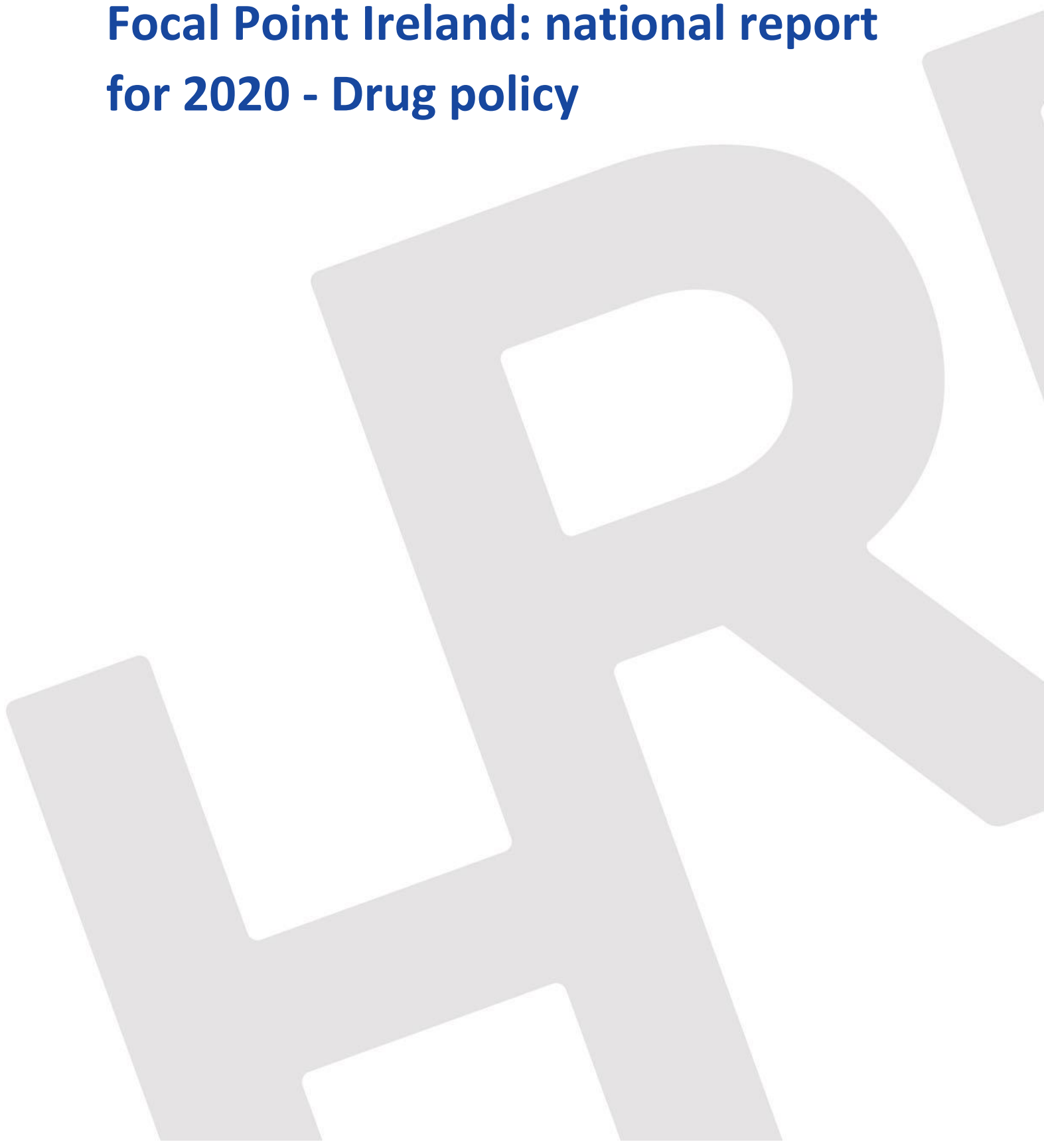


# **Focal Point Ireland: national report for 2020 - Drug policy**



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

### **Authors of the national report**

Lucy Dillon, Brian Galvin, Ciara Guiney, Suzi Lyons, and Sean Millar

### **Head of Irish Focal Point**

Brian Galvin

All of the documents used in the preparation of the national report are available on the HRB National Drugs Library's repository at [www.drugsandalcohol.ie](http://www.drugsandalcohol.ie).

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

### **Please use the following citation:**

Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (2022) *Focal Point Ireland: national report for 2021 – drug policy*. Dublin: Health Research Board.

### **Other reports in this National report series can be found at**

[http://www.drugsandalcohol.ie/php/annual\\_report.php](http://www.drugsandalcohol.ie/php/annual_report.php)

*(2021) Focal Point Ireland: national report for 2020 – legal framework*

*(2021) Focal Point Ireland: national report for 2020 – treatment.*

*(2021) Focal Point Ireland: national report for 2020 – drug markets and crime.*

*(2021) Focal Point Ireland: national report for 2020 – prevention.*

*(2021) Focal Point Ireland: national report for 2020 – prison.*

*(2021) Focal Point Ireland: national report for 2020 – harms and harms reduction.*

*(2021) Focal Point Ireland: national report for 2020 – drugs.*



# Table of Contents

<b>Table of Contents</b> .....	<b>2</b>
<b>T0. Summary</b> .....	<b>4</b>
Summary of T1.1.1 National drugs strategies .....	4
Summary of T1.2 Drug strategy evaluation.....	4
Summary of T1.3 Drug policy coordination mechanisms.....	5
Summary of T1.4 Drug related public expenditure .....	6
Summary of T1.3.1 New developments .....	6
<b>T1. National profile</b> .....	<b>8</b>
T1.1 National drugs strategies.....	8
T1.1.1 Titles and dates of all national drugs strategies and supporting action plans .....	8
T1.1.2 Summary of current national drugs strategy .....	9
T1.1.3 National strategy/action plans on policing, public security & law enforcement .....	12
T1.1.4 Additional national strategy/action plans for other substances and addictions .....	12
T1.1.5. Are there drug strategies/action plans also at the regional level? .....	13
T1.1.6. Does the capital city of your country have a drug strategy/action plan? .....	14
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 .....	14
T1.1.8. Optional. Please provide any additional information you feel is important to understand the governance of drug issues within your country.....	15
<b>T1.2 Evaluation of national drugs strategies</b> .....	<b>15</b>
T1.2.1 Evaluations of national drugs strategies and supporting action plans .....	15
T1.2.2. Results of the latest strategy evaluation.....	16
T1.2.3. Planned evaluations of the national drugs strategy.....	20
<b>T1.3 Drug policy coordination</b> .....	<b>21</b>
T1.3.1 Coordination bodies involved in drug policy.....	21
<b>T1.4 Drug related public expenditure</b> .....	<b>23</b>
T1.4.1 Data on drug-related expenditure .....	23
T1.4.2 Breakdown of estimates of drug related public expenditure .....	24
<b>T2. Trends</b> .....	<b>28</b>
<b>T3.1 Developments in drug policy</b> .....	<b>28</b>
<b>T4. Additional information</b> .....	<b>36</b>
T4.1 Additional important sources of information .....	36
T4.2 Any other important aspect of drug policy or public expenditure that has not been covered in the specific questions above.....	45
T4.3 National estimate of the contribution of illicit drug market activity to the National Accounts ...	45
<b>T5. Sources, methodology and references</b> .....	<b>45</b>

T5.1 Sources .....	45
T5.2 Studies used in this report.....	45
T5.3 References.....	46
<b>Acknowledgements.....</b>	<b>48</b>

## **T0. Summary**

### **Summary of T1.1.1 National drugs 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 emphasises 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 to:

1. Promote and protect health and well-being
2. Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery
3. Address the harms of drug markets and reduce access to drugs for harmful use
4. Support participation of individuals, families, and communities
5. 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) (p.73). 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, Local Government and Heritage; Justice and Equality; and Transport, Tourism and Sport.

A new Government was formed in Ireland in June 2020. The new Programme for Government supports the ongoing approach of the national drugs strategy while committing to some new actions which are also aligned with the strategy (Fianna Fail, *et al.* 2020). These are examined in Section T3.1 of this workbook.

### **Summary of T1.2 Drug strategy evaluation**

The first progress report on Ireland's national drugs strategy *Reducing Harm, Supporting Recovery: Progress 2018 and Planned Activity 2019*, was published in 2019 (Drugs Policy Unit Department of Health 2019). A similar progress report for 2019 is due for publication in Q4 2020. The progress report published in 2019 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 each goal and its associated outputs. The report is limited in that it does not focus on outcomes, and information is not available on all actions. However, in addition to the progress report, the Drugs Policy and Social Inclusion Unit will carry out a review of the actions contained in the strategy at the end of 2020. This will provide an opportunity to reflect on progress in implementing the strategy, with scope to develop further actions between 2021 and 2025 to address emerging needs and new challenges.

In relation to Ireland’s previous national drugs strategy (2009-2016), there was no final report or evaluation of the 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 drugs 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 also reported on in the 2017 workbook.

### **Summary of T1.3 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 national drugs 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’s) 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 drugs 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 simplest terms, Government Departments engage in bilateral negotiations with the Department of Public Expenditure and Reform (DPER) about their budgets for the following year. Following detailed negotiations with Government Departments, the DPER agrees on proposed Estimates for Public Services for approval by Cabinet. These estimates are then voted on by Ireland's parliament. Ireland's labelled expenditure for 2019 was €187.5 million. Unlabelled drug-related expenditure data are not available in Ireland and there are no studies underway to explore the feasibility of doing so.

## Summary of T1.3.1 New developments

There have been six main policy developments in Ireland since the 2019 National Report:

New Minister of State for Public Health, Wellbeing and the National Drugs Strategy, and new Programme for Government

1. COVID-19 policy responses – London School of Economics and Political Science (LSE) report on COVID-19 and homelessness
2. Legislation against the coercion and use of minors in the sale and supply of drugs
3. Updates on implementation of the Public Health (Alcohol) Act 2018
4. Health Diversion Approach to possession of drugs for personal use
5. Supervised injecting facilities.

### **1. New Minister of State for Public Health, Wellbeing and the National Drugs Strategy, and new Programme for Government**

On 2 July 2020, Frank Feighan TD was appointed Minister of State for Public Health, Wellbeing and the National Drugs Strategy. This follows on from the publication of *Programme for Government: Our Shared Future* (Fianna Fail, *et al.* 2020). The new Programme for Government commits to taking a health-led approach to drug misuse and to continue delivering on the existing national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017). When examined alongside the strategic action plan (2017–2020), most of the commitments in the new Programme for Government can be linked to existing actions and reflect progress made on their delivery since 2017. There are some actions that deal with new developments in Irish drug policy: a new topic, target group, or approach to addressing the needs of people who use drugs. The current strategic action plan expires at the end of 2020, but the new Programme for Government indicates that any new action plan for 2021 and onwards will be closely aligned with its predecessor.

