Focal Point Ireland: national report for 2022 – Drug policy Ireland

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

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(2023) Focal Point Ireland: national report for 2022 – Legal framework

(2023) Focal Point Ireland: national report for 2022 – Treatment

(2023) Focal Point Ireland: national report for 2022 – Drug markets and crime

(2023) Focal Point Ireland: national report for 2022 – Prevention

(2023) Focal Point Ireland: national report for 2022 – Prison

(2023) Focal Point Ireland: national report for 2022 – Harms and harms reduction

(2023) Focal Point Ireland: national report for 2022 – Drugs

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T0. Summary

Please provide a 1,250 word (i.e. 5 by 250 word paragraphs) summary of the workbook: T1.1 national drug strategies (250 words); section T1.2 evaluation of national drug strategies (250 words); T1.3 drug policy coordination (250 words); T1.4 drug related public expenditure (250 words); new developments (250 words)

The answers should include the following points:

Summary of T1.1.1

- Describe the current national drug strategy document (date approved, ministries responsible, timeframe, overview of main principles, priorities, objectives, actions, the main substances and addictions it is focused on, its structure, e.g. pillars and cross-cutting themes)

Summary of T.1.2

- Describe the latest drug strategy evaluation (title, time to complete it, the evaluation criteria, the evaluation team, the scope, the type of data used, conclusions and recommendations)

Summary of T.1.3

- Describe the main drug policy coordination mechanisms at the inter-ministerial; national, regional and local strategic and operational levels.

Summary of T1.4

- Please comment on the existence of annual drug-related budgets; their relation with other instruments of drug policy (strategy/action plans); annual value of total public expenditure and of supply *and* demand. If possible, annual value by class of policy intervention (prevention, harm reduction, treatment, social reintegration, police, law courts, prisons) and time trend.

Summary of T1.1 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, Rural and Gaeltacht Affairs 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 was accompanied by a shorter-term action plan (2017–2020) (Department of Health 2017). Following on from a mid-term review of the strategy, six strategic priorities were identified for the remainder or its lifetime (2022-2025) and accompanying actions are to be identified.

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; Children, Equality, Disability, Integration and Youth; Social Protection; Housing, Local Government and Heritage; Justice; and Transport.

Summary of T1.2 Drug strategy evaluation

Progress reports on Ireland's national drugs strategy are published annually (Drugs Policy Unit Department of Health 2019; Drugs Policy and Social Inclusion Unit 2020; Drugs Policy and Social Inclusion Unit 2021b). These reports are structured around the strategic action plan for 2017–2020 which is included in the national drugs strategy document. The Drugs Policy and Social Inclusion Unit

at the Department of Health is responsible for collating feedback from stakeholders on their progress in delivering on their allocated actions and the progress report is the output of this work. The information reported is descriptive – it describes activities undertaken in working towards each goal and its associated outputs but does not cover outcomes.

A midterm review of Ireland's national drugs strategy was published in November 2021, entitled *Mid-term review of the national drugs strategy, Reducing Harm, Supporting Recovery and strategic priorities 2021–2025 Drugs Policy and Social Inclusion Unit* (Drugs Policy and Social Inclusion Unit 2021a). The review is a collation of evidence sources which were used by the Drug Policy and Social Inclusion Unit of the Department of Health to develop a set of six strategic priorities and a slightly revised delivery structure for the remainder of the strategy's lifetime (to 2025). It is not an evaluation of the strategy to date.

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, Rural and Gaeltacht Affairs 2009). Neither was there a progress report on the national drugs strategy published for 2016 (these progress reports had been published for some years of the strategy (2011–15)). 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 expert review was not a full evaluation, but it did provide some valuable insights, and its findings are summarised in Section T1.2.2 of this workbook.

A focused policy assessment (FPA) that explores the national drugs strategy through an analysis of expenditure and effectiveness in line with the strategy's performance indicators was published in August 2021 (Bruton et al. 2021b). It was prepared by staff of the Irish Government Economic and Evaluation Service (IGEES) based in the Department of Health and the Department of Public Expenditure and Reform. Despite its limitations, it represents a valuable step toward generating the economic evidence base upon which public policy on drug use can be evaluated. Overall, it highlights the need to improve the data collection process, to adopt performance indicators that are measurable for the remainder of the strategy's lifetime, and to agree the optimal methodological approach to analysing expenditure and performance indicator-related data. The findings of the FPA paper form part of the mid-term review (Drugs Policy and Social Inclusion Unit 2021a).

Summary of T1.3 Drug policy coordination

As a result of the mid-term review, the coordination and implementation structures of Ireland's 2017-2025 national drugs strategy were further revised (see Figure T1.3.1.1), to improve delivery of the strategy and its new strategic priorities (see section T3.1 of this workbook). The key elements are:

- The Minister for Health has overall ministerial responsibility for the national drugs strategy. The Department of Health also has a Minister of State for Public Health, Wellbeing and the National Drugs Strategy (formerly the Minister of State for Health Promotion and the National Drugs Strategy as per Figure 1.3.1.1).
- 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.

- Six Strategic Implementation Groups (SIGs**)** have been established to support the implementation of each of the new strategic priorities of the national drugs strategy from 2022 to 2025. These replace the previous (standing) subcommittees. The SIGs promote coordination between national, local, and regional levels to deliver on the strategy's priorities, and reinforce cross-agency working. They have an independent chair who is a member of and reports back to the National Oversight Committee. A service user and a nominee from both civil society and the task force network are included in each SIG's membership. Membership includes representatives from the statutory, community, and voluntary sectors.
- 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 (HRB) 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 (LDATFs and RDATFs) 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. LDATFs and RDATFs are represented on the national committees.

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 its 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.

Labelled expenditure

Overall expenditure for 2021 is consistent with that reported for 2020. The data for 2021 is subject to some reporting limitations – data has not been made available through the Department of Justice and data continues not to be provided by the Irish Prison Services, as has been the case since 2017. There continues to be a problem with accessing some data from AGS. Since 2018, AGS has only reported on the cost of expenditure at the Garda National Drugs and Organised Crime Bureau. Therefore, the figures reported since 2018 do not reflect the drug enforcement activity of the

organisation as a whole. Total labelled expenditure for 2021 was €237.696 million (rounded up to three decimal places).

Summary of T1.3.1 New developments

Below are the main policy developments or updates on policy in Ireland since the 2020 National Report:

1. National drugs strategy: Midterm review and new strategic priorities
2. Joint Committee on Health and the national drugs strategy
3. Adult Caution Scheme and cannabis
4. Citizen's Assembly on drugs
5. Legislation against the coercion and use of minors in the sale and supply of drugs (an update)
6. Health Diversion Approach to possession of drugs for personal use (an update)
7. Implementation of the Public Health (Alcohol) Act 2018 (an update)
8. Establishment of a pilot supervised injecting facility (an update)

Summary of T4.1 Additional important sources of information

Additional source of information covered in Section T4.1 is:

- National Drugs Forum 2021 – Foresight: preparing for uncertainty in drug use, markets, and responses

T1. National profile

T1.1 National drugs strategies

Table 1.1.1 Titles and dates of all national drugs strategies and supporting action plans [1]

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

Time frame	Title and web link	Scope (main substances/addictions addressed)
the 2001–2008 national drugs strategy		
Not defined, published in 1991	*Government Strategy to Prevent Drug Misuse* https://www.drugsandalcohol.ie/5108/	Illicit drugs

T1.1.2 Summary of current national drugs strategy

Ireland's national 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, Rural and Gaeltacht Affairs 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 current 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 was accompanied by a shorter-term action plan (2017–2020) (Department of Health 2017). This approach provided the opportunity for stakeholders to assess the progress of the strategy and its action plan at a midterm point (2021). This assessment combined with any new and emerging issues informed the mid-term review of the strategy (Drugs Policy and Social Inclusion Unit 2021a) and has been used to develop the focus for the second phase of the strategy's lifetime from 2022 to 2025. The main outcome of the midterm review is the development of six new strategic priorities for the remainder of the strategy, which is also reflected in some changes to the implementation structure for the same period (2022-2025). An agreed list of actions and indicators will be developed for each priority. The findings of the mid-term review and the new strategic priorities are presented in Section T3.1 of this workbook.

The revised implementation structure is detailed in Section T1.3. However, the top-level structure and key stakeholders remain the same as for the earlier phase of the strategy:

- Overall responsibility for the national drugs strategy rests with the Minister for Health and the Minister of State, Department of Health, who also has responsibility for public health and well-being.
- Government Departments with responsibility for implementing various actions in the national drugs strategy include: Health; Education; Children, Equality, Disability, Integration and Youth; Social Protection; Housing, Local Government and Heritage; Justice; and Transport.
- The following statutory bodies are responsible for implementing actions in the national drugs strategy: the Health Service Executive (HSE); the 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 service, the State Laboratory; the Medical Bureau of Road Safety; and the Probation Service.

- Certain agencies within the community and voluntary sector are also responsible for implementing actions. These include LDATFs and RDATFs; the Union for Improved Services, Communication and Education (UISCE; a service users' forum), and the National Family Support Network.

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, Rural and Gaeltacht Affairs 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 2012). While the current strategy places much more of a focus on alcohol when compared with previous national drugs strategies, illicit drug use was the primary focus of many of the actions of the 2017–2020 action plan. Two of the six new strategic priorities include an explicit focus on alcohol (*to strengthen the prevention of drug and alcohol use and the associated harms among children and young people; and to enhance access to and delivery of drug and alcohol services in the community), while the others are more focused on illicit drug use (see section T3.1 for the six strategic priorities).*

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. 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 people who use drugs, 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 in order 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.

Another 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 was embedded in the main strategy document and contained 50 actions, with a

list of statutory, community, and voluntary partners with responsibility for their delivery. A new set of strategic priorities were identified for 2022-2025 and their accompanying actions are under development (see section T3.1 for an outline of these priorities). 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.

The Programme for Government launched in June 2020 supports the ongoing approach of the national drugs strategy, while committing to some additional actions which are also aligned with the strategy (Fianna Fail et al. 2020). These were described in detail in the 2020 National Report. They included:

- Improving the link between the delivery of the national drugs strategy and mental health policy
- Maintaining the increased and improved access to opioid substitution services achieved during the COVID-19 pandemic
- Examining the regulations and legislation that apply to cannabis use for medical conditions and palliative care
- Holding a citizens' assembly to consider matters relating to drug use
- Legislating against the coercion and use of minors in the sale and supply of drugs
- Establishing a 24-hour helpline, using the FRANK helpline service in the United Kingdom as a model
- Examining the potential for an information campaign on the health impacts of steroid use, particularly on young men
- Addressing the needs of women who face barriers to accessing and sustaining addiction treatment, arising from an absence of childcare or the presence of domestic violence
- Increasing support for step-down accommodation to prevent high-risk single people and families from exiting treatment into homelessness
- Resourcing of harm reduction and education campaigns aimed at increasing awareness of the risks of drug use and the contribution of drugs to criminality.

