

Focal Point Ireland: national report for 2023 – Drug policy Ireland

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

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(2024) Focal Point Ireland: national report for 2023 – Legal framework

(2024) Focal Point Ireland: national report for 2023 – Treatment

(2024) Focal Point Ireland: national report for 2023 – Drug markets and crime

(2024) Focal Point Ireland: national report for 2023 – Prevention

(2024) Focal Point Ireland: national report for 2023 – Prison

(2024) Focal Point Ireland: national report for 2023 – Harms and harms reduction

(2024) Focal Point Ireland: national report for 2023 – Drugs



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T1. National profile

T1.1. National drugs strategies

The purpose of this section is to summarise the main characteristics of your national drug strategy(ies). Where there is no national strategy, and regional strategies take the place of a national strategy, please summarise the characteristics of these. Please structure your answers around the following questions.

T1.1.1. List the titles and dates of all past national drug strategies and supporting action plans in your country in the following table, adding rows as needed.

Time frame	Title and web link	Scope (main substances/addictions addressed)
2023–2024	<i>National Drugs Strategy Strategic Action Plan 2023-2024</i> https://www.drugsandalcohol.ie/39064/	Illicit drugs and alcohol
2017–2025	<i>Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025</i> https://www.drugsandalcohol.ie/27603/	Illicit drugs and alcohol
2009–2016	<i>National Drugs Strategy (interim) 2009–2016</i> https://www.drugsandalcohol.ie/12388/	Illicit drugs
2001–2008	<i>Building on Experience: National Drugs Strategy 2001 – 2008</i> https://www.drugsandalcohol.ie/5187/	Illicit drugs
Not defined, published in 1997; precursor to the 2001–2008 national drugs strategy	<i>Second Report of the Ministerial Task Force for Measures to Reduce the Demand for Drugs</i> http://www.drugsandalcohol.ie/5114/	Illicit drugs
Not defined, published in 1996; precursor to the 2001–2008 national drugs strategy	<i>First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs</i> http://www.drugsandalcohol.ie/5058/	Illicit drugs
Not defined, published in 1991	<i>Government Strategy to Prevent Drug Misuse</i> https://www.drugsandalcohol.ie/5108/	Illicit drugs

Timeframe	Title and web link	Scope (main substances / addictions addressed)
Click here to enter text.	Click here to enter text.	Click here to enter text.

T1.1.2. Please summarise your current national drugs strategy document.

Information relevant to this answer includes:

- time frame,
- responsible ministries,
- overview of its main principles, priorities, objectives and actions,

- its structure (i.e. pillars and cross-cutting themes),
- the main substances and addictions addressed.

- Whether annual progress implementation reports are developed or not (if they are and are public documents, please provide a weblink). Please also briefly comment on the current status of strategy and action plan implementation.

- If your current national drugs strategy's stated timeframe has expired, please confirm whether or not it has the status of remaining in force pending the development and approval of a new one. Please also outline by when a new strategy is expected to be developed and approved.

Ireland's national drugs strategy, titled *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* was launched in July 2017 (Department of Health 2017). While the strategy is structured around cross-cutting goals rather than the pillars of the previous national 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 the 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 8-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 mid-term 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 mid-term review was the development of six new strategic priorities for the remainder of the strategy's lifetime, which is also reflected in some changes to the implementation structure for the same period (2022–2025). An agreed list of actions has been developed for each strategic priority for 2023–2024 (Department of Health 2023) (see Section T3.1 of this workbook). The findings of the mid-term review and the six strategic priorities identified are presented in Section 1.2.2 of this workbook.

The revised implementation structure is detailed in Section T1.3.1 of this workbook. 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.
- The Government Departments with responsibility for implementing various actions in the national drugs strategy, including the *National Drugs Strategy Strategic Action Plan 2023-2024*, are: Health; Education; Children, Equality, Disability, Integration and Youth; Social Protection; Housing, Local Government and Heritage; Justice; Rural and Community Development; and Transport.
- The following statutory bodies are responsible for implementing actions in the national drugs strategy and the *National Drugs Strategy Strategic Action Plan 2023-2024*: the Health Service Executive (HSE); the HRB; Child and Adolescent Mental Health Services (CAMHS); Tusla – 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 Merchant's Quay Ireland.

Substance coverage

This is the first strategy to move towards a more 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 strategic action plan for 2017–2020. Two of the six strategic priorities to 2025 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.

Overview of the strategy: vision, values, and goals

Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025 (Department of Health 2017) 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.

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 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 mid-term review of the strategy resulted in the development of six new strategic priorities for the remainder of the strategy from 2022 to 2025. See Section T1.2.2 of this workbook for an overview of the mid-term review. The six strategic priorities are to be delivered through specific actions and an agreed set of deliverables developed by the SIGs (Department of Health 2023). The six priorities are:

1. To strengthen the prevention of drug and alcohol use and the associated harms among children and young people: This covers a variety of settings (school, community, and family) and focuses on increasing resilience and strengthening life skills and healthy life choices. Activity under this priority is 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 is supported through the development of a drug services care plan across the six health regions in Ireland. Particular focus has been put on ensuring access to services for women, people in rural areas, ethnic minorities, and the LGBTQI+ community. This priority considers 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 also involves 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 Traveller community: This priority tackles 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 reinforces the health-led approach to people who use drugs, which is at the core of the national drugs strategy. The main focus is on the rollout of the Health Diversion Programme for people in possession of drugs for personal use (see Section T3.1 of this workbook for an update on the progress of its implementation). Other initiatives, such as the Drug Treatment Court, will also be supported. A particular emphasis is on the exchange with EU member states of best practice on alternatives to coercive sanctions.
6. **To strengthen evidence-informed and outcomes-focused practice, services, policies, and strategy implementation:** This priority facilitates the exchange of knowledge and expertise. Learning the lessons of the response to the COVID-19 pandemic is a key theme. It aims to strengthen Ireland's contribution to best practice at EU level, in collaboration with the EMCDDA and the HRB as the REITOX national focal point in Ireland (Reitox is the European information network of institutions or agencies with responsibility for data collection and reporting on drugs and drug addiction to the EMCDDA). Service innovation will be identified from the network of drug and alcohol task forces.

The set of actions for each strategic priority for 2023–2024 (Department of Health 2023) are outlined in Section T3.1 of this workbook.

As well as the six strategic priorities, the mid-term review identified five horizontal themes to 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 between all partners.
- 4 Cross-sectoral funding and the targeting of additional resources.
- 5 The Public Sector Equality and Human Rights Duty, under Section 42 of the Irish Human Rights and Equality Commission Act 2014.

The Programme for Government launched in June 2020 supports the ongoing approach of the national drugs strategy, while committing to some additional actions that are also aligned with the strategy (Fianna Fail et al. 2020). These were described in detail in the 2020 national report. Overall, the current Programme for Government (Fianna Fail et al. 2020), the outcomes of the mid-term review process (Drugs Policy and Social Inclusion Unit 2021a), and the *National Drugs Strategy Strategic Action Plan 2023-2024* (Department of Health 2023) indicate an ongoing commitment to a health-led approach to meet the needs of people who use drugs for the remainder of the strategy's lifetime (to 2025).