### **2. Irish response to COVID-19**

Ireland made a number of policy changes aimed at preventing the spread of COVID-19 among people who use drugs. These are outlined in a report published in July 2020 by the LSE. The report, entitled *Saving Lives in the time of COVID-19 – Case Study of Harm Reduction, Homelessness and Drug Use in Dublin, Ireland*, has a particular focus on people who are homeless and use drugs (O'Carroll, *et al.* 2020). In addition to meeting the testing and housing needs of this group, policy changes were made that improved access to three harm-reduction interventions for those who were using drugs: opioid substitution therapy (OST); naloxone; and benzodiazepine (BZD) maintenance. The report argues that lives within the target group were saved as a result of these changes and that the policy changes should be maintained in the post-COVID-19 era.

### **3. Legislation against the coercion and use of minors in the sale and supply of drugs**

A new Government was formed in Ireland in June 2020. As part of its Programme for Government, it has committed to legislate against the coercion and use of minors in the sale and supply of drugs (Fianna Fail, *et al.* 2020). This is a new policy commitment for Government. A Private Members' Bill on the topic lapsed in January 2020 with the dissolution of the previous Government. <https://www.oireachtas.ie/en/bills/bill/2019/97/>

### **4. Updates on implementation of the 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 the Act provides for a suite of evidence-based measures to deliver on this aim. There have been some changes since the 2019 National Report in the implementation of key provisions of this Act. They relate to restrictions on alcohol advertising and the introduction of minimum unit pricing.

## **5. Health Diversion Approach to possession of drugs for personal use**

On 2 August 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 prosecution for the first two instances in which people are found in possession of drugs for their personal use. An implementation, monitoring, and evaluation group was established in late 2019 to examine the need for legislative change, the operational details, and the phasing of the implementation. The group is chaired by the Department of Health and its membership will include, but will not be limited to, the Health Service Executive (HSE), An Garda Síochána (AGS), and the Department of Justice and Equality. The group began its work in Q4 2019, with the aim of phasing in the Health Diversion Approach in Q3 2020. Because of COVID-19, this date has now been deferred (personal communication, Drugs Policy and Social Inclusion Unit, Department of Health, August 2020).

## **6. Supervised injecting facilities**

The establishment of a pilot supervised injecting facility is a commitment of the newly formed Irish Government and is supported in its Programme for Government (Fianna Fail, *et al.* 2020) as well as being an action in 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). The purpose of the facility will be 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 and planning permission having been granted in December 2019 after a lengthy process, the facility has yet to open.

### **Summary of T4.1**

Additional sources of information covered in Section T4.1 are:

1. Ireland and the Human Rights of People Who Use Drugs
2. British–Irish Council Summit in Dublin
3. New national LGBTI+ inclusion strategy
4. New mental health strategy - Sharing the Vision: A Mental Health Policy for Everyone
5. Gender and drug policy in Ireland.

## **T1. National profile**

### **T1.1 National drugs strategies**

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

Time frame	Title and web link	Scope (main substances/addictions addressed)
2017–2025	<i>Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025</i> <a href="https://www.drugsandalcohol.ie/27603/">https://www.drugsandalcohol.ie/27603/</a>	Illicit drugs and alcohol
2009–2016	<i>National Drugs Strategy (interim) 2009–2016</i> <a href="https://www.drugsandalcohol.ie/12388/">https://www.drugsandalcohol.ie/12388/</a>	Illicit drugs
2001–2008	<i>Building on Experience: National Drugs Strategy 2001 – 2008</i> <a href="https://www.drugsandalcohol.ie/5187/">https://www.drugsandalcohol.ie/5187/</a>	Illicit drugs
Not defined, published in 1997; precursor to the 2001–2008 national drugs strategy	<i>Second Report of the Ministerial Task Force for Measures to Reduce the Demand for Drugs</i> <a href="http://www.drugsandalcohol.ie/5114/">http://www.drugsandalcohol.ie/5114/</a>	Illicit drugs
Not defined, published in 1996; precursor to the 2001–2008 national drugs strategy	<i>First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs</i> <a href="http://www.drugsandalcohol.ie/5058/">http://www.drugsandalcohol.ie/5058/</a>	Illicit drugs
Not defined, published in 1991	<i>Government Strategy to Prevent Drug Misuse</i> <a href="https://www.drugsandalcohol.ie/5108/">https://www.drugsandalcohol.ie/5108/</a>	Illicit drugs

### T1.1.2 Summary of current national drugs strategy

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). While the strategy is structured around cross-cutting goals rather than the pillars of the previous national drugs 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) (p. 56), a commitment that is reiterated in the new Irish Government’s Programme for Government, published in 2020 (Fianna Fail, *et al.* 2020). The national drugs 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 drugs strategy continues to rest with the Minister for Health and the Minister of State, Department of Health, who also has responsibility for public health and wellbeing..
- Government Departments with responsibility for implementing various actions in the national drugs strategy include: Health; Education and Skills; Children and Youth Affairs; Employment Affairs and Social Protection; Housing, Local Government and Heritage; Justice and Equality; and Transport, Tourism and Sport.
- Statutory bodies responsible for implementing actions in the national drugs strategy include the Health Service Executive (HSE), the Health Research Board (HRB), Child and Adolescent Mental Health Services (CAMHS), Tusla – the Child and Family Agency, the Irish Prison Service, local authorities, AGS, the Revenue Commissioners, Customs and Excise, the State Laboratory, the Medical Bureau of Road Safety, and the Probation Service.

- The community and voluntary sector – including local and regional Drug and Alcohol Task Forces, the 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” (Department of Community 2009) (p. 5), but in practice, alcohol policy has largely been 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” (Department of Health 2017) (p. 7). There is an explicit commitment to ensure that “an integrated public health approach to drugs and alcohol is delivered as a key priority” (Department of Health 2017) (p. 22). The strategy complements the Public Health (Alcohol) Act 2018 and reinforces some of the key elements of the alcohol-focused 2012 *Steering Group Report on a National Substance Misuse Strategy* (Department of Health 2012a). While the current strategy places much more of a focus on alcohol when compared with previous national drugs strategies, illicit drug use continues to be the primary focus of many of the actions of the 2017–2020 action plan.

### **Overview of the 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 the previous national drugs strategy was, the current strategy covers the themes of the previous 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” (Department of Health 2017) (p. 8).

#### **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 healthcare 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 wide-ranging 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 to:

1. Promote and protect health and well-being:
  - 1.1 Promote healthier lifestyles within society
  - 1.2 Prevent the use of drugs and alcohol at a young age
  - 1.3 Develop harm-reduction interventions targeting at-risk groups
2. 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. 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 for, and responses to, evolving trends, public health threats, and the emergence of new drug markets
4. 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. Develop sound and comprehensive evidence-informed policies and actions
  - 5.1 Support high quality monitoring, evaluation and research to ensure evidence-informed policies and practice

A final substantive chapter focuses on what is termed “strengthening the performance of the strategy” (Department of Health 2017) (p.73) There are two key elements to this: measuring performance, and the structures supporting the implementation of the strategy. The strategic action plan for 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

interconnected strategies and policies”, (Department of Health 2017) (p. 99) is cited in the document, with a number of the actions linked directly to those of other Government strategies.

As mentioned above, a new Government was formed in Ireland in June 2020. The new Programme for Government supports the ongoing approach of the national drugs strategy, while committing to some new actions which are also aligned with the strategy (Fianna Fail, *et al.* 2020). These are examined in Section T3.1 of this workbook.

**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 AGS 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 most recent Policing Plan (for 2019) is outlined in Section T1.3.1a of the *Drug markets and crime workbook*. AGS will report monthly to the Policing Authority on the progress made against the Policing Plan, and the monthly reports will be published by the Authority.

- An Garda Síochána Strategic Planning Unit (2019) *An Garda Síochána Annual Policing Plan 2019*. Dublin: Policing Authority of Ireland. <https://www.drugsandalcohol.ie/31128/>

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

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

<b>Additional national strategy documents for other substances and addictions</b>
<b>Gambling</b>
Strategy title None
Web address
<b>Gaming</b>
Strategy title None
Web address
<b>Internet</b>
Strategy title None
Web address
<b>Other addictions</b>
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, AGS, the Probation and Welfare Service, Education and Training Boards, local authorities, and 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 for addressing the drug-related needs in their area. However, these are not systematically published and therefore many are not available. For this reason, they are not included in table T1.1.4 below. The 2019 National Report stated that the guidance handbook for Task Forces was under review, and it was expected that the local strategies would be one of the issues addressed. However, the publication of the handbook has been delayed. Personal communication with the Drug Policy and Social Inclusion Unit of the Department of Health (August 2020) stated that “Drug and Alcohol Task Forces were set up on an ad hoc non statutory basis and many are not incorporated as limited companies or charities and have no legal status. In view of recent changes in governance requirements in Ireland, and to strengthen the effectiveness of the structures of Task Forces. it is intended to introduce a Governance Code for Task Forces in 2020.

Work on the revision of the Task Force Handbook has been deferred until the completion of this exercise. The Governance Code will assist Task Forces [to] become more effective in their operations and in prioritising and [reducing] problem drug use in their areas” (personal communication, Drug Policy and Social Inclusion Unit, August 2020).

#### **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 *Report of the Rapid Expert Review of the National Drugs Strategy 2009–2016*” 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 European Union’s (EU’s) strategy and action plan, there is significant overlap between these and Ireland’s national drugs strategy and action plan, as well as the Programme for Government published in June 2020 (Fianna Fail, *et al.* 2020). There is very close alignment between their goals, objectives, and actions. Ireland’s national drugs strategy reflects a similarly balanced approach to addressing both supply- and demand-reduction activities, although there is much emphasis on taking a health-led rather than a criminal justice-led approach. Very similar actions and ways of working are identified across the board, including in the areas of prevention, treatment, harm reduction, rehabilitation/recovery/reintegration, drug markets, legislation, law enforcement, and drug monitoring. Both strategies emphasise the need for an evidence-based approach, which is reflected in one of the five goals of the Irish strategy being explicitly committed to supporting such an approach.

#### **EU partners**

The Irish strategy explicitly aligns itself with the EU and other international partners on a range of activities; for example, on intercepting drugs – and precursors for diversion to the manufacture of drugs – being trafficked to Ireland, and on early warning and emerging trends networks. As part of an action to strengthen Ireland’s drug monitoring system, the strategy commits to using European Monitoring Centre for Drugs and Drug Addiction (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 takes 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 for 2017–2020 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's action plan, it does not provide 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 national drugs 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). A similar report for 2019 is due for publication in Q4 2020 and was not available at the time of writing this workbook (September 2020). The current action plan for the national drugs strategy is due to expire at the end of 2020. A midterm review of the current action plan (2017–2020) is also due to be carried out in Q4 2020 to inform a new action plan for the remaining duration of the national drugs strategy (personal communication, Drug Policy and Social Inclusion Unit, August 2020).