Three of the actions in the Programme for Government indicate a move from exploring an issue in the 2017-2020 strategic action plan to a commitment to becoming a policy position. If fully enacted, these policies will:

- Increase and support drug-quality testing services, particularly at festivals
- Support the roll-out of access to, and training in, opioid antidotes
- Implement an alternative approach to the possession of drugs for personal use and carry out a review its first year of implementation (see section T3.1 on the Health Diversion Programme).

Overall, the current Programme for Government and the outcomes of the mid-term review process indicate an ongoing commitment to a health-led approach to meet the needs of people who use drugs for the remainder of the lifetime of the strategy (2022-2025).

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. The most recent Policing Plan (for 2022) 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 Siochana. (2022) An Garda Síochána policing plan 2022. Dublin: An Garda Siochana. https://www.drugsandalcohol.ie/36429

Table 1.1.4 Additional national strategy/action plans for other substances and addictions [2]

Table 1.1.4.1 Additional national strategy documents for other substances and addictions

Alcohol
Strategy title *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*
Web address https://www.drugsandalcohol.ie/27603/
Tobacco
Strategy title *Tobacco Free Ireland*
Web address https://www.drugsandalcohol.ie/20655/
Image and performance enhancing drugs
Strategy title None
Web address
Gambling
Strategy title

None
Web address
Gaming
Strategy title None Web address
Internet
Strategy title None Web address
Other addictions
Strategy title None Web address

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

LDATFs and RDATFs are required to 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 drugs strategy for addressing the drug-related needs in their area. However, these are not systematically published and therefore many are not available for analysis.

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 (objectives, priorities, actions) of the latest EU drug strategy 2021-25 and the EU Drugs Action Plan 2021-25 (or the previous EU drug strategy 2013-2020 and of the EU drug action plans (2013-16 and 2017-20) directly reflected in Ireland's national drug strategy and action plan

Under the third Goal of Ireland's national drugs strategy – to address the harms of drug markets and reduce access to drugs for harmful use – the strategy acknowledges Ireland's support for the EU's strategic position on drugs:

"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 EU's 2013–2020 strategy when developing Ireland's national drugs strategy for 2017 to 2025, there is significant overlap between the two. There continues to be close alignment with the latest EU strategy (2021-2025) which indicates a move by the EU towards an increased focus on health and drug-related harm (Council of the European Union 2020) in its overarching goals and policy areas and in the objectives and strategic priorities. Ireland's national drugs strategy reflects a similarly balanced approach to addressing both supply and demand-reduction activities, although the Irish strategy tends to place relatively more emphasis on addressing the latter (a health-led approach) than the former (a criminal justice-led approach). Very similar priorities 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. Given the move by the EU towards a strategy with an increased focus on health and drug-related harm, the strategies are now more closely aligned. When welcoming the new EU strategy, the Minister of State for Public Health, Wellbeing and the National Drugs Strategy said that Ireland had advocated for this increased focus on health:

"I welcome the new focus on the health needs of people who use drugs in the EU strategy, which mirrors the health-led approach in our national strategy, *Reducing Harming, Supporting Recovery*. Ireland strongly advocated for the inclusion of harm reduction in the strategy, along with traditional policies to reduce the supply and the demand for drugs" (Department of Health 2021b).

Both strategies emphasise the need for an evidence-based approach. Indeed, this is one of the five key goals of the Irish strategy.

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 Irish strategy commits to using EMCDDA protocols to monitor the drug situation and to be able to respond to new data monitoring requests from the EU. This commitment to using European standards and collaborations to strengthen the delivery of the Irish drugs strategy is echoed in its new strategic priorities for 2022-25 (see section T3.1).

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 were 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. However, alongside the six new strategic priorities for the remainder of the strategy are five horizontal themes that will support their delivery (see section T3.1). Among these is a commitment to design and deliver services based on a human rights perspective (Drugs Policy and Social Inclusion Unit 2021a).

Performance measurement

Ireland's action plan for 2017–2020 identified 50 strategic actions, how they were to be delivered, the lead agency with responsibility for each action, and the relevant partners. However, unlike the EU's action plan, it did not provide timetables, indicators, or data collection/assessment mechanisms for each action. While not linked to specific actions, a selection of performance indicators were presented under each goal in the 2017 action plan (Department of Health 2017). Following on from a review of this action plan, six new strategic priorities have been identified for the remainder of Ireland's strategy (up to 2025), and a list of actions and indicators will be developed for each priority (see section T3.1 of this workbook). These were not available at the time of writing (July 2022).

Ongoing alignment

The alignment between the Irish and EU strategies continues as reflected in the EU's action plan 2021-2023 (Council of the European Union 2021) and the development of six new strategic priorities for the Irish strategy (2022-2025) (see section T3.1 of this workbook). The six priorities were in part informed by an examination of the EU's latest strategy. This follows on from a commitment by Ireland's Minister of State for Public Health, Wellbeing and the National Drugs Strategy to ensure synergy between the Irish and EU action plans:

"The EU Drugs Strategy and the forthcoming action plan are very timely as it will inform the mid-term review of actions in the national drugs strategy. Ireland cannot address the drugs issue in isolation from our European colleagues. I want to ensure that there is a synergy between the EU and national strategies and to avail of the opportunities provided in the EU strategy to share learning and good practice between Member States" (Department of Health 2021b).

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

Progress reports on the current national drugs strategy have been published for the years 2018, 2019 and 2020 (Drugs Policy Unit Department of Health 2019; Drugs Policy and Social Inclusion Unit 2020; Drugs Policy and Social Inclusion Unit 2021b). A review of the strategy and action plan at midterm in the eight-year national drugs strategy was published in November 2021 (Drugs Policy and Social

Inclusion Unit 2021a) and has been used to inform the development of a set of six new strategic priorities for the remainder of the strategy. See section T3.1 for more detail.

No progress reports on the National Drugs Strategy (2009–2016) were published in 2016 or 2017, nor was there a summative report or 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, Rural and Gaeltacht Affairs 2009) provided a resource that contributed to the development of the current national drugs strategy (Griffiths et al. 2016). This report did not provide an evaluation of the strategy, but it did provide some valuable insights. It is summarised in Section T1.2.2, along with the most recent progress report and the focused policy assessment on the strategy (Bruton et al. 2021b).

Title and link of mid-term review of national drugs strategy:

- Drugs Policy and Social Inclusion Unit (2021) *Mid-term review of the national drugs strategy, Reducing Harm, Supporting Recovery and strategic priorities 2021–2025*. Dublin: Department of Health. https://www.drugsandalcohol.ie/35183/

Titles and links to progress reports on the current national drugs strategy are as follows:

- Drugs Policy and Social Inclusion Unit (2021) *Reducing Harm, Supporting Recovery: progress report 2020*. Dublin: Department of Health. https://www.drugsandalcohol.ie/34857/
- *Reducing Harm, Supporting Recovery: Progress Report 2019* (Drugs Policy and Social Inclusion Unit 2020) https://www.drugsandalcohol.ie/34530/
- *Reducing Harm, Supporting Recovery: Progress 2018 and Planned Activity 2019* (Drugs Policy Unit Department of Health 2019) https://www.drugsandalcohol.ie/30660/

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 2012a) https://www.drugsandalcohol.ie/17109/

T1.2.2. Results of the latest strategy evaluation

Several reports on Ireland's national drugs strategies have been published. In the following subsections these are considered in reverse chronological order.

- ***Drugs Policy and Social Inclusion Unit (2021) Mid-term review of the national drugs strategy, Reducing Harm, Supporting Recovery and strategic priorities 2021–2025. Dublin: Department of Health.*** **https://www.drugsandalcohol.ie/35183/**

See section T3.1 for a description of the findings of the mid-term review and the new strategic priorities that emerged from the process.

- ***Focused policy assessment of Reducing Harm, Supporting Recovery: an analysis of expenditure and performance in the area of drug and alcohol misuse.*** ***https://www.drugsandalcohol.ie/34729/***

In August 2021, as part of the 2021 Government spending review process, the *Focused policy assessment of Reducing Harm, Supporting Recovery: an analysis of expenditure and performance in the area of drug and alcohol misuse* was published (Bruton et al. 2021b). This focused policy assessment (FPA) of the national drugs strategy (Department of Health 2017) was prepared by staff of the Irish Government Economic and Evaluation Service (IGEES) based jointly in the Department of Health and the Department of Public Expenditure and Reform.

Aim of the focused policy assessment

The purpose of FPAs by the IGEES is to set out the rationale for a particular policy intervention; the public resources provided to support its delivery; the related outputs and services that are provided; and the achievements of the intervention relative to its stated goals. There are two main elements to the current review:

Drug-related public expenditure (labelled and unlabelled): The review profiles labelled expenditure and presents the findings of the first effort to estimate unlabelled expenditure in an Irish context. This estimate is based on medical and judicial costs as well as lost productivity.

Reducing Harm, Supporting Recovery (RHSR) performance against its performance indicators (PIs): The review maps the availability of data for the strategy's 29 PIs and analyses those that are available (for 12 PIs), in an attempt to assess the performance of RHSR under its five strategic goals.

The authors focused on the timeframe 2014–2020 so that data could be analysed for comparison before and after the implementation of RHSR in 2017.

Drug-related public expenditure

Labelled public expenditure

Labelled drug-related expenditure in Ireland includes budget allocations for the Health Service Executive (HSE) Addiction Services and treatment services in prisons, for example. Bruton *et al.* report the expenditure data as it appears in Ireland's 2020 National Report (Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2021) (see Table 1.2.2.1).