Progress reports

At the time of writing (September 2023), no progress reports on the current national drugs strategy have been published since 2021. Progress reports were 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), and a mid-term review was published in 2021 (see Section 1.2.2 of this workbook). It is planned that progress reports will be produced for the remainder of the strategy's lifetime.

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
- Drugs Policy and Social Inclusion Unit (2020) *Reducing Harm, Supporting Recovery: Progress Report 2019* (Drugs Policy and Social Inclusion Unit 2020)
- Drugs Policy Unit, Department of Health (2019) *Reducing Harm, Supporting Recovery: Progress 2018 and Planned Activity 2019* (Drugs Policy Unit Department of Health 2019)

T1.1.3. Is there another national strategy/action plan on policing, public security, law enforcement, etc. that is not specific to drugs but also defines drug supply reduction/drug-related law enforcement in your country? Please insert its title, a link to the PDF and a short summary.

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 is outlined in Section T1.3.1a of the *Drug markets and crime workbook*. AGS reports monthly to the Policing Authority on the progress made against the Policing Plan, and the monthly reports are published by the Authority.

An Garda Síochána. (2023) An Garda Síochána policing plan 2023. Tullamore: An Garda Síochána. <https://www.drugsandalcohol.ie/39596/>

T1.1.4. Does your country have additional national strategy or action plan documents for other substances and addictions? If so, please complete the table below with their titles and links to PDFs. If possible, please include a short description of each.

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	Click here to enter text.
Web address	Click here to enter text.
Gambling	

Strategy title	Click here to enter text.
Web address	Click here to enter text.
Gaming	
Strategy title	Click here to enter text.
Web address	Click here to enter text.
Internet	
Strategy title	Click here to enter text.
Web address	Click here to enter text.
Other addictions	
Strategy title	Click here to enter text.
Web address	Click here to enter text.
*please include extra lines as necessary	

T1.1.5. Are there drug strategies/action plans also at the regional level? If yes, please specify at which level they exist (e.g. Länder, autonomous communities, counties) and complete the overview table below adding lines as necessary.

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 Service, Education and Training Boards, local authorities, and the youth service, as well as elected public representatives and voluntary and community sector representatives.

The LDATFs and RDATFs 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.

Region	Year	Title and web link	Scope (main substances / addictions addressed)	Pillars / action areas
Click here to enter text.	Click here to enter text.			

T1.1.6. Does the capital city of your country have a drug strategy/action plan? If yes, please state its full reference, website address and a short description of its scope

(main substances / addictions addressed) and pillars/action areas and the main objectives addressed). If there is none and the national strategy or another strategy or key reports address the capital city's drug policy please describe that instead.

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

T1.1.7. What elements of content (objectives, priorities, actions) of the EU Drugs Strategy 2021-25 and of the EU Drugs Action plan 2021-25 or the previous 2013-20 EU Drugs Strategy and its two action plans were directly reflected in your most recent national drug strategy or 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. It states:

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 of this workbook 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 2017–2025, 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, Hildegard Naughton 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 Harm, 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 drugs situation and to be able to respond to new data monitoring requests from the EU. This commitment to using EU standards and collaborations to strengthen the delivery of the national drugs strategy is echoed in its strategic priorities for 2022–2025 (see Section T1.1.2 of this workbook).

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 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 medically 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 national drugs 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’s lifetime are five horizontal themes that will support their delivery (see Section T3.1 of this workbook). 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

The strategic 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 PIs was presented under each goal in the strategic action plan for 2017–2020 (Department of Health 2017). Following a review of this action plan, six new strategic priorities have been identified for the remainder of the national drugs strategy’s lifetime (to 2025). A list of actions and deliverables has been developed for each priority (see Section T 3.1 of this workbook).

Ongoing alignment

The alignment between the Irish and EU strategies continues as reflected in the EU’s action plan for 2021–2023 (Council of the European Union 2021) and the development of six strategic priorities for the Irish strategy (2022–2025) (see Section T1.1.2 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 at the time to ensure synergy between the Irish and EU action plans. The Minister stated:

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 further information

T1.2 Evaluation of national drugs strategies

The purpose of this section is to

- Summarise the most recent national drug strategy evaluation.
- Where none has been completed, please summarise any available strategy review process.

T1.2.1. List the titles and timeframes of recent national drug strategy and action plan evaluations, and/or issue specific evaluations of initiatives that are considered as official representative assessments of the national drug strategy measures, providing links to PDFs.

No evaluations or progress reports have been published on the current national drugs strategy since 2021. Progress reports were 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 mid-term in the 8-year national drugs strategy was published in November 2021 (Drugs Policy and Social Inclusion Unit 2021a) and was used to inform the development of six strategic priorities to be focused on for the remainder of the strategy’s lifetime. See Sections T1.1.2 and T1.2.2 of this workbook for more detail.)

In relation to the previous National Drugs Strategy (2009–2016), no progress reports were published in 2016 or 2017, nor was there a summative report or evaluation of 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 of this workbook, along with the mid-term review, the most recent progress report, and the FPA on the strategy (Bruton et al. 2021b).

The title of, and link to, the mid-term review of the national drugs strategy are as follows:

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.

Titles of and links to the progress reports on the current national drugs strategy for 2018–2020 can be found in Section T1.1.2 of this workbook.

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)
- *National Drugs Strategy 2009–2016: Progress Report to End 2014* (Department of Health 2015)
- *National Drugs Strategy 2009–2016: Progress Report to End 2013* (Department of Health 2014)
- *National Drugs Strategy 2009–2016: Progress Report to End 2012* (Department of Health 2013)
- *National Drugs Strategy 2009–16: Implementation of Actions Progress Report End 2011* (Department of Health 2012a)

T1.2.2. Please summarise the results of the latest strategy evaluation describing:

- The evaluation team (internal / external / mixed evaluation team);
- Its timing (before, during, after the timeframe of the current strategy);
- Its scope (whole strategy or certain pillars, issues, or actions);
- The assessment criteria (e.g. relevance, implementation, outcome etc.);
- The method (qualitative / quantitative / mixed);
- The main findings and limitations;
- The recommendations and how they were or will be used in drug strategy revision.

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/>

A mid-term review of Ireland’s national drugs strategy was published in November 2021, titled *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. While it is not an evaluation of the strategy, its findings were used by the Drug Policy and Social Inclusion Unit, Department of Health to develop a set of strategic priorities and a slightly revised delivery structure for the strategy from 2022 to 2025.

Context of review

Reducing Harm, Supporting Recovery included a strategic action plan for 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 mid-term 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) (see below). It was found that having a longer-term action plan meant the actions could not be reactive to change in the drugs 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, while the final section outlines the new strategic priorities for the strategy moving forward. Where not already covered in this or other workbooks, a brief description of the evidence sources is outlined below.

1. Progress in implementing the strategic action plan for 2017–2020

The findings of the most recent progress report for 2020 on the national drugs strategy are outlined later in this section of the workbook.

2. Stakeholders’ feedback

As part of the mid-term review, the Department of Health collected feedback from stakeholders represented on the National Oversight Committee (NOC) through 10 “engagement sessions” (Drugs Policy and Social Inclusion Unit 2021a) (p. 7). 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 mid-term 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 describe all of the issues covered; however, a selection of those thought to be of most interest to the EMCDDA are as follows:

- **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 strategic action plan for 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 Government 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 to 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.