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, the *Report of the Rapid Expert Review of the 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, along with the most recent progress report.

The title and link to the first progress report on the current national drugs strategy is as follows:

- *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 national drugs strategy are as follows:

- *National Drugs Strategy 2009–2016: Progress Report to End 2015* (Department of Health 2016) <https://www.drugsandalcohol.ie/25365/>



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

*National Drugs Strategy 2009–16: Implementation of Actions Progress Report End 2011* (Department of Health 2012b) <https://www.drugsandalcohol.ie/17109/>

## **T1.2.2. Results of the latest strategy evaluation**

***Reducing Harm, Supporting Recovery: Progress 2018 and Planned Activity 2019*** (Drugs Policy Unit Department of Health 2019) <https://www.drugsandalcohol.ie/30660/>

The first and only progress report to date on the current national drugs strategy, *Reducing Harm, Supporting Recovery: Progress 2018 and Planned Activity 2019* (Drugs Policy Unit Department of Health 2019), was published in 2019. While it is planned to publish a similar progress report for 2019 in Q4 2020, at the time of writing this workbook (September 2020) this had yet to be published.

The Drugs Policy and Social Inclusion Unit at the Department of Health is responsible for collating this feedback, and the report on 2018 presented the first such output. The progress report is structured around the strategic action plan for 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, the lead agencies responsible for its delivery are listed; 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 goals 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 (Griffiths, *et al.* 2016). In late 2015, the then Minister of State with responsibility for Health Promotion and the National Drugs Strategy Aodhán Ó Ríordáin, established a Steering Committee to provide him with guidance and advice on the development of the new national drugs 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 drugs 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
- Identify deficits in the implementation of the strategy
- Summarise success factors or barriers to success
- Comment on Ireland’s evolution in tackling the drug problem in light of international trends
- Identify key learning points arising from the strategy and highlight areas to consider for development in the new national drugs strategy
- 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 2009–2016. 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 buy-in, 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 opioid 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 drugs strategy, and it was therefore important that the strategy could adapt to meet these changes.

The review discussed a number of areas in which the national drugs strategy had lost its momentum over time, including the following:

- The “strong role of community organisations” (Griffiths, *et al.* 2016) (p. 9) in both strategy development and delivery was identified as one of the key features of the Irish context. 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 – in particular, the impact on local structures, services, and practice – appeared to vary across geographical areas. 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 to use it to inform strategic decisions.

### **Structure of the national drugs strategy**

In order to take learning from the experience of the 2009–2016 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 these pillars. Keeping similar areas together gave clarity to the main tenets of the strategy, and 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.* suggested 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 (2009-2016). 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 duration.

- 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 both for 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 drugs 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 duration of the strategy (2017-2025), 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 time frame 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 drugs strategy and other related strategies. This would include strategies dealing with other substances (alcohol in particular), strategies dealing with the needs of specific populations, and strategies dealing with areas or social issues where drug use is an issue.
- **Ensure equality of access to provision according to need:** Griffiths *et al.* argued that equality of access is a concept that should cut across the national drugs 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 these practices 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 then 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.* did not identify a specific model to follow, they noted that what is important is that areas such as prevention and treatment, where a “cross-substance approach is essential” (Griffiths, *et al.* 2016) (p. 12), are adequately supported.

### **Specific issues for the 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 national drugs 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 opioid 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 opioid use to rural areas, drug-related intimidation, and homelessness and housing insecurity.

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 strategy’s initial implementation period. The new Programme for Government makes a number of commitments to these actions (Fianna Fail, *et al.* 2020). When examined alongside the strategic action plan (2017–2020), most of the commitments in the new Programme for Government can be linked to existing actions and reflect progress made on their delivery since 2017. There are some actions that deal with new developments in Irish drug policy: a new topic, target group, or approach to addressing the needs of people who use drugs. As the current strategic action plan expires at the end of 2020, the new Programme for Government indicates that the new action plan for 2021 and onwards will be closely aligned with its predecessor.

At the time of launching the national drugs strategy, it was planned to carry out a midterm evaluation during 2020, which would be used to inform any updated action plan for 2021–2025. The Department of Health is planning to carry out a review of the actions contained in the strategy at the

end of 2020. This will reflect on progress in implementing the strategy, with scope to develop further actions between 2021 and 2025 in order to address emerging needs and new challenges. It will allow policy to take into account the impact of COVID-19 on people who use drugs and on associated services, and to plan accordingly for the remaining years of the strategy.

While the strategy does not include timetables, indicators, or data collection/assessment mechanisms for each action, there are performance indicators under each goal, which the strategy stated would 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 and only output from this process was published in 2019 and is outlined in Section T1.2.2. (Drugs Policy Unit Department of Health 2019). An update is due for publication at the end of 2020.

### **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 subcommittees, 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
- Develop, implement, and monitor responses to drug-related intimidation as a matter of priority
- Support and monitor the role of Drug and Alcohol Task Forces (DATFs) in coordinating local and regional implementation of the national drugs strategy, with a view to strengthening the Task Force interagency model
- Improve performance, promote good practice, and build capacity to respond to the drug problem in line with the evidence base
- Ensure good governance and accountability by all partners involved in the delivery of the strategy
- 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 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 in delivering its functions.

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

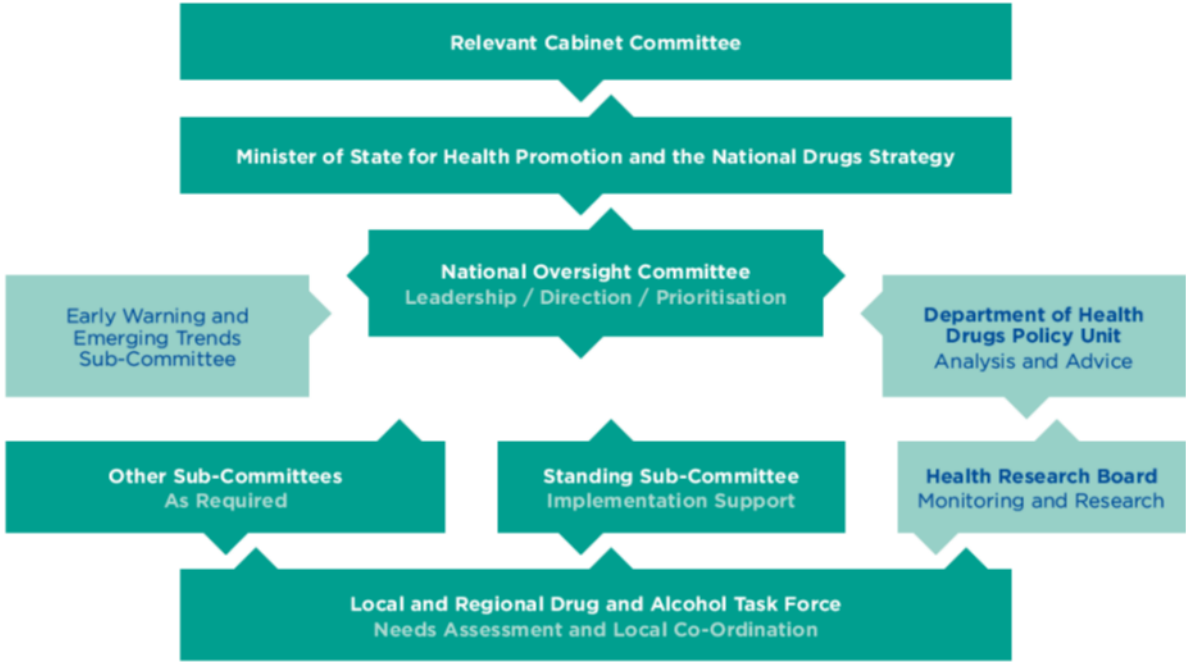
- Analysing the implications of research findings for policy and design of initiatives to tackle the drug problem
- Providing the National Oversight Committee with advice on the commissioning of new research and the development of new data sources, having regard to current information and research deficits, 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.

**DATFs:** The terms of reference of the DATFs are referred to in the national drugs 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 DATFs’ performance through the performance measurement system. DATFs are partners of the HSE in the oversight and implementation of the drugs strategy at local level, and they 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 exclusive responsibility of the HSE 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 and State agencies, as well as 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 drugs 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. Although it is beyond the scope of this workbook to describe this complex process in detail, more information can be found at [https://webarchive.oireachtas.ie/parliament/media/housesoftheoireachtas/libraryresearch/lrsnotes/lrsnotebudget\\_process\\_and\\_documents\\_140422.pdf](https://webarchive.oireachtas.ie/parliament/media/housesoftheoireachtas/libraryresearch/lrsnotes/lrsnotebudget_process_and_documents_140422.pdf).

In simplest terms, Government Departments engage in bilateral negotiations with the Department of Public Expenditure and Reform (DPER) about their budgets 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 drugs 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, the 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 2014–2019. This data is a summary of data provided for Table IV for the relevant period. As with the 2018 data, the data for 2019 is subject to some reporting limitations. The drop in total expenditure in 2019 by approximately €21m since 2018 and €54m since 2017 reflects limitations in reporting of expenditure from An Garda Síochána, Department of Justice and Equality, Irish Prison Service and Revenue Customs Service, rather than a reduction in expenditure *per se*. Unlabelled drug-related expenditure data are not available in Ireland.

Table 1.4.1. Public expenditure directly attributable to drug programmes (labelled), 2014–2019

Department/Agency	2014 (€m)	2015 (€m)	2016 (€m)	2017 (€m)	2018 (€m)	2019 (€m)
Health Research Board	€0.908	€1.013	€1.247	€0.756	€0.786	€0.786
HSE Addiction Services	€86.122	€91.523	€93.43	€97.87	€99.828	€103.419
HSE Drugs and Alcohol Task Force Projects	€21.570	€22.064	€22.78	€22.14	€22.63	€22.920
An Garda Síochána *	€43.000	€43.000	€46.00	€47.00	€14.25	€13.17
D/Children & Youth Affairs	€19.548	€19.548	€20.05	€20.04	€20.46	€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	€20.07
D/Health**	€7.266	€7.323	€6.08	€5.54	€6.015	€5.955
Irish Prison Service	€4.200	€4.235	€4.40	€4.20	-	-
D/Education & Skills	€0.748	€0.748	€0.77	€0.76	€0.76	€0.72
<b>Total</b>	<b>€232.422</b>	<b>€240.162</b>	<b>€249.087</b>	<b>**€240.95</b>	<b>**€208.499</b>	<b>**€187.50</b>

\* After 2017 An Garda Síochána moved from reporting on 'policing/investigation costs' to 'policing/investigation costs of Garda National Drugs and Organised Crime' only.