Table 1.2.2.1: Public expenditure directly attributable to drug programmes (labelled), 2014–2019 [3]

Department/ Agency	2014 (€m)	2015 (€m)	2016 (€m)	2017 (€m)	2018 (€m)	2019 (€m)
Health Research Board (HRB)	€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

Department/ Agency	2014 (€m)	2015 (€m)	2016 (€m)	2017 (€m)	2018 (€m)	2019 (€m)
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
Dept of Children and Youth Affairs	€19.548	€19.548	€20.05	€20.04	€20.46	€20.46
Dept of Justice	€18.762	€19.363	€20.56	€7.30	€6.95	–
Revenue Customs Service	€16.235	€17.445	€17.36	€17.36	€19.60	–
Dept of Social Protection (former FÁS area)	€14.063	€13.900	€16.41	€17.98	€17.22	€20.07
Dept of Health	€7.266	€7.323	€6.08	€5.54	€6.015	€5.955
Irish Prison Service	€4.200	€4.235	€4.40	€4.20	–	–
Dept of Education and Skills	€0.748	€0.748	€0.77	€0.76	€0.76	€0.72
Total	**€232.422**	**€240.162**	**€249.087**	**€240.95****	**€208.499****	**€187.50****

Source: Health Research Board (Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2021)
* 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 as such.

The authors note that while total expenditure appears to have decreased since 2016, this in fact reflects limitations in data reporting. Based on the available data, the largest increase in organisational spend over the period 2014–2019 was by the HSE Addiction Services – an increase of €17 million, an average year-on-year increase of 4% per annum.

Unlabelled public expenditure

A core part of the FPA is the work that went into developing an estimate of unlabelled expenditure on drug use in Ireland. Unlabelled drug-related expenditure is the 'non-planned or non-publicly announced ex-post public expenditure incurred by the general government in tackling drugs that is not identified as drug-related in the budget' (Bretteville-Jensen et al. 2017) (p. 24). This would include, for example, the cost incurred for the imprisonment of people for drug-related offences.

While Irish estimates have been made for alcohol use, (Mongan and Long 2016) (Hope 2014) (Byrne 2010) they have not been made for other drugs. The authors argued that this presented 'an obstacle

to assessing the cost-effectiveness of publicly funded interventions, since any examination of the value of measures to alleviate the clinical, social and environmental harms of illegal drugs ought to relate changes in inputs (planned programmes to tackle this issue) to changes in outputs and costs' (Bruton et al. 2021b) (p. 20).

Methodological approach

To develop the estimate, the authors focused on drug-related costs in prisons and acute hospitals. The selection was based on the assumption that they would account for a relatively large proportion of unlabelled expenditure. In addition, they examined a selection of economic costs (productivity losses associated with hospital treatment and imprisonment) and societal costs (premature drug-related death).

The review estimates unlabelled costs using both cross-sectional and longitudinal approaches. However, for the purpose of this summary, the focus is on the former, as it examines costs on an annual basis and therefore relates to the annual budgetary cycle as per labelled expenditure. The approach taken for each area of interest is described here in its simplest terms.

Prison and criminal justice costs: Costs related to drug offences (importation, manufacture or possession) and drug-related crime were examined. Identifying drug-related crime presented methodological challenges as it required estimating the causal link between drug use and other types of crime, i.e. what proportion of crimes such as theft or public order offences can be attributed to drugs and therefore be defined as drug-related crime? To address this challenge, the authors adopted a framework of drug attribution fractions (DAFs) developed in the United States, and which estimate the proportion of different types of crime that are attributable to illicit drug use (National Drug Intelligence Center 2011). DAFs were combined with information about the duration of sentences for people imprisoned for drug-related offences and controlled drug offences. An estimate of average costs per offence as well as a range of other parameters were used to provide an estimate of drug-related crime costs.

Healthcare costs: Acute hospital costs were estimated for admissions directly related to drug use, as well as admissions for health problems associated with drug use. DAFs were also used as part of the model, which included parameters on healthcare resource use and costs for the various conditions.

Productivity losses: Time spent in prison or hospital and premature death due to drug misuse represent a loss in economic output. The authors took a 'human capital approach' (p. 25) (Bruton et al. 2021b) in an effort to assess the costs involved. They estimated the costs of displaced paid labour, using median annual earnings and employment rates by age and gender, and analysed this with the relevant data source for prisons, acute hospitals, and premature deaths.

Results

Table 1.2.2.2 provides the estimates of the unlabelled costs associated with problem drug use under each of the four headings examined through cross-sectional analysis. (Note that the findings of the longitudinal analysis can be found on page 27 of the review.) The annual direct costs of hospital treatment, criminal offences, and prison committals for a cohort of affected individuals in Ireland is estimated to be approximately €87 million, and when indirect productivity costs are included (mainly as a result of premature deaths) this rises to over €147 million.

Table 1.2.2.2: Estimates of annual unlabelled drug-related expenditure, based on cross-sectional analysis [4]

Source of expenditure	Estimate (€)
Hospital expenditure	**€21,982,647**
% of which are drug-related admissions	59%
% of which are drug-implicated admissions	41%
Prison expenditure	**€44,338,862**
% of which are controlled drug offences	43%
% of which is drug-related crime	57%
Criminal justice system expenditure	**€20,391,062**
% of which are controlled drug offences	34%
% of which is drug-related crime	66%
Productivity costs	**€60,707,970**
% of which are prison related	38%
% of which are premature death related	52%
% of which are hospital treatment related	10%
Total unlabelled direct costs	**€86,712,571**
Total unlabelled direct and indirect costs	**€147,420,542**

Source: Adapted from (Bruton et al. 2021b) Table 6 (p. 27) (Bruton*, et al.* 2021)

Limitations

Limitations to these estimates are covered in detail in the review. They relate to the data available to conduct the analysis as well as a recognition that there is a range of other methodological approaches that if utilised would have produced different estimates. However, the authors argue that the aim of their analysis 'was to characterise, rather than precisely estimate, the different types of unlabelled expenditure and productivity costs associated with problem drug use' (Bruton et al. 2021b) (p. 27).

Concluding comment on expenditure analysis

The data available on drug-related public expenditure are limited. However, the findings suggest that the unlabelled costs 'contribute significantly' to the overall economic burden of problem drug use and are therefore an 'important component of any policy-orientated analysis of the marginal costs and effects of changes to the provision of addiction and treatment services' (Bruton et al. 2021b) (p. 27). The same message is true for labelled expenditure.

Performance indicator analysis

The FPA aimed to assess the performance of RHSR by analysing the data available for the PIs under each of its five strategic goals. There were three phases to this work: data scoping, collection, and

analysis. Data scoping found that there were significant limitations in the availability of data. The reasons for this included that the data did not exist, it could not be accessed, or did not fit an appropriate timeframe. Where possible, proxy data were used but overall data were found for only 12 of the 29 PIs. Data were provided by the HRB, HSE, Revenue, An Garda Síochána, Central Statistics Office (CSO), and the European School Survey Project on Alcohol and Other Drugs (ESPAD) and Health Behaviour in School-aged Children (HBSC) surveys. Data were collated and charts created using Excel software, which facilitated a trend analysis of each indicator where possible.

Results

Despite the limitations, some of the key findings under each strategic goal identified in the discussion of the review are noted here.

Goal 1: Promote and protect health and wellbeing

Available data for this goal focus on rates of substance use among children and young people. The findings would suggest that young people's drug use is reducing or 'holding steady' (p. 68). Nevertheless, the authors identify heavy episodic drinking among 15–16-year-olds as being of concern. They flag the Drug Prevalence Survey as an important source of information for this goal (Mongan et al. 2021). However, the latest wave of the survey had not been published at the time the review was written.

Goal 2: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

The review draws extensively on data from the National Drug Treatment Reporting System (NDTRS) for this goal. Key findings included:

- Since December 2018, over 90% of problematic substance users had accessed treatment in NDTRS services within a month of assessment for those aged 18 and over, and a week for those under the age of 18. This measure does not include the numbers of people waiting for assessment.
- 'Successful exits' from treatment averaged at 47% from 2014 to 2019, although there was variation across different substance and treatment types.
- The median number of years between starting to use drugs and entering treatment (lag) for those cases recording a successful exit dropped from 20 to 17 years in 2018 and remained at 17 years in 2019. This lag to treatment time may vary significantly by treatment type.
- Access to opiate substitution treatment (OST) rose steadily between 2014 and 2020. In 2014, the number in receipt of OST was approximately 9,300, rising to 9,974 by the end of 2019; in June 2020, it was 10,465. This latest increase can in part be explained by the services' response to the Covid-19 pandemic.
- There is a gap in knowledge about problematic substance users who are not in contact with services. The authors argue that 'understanding the unmet need for services is important in interpreting much of the results under Goal 2 and as such the conclusions that can be drawn are constrained by this' (Bruton et al. 2021b) (p. 69).

Goal 3: Address the harms of drug markets and reduce access to drugs for harmful use

Key findings in relation to drug markets and access to drugs include:

- There was a downward trend in the number of recorded offences for cultivation or manufacture of drugs from 345 in 2014 to 192 in 2019.
- The trend for offences for importation of drugs has remained relatively stable over the period 2014–2019.
- Possession offences (possession for sale and supply and possession for personal use) have been increasing since 2015.
- Rates of driving while over the legal alcohol limit have reduced since 2017. However, the number of offences for driving while under the influence of drugs has risen over the same period. This is likely, at least in part, to be linked to changes in the testing system.
- There has been an increase in the quantity (kg) of drugs seized in recent years, while the number of seizures has increased since 2017.

It should be noted that all but the last of these bullets of data come from the Central Statistics Office (CSO) which publishes recorded crime statistics based on the provision of PULSE data by An Garda Síochána. Data are reported quarterly. The CSO publishes these data under the category 'under reservation'. This categorisation indicates that the quality of these statistics do not meet the standards required of official statistics published by the CSO.

Goal 4: Support participation of individuals, families, and communities

Due to poor availability of data, the only measure reported under Goal 4 was the uptake of treatment by members of the Irish Travelling, LGBTQI, and homeless communities. According to NDTRS data, members of the Travelling Community increasingly do not take up treatment after being assessed (from 6% in 2014 to 10% in 2019); a similar trend was found among people who are homeless. Uptake of treatment for cases of individuals who are homosexual and bisexual has remained stable over the period.

Goal 5: Develop sound and comprehensive evidence-informed policies and actions

The only data to be analysed under Goal 5 came from the NDTRS. Between 2014 and 2019 there has been a small increase in the number of services providing treatment; however, the number who submit data to the NDTRS has been consistent at approximately 600 over the period.

Concluding comment on PI analysis

Similar to the expenditure analysis, the overarching message from the analysis of the PIs was that 'limitations in the availability of data have constrained the conclusions that can be drawn on the progress made under each goal, and in turn the overall performance of RHSR' (Bruton et al. 2021b) (p. 70). The authors also raised the question of attribution. Drug use and its causes are complex; therefore, any changes found are not necessarily attributable to RHSR.