3. Focused policy assessment of expenditure on drug and alcohol services

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

4. 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 regarding 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*.

5. Rapid assessment of the impact of the COVID-19 pandemic on drug and alcohol services

In January 2021, the 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 mid-term review was the development of six new strategic priorities for the remainder of the strategy's lifetime (to 2025). In addition to the five evidence sources listed above, the priorities were informed by an examination of other key strategic documents. These included the *EU Drugs Strategy 2021-2025* (Council of the European Union 2020; Fianna Fail et al. 2020) (Department of Health 2021a).

The six strategic priorities are being delivered through specific actions. An agreed list of actions and associated deliverables for the period 2023–2024 has been developed for each priority through the work of the SIGs. The six priorities and the horizontal themes are outlined in Section T1.1.2 of this workbook.

Revised delivery structure

The findings of the review 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.

- **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 FPA of the national drugs strategy (Department of Health 2017) was prepared by IGEES staff based in the Department of Health and the DPER.

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 drugs strategy 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 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 time frame 2014–2020 so that data could be analysed for comparison before and after the implementation of the national drugs strategy in 2017.

Drug-related public expenditure

Labelled public expenditure

Labelled drug-related expenditure in Ireland includes budget allocations for the HSE Addiction Services and treatment services in prisons, for example. Bruton *et al.* reported the expenditure data as they appeared 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), 2014–2019¹

Government 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
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
Department of Children and Youth Affairs	€19.548	€19.548	€20.05	€20.04	€20.46	€20.46
Department 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	–
Department of Social Protection	€14.063	€13.900	€16.41	€17.98	€17.22	€20.07

Government Department/ agency	2014 (€m)	2015 (€m)	2016 (€m)	2017 (€m)	2018 (€m)	2019 (€m)
(former FÁS area)						
Department 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	–	–
Department 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 Bureau’ only.

** The €53 million decrease in expenditure between 2017 and 2019 reflects limitations in reporting of expenditure from An Garda Síochána, Department of Justice, Irish Prison Service, and the Revenue Customs Service, rather than a reduction in expenditure as such.

The authors noted 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 of America (USA), 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 analysis²

Source of expenditure	Estimate (€)
Hospital expenditure	€21,982,647
Percentage of which are drug-related admissions	59%

Percentage of which are drug-implicated admissions	41%
Prison expenditure	€44,338,862
Percentage of which are controlled drug offences	43%
Percentage of which is drug-related crime	57%
Criminal justice system expenditure	€20,391,062
Percentage of which are controlled drug offences	34%
Percentage of which is drug-related crime	66%
Productivity costs	€60,707,970
Percentage of which are prison related	38%
Percentage of which are premature death related	52%
Percentage 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 argued 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 the national drugs strategy 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 time frame. 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, AGS, 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 well-being

Available data for this goal focus on rates of substance use among children and young people. The findings would suggest that at the time of the study young people's drug use was reducing or "holding steady" (p. 68). Nevertheless, the authors identified heavy episodic drinking among 15–16-year-olds as being of concern. They flagged 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 2019–20 for this goal. Key findings included:

- Since December 2018, over 90% of problematic substance users had accessed treatment in NDTRS services within 1 month of assessment for those aged 18 years and over, and within 1 week for those aged under 18 years. 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 opioid 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.
- At the time of the analysis, possession offences (possession for sale and supply and possession for personal use) had been increasing since 2015.

- Rates of driving while over the legal alcohol limit had reduced between 2017 and 2020. However, the number of offences for driving while under the influence of drugs had risen over the same period. This is likely, at least in part, to be linked to changes in the testing system.
- There had 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 the data in all but the last of the bullet points listed above are sourced from the CSO, which publishes recorded crime statistics based on the provision of PULSE data by AGS. Data are reported quarterly. The CSO publishes these data under the category 'under reservation'. This categorisation indicates that the quality of these statistics does 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 Traveller, LGBTQI+ and homeless communities. According to NDTRS data, members of the Traveller community increasingly do not take up treatment after being assessed (an increase 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 had remained stable over the period 2014-2019.

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 was a small increase in the number of services providing treatment; however, the number that submitted data to the NDTRS remained at approximately 600 over this 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 could not necessarily be attributed to the national drugs strategy.

Overall conclusions

The authors drew 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 for estimating unlabelled expenditure in this area. The authors suggest that there is a need to unpack the expenditure data in a more systematic way, in order 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 constrained the conclusions that could be drawn on the performance of the strategy. While some data should become available in the next phase of the strategy, in some cases PIs will need to be revised 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 the strategic goals of 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 RHSR. The authors argue that addressing the limitations of the datasets is a necessary step for improved monitoring and future evaluation of the national drugs strategy 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 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, 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 1.2.2.3 for a summary of this progress. The report only provided information for 45 of the 50 strategic actions.

Table 1.2.2.3 Summary of action status for 2020 for each strategic goal³

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 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; however, a rapid expert review of the strategy was 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 in the *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 (KPIs), 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, and
- 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 multi-agency 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 collaborative 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 7-year strategy (2009–2016). However, doing so was found to have particular limitations. The actions could not be reactive to change in the drugs 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 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 needed to be more clearly linked together and be better sequenced in order to ensure that they are achievable.

Post 2016 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, 3 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. Are there any evaluations planned, e.g. annual progress reviews, mid-term, or final evaluations of the current national strategy? If yes, please specify the type of evaluation that is planned.

In line with SIG Priority 6 (“to strengthen evidence-informed and outcomes-focused practice, services, policies, and strategy implementation”), the strategic action plan for 2017–2020 contains an action to provide expertise and guidance on the final evaluation of the implementation of the national drugs strategy. The lead agencies for this action are the HRB and the Department of Health. However, no further details on this evaluation are available to date. In the meantime, the only planned publications of interest in this context are the descriptive annual progress reports, although at the time of writing (September 2023), the most recent report published was for 2020. As outlined in Section T1.2.2 of this workbook, annual progress reports that are structured around the strategic action plans are supposed to be published for the lifetime of the strategy. Lead agencies responsible for delivering the strategic actions are supposed to report on their progress annually to the Minister with responsibility for the national drugs strategy. Those reports are then collated into a descriptive report of activities undertaken to implement the action plan.

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

T1.2.2. Results of the latest strategy evaluation

T1.2.3. Planned evaluations of the national drugs strategy

T1.3 Drug policy coordination

The purpose of this section is to

- Provide a brief summary of the coordination structure involved in drug policy in your country
- Describe the main characteristics of each coordination body

T1.3.1. Describe your national drug policy coordination bodies. Explain their level and role (e.g. the inter-ministerial, national, regional and local, strategic and operational, hierarchical relationships, and the ministries they are attached to. Please include a summary graphic.

The coordination and implementation structures of Ireland's national drugs strategy 2017–2025 set out to improve on previous structures. They are more streamlined, in order 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 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 the 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 were established to support the implementation of each of the new strategic priorities of the national drugs strategy from 2022 to 2025. These replaced 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 (NOC). A service user and a nominee from both civil society and the LDATF and RDATF 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 NDAS, 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 NOC 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 NOC.

HRB: The HRB is the EMCDDA’s national focal point. It manages the commissioning of any research that the NOC decides needs to be undertaken in order to address the gaps in its knowledge.