\*\* The €53m decrease in expenditure between 2017 and 2019 reflects limitations in reporting of expenditure from An Garda Síochána, Department of Justice and Equality, Irish Prison Service and Revenue Customs Service, rather than a reduction in expenditure *per se*.

### 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, and they coordinate its collection and make it available to the

Irish Focal Point. As noted above in relation to Table 1.4.1, the data for 2019 is subject to some reporting limitations. The drop in total expenditure in 2019 by approximately €21m since 2018 and €54m since 2017 reflects limitations in reporting of expenditure from An Garda Síochána, Department of Justice and Equality, Irish Prison Service and Revenue Customs Service, rather than a reduction in expenditure *per se*. On-going efforts are being made by the Focal Point to access this data.

#### IV Breakdown of drug-related public expenditure

Expenditure €m	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Comments
0.514	2019	gf07	s1311	Health	Research and reports in relation to drug services and drug-related deaths
0.271	2019	gf07	s1311	Health	National Documentation Centre
<b>0.786</b>					
0.285	2019	gf07	s1311	Health	Research and advisory function of the NACDA
4.097	2019	gf07	s1311	Health	Treatment and rehabilitation services provided to drug users -LDATF
1.09	2019	gf07	s1311	Health	Treatment and rehabilitation services provided to drug users – RDATAF
0.209	2019	gf07	s1311	Health	National network of community activists and community organisations
0.176	2019	gf07	s1311	Health	Supports the development of family support groups throughout the country - NFSN

Expenditure €m	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Comments
0.026	2019	gf07	s1311	Health	Residential treatment for adults
0.070	2019	gf07	s1311	Health	Other miscellaneous
<b>5.955</b>					
<b>20.46</b>	2019	gf08	S1311	Children & Youth affairs	Youth programmes with drug specific initiatives & mainstreamed drug projects
0.37	2019	gfo9	s1311	Education and Skills	Drug education and prevention projects LDATF
0.35	2019	gf09	s1311	Education and Skills	Drug Court - Education support
<b>0.72</b>					
74.03	2019	gf07	s1311	Health Service Executive	Drug related health services
14.80	2019	gf07	s1311	Health Service Executive	Treatment and rehabilitation services provided to drug users –LDATF
7.59	2019	gf07	s1311	Health Service Executive	Treatment and rehabilitation services provided to drug users -RDATF
0.53	2019	gf07	s1311	Health Service Executive	Cross Task Force Funding
7.81	2019	gf07	s1311	Health Service Executive	Drug related health services - NDTs

Expenditure €m	Year	COFOG classification	National accounting classification	Trace (Labelled, Unlabelled)	Comments
21.56	2019	gf07	s1311	Health Service Executive	Drug related health services -PCRS
<b>126.339</b>					
<b>20.07</b>	2019	gf10	s1311	Social Protection	Total spend from the relevant government department. Breakdown by programme unavailable.
n/a	2019	gf03	s1311	Justice & Equality	Drug Treatment Court
n/a	2019	gf07	s1311	Justice & Equality	Community based rehabilitation services
n/a	2019	gf09	s1311	Justice & Equality	Youth crime diversion programmes
<b>n/a</b>					
n/a		gf03	s1311	Irish Prison Service	Drug treatment services in Prisons
<b>13.17</b>	2019	gf03	s1311	An Garda Síochana	Policing/investigation costs of Garda National Drugs & Organised Crime only.
<b>n/a</b>	2019	gf03	s1311	Revenue's Customs Service	Border policing (anti- smuggling)
<b>187.5</b>					

## T2. Trends.

Not applicable for this workbook.

### T3.1 Developments in drug policy

1. New Minister of State for Public Health, Wellbeing and the National Drugs Strategy, and new Programme for Government
2. COVID-19 policy responses – London School of Economics and Political Science (LSE) report on COVID-19 and homelessness
3. Legislation against the coercion and use of minors in the sale and supply of drugs
4. Updates on implementation of the Public Health (Alcohol) Act 2018
5. Health Diversion Approach to possession of drugs for personal use
6. Supervised injecting facilities.

#### 1. New Minister of State for Public Health, Wellbeing and the National Drugs Strategy, and new Programme for Government

On 2 July 2020, Frank Feighan TD for Sligo-Leitrim was appointed Minister of State for Public Health, Wellbeing and the National Drugs Strategy. This follows on from the publication of *Programme for Government: Our Shared Future* (Fianna Fail, et al. 2020). The new Programme for Government commits to taking a health-led approach to drugs misuse and continuing to deliver on the existing national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017).

The new Government divides its commitments into one set of four actions and another set of 24 actions, all of which are in line with the national drugs strategy (Department of Health 2017). The reason for having two separate sets of actions is unclear; hence, they are dealt with together for the purpose of this report. Where relevant, they are put in the context of the existing strategic action plan for 2017–2020 embedded in the NDS.

#### Programme for Government commitments

When examined alongside the strategic action plan (2017–2020), most of the commitments in the new Programme for Government can be linked to existing actions and reflect progress made on their delivery since 2017. While one of the actions deals with a specific service (the re-establishment of the community-based alcohol treatment service in Galway city), the others are broader in nature.

#### New actions

There are some actions that deal with new developments in Irish drug policy: a new topic, target group, or approach to addressing the needs of people who use drugs. This is not to suggest that there has been no activity to date in these areas in terms of delivery on the ground; rather, they were not part of the 2017–2020 strategic action plan, but reflect changes in the field.

There are seven new actions:

- A representative of the National Oversight Committee for the national drugs strategy *Reducing Harm, Supporting Recovery* will be included in the implementation and monitoring

arrangements for the new national mental health policy launched in June 2020, *Sharing the Vision: A Mental Health Policy for Everyone* (Department of Health 2020).

- The Government will seek to retain the specific actions taken to support increased and improved access to opioid substitution services during COVID-19, so that pre-COVID-19 waiting times in accessing these services are reduced (the nature of the policy changes made in light of COVID-19 are outlined as the next topic in this section of the National Report).
- The regulations and legislation that apply to cannabis use for medical conditions and palliative care, having regard to the experience in Northern Ireland and Great Britain, will be examined. Cannabis use for medicinal purposes did not feature in the strategic action plan for 2017–2020. However, since the launch of the national drugs strategy in 2017, this topic has been the subject of a scientific review and legislation. In 2017, the Health Products Regulatory Authority published *Cannabis for Medical Use – A Scientific Review* (Health Products Regulatory Authority 2017). On 26 June 2019, legislation was passed to allow for the Medical Cannabis Access Programme to operate in Ireland on a pilot basis for five years.
- A citizens’ assembly to consider matters relating to drug use will be convened. The development of the NDS involved extensive consultation with stakeholders and the public. In line with this, the Drugs Policy and Social Inclusion Unit of the Department of Health and the HRB have collaborated on an annual drug forum to support evidence-informed practice and service delivery; promote the participation of communities, service users, and their families in national structures; and strengthen the implementation and performance of the NDS.
- The coercion and use of minors in the sale and supply of drugs will be legislated against. This is a new policy commitment for the Government. A Private Members’ Bill on the topic lapsed in January 2020 with the dissolution of the previous Government (a brief description of the lapsed Bill is covered in section 3 below).
- A 24-hour helpline, based on the FRANK helpline in the United Kingdom, will be established to provide advice and assistance to people who use drugs and their family members. As part of drugs.ie, the HSE currently runs a drug and alcohol helpline for anyone with a question or concern related to drug and alcohol use. Operating times are limited to office hours, Monday to Friday.
- A ‘Good Neighbour’ policy for drug treatment centres will be ensured in order to address any concerns held by local residents and businesses alike.

A further four actions indicate a new focus or target group for existing actions:

- The potential for an information campaign on the health impacts of steroid use, particularly on young men, will be examined. This is a new focus in relation to the existing action plan. While people who use steroids were mentioned in the existing action plan as a new service-user population at needle exchange programmes, steroids themselves were not identified as a specific target for prevention and harm-reduction activities.
- The fact that women can face barriers to accessing and sustaining addiction treatment, arising from an absence of childcare or the presence of domestic violence, will be recognised and targeted interventions aimed at responding to their needs will be developed. While domestic violence is noted as an issue facing women who use drugs in the national drugs

strategy, it does not feature in its action plan. Childcare is recognised as a barrier needing to be addressed in one of the actions in the plan, but this new action recognises other barriers to women's ability to access and sustain treatment by specifically noting domestic violence.

- Support for step-down accommodation to prevent high-risk single people and families from exiting treatment into homelessness will be significantly increased. This broadens the scope of an existing action to include high-risk single people.
- Harm-reduction and education campaigns aimed at increasing awareness of the risks of drug use and the contribution of drugs to criminality will continue to be resourced. This is a continuation of existing work, but the focus on the contribution of drugs to criminality is new.

### **Commitments to a policy position**

Three of the actions indicate a move from exploring an issue in the strategic action plan to a commitment to a particular policy position:

- To increase and support drug-quality testing services, particularly at festivals
- To support the roll-out of access to, and training in, opioid antidotes
- To implement the recommendations of the Working Group to Consider Alternative Approaches to the Possession of Drugs for Personal Use and to review the alternative approach adopted after its first year of implementation in order to ensure that it is meeting its aims. However, the document does not specifically refer to the Health Diversion Approach launched by Government in August 2019 as the approach being adopted following the Working Group's report.

### **Support for existing actions**

Ten of the actions are either the same as, variations of, or continuations of those in the strategic action plan:

- Build on recent initiatives at Junior and Senior Cycle levels and support secondary schools in introducing drug and alcohol awareness programmes, particularly in relation to the hazards of casual drug use.
- Examine approaches to identifying at-risk young people and vulnerable groups to interrupt their potential trajectory into problem drug and alcohol use.
- Expand services for pregnant and postnatal women affected by substance use, and for their children.
- Create a path for people in rehabilitation from drug addiction to access education and training facilities in their local areas.
- Progress the National Clinical Programme for Dual Diagnosis and work to develop joint protocols and referral pathways.
- Support the Drug Related Intimidation Reporting Programme, developed by the National Family Support Network in partnership with AGS, to respond to the needs of drug users and families facing the threat of drug-related intimidation.

- Develop health and social interventions based on an inclusion-health approach to target people who are homeless and experiencing addiction.
- Ensure in-reach supports and pathways to access treatment for homeless, Traveller, and new communities.
- Increase the number of residential treatment beds for those stabilising, detoxing, and/or seeking drug-free services.
- Reduce the number of lives lost through overdose by opening a pilot medically supervised injecting facility in Dublin city.

### **Drug and Alcohol Task Forces**

Finally, underpinning the NDS and its delivery, there is ongoing commitment to support the work of the DATFs in identifying local needs in communities and supporting targeted initiatives.