Overall conclusions

The authors draw overall conclusions based on their findings. These include:

- The available evidence base on the costs of drug and alcohol misuse is limited by data availability and is estimated using varied methodological approaches. There is a need to improve the reporting of labelled expenditure across Government departments and to gain consensus about the best approach to estimating unlabelled expenditure in this area. The

authors suggest that there is a need to unpack the expenditure data in a more systematic way to fully understand its limitations.

- The findings indicate that 'unlabelled expenditure and productivity costs contribute significantly to the overall economic burden of problem drug and alcohol use' (Bruton et al. 2021b) (p. 6). Therefore, it is an important element of any analysis to look at the value of policies in this field in terms of changes that may be brought about.
- Limitations in the availability and quality of data on the PIs have constrained the conclusions that could be drawn on the performance of the strategy. While some data will become available in the next phase of the strategy, in some cases PIs will need to be revised in order to more accurately reflect performance under that goal.
- The proportion of labelled expenditure could not be broken down by either that spent on health-led responses as opposed to criminal-led responses, or by strategic goal of the RHSR. In addition, the limitations in the detail and quality of expenditure data (labelled and unlabelled) meant that the authors were unable to make an assessment of what had been achieved for expenditure to date by the RHSR. The authors argue that addressing the limitations of the datasets are necessary steps for improved monitoring and future evaluation of RHSR and public expenditure on drug and alcohol programmes more generally.
- Despite its limitations, this review represents a valuable step towards generating the economic evidence base upon which public policy on drug use can be evaluated. Overall, it highlights the need to improve the data collection process, to adopt PIs that are measurable for the remainder of the strategy's lifetime, and to agree the optimal methodological approach to analysing expenditure and PI-related data.

- ***Reducing Harm, Supporting Recovery: Progress Report 2020 (Drugs Policy and Social Inclusion Unit 2021)***

The most recent progress report on the current national drugs strategy was published in 2021 under the title *Reducing Harm, Supporting Recovery: Progress Report for 2020* (Drugs Policy and Social Inclusion Unit 2021b). The report, like its predecessors in 2018 and 2019, is structured around the strategic action plan for 2017–2020 that was included in the main strategy document (Department of Health 2017). That action plan contained 50 specific actions, with a brief description of how each was to be delivered. Lead agencies were also identified, as well as any associated partners with responsibility for the delivery of the respective actions. The strategy set out measures by which progress on delivery of its goals would be monitored and assessed. Among these measures, it was stated 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 these progress reports are the output from this work (Drugs Policy Unit Department of Health 2019; Drugs Policy and Social Inclusion Unit 2020; Drugs Policy and Social Inclusion Unit 2021b).

As with the previous reports, the information reported for 2020 was descriptive and presented in table form. It listed activities undertaken in the implementation of the actions to the end of 2020. The only analyses included in this progress report were categorisations of the status of the actions.

No details were given about what these categorisations were based on. See Table 1.2.2.1 for a summary of this progress. The report only provided information for 45 of the 50 strategic actions.

Table 1.2.2.1 Summary of action status for 2020 for each strategic goal [5]

Strategic goal	Fully completed	Broadly on track	Progressing but with a minor delivery issue	Delayed with a significant delivery issue
1) Promote and protect health and well-being	4	2	3	2
2) Minimise the harms caused by the use and misuse of substances, and promote rehabilitation and recovery	3	6	5	3
3) Address the harms of drug markets and reduce access to drugs for harmful use	2	3	1	1
4) Support participation of individuals, families and communities	2	2	0	1
5) Develop sound and comprehensive evidence-informed policies and actions	0	1	3	0
6) Strengthen the performance of the strategy	0	0	0	1
Total	**11**	**14**	**12**	**8**

Source: Reducing Harm Supporting Recovery: Progress Report for 2020 (Drugs Policy and Social Inclusion Unit 2021b)

- ***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. There was, however, a rapid expert review of the strategy published in 2016 (Griffiths et al. 2016). In late 2015, the then Minister of State with responsibility for Health Promotion and the National Drugs Strategy established a steering committee to provide him with guidance and advice on the development of the new national drugs strategy. The work of this steering committee was informed by inputs that included a report from a group of international experts who undertook a high-level review of the National Drugs Strategy 2009–2016 (Department of Community, Rural and Gaeltacht Affairs 2009). The findings from their review were published in August 2016 under the title *Report of the Rapid Expert Review of the National Drugs Strategy 2009–2016* (Griffiths et al. 2016). Its purpose was "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, Rural and Gaeltacht Affairs 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 be adapted to meet these changes.

The review discussed 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 practices – 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

To take learning from the experience of the National Drugs Strategy 2009–2016, 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 national drugs strategy post 2016. 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 problem drugs, 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

There is no plan currently in place for an overall evaluation of Ireland's national drugs strategy. Therefore, the only planned publications of interest in this context are the descriptive annual progress reports. As outlined in Section T1.2.2, annual progress reports that are structured around the strategic action plans are published during the lifetime of the strategy. Lead agencies responsible for delivering the strategic actions report on their progress annually to the Minister with responsibility for the national drugs strategy. This is then collated as a descriptive report of activities undertaken to implement the action plan.

T1.3 Drug policy coordination

T1.3.1 Coordination bodies involved in drug policy

The coordination and implementation structures of Ireland's 2017-2025 national drugs strategy set out to improve on previous structures. They are more streamlined so as to better deliver on the key functions of the strategy, and to ensure that participation in the strategy would be optimised in a way that avoids "duplication and overlap" (Department of Health 2017) (p. 76). As a result of the mid-term review this structure was further revised in late 2021 to improve delivery of the strategy and its new strategic priorities (see section T3.1 of this workbook) (Drugs Policy and Social Inclusion Unit 2021a). The structure is illustrated in Figure 1.3.1.1 below and has the following elements:

Ministerial responsibility: The Minister for Health continues to have overall responsibility for the national drugs strategy with the support of a Minister of State for Public Health, Wellbeing and the National Drugs Strategy.

National Oversight Committee: This is a senior official-level committee sponsored by the Minister of State for Public Health, Wellbeing and the National Drugs Strategy. Membership includes representatives from the statutory, community, and voluntary sectors, as well as 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).

Strategic Implementation Groups (SIGs): Six SIGs have been established to support the implementation of each of the new strategic priorities of the national drugs strategy from 2022 to 2025. These replace the previous (standing) subcommittees. The SIGs promote coordination between national, local, and regional levels to deliver on the strategy's priorities, and reinforce cross-agency working. They have an independent chair who is a member of and reports back to the National Oversight Committee. A service user and a nominee from both civil society and the task force network are included in each SIG's membership. Membership includes representatives from the statutory, community, and voluntary sectors.

Research subcommittee: The research subcommittee oversees the research outputs of the strategy, including the national drug and alcohol survey, in conjunction with the HRB.

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

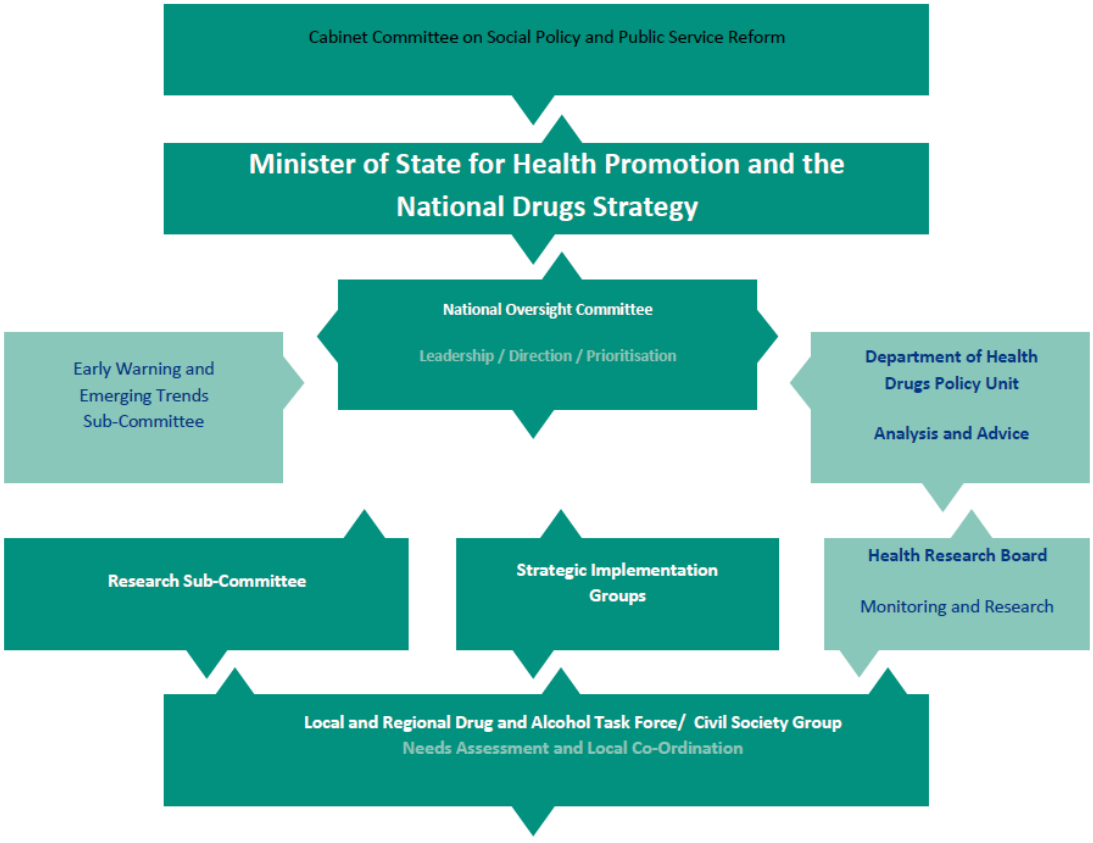
- Analysing the implications of research findings for policy and design of initiatives to tackle the drug problem
- Providing the National Oversight Committee with advice on the commissioning of new research and the development of new data sources, having regard to current information and research deficits,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

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. The DATFs 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).

Figure T1.3.1.1 Structures supporting implementation of Reducing Harm, Supporting Recovery for 2021-2025 [1]



Source: Figure 1: Coordination of bodies for the implementation of the national drugs strategy, 2021–2025 (p. 37) (Drugs Policy and Social Inclusion Unit 2021a)

T1.4 Drug-related public expenditure

T1.4.1 Data on drug-related expenditure

Budget allocation process

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 Government 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.

In simplest terms, Government Departments engage in bilateral negotiations with the 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. More information on this complex process can be found at https://webarchive.oireachtas.ie/parliament/media/housesoftheoireachtas/libraryresearch/lrsnotes/lrsnotebudget_process_and_documents_140422.pdf.