Early Warning and Emerging Trends subcommittee: This subcommittee 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 Public Health, Wellbeing 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 the 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



T1.3.1 Coordination bodies involved in drug policy

T1.4 Drug-related public expenditure

T1.4. Drug related public expenditure

The purpose of this section is to outline what is known about drug related public expenditure.

T1.4.1. Report on drug-related expenditure: the procedure followed to approve drug-related expenditure; drug budgets attached to national policy documents and provide a brief summary of recent estimates.

Budget allocation process

As described in Section T1.3.1 of this workbook, 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 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. More information on Ireland’s budgetary cycle can be found at:

<https://www.gov.ie/en/policy-information/dc09f0-budget-cycle/>

Labelled expenditure

Table 1.4.1 provides a summary of Ireland’s labelled expenditure since 2014. The data for 2022 are subject to some reporting limitations. Data from the HSE is not broken down between Task Force funding and drug related health services, as in previous years. Therefore the figure in Table 1.4.1 is the overall spend by the HSE under ‘addiction’. 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 broadly consistent with that reported for 2021.

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 the 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 2022 was €254.698 million.

Table 1.4.1 Public expenditure directly attributable to drug programmes (labelled), 2014–2022

¹ The Government Department or agency’s name as at the time of writing (September 2023) 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.

2 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. This is explained in detail in Section T1.2.2 of this workbook.

T1.4.2. Optional. Breakdown the estimates of drug related public expenditure.

Use the Standard Table on public expenditure or Table IV to report data and break the information down according to supply, demand and transversal initiatives. Additionally, whenever possible use the COFOG classification, the Reuters classification or where not possible the classification applied in your country (with an explanation). Report also if estimates are based on Labelled or Unlabelled data. Last but not least, report Total expenditure.

Budget allocation process

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Table 1.4.1 Public expenditure directly attributable to drug programmes (labelled), 2014–20226

Government Department/ Agency ¹	2014 (€m)	2015 (€m)	2016 (€m)	2017 (€m)	2018 (€m)	2019 (€m)	2020 (€m)	2021 (€m)	2022 (€m)
Health Research Board	€0.908	€1.013	€1.247	€0.756	€0.786	€0.786	€0.883	€1.058	€1.087
HSE Addiction Services	€86.122	€91.523	€93.43	€97.87	€99.828	€103.419	€105.653	€116.833	€141.427
HSE Drugs and Alcohol Task Force	€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	€12.262
D/Children, Equality, Disability, Integration and Youth	€19.548	€19.548	€20.05	€20.04	€20.46	€20.46	€39.4	€39.609	€42.997
D/Justice	€18.762	€19.363	€20.56	€7.30	€6.95	-	€7.688	-	€9.775
Revenue Customs Service	€16.235	€17.445	€17.36	€17.36	€19.60	-	€16.554	€19.103	€20.668
D/Social Protection (former FÁS area)	€14.063	€13.900	€16.41	€17.98	€17.22	€20.07	€20.789	€20.261	€19.526
D/Health	€7.266	€7.323	€6.08	€5.54	€6.015	€5.955	€5.974	€4.746	€4.989
Irish Prison Service	€4.200	€4.235	€4.40	€4.20	-	-	-	-	€1.507
D/Education	€0.748	€0.748	€0.77	€0.76	€0.76	€0.72	€0.319	€0.187	€0.193
D/Further and Higher Education, Research, Innovation and Science	-	-	-	-	-	-	€0.289	€0.250	€0.269
Total	€232.422	€240.162	€249.087	³ €240.95	³ €208.499	³ €187.50	€233.203	€237.696	€254.7

1 The Government Department or agency's name as at the time of writing (September 2023) 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. This is explained in detail in Section T1.2.2 of this workbook.

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

T1.4.2. Optional. Breakdown the estimates of drug related public expenditure. Use the Standard Table on public expenditure or Table IV to report data and break the information down according to supply, demand and transversal initiatives. Additionally, whenever possible use the COFOG classification, the Reuters classification or where not possible the classification applied in your country (with an explanation). Report also if estimates are based on Labelled or Unlabelled data. Last but not least, report Total expenditure.

Labelled expenditure is reported by each Government Department or agency to the Drugs Policy and Social Inclusion Unit, Department of Health for the purpose of this workbook. Unit staff contact each Government Department and ask for labelled data in line with Table 1.4.2.1, and they coordinate its collection and make it available to the Irish Focal Point. The total labelled expenditure in Table 1.4.2.1 for 2022 is €254,697,895. The slight variation in total with Table 1.4.1.1 is due to a rounding up of figures to the decimal places in Table 1.4.2.1. Unlabelled expenditure is not included but there is an estimate available for Ireland (see Section T1.1.2 of this workbook) (Bruton et al. 2021b).

Table 1.4.2.1 Breakdown of drug-related public expenditure⁴

Expenditure	Year	Classification of the functions of government (COFOG)	National accounting classification	Trace (Labelled, Unlabelled)	Comments
€834,339	2022	gf07	s1311	Health (Research Board)	Research and reports in relation to drug services and drug-related deaths
€252,402	2022	gf07	s1311	Health (Research Board)	National Documentation Centre
€3,709,912	2022	gf07	s1311	Health (Department of)	Treatment and rehabilitation services provided to drug users – LDATF
€815,225	2022	gf07	s1311	Health (Department of)	Treatment and rehabilitation services provided to drug users – RDATF
€196,514	2022	gf07	s1311	Health (Department of)	National network of community activists and community organisations – Citywide
€31,076	2022	gf07	s1311	Health (Department of)	Residential treatment for adults
€236,431	2022	gf07	S1311	Health (Department of)	Other miscellaneous activities
€42,996,625	2022	gf08	S1311	Children, Equality, Disability, Integration and Youth	Youth programme for disadvantaged, marginalised or vulnerable young people – UBU
€192,729	2022	gfo9	s1311	Education	Drug education and prevention projects LDATF
€268,648	2022	gf09	s1311	Further and Higher Education, Research, Innovation & Science	Drug Court – Education support

€110,674,093	2022	gf07	s1311	Health Service Executive	Addiction
€8,340,202	2022	gf07	s1311	Health Service Executive	Drug-related health services – NDRS
€22,412,210	2022	gf07	s1311	Health Service Executive	Drug-related health services – PCRS
€19,039,423	2022	gf10	s1311	Social Protection	Community Employment Drugs Rehabilitation Programme
€436,045	2022	gf10	s1311	Social Protection	Support for LDTF community-based projects
€9,775,205	2022	gf09	s1311	Justice	Youth crime diversion programmes
€1,506,954	2022	gf03	s1311	Irish Prison Service	Drug treatment services in prisons
€12,261,493	2022	gf03	s1311	An Garda Síochána (police)	Policing/investigation costs of Garda National Drugs and Organised Crime Bureau only.
€20,668,368	2022	gf03	s1311	Revenue Customs Service	Border policing (anti-smuggling)
€234,697,895	2022				

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

1.1 T3.1 Developments in drug policy

1.2 Please report notable new drug policy developments since last report (e.g. cannabis policy, crack cocaine and/or methamphetamine problems and responses (e.g. targeted strategies, measures), open drug scenes, NPS specific strategies, the changing policy context of national drug strategy, etc.).