### **Concluding comment**

Overall, the new Programme for Government indicates an ongoing commitment to a health-led approach to meet the needs of people who use drugs, undertaking a set of actions that are similar to those within the NDS, and that are to be delivered under existing structures. The current strategic action plan expires at the end of 2020, but the new Programme for Government indicates that any new action plan for 2021 and onwards will be closely aligned with its predecessor.

## **2. Irish response to COVID-19**

Ireland made a number of policy changes aimed at preventing the spread of COVID-19 among people who use drugs. These are outlined in a report published in July 2020 by the LSE. The report, entitled *Saving Lives in the time of COVID-19 – Case Study of Harm Reduction, Homelessness and Drug Use in Dublin, Ireland*, has a particular focus on people who are homeless and use drugs (O'Carroll, *et al.* 2020). The report is a policy briefing that outlines the policy changes made to harm-reduction services in Ireland in response to COVID-19. It argues that lives within the target group were saved as a result of these changes and that the policy changes should be maintained in the post-COVID-19 era.

### **Housing response**

People experiencing homelessness were identified as a vulnerable group when the COVID-19 pandemic reached Dublin. Protocols for identification and immediate testing for people in this group were developed and implemented. Accommodation was provided to allow suspected and confirmed positive cases to isolate, as well as those deemed vulnerable due to age or medical condition. The report argues that this resulted in much lower than expected COVID-19 infection and mortality rates, although figures for estimates are not presented. Seven hundred and fifty clients were tested, of whom 63 tested positive. One person died. Dr Austin Carroll is one author of the report and the COVID-19 Clinical Lead for Homelessness in Dublin. His team carried out projections on the number of expected fatalities using a data projection programme developed in the United Kingdom and adjusted for Ireland. No details of the methodology used in calculating the mortality estimates are included in the report, but the data projection programme was devised for the homeless population in London, England by Professor Al Story and Professor Andrew Hayward of University College London. It indicates that the policy response, combined with the quick and dedicated response of services and their staff, contributed to a much lower than expected mortality figure (see Figure 1).



Figure 1  
Mortality from COVID-19 Homeless Sector

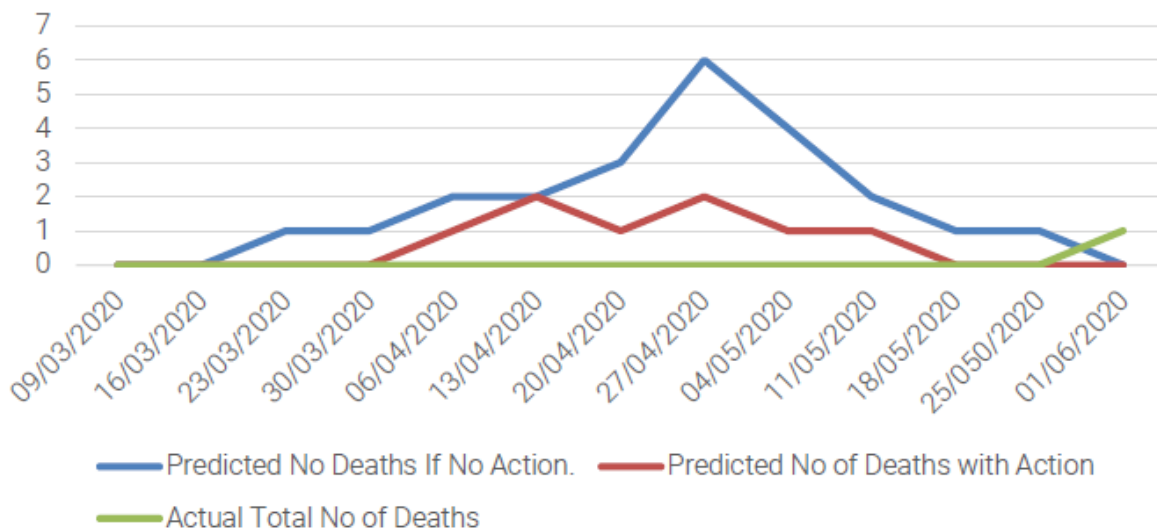


Figure 1: Mortality from COVID-19 in the homeless sector

Source: O'Carroll *et al.* (2020), p. 4

### Drug policy changes

In addition to meeting the testing and housing needs of this group, policy changes were made that improved access to three harm-reduction interventions for those who were using drugs: opioid substitution therapy (OST); naloxone; and benzodiazepine (BZD) maintenance. These interventions are outlined below.

**Opioid substitution therapy:** There were two key changes in the area of OST: one related to accessing a programme, the other to the dispensing of methadone. National contingency guidelines were issued that allowed for reduced waiting times and the removal of caps on recruitment to OST at the two Dublin clinics that provide treatment for this group (National Drug Treatment Centre and GMQ Medical) (Health Service Executive 2020). These new guidelines resulted in the waiting times for treatment at one service provider (GMQ Medical) being reduced from 12–14 weeks to 2–3 days. Access was further improved by other treatment clinics agreeing to take on homeless patients who were resident in their catchment areas. Supervision guidelines were also amended. Staff at relevant agencies were allowed to collect clients' OST medications and deliver them to the clients' accommodation. This supported clients who were self-isolating.

**Naloxone:** Access pathways to the opioid antagonist naloxone were relaxed in response to the COVID-19 crisis through the national contingency guidelines (Health Service Executive 2020). The new guidelines recommend that everyone in receipt of OST should be offered and encouraged to take a supply of naloxone. It was to be administered by a person trained in its use, and the injectable product was to be used instead of the intranasal product. Access was then extended to those most at risk of overdose in the evolving situation, and packs were distributed to those using a needle and syringe programme by the Ana Liffey Drug Project. The requirement for a general practitioner to issue a prescription to the client by name could be met retrospectively.

**Benzodiazepine maintenance:** In Ireland, the focus of national guidelines for the treatment of BZD misuse is detoxification, not maintenance (Health Service Executive 2016). However, in response to the pandemic, national contingency guidelines were published which recommended that clients of treatment services who were self-isolating could be offered up to 30 mg of BZD daily in order to prevent withdrawals for the duration of their isolation. O'Carroll *et al.* note that this was extended by those working in the homeless sector to those who were “shielding” (O'Carroll, *et al.* 2020) (p. 7), as well as to all those on OST with established BZD dependency in one service (GMQ Medical). As with OST medications, service providers were able to deliver medications to clients in their accommodation.

### **Call to sustain the changes**

In their conclusion, the authors note that the key element of the first two of these policy changes (the removal of barriers to rapid access to OST and naloxone) resulted in the implementation of existing national policy, which they argue raises the question as to why barriers existed prior to the pandemic. They also argue that prior to (and independent of) COVID-19, there was a “strong public health argument for having no waiting lists for OST and improved naloxone distribution to PWUD [people who use drugs]” (O'Carroll, *et al.* 2020) (p. 9).

The authors describe the pandemic as having “acted as a catalyst for changes in the delivery of harm reduction measures to homeless PWUD” (O'Carroll, *et al.* 2020) (p. 10). They recommend that “practices continue to deliver on OST and naloxone policy objectives and that policy makers review the evidence on BZD maintenance treatment” (p. 10). In conclusion, they view the COVID-19 experience as a “potentially important milestone in the development of national drug policies” (O'Carroll, *et al.* 2020) (p. 10).

### **Concluding comment**

As mentioned, the report's authors recommend that the policy changes made in response to COVID-19 be maintained in the post-COVID-19 era. While there is no reference to BZD use, the June 2020 *Programme for Government: Our Shared Future* (Fianna Fail, *et al.* 2020) offers a commitment to elements of the other two policy changes:

- To retain the specific actions taken to support increased and improved access to opioid substitution services during COVID-19, so that pre-COVID-19 waiting times in accessing these services are reduced
- To support the roll-out of access to, and training in the use of, opioid antidotes.

### **3. Legislation against the coercion and use of minors in the sale and supply of drugs**

A new Government was formed in Ireland in June 2020. As part of its Programme for Government, it has committed to legislate against the coercion and use of minors in the sale and supply of drugs (Fianna Fail, *et al.* 2020). This is a new policy commitment for Government. A Private Members' Bill on the topic lapsed in January 2020 with the dissolution of the previous Government.

In December 2019, a Private Members' Bill was initiated to move through the Oireachtas which sought to address the issue of children being used in drug markets. The Bill sought to amend the Misuse of Drugs Act, 1977 to criminalise the purchase of a controlled drug from a child, to criminalise the act of causing a child to be in possession of a controlled drug for sale or supply, and to provide for related matters. While the sentiment behind the proposed Bill – to protect children from being

used in the sale and supply of drugs – was generally agreed on, the Bill itself was criticised, as it was argued that what it sought to criminalise was already a criminal offence, i.e. the purchase and possession of controlled substances. The following is the Bill’s reference:

- Misuse of Drugs (Amendment) Bill 2019, sponsored by John Curran TD. Further information is available at: <https://www.oireachtas.ie/en/bills/bill/2019/97/>

#### **4. Updates on implementation of the 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 the Act provides for a suite of evidence-based measures to deliver on this aim. There have been some changes since the 2019 National Report in the implementation of key provisions of this Act. They relate to restrictions on alcohol advertising and the introduction of minimum unit pricing.

##### **Alcohol advertising**

Three sections of the Act came into effect on 12 November 2019:

- The prohibition on advertising alcohol in or on public service vehicles, at public transport stops or stations, and within 200 metres of a school, early years centre, or local authority playground
- The prohibition on advertising alcohol in a cinema except around films classified as over 18s or in a licensed premises in a cinema
- The prohibition of children’s clothing that promotes alcohol.

Among the primary policy objectives of the Public Health (Alcohol) Act 2018 are delaying the initiation of alcohol consumption by children and young people, and reducing the harms caused by the misuse of alcohol. These measures aim to create an environment free from alcohol advertising in areas frequented by children and to reduce their exposure to alcohol advertising.

From 12 November 2020, the Act will also separate and reduce the visibility of alcohol products in mixed retail outlets. And from 12 November 2021, there will be a prohibition on advertising alcohol in or on a sports area during a sporting event that is aimed at children or during events in which the majority of participants or competitors are children. Alcohol sponsorship of events involving driving or racing motor vehicles will also be prohibited (O’Dowd 2019, 17 December).

##### **Minimum unit pricing**

One of the key provisions of the Act is minimum unit pricing: under the legislation, the minimum price per gram of alcohol would be 10 cent. However, at the time of writing this workbook (September 2020), this provision had yet to be implemented. The Government in the Republic of Ireland wants to coordinate the introduction of this measure with the introduction of a similar measure in Northern Ireland. The Government is concerned that if these measures are only introduced in the Republic of Ireland, then they will not have the desired economic or public health impact, as an increase in the cross-border purchase of alcohol would be likely. However, given the political situation in Northern Ireland, the introduction of such measures is only beginning to be considered. In a written answer to a Dáil question on the matter on 13 May 2020, the Minister for Health stated, “I am willing to wait for simultaneous introduction but I will keep this under constant

review as neither I nor the Government are willing to wait forever to implement this important public health measure” (Shortall 2020, 13 May).