Labelled expenditure

Table 1.4.1 provides a summary of Ireland's labelled expenditure since 2014. The data for 2021 is subject to some reporting limitations – data has not been made available through the Department of Justice and data continues not to be provided by the Irish Prison Services, as has been the case since 2017. There continues to be a problem with accessing some data from AGS. Since 2018, AGS has only reported on the cost of expenditure at the Garda National Drugs and Organised Crime Bureau. Therefore, the figures reported since 2018 do not reflect the drug enforcement activity of the organisation as a whole. Overall expenditure is consistent with that reported for 2020.

Looking at the data over time, the drop in total expenditure in 2019 by approximately €21 million since 2018 and €54 million since 2017 reflects limitations in reporting of expenditure from AGS, the Department of Justice, and the Revenue Customs Service, rather than a reduction in expenditure per se. Total labelled expenditure for 2021 was €237.696 million (rounded up to three decimal places).

Table 1.4.1. Public expenditure directly attributable to drug programmes (labelled), 2014–2021 [6]

Department/ Agency[1]	2014 (€m)	2015 (€m)	2016 (€m)	2017 (€m)	2018 (€m)	2019 (€m)	2020 (€m)	2021 (€m)
Health Research Board	€0.908	€1.013	€1.247	€0.756	€0.786	€0.786	€0.883	€1.058
HSE Addiction Services	€86.122	€91.523	€93.43	€97.87	€99.828	€103.419	€105.653	€116.833
HSE Drugs and Alcohol Task Force Projects	€21.570	€22.064	€22.78	€22.14	€22.63	€22.92	€22.436	€23.092

Department/ Agency[1]	2014 (€m)	2015 (€m)	2016 (€m)	2017 (€m)	2018 (€m)	2019 (€m)	2020 (€m)	2021 (€m)
An Garda Síochána[2]	€43.000	€43.000	€46.00	€47.00	€14.25	€13.17	€13.218	€12.557
D/Children, Equality, Disability, Integration and Youth	€19.548	€19.548	€20.05	€20.04	€20.46	€20.46	€39.4	€39.609
D/Justice	€18.762	€19.363	€20.56	€7.30	€6.95	-	€7.688	-
Revenue Customs Service	€16.235	€17.445	€17.36	€17.36	€19.60	-	€16.554	€19.103
D/Social Protection (former FÁS area)	€14.063	€13.900	€16.41	€17.98	€17.22	€20.07	€20.789	€20.261
D/Health	€7.266	€7.323	€6.08	€5.54	€6.015	€5.955	€5.974	€4.746
Irish Prison Service	€4.200	€4.235	€4.40	€4.20	-	-	-	-
D/Education	€0.748	€0.748	€0.77	€0.76	€0.76	€0.72	€0.319	€0.187
D/Further and Higher Education, Research, Innovation and Science	-	-	-	-	-	-	€0.289	€0.250
Total	**€232.422**	**€240.162**	**€249.087**	**[3]€240.95**	**[3]€208.499**	**[3]€187.50**	**€233.203**	**€237.696**

[1] The Government Department or agency's name as at the time of writing (October 2022) is listed here.
[2] After 2017, An Garda Síochána moved from reporting on 'policing/investigation costs' to 'policing/investigation costs of Garda National Drugs and Organised Crime Bureau' only.
[3] The €53 million decrease in expenditure between 2017 and 2019 reflects limitations in reporting of expenditure from An Garda Síochána, the Department of Justice, the Irish Prison Service, and the Revenue Customs Service, rather than a reduction in expenditure per se

Unlabelled expenditure

A core part of the FPA published in 2021 (Bruton et al. 2021b) was the work that went into developing an estimate of unlabelled expenditure on drug use in Ireland.

While Irish estimates have been made for alcohol use, (Byrne 2010; Hope 2014; Mongan and Long 2016) they have not been made for other drugs. The authors argued that this presented 'an obstacle to assessing the cost-effectiveness of publicly funded interventions, since any examination of the value of measures to alleviate the clinical, social and environmental harms of illegal drugs ought to relate changes in inputs (planned programmes to tackle this issue) to changes in outputs and costs' (Bruton et al. 2021b) (p. 20).

Methodological approach

To develop the estimate, the authors focused on drug-related costs in prisons and acute hospitals. The selection was based on the assumption that they would account for a relatively large proportion of unlabelled expenditure. In addition, they examined a selection of economic costs (productivity losses associated with hospital treatment and imprisonment) and societal costs (premature drug-related death).

The review estimates unlabelled costs using both cross-sectional and longitudinal approaches. However, for the purpose of this summary, the focus is on the former, as it examines costs on an annual basis and therefore relates to the annual budgetary cycle as per labelled expenditure. The approach taken for each area of interest is described here in its simplest terms.

Prison and criminal justice costs: Costs related to drug offences (importation, manufacture or possession) and drug-related crime were examined. Identifying drug-related crime presented methodological challenges as it required estimating the causal link between drug use and other types of crime, i.e. what proportion of crimes such as theft or public order offences can be attributed to drugs and therefore be defined as drug-related crime? To address this challenge, the authors adopted a framework of drug attribution fractions (DAFs) developed in the United States, and which estimate the proportion of different types of crime that are attributable to illicit drug use (National Drug Intelligence Center 2011). DAFs were combined with information about the duration of sentences for people imprisoned for drug-related offences and controlled drug offences. An estimate of average costs per offence as well as a range of other parameters were used to provide an estimate of drug-related crime costs.

Healthcare costs: Acute hospital costs were estimated for admissions directly related to drug use, as well as admissions for health problems associated with drug use. DAFs were also used as part of the model, which included parameters on healthcare resource use and costs for the various conditions.

Productivity losses: Time spent in prison or hospital and premature death due to drug misuse represent a loss in economic output. The authors took a 'human capital approach' (p. 25) (Bruton et al. 2021b) in an effort to assess the costs involved. They estimated the costs of displaced paid labour, using median annual earnings and employment rates by age and gender, and analysed this with the relevant data source for prisons, acute hospitals, and premature deaths.

Results

Table 1.4.2 provides the estimates of the unlabelled costs associated with problem drug use under each of the four headings examined through cross-sectional analysis. (Note that the findings of the longitudinal analysis can be found on page 27 of the review.) The annual direct costs of hospital treatment, criminal offences, and prison committals for a cohort of affected individuals in Ireland is estimated to be approximately €87 million, and when indirect productivity costs are included (mainly as a result of premature deaths) this rises to over €147 million.

Table 1.4.2: Estimates of annual unlabelled drug-related expenditure in hospitals, prisons and in the criminal justice system, based on cross-sectional analysis [7]

Source of expenditure	Estimate (€)
Hospital expenditure	**€21,982,647**
% of which are drug-related admissions	59%
% of which are drug-implicated admissions	41%
Prison expenditure	**€44,338,862**
% of which are controlled drug offences	43%
% of which is drug-related crime	57%

Source of expenditure	Estimate (€)
Criminal justice system expenditure	**€20,391,062**
% of which are controlled drug offences	34%
% of which is drug-related crime	66%
Productivity costs	**€60,707,970**
% of which are prison related	38%
% of which are premature death related	52%
% of which are hospital treatment related	10%
Total unlabelled direct costs	**€86,712,571**
Total unlabelled direct and indirect costs	**€147,420,542**

Source: Adapted from Bruton *et al.* (2021) Table 6 (p. 27) (Bruton et al. 2021b)

Limitations

Limitations to these estimates are covered in detail in the review. They relate to the data available to conduct the analysis as well as a recognition that there is a range of other methodological approaches that if utilised would have produced different estimates. However, the authors argue that the aim of their analysis 'was to characterise, rather than precisely estimate, the different types of unlabelled expenditure and productivity costs associated with problem drug use' (Bruton et al. 2021b) (p. 27).

Concluding comment on expenditure analysis

The data available on drug-related public expenditure are limited. However, the findings suggest that the unlabelled costs 'contribute significantly' to the overall economic burden of problem drug use and are therefore an 'important component of any policy-orientated analysis of the marginal costs and effects of changes to the provision of addiction and treatment services' (Bruton et al. 2021b) (p. 27). The same message is true for labelled expenditure.

A new estimate of unlabelled drug related expenditure in Ireland is available. The relevant report is discussed in section T3.1 of this workbook

T1.4.2 Breakdown of estimates of drug-related public expenditure

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 1.4.2, and they coordinate its collection and make it available to the Irish Focal Point. The total labelled expenditure in Table 1.4.2.1 is €233,183,858. The slight variation in total with Table 1.4.1 above is due to a rounding up of figures to the decimal places in Table 1.4.2. Unlabelled expenditure is not included but there is a new estimate available for Ireland (see section T3.1 in this workbook).

Table 1.4.2.1 Breakdown of drug related public expenditure [8]

Department/ Agency[1]	2014 (€m)	2015 (€m)	2016 (€m)	2017 (€m)	2018 (€m)	2019 (€m)	2020 (€m)	2021 (€m)
Health Research Board	€0.908	€1.013	€1.247	€0.756	€0.786	€0.786	€0.883	€1.058
HSE Addiction Services	€86.122	€91.523	€93.43	€97.87	€99.828	€103.419	€105.653	€116.833
HSE Drugs and Alcohol Task Force Projects	€21.570	€22.064	€22.78	€22.14	€22.63	€22.92	€22.436	€23.092
An Garda Síochána[2]	€43.000	€43.000	€46.00	€47.00	€14.25	€13.17	€13.218	€12.557
D/Children, Equality, Disability, Integration and Youth	€19.548	€19.548	€20.05	€20.04	€20.46	€20.46	€39.4	€39.609
D/Justice	€18.762	€19.363	€20.56	€7.30	€6.95	-	€7.688	-
Revenue Customs Service	€16.235	€17.445	€17.36	€17.36	€19.60	-	€16.554	€19.103
D/Social Protection (former FÁS area)	€14.063	€13.900	€16.41	€17.98	€17.22	€20.07	€20.789	€20.261
D/Health	€7.266	€7.323	€6.08	€5.54	€6.015	€5.955	€5.974	€4.746
Irish Prison Service	€4.200	€4.235	€4.40	€4.20	-	-	-	-
D/Education	€0.748	€0.748	€0.77	€0.76	€0.76	€0.72	€0.319	€0.187
D/Further and Higher Education, Research, Innovation and Science	-	-	-	-	-	-	€0.289	€0.250
Total	**€232.422**	**€240.162**	**€249.087**	**[3]€240.95**	**[3]€208.499**	**[3]€187.50**	**€233.203**	**€237.696**

Abbreviations: COFOG, Classification of the functions of government; LDATF, Local Drug and Alcohol Task Force; NDTRS, National Drug Treatment Reporting System; NACDA, National Advisory Committee on Drugs and Alcohol; NFSN, National Family Support Network; RDATF, Regional Drug and Alcohol Task Force

T2. Trends.