1.3 T3.1 Topics for 2023

1.4 The following are the main policy developments or updates on policy in Ireland since the 2022 national report:

1. Citizens' Assembly on Drugs Use
2. Publication of the National Drugs Strategy Strategic Action Plan 2023-2024
3. Appointment of a new Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy
4. Joint Committee on Justice's report on decriminalisation
5. Growth of cocaine and crack cocaine use in Ireland
6. The Criminal Justice (Engagement of Children in Criminal Activity) Bill 2023 (an update)
7. Medically supervised injecting facility (an update)
8. Health Diversion Approach to possession of drugs for personal use (an update)
9. Environmental prevention-focused developments with a policy element covered in more detail in Section T3.1 of the Prevention workbook include:
 - Vaping ban legislation
 - Sale of Alcohol Bill (2022) (an update)
 - Introduction of health labelling on alcohol products, and
 - Impact of the Public Health (Alcohol) Act 2018 on alcohol branding in sports.

1.5

1.6 1. Citizens' Assembly on Drugs Use

1.7 Ireland's Programme for Government, which was launched in June 2020, committed to holding a Citizens' Assembly on Drugs Use (Fianna Fail et al. 2020). In February 2023, the Government gave its approval for the assembly to be established. The assembly's work runs from April to December 2023. The establishment of the assembly was overwhelmingly welcomed by stakeholders across the sector and the political spectrum.

1.8

1.9 What is a Citizens' Assembly?

1.10 A Citizens' Assembly is a democratic structure in which people living in Ireland are brought together to discuss and consider important and often complex legal and policy issues, independent of the Government and the Oireachtas. Based on submissions from stakeholders and discussions, the

assembly makes recommendations on the topic at hand and reports to the Oireachtas. Previous assemblies have covered diverse topics, such as a directly elected Mayor for Dublin and local government structures for Dublin, Ireland's capital city; biodiversity loss; gender equality; the Eighth Amendment of the Irish Constitution (that deals with the issue of abortion); the needs of an ageing population; fixed-term parliaments; the system for referenda; and climate change. For more information on the Citizens' Assembly, visit: <https://www.citizensassembly.ie/en/>

1.11

1.12 How does the Citizens' Assembly on Drugs Use work?

1.13 The running of the Citizens' Assembly on Drugs Use follows the structure of previous assemblies. Membership is made up of a selection of 99 Irish residents aged 18 years and over and an appointed independent chair. Members do not have to be Irish citizens or be on the electoral register. Based on a random selection, a pool of 20,000 households was invited to take part; of those who agreed to be considered for membership a selection was made that reflects the age, gender, social class, and regional spread of Irish society. The chair of this assembly is Paul Reid, former HSE chief executive.

1.14 The assembly sets its own rules and procedures, within the confines of six key principles:

- **Openness:** the Citizens' Assembly will operate with complete transparency with all plenary meetings being broadcast live at www.citizensassembly.ie and all documentation freely available. The assembly should be open to hearing from all sections of society on any issue, including our diaspora and young people under 18 years of age, who are not directly represented in the assembly membership.
- **Fairness:** it is important that we allow the full spectrum of views to be heard on every issue and that our briefing material for assembly members is of the highest quality.
- **Equality of voice:** amongst all assembly members. Each member will be given an opportunity to voice their opinions, should they so wish.
- **Efficiency:** the assembly will make best use of our limited time together and ensure that all documentation is circulated in advance so members can properly prepare for meetings.
- **Respect:** it is important that members can freely and confidently make contributions and express their views without fear of personal attacks or criticism.
- **Collegiality:** we will work together in a spirit of friendship as together we embark on this task.

1.15 Source: The Citizens' Assembly, 2018. <https://2016-2018.citizensassembly.ie/en/About-the-Citizens-Assembly/Background/Key-Principles-for-the-Assembly/>

1.16 In her presentation of the motion to establish the assembly, the Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy, Hildegard Naughton emphasised the importance of the Citizens' Assembly's right to set its own rules and procedures:

1.17 The terms of reference for the assembly have been designed so that they are sufficiently well defined to provide a clear focus for the assembly. At the same time, they are not so prescriptive as to inhibit the scope of the assembly to define its work programme as it deems appropriate. We have

learnt from the experience of previous assemblies that the terms of reference should not be expressed in an overly precise way. Every citizens' assembly needs discretion and flexibility to define and organise its work programme as it deems appropriate. (Dail Éireann Debate. Citizens' Assembly on Drug Use: Motion. 2023).

1.18

1.19 What are the terms of reference for this assembly?

1.20 The Citizens' Assembly on Drugs Use is considering the legislative, policy, and operational changes the State could make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities, and wider society. In bringing the motion on the terms of reference of the assembly before the Dáil, the Minister noted that the assembly would consider, among others:

- The drivers, prevalence, attitudes, and trends in relation to drugs use in Irish society
- The harmful impacts of drugs use on individuals, families, communities, and wider society
- Best practice in promoting and supporting rehabilitation and recovery from drug addiction
- The lived experience of young people and adults affected by drugs use, as well as their families and communities
- International, EU, national, and local perspectives on drugs use
- The efficacy of current strategic, policy, and operational responses to drugs use
- International best practice and practical case studies in relation to reducing supply, demand and harm, and increasing resilience, health, and well-being, and
- The opportunities and challenges, in an Irish context, of reforming legislation, strategy, policy, and operational responses to drugs use, taking into consideration the implications for the health, criminal justice, and education systems. (Dail Éireann Debate. Citizens' Assembly on Drug Use: Motion. 2023).

1.21

1.22 What topics is the Citizens' Assembly on Drugs Use covering?

1.23 There are six core sessions:

- Setting the scene: The first session was held in April 2023 and set the scene for assembly members on the drugs situation at a national and international level. It provided overviews of drug use and drug policies from the EU's perspective; the harmful impacts of drug use; drug use patterns and trends in Ireland and Europe; and national, international and European perspectives on drug use.
- The lived experience: The second session held in May 2023 focused on the lived experience of drug use, exploring the views and experiences of people who use drugs, their families, communities, and the frontline workers in the field. Assembly members made site visits to services.
- Strategy and policy on services: The third session held in June 2023 focused on policy and the provision of treatment and other services aimed at meeting the needs of people who use drugs. A

wide variety of presentations were made, including those on the latest evidence on treatment and drug-related deaths statistics; the approaches of other European countries (Portugal and Austria) in addressing drugs use; and the issues relating to the provision of treatment/recovery services in Ireland, linked to the complex nature of people's needs.

- Criminal justice and legal issues: The fourth session was held in September 2023. This session focussed on Ireland's legislation in relation to drugs and their use. This is a theme that featured in the presentations and discussions of earlier sessions.
- Prevention and education: The fifth session was held at the start of October 2023 and focused on prevention and education. It also included sessions on other topics including restorative justice, and peer-based recovery.
- Selecting recommendations: The final session was held in late October 2023. It provided the assembly with an opportunity to reflect on what they have heard and ballot on a set of recommendations which will be submitted to the Oireachtas (Ireland's parliament) in their final report.