More detail on this legislation is available in Section T4.2 of the *Legal framework workbook*.

## 5. Health Diversion Approach to possession of drugs for personal use

On 2 August 2019, the Irish 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 of drugs for personal use.

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

- On the first occasion, AGS will refer them, on a mandatory basis, to the HSE for a health screening and brief intervention.
- On the second occasion, AGS will have the discretion to issue an Adult Caution (see Section T2.2 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 the individual could receive a criminal conviction and custodial sentence.

The health screening and brief intervention will be carried out by trained HSE staff using SAOR: Screening and Brief Intervention for Problem Alcohol and Substance Use. 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 this workbook (September 2020), no further details were available on how the new approach will be implemented.

An implementation, monitoring, and evaluation group was established in late 2019 to examine the need for legislative change, the operational details, and the phasing of the implementation. The group is chaired by the Department of Health and its membership includes, but is not limited to, the HSE, AGS, and the Department of Justice and Equality. The group began its work in Q4 2019, with the aim of phasing in the Health Diversion Approach in Q3 2020. Because of COVID-19, this date has now been deferred (personal communication, Drugs Policy and Social Inclusion Unit, Department of Health, August 2020).

## 6. Supervised injecting facilities

The establishment of a pilot supervised injecting facility is a commitment of the newly formed Irish Government and is supported in its Programme for Government (Fianna Fail, *et al.* 2020), as well as being an action in 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). The purpose of the facility will be 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, and planning permission having been granted in December 2019 after a lengthy process, as of September 2020 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.”

(<http://www.oireachtas.ie/documents/bills28/acts/2017/a0717.pdf>).

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 September 2020, the service has yet to open. The delay can be attributed in part to Ireland’s planning regulations, as 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 Ireland appealed this decision and planning permission was granted in December 2020.

## **T4. Additional information**

### **T4.1 Additional important sources of information**

1. Ireland and the Human Rights of People Who Use Drugs
2. British–Irish Council Summit in Dublin
3. New national LGBTI+ inclusion strategy
4. New mental health strategy - Sharing the Vision: A Mental Health Policy for Everyone
5. Gender and drug policy in Ireland.

#### **1. Ireland and the Human Rights of People Who Use Drugs**

The Ana Liffey Drug Project (ALDP) has published a report, *Ireland and the Human Rights of People Who Use Drugs* (Scharwey, *et al.* 2019), that discusses the Government’s proposed Health Diversion Approach to possession of drugs for personal use within the context of human rights.

#### **Irish policy context**

Ireland's current national drugs strategy reflects a more human rights-based approach than previous strategies (Department of Health 2017). While human rights are only specifically mentioned once in the document, features that indicate a strategy aligned with human rights include the fact that the document:

- Takes a health-led approach to drug use
- Is underpinned by the values of compassion, respect, equity, inclusion, and partnership, and is evidence-informed
- Incorporates human rights in some elements; for example, introducing supervised injecting facilities and exploring approaches to the possession of small quantities of drugs.

The ALDP report is specifically focused on this last element – responses to possession of drugs for personal use. On 2 August 2019, the Government announced the launch of the HDA to the possession of drugs for personal use. This approach offers alternatives to criminal prosecution for the first two instances in which people are found in possession of drugs for personal use. Essentially, the action taken by AGS will depend on the number of times an individual has been caught in possession of drugs:

- On the first occasion, AGS will refer them, on a mandatory basis, to the HSE for a health screening and brief intervention.
- On the second occasion, AGS will have the discretion to issue an Adult Caution.
- 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 the individual could receive a criminal conviction and custodial sentence.

### **Aim of report**

The exact details of the Health Diversion Approach and how it will be implemented are topics currently under consideration by a governmental working group. The ALDP report aims to inform these considerations and to urge a rethinking of the proposed approach. It reflects on the HDA within the context of Ireland's national and international human rights commitments and related literature.

### **Human rights**

The report identifies three areas of human rights which it maintains are compromised by the ongoing criminalisation of possession of drugs for personal use:

1. The right to health – criminalisation creates barriers to accessing health services, for example
2. The prohibition of discrimination – criminalisation validates and compounds the discrimination experienced by users in the workplace and their communities, for example
3. The right to privacy – the right to privacy should include the right to use a drug in the privacy of one's home, for example.

Under each of these areas, the authors cite international literature that highlights the often contradictory positions of drug control laws versus health-based policies; for example, the "inherent conflict between the right to health in the context of the UN human rights treaties on the one hand,

and the implementation of the UN drug control regime on the other hand” (Scharwey, *et al.* 2019) (p. 8).

### **Proportionality**

Proportionality is a general principle in criminal law which focuses on the idea that the severity of a punishment should reflect the gravity of the crime. In the context of human rights, it is recognised that individual rights may sometimes need to be restricted by policy or law in order to maintain a “larger or more important imperative – such as national security” (Scharwey, *et al.* 2019) (p. 13). The report argues that in this context, the HDA is not a proportionate policy response. First, it will make attendance at a health assessment mandatory – a response described as coercive and in contrast to policy responses to all other health issues. More broadly, the criminalisation of drug possession itself is seen to lack proportionality. The authors argue that “there is no reliable ‘greater good’ argument...criminalisation of simple possession does not deter people from using drugs in any meaningful or consistent way” (Scharwey, *et al.* 2019) (p. 13). The lack of proportionality is seen to be reinforced when considering the negative impacts of criminalisation for the user; for example, the long-term negative consequences on a person’s housing and employment opportunities. The report cites the Global Commission on Drug Policy:

“Punitive drug law enforcement is predicated on the idea that criminalization serves as a deterrent. Notwithstanding its popularity, this theory is not supported by evidence. Instead, research indicates that criminalizing drug users actually worsens drug-related problems” (Global Commission on Drug Policy 2014) (p.21).

### **Irish Human Rights and Equality Commission Act 2014**

In 2014, Ireland became the first EU member state to introduce legislation that combines equality and human rights as a public sector duty’. This public sector duty requires public bodies to take proactive steps to promote equality, protect human rights, and fight discrimination in relation to their functions and powers (Equality and Rights Alliance 2015).

Section 42 of the Irish Human Rights and Equality Commission Act 2014 (IHREC Act 2014) (available online at <http://www.irishstatutebook.ie/eli/2014/act/25/enacted/en/html>) states that:

- (1) “A public body shall, in the performance of its functions, have regard to the need to:
  - (a) eliminate discrimination,
  - (b) promote equality of opportunity and treatment of its staff and the persons to whom it provides services, and
  - (c) protect the human rights of its members, staff and the persons to whom it provides services.”

The ALDP concludes that the HDA will not also be supportive of the public bodies responsible for executing the policy in fulfilling their statutory obligations under the above elements of the IHREC Act 2014.

### **Conclusions**

Overall, the ALDP report is critical of the HDA and argues that it is not compatible with a human rights-based approach to drug policy. At its core, the report argues that the proposed HDA will continue to marginalise and stigmatise those experiencing the most harm through their substance

use – the most habitual users would be at the most risk of being criminalised for possession on the third or any subsequent occasion. The HDA is therefore seen by the ALDP as being contradictory to Ireland’s national drugs strategy; while drug use is seen as a health issue in the strategy, the HDA will perpetuate the criminalisation of drug users. Furthermore, the ALDP sees it as unsupportive of public bodies’ obligations under Section 42 of the IHREC Act 2014.

## 2. British–Irish Council Summit in Dublin

On 15 November 2019, the 33rd British–Irish Council (BIC) Summit was held in Dublin, part of which consisted of a ministerial meeting on health and social initiatives that relate to substance misuse. The Taoiseach Leo Varadkar hosted the summit at Farmleigh House in Dublin, with administration heads from Scotland, Wales, the Isle of Man, Jersey, Guernsey, and the British Government (British-Irish Council 2019).

The BIC was established in 1999 as part of the Good Friday Agreement in order to further promote positive, practical relationships among the people of the islands, as well as to provide a forum for consultation and cooperation.

The formal purpose of the BIC, as outlined in Strand 3 of the Agreement, is:

“To promote the harmonious and mutually beneficial development of the totality of relationships among the peoples of these islands... The BIC will exchange information, discuss, consult and use best endeavours to reach agreement on co-operation on matters of mutual interest within the competence of the relevant Administrations.”

A copy of the Good Friday Agreement can be found at:

<https://www.dfa.ie/media/dfa/alldfawebsitemedia/ourrolesandpolicies/northernireland/good-friday-agreement.pdf>.

The BIC covers a number of formal areas of work, including the misuse of substances, for which the Irish Government is the lead administration.

As part of the summit, the Minister for Health Simon Harris TD and the Minister of State for Health Promotion and the National Drugs Strategy Catherine Byrne TD hosted a discussion on substance misuse with those responsible for health policy from the various delegations. The discussion explored the links between health and social initiatives and community policing, as well as their long-term social and economic benefits to communities.

Participants shared experiences of initiatives within their own administrations. Participants from the travelling delegations also visited the Dublin North East Inner City Inclusion Health Hub. The hub houses a specialised general practitioner and nursing practice; the HSE Health-Link for the Homeless Team; the Homeless and Addiction Case Management Teams; and specialist maternity services for women experiencing addiction.

More details on the work of the BIC is available on its website: <https://www.britishirishcouncil.org/>.

## 3. New national LGBTI+ inclusion strategy

In November 2019, the Department of Justice and Equality published the *National LGBTI+ Inclusion Strategy 2019–2021* (Department of Justice and Equality 2019). As with the *LGBTI+ National Youth Strategy 2018–2020* (Department of Children and Youth Affairs 2018), the new strategy aims to provide a strategic framework for “identifying and addressing issues which may prevent LGBTI+



people from enjoying full equality in practice in Irish society” (Department of Justice and Equality 2019) (p. 3). The strategy provides a structure in which:

- LGBTI+ groups can identify issues that persist in creating an environment of inequality
- Government, public agencies, business groups, employer and employee representatives, and civil society can work together to resolve these issues.

It is structured around four thematic pillars, under each of which is a set of outcomes to be achieved and a set of associated actions.

#### Vision and mission

**Vision:** A safe, fair, and inclusive Ireland where people are supported to flourish and to live inclusive, healthy, and fulfilling lives, whatever their sexual orientation, gender identity or expression, or sex characteristics.

**Mission:** To promote inclusion, protect rights, and improve quality of life and well-being for LGBTI+ people, enabling them to participate fully in Ireland’s social, economic, cultural, and political life.