Not applicable for this workbook.

T3 New developments

T3.1 Developments in drug policy

9. National drugs strategy: Midterm review and new strategic priorities
10. Joint Committee on Health and the national drugs strategy
11. Adult Caution Scheme and cannabis
12. Citizen's Assembly on drugs
13. Legislation against the coercion and use of minors in the sale and supply of drugs (an update)
14. Health Diversion Approach to possession of drugs for personal use (an update)
15. Implementation of the Public Health (Alcohol) Act 2018 (an update)
16. Establishment of a pilot supervised injecting facility (an update)

1. National drugs strategy: Midterm review and new strategic priorities

A midterm review of Ireland's national drugs strategy was published in November 2021, entitled *Mid-term review of the national drugs strategy, Reducing Harm, Supporting Recovery and strategic priorities 2021–2025* (Drugs Policy and Social Inclusion Unit 2021a). The review is a collation of evidence sources which were used by the Drug Policy and Social Inclusion Unit of the Department of Health to develop a set of strategic priorities and a slightly revised delivery structure for the remainder of the strategy's lifetime (to 2025). It is not an evaluation of the strategy to date.

Context of review

Reducing Harm, Supporting Recovery included an action plan for the period 2017–2020 (Department of Health 2017). This approach provided the opportunity for stakeholders to assess the progress of the strategy and its action plan at a midterm point. This assessment combined with any new and emerging issues was to be used to inform the development of actions for the second phase of the strategy's lifetime from 2021 to 2025. This approach was a recommendation of the rapid expert review that was carried out on the National Drugs Strategy 2009–2016 (Griffiths et al. 2016). It was found that having a longer-term action plan meant the actions could not be reactive to change in the drug situation over time, which contributed to an overall perception by stakeholders of a decline in that strategy's relevance and momentum over its duration.

Evidence sources

The approach of the mid-term review was to present evidence from five sources. Each section of the report presents the findings from one of these sources, and the final section the new strategic priorities for the strategy moving forward. Where not already covered in this or other workbooks, the evidence sources are outlined below.

1. **Progress in implementing the strategic action plan 2017-2020**

The findings of the most recent progress report on the national drugs strategy are outlined in section T2.2 of this workbook.

2. Stakeholder feedback

As part of the midterm review, the Department of Health collected feedback from stakeholders represented on the National Oversight Committee (NOC) through 10 'engagement sessions' (p. 7) (Drugs Policy and Social Inclusion Unit 2021a). Submissions were also received from 'groups outside the NOC' but no further information on how this information was collected is provided in the report. The engagement sessions were structured around three questions:

- How well is the strategy delivering on its goals?
- Are there specific areas/priorities that the strategy should focus on for the period 2021–2025?
- Are there ways in which the structures for the delivery of the strategy could be improved/strengthened?

The findings make up a significant part of the midterm review document (pp. 7–21) (Drugs Policy and Social Inclusion Unit 2021a). They are presented thematically and cover a wide range of topics, including those related to the structure of the strategy and its implementation bodies; ongoing and emerging needs; and monitoring, research, and evaluation associated with the strategy. It is beyond the scope of this workbook to present all of the issues covered; however, a selection of those thought to be of most interest to the EMCDDA are featured below.

- **The health-led approach:** Having the needs of the individual at the centre of the strategy was seen as key. The health-led approach was perceived to be a success. However, it was seen to be linked to the work of law enforcement to reduce the supply and availability of illicit drugs.
- **Evolving drug markets:** Stakeholders recognised that drug markets and drugs are continuously evolving and that keeping on top of new substances is an ongoing requirement. Resources such as the Early Warning and Emerging Trends subcommittee are seen as useful in this context. There was support for sustaining and increasing cooperation at an international level.
- **Alternative approaches to imprisonment:** There was support for the implementation of the Health Diversion Programme and the ongoing running of the Drug Treatment Court. Progress on the Health Diversion Programme was seen as slow, while it was suggested that the Drug Treatment Court should undergo an independent review.
- **Alcohol**: Reducing Harm, Supporting Recovery is the first national drugs strategy to cover both alcohol and other drugs. However, there was criticism that alcohol did not receive adequate attention in the action plan for the period 2017–2020 and that this should be addressed in the remainder of the strategy's lifetime.
- **Alignment with other strategies:** The needs of a person who uses drugs tend to be complex and multifaceted. Government policies have been developing since 2017 and the report argues that the associated strategies need to be aligned as much as possible to meet these complex needs. These include national and international strategies across the range of sectors.
- **Collaboration:** Overall, the strategy was seen to have facilitated improved collaboration between relevant departments, agencies, and services. However, opportunities for improvement included the formation of a 'real partnership' (p. 12) (Drugs Policy and Social Inclusion Unit 2021a) between state agencies and affected communities, which in

turn increases cooperation between youth and drug services to meet the needs of 14–18-year-olds.

- **Drug and Alcohol Task Forces (DATFs):** There was a call for a strengthening of the role of DATFs. DATFs argued for a more visible role in the actions contained in the strategy. For example, they 'could bring together the community, family and service users which could have a positive impact on communication and participation and could also assist in identifying emerging needs' (p. 14) (Drugs Policy and Social Inclusion Unit 2021a).
- **Support for families and communities**: Ongoing support is required for building the capacity of communities to respond to the drugs situation. There is an increasing need to strengthen the response on drug-related intimidation and violence, which has such a negative impact on many communities.

Other topics covered in this section of the review included research, stigma, diversity and inclusion, prevention and education, and dual diagnosis.

2. **Focused policy assessment of expenditure on drug and alcohol services**

The findings of the focused policy assessment are outlined in section T1.2.2 of this workbook (Bruton et al. 2021b).

3. **Data on trends and indicators on drug and alcohol use** (Mongan et al. 2021)

The National Drug and Alcohol Survey (NDAS) provides information on alcohol and tobacco consumption, and drug use among the general population in Ireland. The NDAS also surveys people's attitudes and perceptions relating to tobacco, alcohol and other drug use and records the impact of drug use on people's communities. Findings were presented in relation to the use of any illegal drug, use of specific drugs, factors associated with drug use, perceptions and attitudes, and the impact of drug use on local communities. For a summary of the survey's findings please see sections A, B, C and D of the Drugs workbook.

4. **Rapid assessment of the impact of the Covid-19 pandemic on drug and alcohol services**

In January 2021, the Irish Government Economic and Evaluation Service (IGEES) published a report on the impact of the COVID-19 pandemic on services and people who use drugs (Bruton et al. 2021a). The report is based on two surveys undertaken in 2020: one looking at the impact on people who used drugs and one looking at the impact on addiction services and their clients. The findings were reported on in section T3.1 of the 2021 Treatment workbook (Bruton et al. 2021a).

New strategic priorities

The main outcome of the midterm review is the development of six new strategic priorities for the remainder of the strategy. In addition to the five evidence sources listed above, the priorities were informed by an examination of other key strategic documents. These include the European Union (EU) Drugs Strategy 2021–2025 (Council of the European Union 2020; Fianna Fail et al. 2020) (Department of Health 2021a).

The six strategic priorities will be delivered through specific actions, and progress will be measured through outcome indicators. An agreed list of actions and indicators will be developed for each priority through the work of the Strategic Implementation Groups (SIGs). The six priorities are outlined below.

1. **To strengthen the prevention of drug and alcohol use and the associated harms among children and young people:** This will cover a variety of settings (school, community, and family) and will focus on increasing resilience and strengthening life skills and healthy life choices. Activity under this priority will be informed by the European Prevention Curriculum (EUPC) and the International Standards on Drug Use Prevention. (United Nations Office on Drugs and Crime and World Health Organization 2018) (European Monitoring Centre for Drugs and Drug Addiction 2019).
2. **To enhance access to and delivery of drug and alcohol services in the community:** Delivery of this priority will be supported through the development of a drug services care plan across the six health regions in Ireland. Particular focus will be put on ensuring access to services for women, people in rural areas, ethnic minorities, and the LGBTI+ community. This priority will consider models of care for people who use drugs and have comorbidities. It also aims to address the stigma linked to drug use and drug addiction and its impact on access and delivery of health services.
3. **To develop integrated care pathways for high-risk drug users to achieve better health outcomes:** This group includes people who are homeless, offenders, stimulant users, and people who inject drugs. It is argued that integrated care pathways that connect care settings (general practitioners, primary/community care providers, community specialist teams, and hospital-based specialists) are required to deliver the best outcomes for this cohort. A key outcome indicator will be the reduction in drug-related deaths among these people. The review identifies the experience of the Dublin Covid-19 homeless response as providing a template for the kind of integrated care response required. This priority will also involve strengthening harm reduction responses to high-risk drug use associated with the night-time economy and music festivals, including proposals for drug monitoring.
4. **To address the social determinants and consequences of drug use in disadvantaged communities, including the Travelling community:** This priority will also tackle the criminality and antisocial behaviour associated with the drug trade and the negative impact it has on the communities in which it is based. To address these issues, action is required across Government to promote community development and community safety. Ensuring synergy with the Sláintecare Healthy Communities programme to address health inequalities will be a key objective.
5. **To promote alternatives to coercive sanctions for drug-related offences:** This priority will reinforce the health-led approach to people who use drugs, which is at the core of the national drugs strategy. The main focus will be on the rollout of the Health Diversion Programme for people in possession of drugs for personal use. Other initiatives, such as the drug treatment courts, will also be supported. A particular emphasis will be on the exchange of best practice on alternatives to coercive sanctions with EU member states.
6. **To strengthen evidence-informed and outcomes-focused practice, services, policies, and strategy implementation:** This priority will facilitate the exchange of knowledge and expertise. Learning the lessons of the response to the Covid-19 pandemic will be a key theme. It will strengthen Ireland's contribution to best practice at EU level, in collaboration with the EMCDDA and the HRB REITOX national focal point. Service innovation will be identified from the network of drug and alcohol task forces.

Horizontal themes

The review also identifies five horizontal themes that will support delivery of the strategic priorities:

1 Involvement of service users in the design and delivery of services based on a human rights perspective and the promotion of health literacy
2 Active and meaningful participation of civil society in the development, implementation, and evaluation of policies and services

3 Good governance, accountability, and mutual respect by all partners
4 Cross-sectoral funding and the targeting of additional resources
5 Public sector equality and human rights duty, as under Section 42 of the Irish Human Rights and Equality Commission Act 2014.