1.24

1.25 What sources of information is the assembly using?

1.26 To inform its deliberations, the assembly has engaged with stakeholders and the general public, including through a public consultation process, and by inviting selected speakers to participate in meetings of the assembly. They also have access to members of an Expert Advisory Group, a lived experience group, and a steering group. In addition to national expertise, the assembly has availed of international evidence sources through the work of the EMCDDA, other EU member states, and the British–Irish Council Drugs and Alcohol work sector, which is chaired by Ireland. Given that members of the assembly must be aged 18 years and over and that the issue of drugs also affects people below this age, the Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy initiated a consultation with young people, the findings of which are presented in Section T4.1 of this workbook.

1.27

1.28 Can the public watch the assembly sessions?

1.29 Yes. While only members of the assembly and some key stakeholders attend the sessions in person, each session is available to watch on a livestream, and recordings of previous sessions are available at <https://citizensassembly.ie/assembly-on-drugs-use/meetings/>

1.30 How will the assembly report its findings?

1.31 In October 2023, the assembly voted on a set of 36 recommendations. These reflect their findings in relation to what they consider to be the legislative, policy, and operational changes the State could make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities, and wider society. The recommendations that passed a members' vote will be included in a report to the Oireachtas due to be submitted in December 2023. This report will be referred to a committee comprising members of the Oireachtas and Seanad for consideration, with the committee bringing its conclusions to the Houses of the Oireachtas for debate. The Government is obliged to

respond to each recommendation of the report in the Oireachtas but it is not obliged to take action on each one. For recommendations that it accepts, it is obliged to set out a time frame for their implementation.

1.32

1.33 What recommendations did the assembly make?

1.34 The recommendations reflect the wide range of topics explored by the assembly. They call for a significant increase in the financial and political commitment by Ireland's government to addressing the needs of people who use drugs. There is a heavy emphasis on a health-led approach to the issue. Recommendations are made that would improve the structures and resources to effectively support the delivery of interventions from prevention through treatment and recovery services. Overall the recommendations are in line with Ireland's current national drugs strategy but the recommendations would suggest that after considering the evidence presented to them, members of the Citizens' Assembly consider that there is much more to do to deliver on a properly resourced health-led approach. A full list of the recommendations is available at <https://citizensassembly.ie/assembly-on-drugs-use/recommendations/> Recommendations include:

1.35

- Government should give greater political priority, prominence to drugs policy and related issues. A dedicated Cabinet Committee chaired by the Taoiseach, supported by a Senior Officials Group, should consider and publish a detailed annual report on drug trends and emerging risks. The Department of Health must be supported in providing effective leadership and coordination of the work of the National Oversight Committee for the National Drugs Strategy.
- The State should introduce a comprehensive health-led response to possession of drugs for personal use. Explanatory Narrative: Under a 'Comprehensive health-led' approach, the State would respond to drug use and misuse primarily as a public health issue rather than as a criminal justice issue. While possession of controlled drugs would remain illegal, people found in possession of illicit drugs for personal use would be afforded, first and foremost, extensive opportunities to engage voluntarily with health-led services.
- The State should formalise, adopt and resource alternative, health-focused options for people with a drug addiction within the criminal justice system.
- A minimum, mandatory basic training should be implemented for personnel across education, health, criminal justice, prison and social care services on trauma-informed and problem-solving responses to addiction, and health-led response options for those presenting with problematic drug use or addiction.
- The Government should develop and expand the use of alternative pathways for young people engaged in low-level sale and distribution of drugs. The Assembly recommends that the judiciary adopts the widespread use of restorative justice and diversion initiatives in these cases, with enhanced investment in community-based youth work and community development projects and initiatives.

- The next National Drugs Strategy should incentivise and promote evidence-based innovations in service design and delivery, prioritise the evaluation of pilot projects and emphasise the timely mainstreaming of best practice nationally and internationally.

1.36

1.37 2. New strategic action plan for the national drugs strategy

1.38 A new strategic action plan for the delivery of the national drugs strategy, Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025, covering the period 2023–2024 was published in June 2023.(Department of Health 2017) (Department of Health 2023b).

1.39

1.40 Context

1.41 The action plan represents the latest phase in the lifetime of the strategy, which at the time of its publication was accompanied by a shorter-term action plan (2017–2020). A mid-term review of the strategy was undertaken in 2021, the findings of which informed the development of six new strategic priorities for the remainder of the strategy (Drugs Policy and Social Inclusion Unit 2021a). Six SIGs were established to drive delivery of these priorities. The new action plan represents the output of the SIGs’ work in agreeing a set of actions for the six groups and associated deliverables for five of them (SIG Priority 4 did not list any deliverables).

1.42 Overall, the new action plan represents a continuation of earlier commitments and outputs from the national drugs strategy. Many of the actions cited are already underway.

1.43 Government Departments with responsibility for implementing various actions in the new plan are: Health; Education; Social Protection; Housing, Local Government and Heritage; Justice; Rural and Community Development; and Transport. Agencies with lead responsibilities include: the HRB, Tusla – Child and Family Agency, HSE, AGS, Irish Prison Service, and the Probation Service. LDATFs, RDATFs and some non-governmental organisations are also tasked with responsibilities.

1.44

1.45 Strategic priorities and actions

1.46 The strategic priorities and their associated actions are outlined below:

1.47 1. Strengthen the prevention of drug and alcohol use and the associated harms among children and young people.

1.48 1.1 Develop an integrated framework to strengthen the prevention of alcohol and other drug use and associated harms among children and young people.

1.49 1.2 Build the capacity of services to recognise hidden harm and to support families in the communities affected by substance use, in order to mitigate the risk and reduce the impact.

1.50 1.3 Implement the Prevention and Education Funding Programme.

1.51 1.4 Develop, implement, and evaluate a multi-component environmental community action on alcohol project, modelled on best practice.

- 1.52 1.5 Ensure the development of a national addiction service for young people aged under 18 years that is cohesive, supported, and well governed.
- 1.53 1.6 Mitigate the risk and impact of ‘grooming’ for young people in illicit drug distribution.
- 1.54 1.7 Work to mitigate the risk and impact of hidden harm and consider foetal alcohol spectrum disorders as a particular form of hidden harm.
- 1.55 1.8 Support the Social Personal and Health Education Curriculum (SPHE) Programme.
- 1.56 2. Enhance access to and delivery of drug and alcohol services in the community.
- 1.57 2.1 Promote the contribution of drug and alcohol services through the Community Services Enhancement Fund and monitor its implementation.
- 1.58 2.2 Maximise and strengthen the provision of evidence-based family services to families affected by drug and alcohol use.
- 1.59 2.3 Strengthen the implementation of the National Drugs Rehabilitation Framework and promote the Competency Framework for Homeless and Addiction Services.
- 1.60 2.4 Support the implementation of the HSE’s ‘Mental Health Clinical Programme on dual diagnosis.
- 1.61 2.5 Support members of the Traveller community with drug and alcohol issues to access culturally appropriate addiction services by linking in with the Traveller Inter-Agency Group on Action 33 of the National Traveller Health Action Plan (2022-2027).
- 1.62 3. Develop integrated care pathways for high-risk drug users to achieve better health outcomes.
- 1.63 3.1 Develop an inclusion health approach for people who are homeless and in addiction.
- 1.64 3.2 Ensure pathways to access treatment for high-risk groups.
- 1.65 3.3 Increase residential treatment and step-down accommodation.
- 1.66 3.4 Open a medically supervised injection facility.
- 1.67 3.5 Consider the mental health and addiction challenges of those imprisoned.
- 1.68 3.6 Improve the process of identifying substances of concern.
- 1.69 4. Address the social determinants and consequences of drug use in disadvantaged communities.
- 1.70 4.1 Utilise the Social Inclusion and Community Activation Programme (SICAP) to improve the life chances and opportunities of people affected by problematic substance use; to build their recovery capital through community development approaches, targeted supports and interagency collaboration development approaches.
- 1.71 4.2 Create a progression path for people in recovery from problematic drug and alcohol use to access education, training and employment pathways, including job placement, in their local area.