#### Thematic pillars

The four thematic pillars are based on stakeholder consultation about what issues LGBTI+ people in Ireland were facing.

**Visible and included:** This pillar focuses on the need for increased visibility and non-stereotypical representation of LGBTI+ identities, which would support long-term attitudinal change. Among the eight outcomes identified under this pillar were: LGBTI+ people are positively visible across all sectors of society; Irish workplaces are inclusive of LGBTI+ people and support them in bringing their ‘authentic selves’ to work; and better information is available on the population and needs of LGBTI+ people in Ireland to support the development of effective policy.

**Treated equally:** This pillar has at its core legislative change and awareness-raising in order to ensure that LGBTI+ people are treated equally. Among the five outcomes to be achieved are: LGBTI+ people are aware of the supports and redress mechanisms available to them where discrimination has occurred; same-sex parents are treated equally to opposite-sex parents before the law; and supports are provided to those among the LGBTI+ community who are at higher risk of multiple discrimination and marginalisation, including older people, migrants, Travellers, people with disabilities, and prisoners.

**Healthy:** The strategy commits to ensuring that LGBTI+ people can fully and equally avail of mainstream health services, while also recognising the need for dedicated services in some circumstances. Among the seven outcomes to be achieved are: healthcare providers and practitioners are trained to understand the identities and needs of their LGBTI+ patients and to avoid making heteronormative assumptions; and people living with human immunodeficiency virus (HIV) in Ireland are supported and not stigmatised. The action in *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017) aimed at addressing the needs of LGBTI+ people is cited as an action under the following outcome: health policy takes consideration of the needs of all population groups, including the LGBTI+ community.

**Safe and supported:** The strategy intends to ensure that LGBTI+ people feel safe and secure when living their daily lives. Among the six outcomes linked to this pillar are: Ireland has strong legislation

and supports in place to combat hate crime and encourages people to report such crime; LGBTI+ victims of crime are appropriately supported and included in mainstream service provision, underpinned by formalised consultation structures with AGS and other relevant agencies; and LGBTI+ people can travel safely and with confidence.

A midterm report on progress made on implementing the strategy will be published in Q3 2020.

#### **4. *Sharing the Vision: A Mental Health Policy for Everyone***

A new national mental health policy, *Sharing the Vision: A Mental Health Policy for Everyone* (Department of Health 2020), was published in June 2020. It succeeds *A Vision for Change: Report of the Expert Group on Mental Health Policy* (AVFC), which has guided policy in this area since 2006 (Expert Group on Mental Health Policy 2006). The new mental health policy, *Sharing the Vision*, is described as a “refreshed policy” (Department of Health 2020) (p.9) in the foreword to the document by the Minister for Mental Health and Older People Jim Daly TD. It carries forward elements of AVFC deemed to be of ongoing relevance, but also includes many new elements based on the findings of a process of research and consultation that has been underway since 2017. The new policy is described as being one that “focuses very strongly on developing a broad-based, *whole-system* mental health policy for all of the population that aligns closely with the main provisions of *Sláintecare*” (Department of Health 2020) (p. 13).

##### **Substance use and mental health**

*Sharing the Vision* recognises people who use drugs as a group for which tailored or additional work may be required in order to promote positive mental health and build resilience. It is consistent with the national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*, in recognising the ongoing challenges faced in addressing the needs of people with a dual diagnosis; that is, those who experience mental health problems alongside substance (drug and alcohol) misuse problems (Department of Health 2017). *Sharing the Vision* removes the requirement in AVFC for mental health workers to establish that a mental health difficulty is primary for an individual to access the support of a mental health team.).

However, the policy also acknowledges that being able to access “primary care addiction services and existing mental health supports when there is a co-existing mental health/addiction problem remains complicated” (Department of Health 2020) (p. 53). It outlines and supports the approaches to meeting the needs of those with a dual diagnosis, as laid out in both AVFC and *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*. This includes the use of specialist multidisciplinary teams with clear pathways in and out of their service.

Unlike AVFC, *Sharing the Vision* includes an implementation roadmap with outcome indicators and allocates responsibility for delivery of the policy’s set of recommendations to relevant lead agencies. Improved delivery of services to meet the needs of those with a dual diagnosis are specifically addressed in this implementation map, where it is stated that “dedicated community-based Addiction Service Teams should be developed/enhanced with psychiatry input, as required, and improved access to mental health supports in the community should be provided to individuals with co-existing low-level mental health and addiction problems” (Department of Health 2020) (p. 59). Those responsible for delivering on this action are primary care, the HSE, and the Department of Health via the local drug and alcohol task forces.

#### **5. Gender and drug policy in Ireland**

The Pompidou Group of the Council of Europe is currently running a project on implementing a gender approach in different drug policy areas, from prevention, care, and treatment services to law enforcement and the criminal justice system. It is based on an understanding that the gender dimension includes women, men, and transgender and intersex people. An Irish team is taking part in this project; this team is made up of representatives from academia, the Department of Health, and drug services. As part of their work, the team published a paper, *Gender and Irish Drug Policy* in April 2020 (Morton, *et al.* 2020).

### **Aims of the Pompidou Group’s project**

The overall aims of the Pompidou Group’s project are to:

- Carry out an analysis of needs and draw up proposals for feasible actions and interventions to be undertaken by different stakeholders (including government and non-governmental agencies) in order to effectively integrate different gender perspectives of people who use drugs in planning, service delivery, and professional practice.
- Identify obstacles and barriers to accessing care and treatment and to introducing a gender dimension into drug policy, as well as ways to overcome them.
- Identify obstacles and barriers to the integration of gender approaches in drug law enforcement and the criminal justice system, as well as ways to overcome them.
- Provide a better understanding of when to best apply gender-neutral approaches, and when applying gender-specific responses would be more appropriate.

### **Irish contribution**

Morton *et al.*’s paper outlines the Irish situation in relation to five topics linked to these aims: gender in current drug policy; transgender and/or intersex people within service delivery; stakeholders at national level; obstacles to the integration of a gender-sensitive approach; and the benefits to society, and to the health and well-being of target groups, of adapting and implementing a gender-sensitive approach. Some of the findings are outlined below.

### **Gender and drug policy**

Ireland’s current national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017), is described in the paper as marking a shift in Irish drug policy away from previous strategies that were “relatively genderneutral” to one which “attends extensively to the issue of women and substance use” (Morton, *et al.* 2020) (p. 3) . Morton *et al.* outline the elements of the national drugs strategy that deal with gender, specifically noting 4 of the 50 strategic actions contained in the document. Three relate to women specifically, while the fourth refers to the needs of the LGBTI+ community:

- There is a strategic action to “respond to the needs of women who are using drugs and/or alcohol in a harmful manner” by increasing the range of wraparound community and residential services equipped to meet their needs and by developing interventions to address gender and culturally specific risk factors for not taking up treatment (Department of Health 2017) (p. 42).

- There is a commitment to “expand addiction services for pregnant and postnatal women” through seven developments, including strengthening links between addiction and maternity services (Department of Health 2017) (p. 43).
- Under the strategic action “to improve the range of problem substance use services and rehabilitation supports for people with high support needs who are homeless”, mention is made specifically of developing the provision of gender-specific step-down services for women (and their children) progressing from residential rehabilitation treatment who are at risk of discharge into homelessness (Department of Health 2017) (p. 48).
- There is a strategic action that sets out to improve the capacity of services to accommodate the needs of people who use drugs and alcohol from specific communities (Department of Health 2017) (p. 49) .

The authors note that there are no gender-specific actions within the current drugs strategy with regard to prevention, nor are there any specific considerations of transgender or intersex populations or risks for these populations. They describe any consideration of the needs and specialist supports for those who are transgender and/or intersex in Ireland as being in “relative infancy” (Morton, *et al.* 2020) (p. 5) .

### Gender and treatment

Drug treatment and intervention in Ireland is described as having evolved since 2005 to a more gender role focus. The authors identify some changes that have been made, such as including women in substance use treatment and intervention; developing gender-specific services and interventions for women; and developing resources and responses within relevant ancillary services in order to meet the needs of women who use drugs. Table 4.1.1 outlines the gender-specific treatment and interventions for women in Ireland identified in the paper.

Table 4.1.1: Gender-specific treatment and intervention for women in Ireland

Service	Intervention	Host organisation
Ashleigh House	Residential treatment for women and women with children up to preschool age	Coolmine Therapeutic Community*
Saol Project	Gender-specific harm reduction, education, day programme, childcare provided up to preschool age	Saol Project
Aiséirí Céim Eile	Residential secondary treatment programme, gender specific	Aiséirí
Farnanes	Residential treatment for women, gender specific	Cuan Mhuire
Ocean View	Residential treatment for women, gender specific	Tiglin
Tabor Renewal & Fellowship House	Residential secondary treatment programme, gender specific	Tabor Group
Helping Women Recover Programme	This Limerick-based project works with women over the age of 23 who are clients of the Probation Service	PALLS
Specialist drug-liaison midwives	The three maternity hospitals in Dublin have specialist midwives	Health Service Executive

Service	Intervention	Host organisation
	who work with pregnant women who use drugs**	

Source: Morton *et al.* (2020)

\* Ashleigh House is based near the capital city, Dublin; Coolmine has been funded to provide a second women's treatment centre for Limerick, and this is currently under development with the aim to open in 2021.

\*\* This midwife-based programme is due to be extended beyond Dublin with funding secured and recruitment commenced for six more posts to cover the remaining Hospital Group areas in the country.

### Gender and the criminal justice system

The Pompidou Group is also interested in how gender is addressed within the criminal justice system. While this does not feature in Ireland's national drugs strategy, Morton *et al.* note that the needs of women are identified in other related policy documents (Department of Justice and Equality 2017) (Irish Prison Service and Probation Service 2018). They also identify issues arising within the courts and the prison system for women. For example, there are "specific risks for women involved within the criminal justice system, including a lack of housing supports on exit from prison, substance misuse within the prison itself, separation from children, and lack of integration supports on exit from prison" (Morton, *et al.* 2020) (p. 5) .

### Obstacles to a gender-sensitive approach

The authors outline a series of obstacles facing the adoption of a gender-sensitive approach to drug policy and interventions in Ireland. These exist at societal, policy, community, organisational, practitioner, and individual levels. For example:

- At community level, women who use drugs experience stigma within their communities, which presents a major barrier to accessing supports.
- At organisational level, funding streams can prevent the integration of a gender-sensitive approach by not providing funding for either gender-specific services or the services of the broader range of agencies that would be needed in order to meet the complex needs of women who use drugs.
- At practitioner level, practitioners may not have been trained in "specialist responses that take account of gender within substance use patterns or trajectories, or in responding to women where there are complex issues and trauma histories" (Morton, *et al.* 2020) (p. 10) .