Revised delivery structure

The findings of the review have led to changes being made to the structures supporting the implementation of the strategy. See section T1.3 of this workbook for a description of the revised structure that reflects the new strategic priorities.

2. Joint Committee on Health and the national drugs strategy

In Ireland, the Joint Committee on Health scrutinises the work of the Department of Health and its agencies. It is responsible for examining health policy, the future planning of health services, and proposed changes to the way in which healthcare is delivered. Membership includes representation from the Dáil (the Irish Parliament) and the Seanad (the Irish Senate).

- For more information on the Joint Committee on Health, visit: https://www.oireachtas.ie/en/committees/33/health/
- For a full list of the committee's membership, visit: https://www.oireachtas.ie/en/committees/33/health/membership/

On 19 January 2022, the Minister of State for Public Health, Wellbeing and the National Drugs Strategy, came before the committee to provide an update on Ireland's national drugs strategy (Department of Health 2017). He was supported by the national clinical lead for the Health Services Executive's (HSE) addiction services, and the principal officer at the Drugs Policy and Social Inclusion Unit at the Department of Health.

Minister's opening statement

The minister identified three key messages in his opening statement to the committee. First, that drugs continue to be a major policy challenge for Irish society. Second, that the Government is committed to a health-led approach to dealing with drug use as reflected in the national drugs strategy (Department of Health 2017). Specifically, he said that 'a war on drugs is not an effective response to drug use' (p. 2) (Joint Committee on Health debate - Wednesday, 19 Jan 2022. 2022). Third, he commented on the effectiveness of the national drug strategy to date, in which he referred to the midterm review and the progress made on its 50 actions. The six strategic priorities for the remainder of the strategy from 2021 to 2025 were outlined (Drugs Policy and Social Inclusion Unit 2021a). See the previous section of T3.1 for an outline of these six strategic priorities.

Themes discussed

In response to the minster's statement, members of the committee raised a wide variety of issues and concerns. These reflect the heterogeneity within the committee in terms of the positions held on the best approach to address the drugs issue. A selection of the recurring themes discussed are outlined here, including cocaine and crack cocaine use; a citizens' assembly on drugs; task force funding; cross-departmental working; decriminalisation of drug use; and new structures for the

national drugs strategy. More detail is available in the transcript of the committee meeting. (Joint Committee on Health debate - Wednesday, 19 Jan 2022. 2022).

Cocaine and crack cocaine

Concern was raised over the increase in the sale and use of cocaine and crack cocaine in Ireland. A particular focus was given to the needs of communities affected by growing crack cocaine use. A new funding stream of €850,000 to address cocaine and crack cocaine use is being allocated, according to the minister. Projects were expected to be functioning in Q2 of 2022. There was concern among committee members that the funding was inadequate to meet the growing need in this area.

Citizens' assembly

The minister reiterated the commitment in the current Programme for Government (Fianna Fail et al. 2020) to hold a citizens' assembly on drugs in the lifetime of the Government. However, some committee members voiced a strong opinion that it should be held as a matter of urgency and encouraged the minister to hold it in 2022.

Task force funding

Concerns were raised about the funding of the DATFs. There were calls for increased funding so that task forces could meet the increasing need in their communities. The system through which funding is allocated to task forces was also criticised. It was suggested that it lacks transparency and resulted in an unfair distribution of funds. The Department of Health representative agreed that 'it is not fairly distributed' and that enhancement funding was being allocated through a 'population-based resource allocation model' in an attempt to address this inequity. In a separate issue, concern was raised by a few committee members about funding for the operational costs in the North Inner City Drugs and Alcohol Task Force.

Cross-departmental working

The minister emphasised the importance of cross-departmental working in the delivery of the national drugs strategy. Some committee members noted that experience to date on national and local bodies responsible for the delivery of the strategy (including task forces) would suggest that some departments and State bodies are not fully engaged or committed to the process. The Department of Education was singled out as being particularly difficult to engage.

Decriminalisation

Decriminalisation of drug use was raised by some committee members and was suggested as a topic for the citizens' assembly. It was argued that a truly health-led approach to drug use and a move away from the war-on-drugs rhetoric would require decriminalisation. There was division within the committee on this topic, with some suggestion that there remains a lack of clarity among stakeholders about the distinction between decriminalisation and legalisation. Decriminalisation was being advocated by the relevant members, not legalisation.

New structures for the national drugs strategy

The revised membership of the National Oversight Committee was noted, and the absence of addiction nursing representation and reduced civic society representation were heavily criticised. (This has since been addressed)

Other topics discussed

Among the other issues discussed were care plans for those in treatment; the impact of Covid-19 on services; the link between drug use, poverty, and marginalisation; drug-related deaths; dual diagnosis; prevention activities in education (including Know the Score); helpline services; supervised injecting rooms; and services for pregnant women who use drugs.

Conclusion

The Joint Committee on Health debate highlighted the ongoing heterogeneity among representatives of the Dáil and the Seanad in how best to address the challenges raised by drug use. While members advocated strongly for the health-led approach represented in the national strategy, there were still those who were grounded in war-on-drugs rhetoric, with an emphasis on abstinence. It should also be noted that while the strategy is a joint drug and alcohol strategy, there was minimal discussion of the problems presented by alcohol use and the Government's response to these.

3. Adult Caution Scheme and cannabis

Separate to the Health Diversion Programme implementation, the Adult Caution Scheme was expanded in relation to offences committed on or after 14 December 2020 under Section 3 of the Misuse of Drugs Act 1977/84 (Simple possession). This gives AGS the option to divert appropriate cases away from the criminal justice system. Unlike the Health Diversion Programme, the change in the Adult Caution Scheme relates to the possession of cannabis and cannabis resin only. No other controlled drugs are permitted under the Adult Cautioning Scheme. See Section T2.2 of the Legal framework workbook for a description of the Adult Caution Scheme.

During the period 14th December 2020 – 31st December 2021 in excess of 1600 persons were issued with Adult Cautions for possession of cannabis. There was also a 12% reduction in the arrest of adults for possessing drugs for their own personal use (An Garda Siochana 2022).

4. Citizen's Assembly on Drug Use

In Ireland there is a system called a Citizens' Assembly through which citizens are brought together to discuss and consider important legal and policy issues. The assembly makes recommendations and reports back to the Oireachtas (the Irish parliament). The government has committed to holding a Citizen's Assembly on drug policy and it is expected that this will happen in Q1 2023. In a written response to a question on the topic the Minister responsible for the national drugs strategy identified two issues in particular that he wants the citizens assembly to consider: "how can we better meet the diverse health needs of people who use drugs, and also, how can we prevent the harmful impact of drugs on children, families, and communities" (Dail Eireann debate. Written answer 77. Citizens' Assembly. 2022). He also supports an international component to the citizens assembly, drawing on good practice from the British Ireland Council (see https://www.britishirishcouncil.org/)and the EU Drugs Strategy and Action Plan, especially on alternative approaches to coercive sanctions.

5. Legislation against the coercion and use of minors in the sale and supply of drugs (an update)

As reported in the national report for 2021, the General Scheme of the Criminal Justice (Exploitation of Children in the Commission of Offences) Bill was announced in January 2021, marking the first stage of the process of introducing new legislation in Ireland. In October 2021 it was the subject of a report by the Irish Human Rights and Equality Commission (IHREC) (established under the Irish Human Rights and Equality Act 2014) which is discussed below.

In summary, the Bill will outlaw the grooming of children into crime by creating specific offences where an adult compels, coerces, induces, or invites a child to engage in criminal activity. Those found guilty of the new offences would face imprisonment of 12 months on summary conviction and up to five years on indictment. The child concerned does not have to be successful in carrying out the offence for the law to apply. Furthermore, the adult would still be prosecuted separately for any crime they commit using the child as their agent. The Bill aims to address the influence of criminal networks that draw children into criminality, with all the potential lifetime consequences that entails. This Bill addresses the commitments made in the Programme for Government to legislate against the coercion and use of minors in the sale and supply of drugs, and to criminalise adults who groom children to commit crimes.

Criminal Justice (Exploitation of children in the commission of offences) Bill 2020: http://www.justice.ie/en/JELR/Criminal_Justice_(Exploitation_of_children_in_the_commission_of_offences)_Bill_2020%20%20General%20Scheme.pdf/Files/Criminal_Justice_(Exploitation_of_children_in_the_commission_of_offences)_Bill_2020%20%20General%20Scheme.pdf

The Minister for Justice continues to be committed to this Bill and it underwent pre-legislative scrutiny in July 2021 and is now being drafted by the Office of Parliamentary Counsel. It is worth noting that IHREC published their observations and recommendations on the proposed Bill in October 2021 (Irish Human Rights and Equality Commission 2021). IHREC is mandated under the Irish Human Rights and Equality Act 2014 to keep under review the adequacy and effectiveness of law and practice in the State relating to the protection of human rights and equality and to examine any legislative proposal and report its views on any implications for human rights or equality.

The Commission's observations and recommendations are grounded in an in-depth assessment of the Bill within the broader framework of international legislation and obligations in human rights and equality. They focus on three groups who would be affected by the proposed Bill: children who are the subject of exploitation; adults who may also be subjected to similar exploitation; and adults who are accused or convicted of the proposed new offences. It makes general observations on the issues arising, and also some specific comments that tend to focus on seeking clarity on the scope and definitions used within the Bill to avoid ambiguity and problems with its implementation. Among their recommendations are that:

- Consideration should be given to the family and kinship ties that can exist in the exploitation of children in the commission of offences, including the possible alternatives to prosecution or custodial measures where the inciter is a parent or other family member.
- Independent and specialised information and advocacy services should be available throughout the criminal justice process for all children coming within the scope of the

legislation, and particularly those exploited by parents, family members or other adults in the commission of offences.

- The General Scheme be accompanied by legislative proposals to raise the age of criminal responsibility from 12 (for some crimes) to 14 years for all offences as an absolute minimum, and to continue to increase it to a higher age such as 15 or 16.
- The Minister should consider the application of the proposed offences to the protection of children against human trafficking and incitement to hatred.
- Consideration should be given to addressing the exploitation of structurally vulnerable adults within the General Scheme, including disabled people across all impairments. IHREC defined a structurally vulnerable person as "someone who is particularly vulnerable to human rights abuses due to political, economic, social and cultural structures" (Irish Human Rights and Equality Commission 2021) (p. 21), including adults who have a disability.