- 1.72 4.3 Enhance policing and safety in communities impacted by the drugs trade in conjunction with Local Community Safety Partnerships and other relevant structures.
- 1.73 4.4 Implement, resource, and draw lessons from the Drug Related Intimidation and Violence and Engagement (DRIVE) model to address drug-related violence and intimidation, in conjunction with Local Community Safety Partnerships.
- 1.74 4.5 Target drug and alcohol services at socially excluded groups at risk of drug and alcohol use in disadvantaged areas, through the use of population-based indicators, such as homelessness.
- 1.75 4.6 Ensure that drug-related issues are prioritised in Government proposals to build stronger and more integrated responses to local area challenges, drawing on the experiences in Dublin's North East Inner City (NEIC), Drogheda, and other local initiatives.
- 1.76 5. Promote alternatives to coercive sanctions for drug-related offences.
- 1.77 5.1 Oversee and support the implementation of the Health Diversion Programme.
- 1.78 5.2 Map alcohol/drug treatment service provision nationally, incorporating service availability and referral options for those going through the criminal justice system who use drugs and/or alcohol problematically.
- 1.79 5.3 Evaluate the Dublin Drug Treatment Court and recommend the future direction of Drug Treatment Court nationwide.
- 1.80 5.4 Strengthen policy and practice with regard to alternatives to coercive sanctions and share learning with EU member states.
- 1.81 6. Strengthen evidence-informed and outcomes-focused practice, services, policies, and strategy implementation.
- 1.82 6.1 Plan for the resourcing of evaluation of drug and alcohol interventions in line with policy priorities.
- 1.83 6.2 Design a system for reviewing recommendations and evidence from existing HRB, EMCDDA, and Council of Europe publications in relation to policy and practice within the Irish context.
- 1.84 6.3 Review the current data monitoring systems to ensure they meet current and future needs in relation to informing practice and policy.
- 1.85 6.4 Support a population-based approach to drug and alcohol service delivery.
- 1.86 6.5 Provide expertise and guidance on the final evaluation of the implementation of the national drugs strategy.
- 1.87
- 1.88 3. Appointment of a new Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy
- 1.89 In December 2022, Hildegard Naughton was appointed as the new Minister of State with responsibility for Public Health, Wellbeing and the National Drugs Strategy. Her ministerial role

focuses on the promotion of healthier lifestyles and policies to improve the health of people in Ireland, including overseeing the delivery of Ireland’s national drugs strategy (Department of Health 2017). Among the most pressing issues facing the new Minister was the establishment of the Citizens’ Assembly on Drugs Use, committed to by the Government in its Programme for Government (Fianna Fail et al. 2020).

1.90

1.91 4. Joint Committee on Justice report on decriminalisation

1.92 In December 2022, the Joint Committee on Justice published the Report on an Examination of the Present Approach to Sanctions for Possession of Certain Amounts of Drugs for Personal Use (Joint Committee on Justice 2022). The report makes a set of wide-reaching recommendations on how the committee thinks Ireland’s approach to people who use drugs should change. It includes a recommendation for the decriminalisation of the possession of drugs for personal use.

1.93

1.94 Joint Committee on Justice

1.95 The Joint Committee on Justice is described as shadowing the Department of Justice and considers policy “in the fields of justice, security and the rule of law to ensure that Irish society is safe, secure, just, open-minded and impartial”. The committee comprises Dáil Deputies and Senators from across all political parties and independents. It is chaired by James Lawless TD of Fianna Fáil and its members include Labour Party TD Aodhán Ó Ríordáin and Independent Senator Lynn Ruane, both of whom are long-standing contributors to the national discussion on drug issues. The aim of the committee is to have meaningful input into key legislation and policy areas. It should be noted that the committee’s findings and recommendations do not necessarily reflect those of the Minister for Justice or the Department of Justice. For further information on the Joint Committee on Justice, visit: <https://www.oireachtas.ie/en/committees/33/justice/>

1.96

1.97 Committee’s focus on drug use issues

1.98 The committee chose to address the issue of drug use given that this policy area has seen significant developments in Ireland since the late 2010s. These include the move to a more health-led approach in the national drugs strategy, the introduction of the first on-site drug testing facility at a music festival in 2022, and the proposal to establish a Citizens’ Assembly on Drugs Use, which in fact convened in April 2023. To inform its work, the committee carried out a public engagement that involved face-to-face meetings with stakeholders and inviting them to make written submissions. These focused on four broad questions:

- Do they believe the criminal justice system is the most appropriate avenue for dealing with possession of small quantities of drugs for personal use?
- Is the current approach towards drugs, which can result in a criminal record, counterproductive in terms of dissuading people from drug use and encouraging engagement in rehabilitative programmes?

- Would an administrative sanction be an appropriate (and more cost-effective) alternative to a criminal sanction?
- Are there particular jurisdictions with alternative drug policies from which Ireland could learn?

1.99

1.100 Stakeholders' responses

1.101 Submissions were made based on stakeholders' experiences in the field and their views on how Irish drug policy should progress, with some making reference to existing research and other evidence sources.

1.102

1.103 Stakeholders' submissions reflected a range of positions in response to the questions posed by the committee. Among the alternative approaches suggested for consideration were the potential decriminalisation of the possession of drugs for personal use and the potential to introduce a regulatory model around the use of drugs. While there was broad (but not unanimous) consensus on the benefits of the first of these approaches, the second attracted more debate. Among the arguments in favour of decriminalisation were that the use of the criminal justice system for possession for personal use is disproportionate, that there is stigma attached to a criminal conviction, and that criminalisation may have a negative impact on the introduction of better harm reduction and treatment interventions for people who use drugs. While some argued that there was a lack of evidence that criminalisation deters drug use, one group argued that there was evidence that the threat of criminal sanctions deters some young people from using drugs.

1.104

1.105 Recommendations of the Joint Committee on Justice

1.106 The committee made 22 recommendations based on its findings. Underpinning these is its position that a criminal justice-led approach to drug use causes harm and that a health-led approach should be prioritised in drug-related policy and practice in Ireland. The Committee states its position clearly in that it "acknowledges the harms associated with pursuing a criminal justice led approach to drug use and misuse and recommends that a health led approach is prioritised in both policy and practice." (Joint Committee on Justice 2022) (p. 6).