### Gender mainstreaming

The authors offer support for the adoption of a gender-mainstreaming approach to policy development in Ireland. This approach would mean that each "drug policy proposal is assessed for its potential (unintended) positive and negative impacts across genders" (Morton, *et al.* 2020) (p. 10) , and that a critical examination of the gendered norms and assumptions that underpin the proposals is undertaken. The authors also report that there is evidence in Ireland of an increasing focus on inclusion health and a patient and public involvement approach to health issues. These, along with other factors, suggest an environment that might be more conducive to a fully gender-sensitive approach to policy and service development evolving in Ireland. The authors conclude:

"Key within the Irish context will be the leveraging off the current developments within social inclusion based health, PPI, participative [national drugs strategy] structures and existing innovation in gender responsive intervention and treatments in order to further advance gender mainstreaming

within drug policy, which may ultimately address some of the key individual issues such as stigma and shame in regard to gender and substance use.” (Morton, *et al.* 2020) (p. 10)

### **Project output**

Morton *et al.*'s paper is an output of the first phase of this broader project by the Pompidou Group. The final output of the project is expected to be a handbook for practitioners and decision-makers. It will contain a set of principles and practical examples that provide concrete guidance for implementing a gender approach in the planning and delivery of prevention, care, and treatment services for people who use drugs. It will also provide guidance for law enforcement agencies on the practical integration of gender approaches in their work. The project is in its early stages and is due for completion in October 2021.

### **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 2019, published in July 2020 (see <https://www.cso.ie/en/releasesandpublications/ep/p-nie/nie2019/>). 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 AGS. 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's *World Drug Report* (personal communication, Central Statistics Office, August 2019).

## **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](http://www.oireachtas.ie)
  - For more information on Ireland's budgetary process, please see: <https://www.oireachtas.ie/en/visit-and-learn/how-parliament-works/the-budget/>
- Central Statistics Office: [www.cso.ie](http://www.cso.ie)
  - Central Statistics Office for National Accounts data: <https://www.cso.ie/en/statistics/nationalaccounts/>
- Department of Health: <https://www.gov.ie/en/organisation/departments-of-health/>

### **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

- British-Irish Council (2019) 33rd British-Irish Council Summit. Available at <https://www.drugsandalcohol.ie/31383/>
- Department of Children and Youth Affairs (2018). Lgbti+ National Youth Strategy 2018-2020. Department of Children and Youth Affairs, Dublin. Available at <https://www.drugsandalcohol.ie/29267/>
- Department of Community, Rural and Gaeltacht Affairs, (2009). National Drugs Strategy (Interim) 2009–2016. Department of Community, Rural and Gaeltacht Affairs, Dublin. Available at <http://www.drugsandalcohol.ie/12388/>
- Department of Health (2012a). Steering Group Report on a National Substance Misuse Strategy. Department of Health, Dublin. Available at <http://www.drugsandalcohol.ie/16908/>
- Department of Health (2012b). National Drugs Strategy 2009–16: Implementation of Actions Progress Report End 2011. Department of Health, Dublin. Available at <http://www.drugsandalcohol.ie/17109/>
- Department of Health (2013). National Drugs Strategy 2009–2016: Implementation of Actions Progress Report to End 2012. Department of Health, Dublin. Available at <http://www.drugsandalcohol.ie/20159/>
- Department of Health (2014). National Drugs Strategy 2009-2016: Progress Report to End 2013. Department of Health, Dublin. Available at <http://www.drugsandalcohol.ie/21621/>
- Department of Health (2015). National Drugs Strategy 2009-2016: Progress Report to End 2014. Department of Health, Dublin. Available at <http://www.drugsandalcohol.ie/23935/>
- Department of Health (2016). National Drugs Strategy 2009-2016: Progress Report 2015. Department of Health, Dublin. Available at <http://www.drugsandalcohol.ie/25365/>
- Department of Health (2017). Reducing Harm, Supporting Recovery. A Health-Led Response to Drug and Alcohol Use in Ireland 2017 - 2025. Department of Health, Dublin. Available at <http://www.drugsandalcohol.ie/27603/>
- Department of Health (2020). Sharing the Vision: A Mental Health Policy for Everyone. Government of Ireland, Dublin. Available at <https://www.drugsandalcohol.ie/32228/>
- Department of Justice and Equality (2017). National Strategy for Women and Girls 2017–2020: Creating a Better Society for All. Department of Justice and Equality, Dublin. Available at <https://www.drugsandalcohol.ie/32910/>
- Department of Justice and Equality (2019). National Lgbti+ Inclusion Strategy 2019-2021. Government of Ireland, Dublin. Available at <https://www.drugsandalcohol.ie/31368/>
- Drugs Policy Unit Department of Health (2019). Reducing Harm, Supporting Recovery Progress 2018 and Planned Activity 2019. Department of Health, Dublin. Available at <https://www.drugsandalcohol.ie/30660/>
- Equality and Rights Alliance (2015). A New Public Sector: Equality and Human Rights Duty. Equality and Rights Alliance Dublin. Available at <http://www.values-lab.ie/resources/A%20New%20Public%20Sector%20Duty%20March%202015-1.pdf>
- Expert Group on Mental Health Policy (2006). A Vision for Change: Report of the Expert Group on Mental Health Policy. Stationery Office, Dublin. Available at <https://www.drugsandalcohol.ie/6154/>
- Fianna Fail, Fine Gael and The Green Party (2020). Programme for Government – Our Shared Future. [Final]. n/a, Available at <https://www.drugsandalcohol.ie/32212/>
- Global Commission on Drug Policy (2014). Taking Control: Pathways to Drug Policies That Work. Global Commission on Drug Policy, Rio de Janeiro. Available at <https://www.drugsandalcohol.ie/22611/>
- Government of Ireland (2016). Programme for Partnership Government. Department of An Taoiseach, Dublin. Available at <http://www.drugsandalcohol.ie/25508/>

- Griffiths, P., Strang, J. and Singleton, N. (2016). Rapid Expert Review of the National Drugs Strategy 2009-2016. Department of Health, Dublin. Available at <http://www.drugsandalcohol.ie/27289/>
- Harris, S. (2019, 2 August) Speech for Minister Harris Launch of Health Diversion Approach for Drug Use. Available at <https://www.gov.ie/en/press-release/9aaeca-ministers-harris-flanagan-and-byrne-announce-health-led-approach-to-/?referrer=/blog/press-release/ministers-harris-flanagan-and-byrne-announce-health-led-approach-to-the-possession-of-drugs-for-personal-use/>
- Health Products Regulatory Authority (2017). Cannabis for Medical Use- a Scientific Review. Department of Health, Dublin. Available at <http://www.drugsandalcohol.ie/26784/>
- Health Service Executive (2016). Clinical Guidelines for Opioid Substitution Treatment. Health Service Executive, Dublin. Available at <http://www.drugsandalcohol.ie/26573/>
- Health Service Executive (2020). Guidance on Contingency Planning for People Who Use Drugs and Covid-19. Health Service Executive, Dublin. Available at <https://www.drugsandalcohol.ie/31804/>
- Hughes, C., Stevens, A., Hulme, S. and Cassidy, R. (2019). Review of Approaches Taken in Ireland and in Other Jurisdictions to Simple Possession Drug Offences. A Report for the Irish Department of Justice and Equality and the Department of Health. UNSW Australia and University of Kent, Available at <https://www.drugsandalcohol.ie/30895/>
- Irish government economic and evaluation service (2019). Costings of an Alternative Approach to Personal Drug Possession. Available at <https://www.drugsandalcohol.ie/30887/>
- Irish Prison Service and Probation Service (2018). Irish Prison Service & Probation Service Joint Strategic Plan 2018 - 2020. Irish Prison Service & Probation Service, Ireland. Available at <https://www.drugsandalcohol.ie/29241/>
- Morton, S., Devaney, E., O'Connor, K., McKeown, P. and Harris, A. (2020). Gender and Irish Drug Policy: Report Submitted to the Working Group as Part of the 'Implementing a Gender Approach in Different Drug Policy Areas: From Prevention, Care and Treatment Service to Law Enforcement' Project. University College Dublin and Department of Health, Dublin. Available at <https://www.drugsandalcohol.ie/31888/>
- O'Carroll, A., Duffin, T. and Collins, J. (2020). Saving Lives in the Time of Covid-19. Case Study of Harm Reduction, Homelessness and Drug Use in Dublin, Ireland. London School of Economics and Political Science, London. Available at <https://www.drugsandalcohol.ie/32291/>
- O'Dowd, F. (2019, 17 December) Dáil Éireann Parliamentary Debate. Written Answer 356 – Public Health Policy. Available at [https://www.oireachtas.ie/en/debates/question/2019-12-17/356/#pq\\_356](https://www.oireachtas.ie/en/debates/question/2019-12-17/356/#pq_356)
- Scharwey, M., Keane, M. and Duffin, T. (2019). Ireland and the Human Rights of People Who Use Drugs. Ana Liffey Drug Project, Dublin. Available at <https://www.drugsandalcohol.ie/31427/>
- Shortall, R. (2020, 13 May) Dáil Éireann Parliamentary Debate. Written Answer 522 – Alcohol Pricing. Available at <https://www.drugsandalcohol.ie/32254/>
- Working group to consider alternative approaches to the possession of drugs for personal use (2019). Report of the Working Group to Consider Alternative Approaches to the Possession of Drugs for Personal Use. Department of Health and Department of Justice and Equality, Dublin. Available at <https://www.drugsandalcohol.ie/30887/>



## **European Monitoring Centre for Drugs and Drug Addiction**

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is a decentralised European Union (EU) agency based in Lisbon. The EMCDDA provides the EU and its member states with information on the nature, extent, and consequences of, and responses to, illicit drug use. It supplies the evidence base to support policy formation on drugs and addiction in both the EU 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 EMCDDA 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 (HRB). The focal point writes and submits a series of textual reports, data on the five epidemiological indicators, and supply indicators in the form of standard tables and structured questionnaires on response-related issues, such as prevention and social reintegration. The focal point is also responsible for implementing Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances.

## **Acknowledgements**

Completion of the national focal point's reports to the EMCDDA depends on the support and cooperation of a number of Government Departments and statutory bodies. Among those to whom we would like to express our thanks are the staff of the following:

Customs Drugs Law Enforcement, Revenue

Department of Children and Youth Affairs

Department of Education and Skills

National Drugs and Organised Crime Unit, An Garda Síochána

Drugs Policy Division, Department of Justice and Equality

Drugs Policy and Social Inclusion Unit, Department of Health

Forensic Science Ireland

Health Protection Surveillance Centre, Health Service Executive

Hospital In-Patient Enquiry Scheme, Health Service Executive

Irish Prison Service

National Advisory Committee on Drugs and Alcohol, Department of Health

National Social Inclusion Office, Primary Care Division, Health Service Executive

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

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