Where clarity was sought it was in regard to a variety of issues, for example: the scope of the offences to be covered under the legislation; the nature and extent of communication between the inciter and incited; the status and rights of the child under the legislation; the penalties under the legislation; and that it is ensured that the child can avail of a right to anonymity.

6. Health Diversion Programme for possession of drugs for personal use (an update)

As reported in previous workbooks, in 2019 the Irish Government announced the launch of a Health Diversion Programme for the possession of drugs for personal use. Despite plans to have the programme up and running, at the time of writing (September 2022) it has yet to be implemented. However, it continues to be a priority of government and its implementation is one of the six strategic priorities for the remainder of the national drugs strategy:

- To promote alternatives to coercive sanctions for drug-related offences: This priority will reinforce the health-led approach to people who use drugs, which is at the core of the national drugs strategy. The main focus will be on the rollout of the Health Diversion Programme for people in possession of drugs for personal use. Other initiatives, such as the drug treatment courts, will also be supported. A particular emphasis will be on the exchange of best practice on alternatives to coercive sanctions with EU member states. (Drugs Policy and Social Inclusion Unit 2021a)

Taking into consideration the findings of a report by a working group responsible for exploring alternative approached to the possession of drugs for personal use (Hughes et al. 2019; Irish government economic and evaluation service 2019; Working group to consider alternative approaches to the possession of drugs for personal use 2019), 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. once established, the Health Diversion Programme will offer 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.

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. The group has met regularly since it was established and is currently examining the legislative amendments required to support the programme, as well as the operational requirements ahead of the nationwide rollout.

Detailed discussions have taken place between the Department of Health, the HSE, and AGS to explore solutions for an information communication technology (ICT) to enable AGS to make SAOR appointments for programme participants through the PULSE system. Issues regarding the General Data Protection Regulation (GDPR) are under consideration, as any data that are to be shared will have to be shared in a compliant manner.

The tender for a detailed monitoring and evaluation of the Health Diversion Programme has also been developed to assess the effectiveness and the impact of the programme. The monitoring and evaluation will be carried out by an independent third party. It will include a monitoring framework for the programme as well as an interim and final evaluation following the first full year of implementation. The evaluation report will be published and will inform a review of the programme to determine whether it is meeting all of its aims.

7. Implementation of the Public Health (Alcohol) Act 2018 (an update)

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 that it causes at a population level, and the Act provides for a suite of evidence-based measures to deliver on this aim. Since the 2021 National Report, progress has been made on implementing another provision of the Act. On 4th January 2022 minimum unit pricing on retail alcohol sales came into force in Ireland. A minimum unit price of 10c per gram of alcohol is provided for in section 11 of the Public Health (Alcohol) Act 2018. This is a major provision of the Act which is designed to reduce the harms caused by the misuse of alcohol and to delay the initiation of alcohol consumption by children and young people. More detail on this legislation is available in Section T4.2 of the *Legal framework workbook*.

8. Establishment of a pilot supervised injecting facility (an update)

The establishment of a pilot supervised injecting facility is a commitment of the 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). 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).

At the time of writing (September 2022), the facility has yet to open. 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, there was a lengthy process involved in initially securing planning permission (on a temporary basis of three years) in December 2019. However, this granting of permission was appealed to Ireland's High Court where, in July 2021, it was revoked. It is understood that the reason planning permission was revoked was not because it was for a supervised injecting centre, rather because of technical and legal issues with the planning process. The High Court's decision was also influenced by the failure to address adequately strongly held opposition lodged by a school near to the site.

T4. Additional information

T4.1 Additional important sources of information

National Drugs Forum 2021 – Foresight: preparing for uncertainty in drug use, markets, and responses

Ireland's 2021 National Drugs Forum focused on future needs and how we can anticipate changing patterns in drug use and supply to ensure our responses are robust and ready to meet new challenges. The forum was held online on 23 November 2021. The forum provided an opportunity to reflect on the themes of preparation and foresight central to both national and European drug policies.

Strategic foresight

The forum introduced participants to the concept of strategic foresight and explained its relevance for anticipating trends in the drugs area. Strategic foresight is an approach to planning and policymaking that attempts to manage uncertainty by identifying a number of possibilities. Governments, institutions, non-governmental organisations, and other national and international collective entities can develop anticipatory capacity by making better use of what is known already.

The discipline of strategic foresight puts particular emphasis on harnessing existing knowledge. The session was led by Future Impacts, a consultancy that specialises in foresight capacity building, coaching, training, and research. Future Impacts has worked extensively on European Commission foresight projects and has advised the EMCDDA on a number of projects on drug-related futures.

Megatrends workshop

The workshop at the National Drugs Forum involved identifying and analysing megatrends to explore global changes and their implications for local policy. The overall objective of the workshop was to provide participants with an understanding of what foresight is and why it is important, as well as understanding wider changes in the environment that may have implications for drugs and drug monitoring in the future.

In the workshop, participants engaged with a number of groups and were asked to complete some simple exercises that provided them with hands-on experience of working with foresight and megatrends. Each group was tasked with prioritising megatrends according to their potential impact on the future of drugs, related policies, and development of services in response to the changing situation. They were then asked to identify the potential implications of the trends that could have an impact on drugs until 2030. The responses were imaginative and thoughtful, and each group gave consideration to possible developments for which we have, as yet, few early indicators.

Climate change and migration

The benefit of working with several megatrends together was clear from the groups' recorded observations, as separate megatrends overlapped and reinforced the impact of one another. For instance, several groups considered climate change and environmental degradation, which has clear links to another megatrend, the increasing significance of migration. The needs of new communities will challenge the response capability of existing services. Climate change and migration will drive increasing urbanisation, with newer housing isolated from the centre and many people traumatised by dislocation and the loss of social networks. Climate change may facilitate drug production activities locally that are not feasible or economic at the moment and strain law enforcement resources.

On the positive side, the need to mitigate the harmful effects of climate change and Covid-19 may stimulate more cooperation between institutions and international cooperation.

Technological developments

One group highlighted increasing levels of self-medication as a result of both mental health challenges and changing consumer patterns facilitated by technological changes and consumer-oriented cultures in wealthier, but more unequal, societies. Participants were well aware of the preventative, early intervention, treatment, and harm reduction possibilities that technological innovations can bring. Remote access to services can increase availability and lessen the stigma associated with traditional treatment approaches.

While technological changes will provide new opportunities in service provision, differing digital literacy levels may compound existing inequalities and impede access for some. Services already facing challenges in staffing may struggle to provide new interventions and adapt to a rapidly changing drug environment.

The Covid-19 pandemic has demonstrated the powerful impact of easily available misinformation and poor research. The traditional gatekeepers for public discourse are becoming less relevant. This

multiplies the effect of a growing global marketplace for drugs, as consumers use non-scientific sources of information about potentially dangerous new products.

Technological change and hyperconnectivity also encourages more openness and curiosity among younger people, especially in social drugs that are increasingly seen as a normal part of the festival or event experience. This particular market is highly lucrative and likely to be exploited in increasingly sophisticated ways in the future. Easier transition to virtual spaces through accelerating technological change and hyperconnectivity may result in behavioural shifts similar to substance dependency and present a very different arena for treatment professionals to work in.

Global political and economic changes

Several groups considered the economic consequences of resource scarcity and the expanding influence of the East and the South. The increasing industrialisation of these regions will inevitably present opportunities for greater production of synthetic drugs, more easily transportable than traditional plant-based drugs along new and harder to detect trade routes. The political implications of global shifts in population, natural resources, and industrialisation may include a lowering of governmental commitment to human rights, leaving Europe isolated with regard to upholding individual freedoms and protections against coercion. There is a danger that, in this global environment, the gradual strengthening of progressive drugs policies may be reversed.

There is a connection here to the megatrend of shifting health challenges. A smaller population of working-age people will be asked to support healthcare for a growing older cohort. In an international political climate that may have less compassion for those who are seen to transgress social norms, will the next generation be prepared to support services for an ageing population of people who use drugs?

Working life

The changing nature of work may lead to an increase in early retirement and social isolation, which could result in greater alcohol and drug use among older people. For younger people, shifts in work patterns will expand social networks at home and abroad. This growth in professional relationships will also enable greater sharing of knowledge and insights from other countries. Of course, it will also increase awareness of new drugs and present opportunities to experiment. New work patterns may also blur the boundaries between home and work, placing more demands on people who consequently seek opportunities to relieve stress.

New modes of governing and consumer changes

New governing systems may also result in more participatory democracy through mechanisms like expanded citizens' assemblies. Deliberations in these forums tend to have more liberal outcomes than parliamentary systems and could contribute to policies like legalisation of drugs. Any such legislative change must take into account the shifts in market dynamics and distribution patterns made possible by the internet. It is not clear what a legislative response to a quickly growing online drug market might be and there is concern that the response will be far slower than technological change.

Demographic changes and policy shifts in other European countries may increase pressure for the liberalisation of drug laws and increasing usage of a wider variety of drugs. While this will be challenging, regulation of substances that are currently illegal creates opportunities to regulate markets, educate users, and reduce criminal activity.

As conventional commercial enterprises seek new markets in a changing legal environment, regulators will face unforeseen challenges in managing very new, aggressive, and agile corporate entities. Consumption patterns will not be totally shaped by the increased availability of currently illegal drugs. Successful implementation of alcohol control measures may provoke a response from the industry to reclaim markets lost, amplifying the regulatory challenges that will follow the liberalisation of drug laws.

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 Quarter 1 2014 (https://www.cso.ie/en/statistics/nationalaccounts/archive/releasearchive2014/). These estimates have been included in the Quarterly National Accounts in all subsequent quarters and also in the annual National Income and Expenditure (NIE) accounts, the most recent being NIE 2021, published in July 2022 (see https://www.cso.ie/en/releasesandpublications/ep/p-nie/nie2020/). 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*.

T5. Sources, methodology and references

T5.1 Sources

- Health Research Board's National Drugs Library: https://www.drugsandalcohol.ie/
- Houses of the Oireachtas (Parliament): www.oireachtas.ie
    - For more information on Ireland's budgetary process, please see: https://www.oireachtas.ie/en/visit-and-learn/how-parliament-works/the-budget/
- Central Statistics Office: www.cso.ie
    - Central Statistics Office for National Accounts data: https://www.cso.ie/en/statistics/nationalaccounts/
- Department of Health: https://www.gov.ie/en/organisation/department-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

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European Monitoring Centre for Drugs and Drug Addiction

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is a decentralised 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.

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