1.107

1.108 Service-related recommendations

1.109 Many of the recommendations focus on the provision of services for people who use drugs. The committee recognises the role of poverty, inequality, and trauma in drug use and advocates for a poverty and trauma-informed approach to be taken in the development and delivery of addiction services. The existing services that it recommends be expanded or developed further in Ireland are: dual diagnosis services; drug testing at festivals; naloxone training and provision; opioid substitution treatment; and an expanded Medical Cannabis Access Programme. Other services that it recommends introducing in Ireland are: heroin-assisted treatment; fixed/mobile medically supervised injecting facilities; and mobile overdose prevention clinics. It also recommends the

introduction of a “fact-based, educational campaign on drug use and harm reduction” (Joint Committee on Justice 2022) (p. 6).

1.110

1.111 Recommendations on decriminalisation and regulation

1.112 The committee explicitly recommended decriminalising the possession of drugs for personal consumption. It does not make a distinction between different types of drugs for this recommendation. It also recommends that steps are taken to introduce “a regulatory model for certain drugs” (Joint Committee on Justice 2022) (p. 7), although these drugs are not named explicitly. Among the activities that it recommends “be examined” is the practice of cultivating illicit substances at a non-profit level. This is linked to another recommendation to carry out research on the benefits and drawbacks of mechanisms, such as community collectives or social clubs, through which people can grow personal supplies of cannabis or other drugs, as outlined here:

1.113 The Committee recommends that a policy of decriminalisation is pursued, in line with emerging international best practice, in respect of the possession of drugs for personal consumption, through appropriate legislation reform, in favour of a health-led approach to problem drug use. (Joint Committee on Justice 2022) (p. 7)

1.114

1.115 Concluding comment

1.116 The Citizens’ Assembly on Drugs Use convened for the first time in April 2023. The committee recommended that the assembly facilitates a discussion on Ireland’s approach to drug possession and use. Based on the current report, the committee would support the selection of decriminalisation and regulation of the drug market as topics to be covered.

1.117

1.118 5. Cocaine and crack cocaine use and response

1.119 There is increasing concern in Ireland about the growing use of cocaine and crack cocaine. In 2022, cocaine replaced opioids as the drug for which most people sought treatment in Ireland (Department of Justice 2022) (O’Neill et al. 2023). Cocaine and crack cocaine have also been heavily implicated in the most recent figures available for drug-related deaths in Ireland for 2020 (Health Research Board 2023). The Government has responded by increasing funding for the provision of HSE and community-based services for people who use cocaine and crack cocaine. The funding supports treatment services, the development of training programmes for addiction service staff nationwide, and the establishment of targeted interventions in those communities worst affected by cocaine and crack cocaine.

1.120

1.121 6. Criminal Justice (Engagement of Children in Criminal Activity) Bill 2023 (an update)

1.122 Across political parties work is ongoing in Ireland to pass legislation to criminalise adults who induce or groom children into committing offences, including drug-related offences. The Criminal Justice (Engagement of Children in Criminal Activity) Bill 2023 passed the second stage in the

legislative process in May 2023. This Bill is a renamed version of the Criminal Justice (Exploitation of children in the commission of offences) Bill 2020 which was reported on in detail in the 2022 national report. In October 2021, the Irish Human Rights and Equality Commission published a report outlining observations and recommendations on the proposed Bill (Irish Human Rights and Equality Commission 2021).

1.123 The purpose of the 2023 Bill is very similar in that it:

1.124 makes it an offence for an adult to compel, coerce, direct or deceive a child, for the purpose of causing that child to engage in criminal activity whether they know or are reckless as to whether the child is a child. It is also an offence under this section to induce, invite, aid, abet, counsel or procure, a child to engage in criminal activity whether they know or are reckless as to whether the child is a child. Liability under this section is being limited to adults to avoid further criminalising children, some of whom are already involved in criminal activity and could influence other children to commit crime. <https://data.oireachtas.ie/ie/oireachtas/bill/2023/4/eng/memo/b0423d-memo.pdf>

1.125 Those found guilty of either of the new offences would face imprisonment of up to 12 months on summary conviction and up to 5 years on indictment. The child concerned does not have to be successful in carrying out the offence for the law to apply. Details of the 2023 Bill can be found at:

1.126 <https://www.oireachtas.ie/en/bills/bill/2023/4/>

1.127

1.128

1.129 7. Establishment of a pilot medically supervised injecting facility (an update)

1.130 Since 2017, Ireland has had legislation in place to establish its first medically supervised injecting facility. However, any such facility had yet to open at the time of writing (September 2023). 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.

1.131 There have been a lot of delays to its establishment, primarily related to Ireland's planning procedures managed by An Bord Pleanála. There was a lengthy process involved in initially securing planning permission (on a temporary basis of 3 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 medically supervised injecting facility; rather it was because of technical and legal issues with the planning process. The High Court's decision was also influenced by the failure to adequately address strongly held opposition lodged by a school near to the site. However, in December 2022, An Bord Pleanála granted planning permission for the facility to go ahead.

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

1.133 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.

1.134

1.135 8. Health Diversion Approach to possession of drugs for personal use (an update)

1.136 As reported in previous workbooks, in 2019 the Irish Government announced the launch of a Health Diversion Programme for those found in possession of drugs for personal use. The implementation of this programme requires collaboration between the Departments of Health and Justice. The process of implementation has been somewhat problematic and at the time of writing (September 2023), people were not yet being referred to the programme.

1.137 The background to the programme is that, taking into consideration the findings of a report by a working group responsible for exploring alternative approaches to the possession of drugs for personal use (Working group to consider alternative approaches to the possession of drugs for personal use 2019) (Irish government economic and evaluation service 2019) and stakeholders' views, the Department of Health and the then Department of Justice and Equality agreed to adopt a more health-led approach to the 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 the individual, 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.

1.138 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 have been created across the HSE's Community Healthcare Organisation Areas for staff trained in SAOR to carry out the brief intervention.

1.139 In October 2019 an interdepartmental group was established to implement the programme. The group is chaired by the Department of Health and membership includes the Department of Justice, An Garda Síochána and the Health Service Executive. The group is tasked with examining the need for legislative change, the operationalisation of the programme, and to look in more detail at the costs involved. The legislation required to enable the programme is under discussion.

1.140 An operational sub-group has been established to advise on the operation of the HSE SAOR intervention in the context of the health diversion programme. This sub-group is examining a number of issues including the development of operational procedures, supporting the recruitment

of the SAOR practitioners, training requirements, and the development of an IT system for SAOR practitioners to record and report on the intervention, based on an outcome framework. Membership of this sub-group includes HSE National Social Inclusion Office, An Garda Síochána, Drug and Alcohol Task Force and HSE Operations.

1.141 Following a mid-term review of the national drugs strategy, a strategic priority to promote alternatives to coercive sanctions for drug related offences was adopted. This strategic priority aligns with the EU Drugs Strategy and Action Plan. A Strategic Implementation Group (SIG 5), with an independent Chair, has been established with cross sectoral stakeholders to reinforce the health-led, rather than criminal justice-led, approach to people who use of drugs and who commit drug-related crimes. The focus of the group will be on the rollout of the health diversion programme.

1.142

1.143 9. Environmental prevention-focused policy developments

1.144 Environmental prevention-focused policy developments are covered in more detail in Section T3.1 of the Prevention workbook and include:

- a. Vaping ban legislation
- b. The Sale of Alcohol Bill (2022) (an update)
- c. Introduction of health labelling on alcohol products
- d. Impact of the Public Health (Alcohol) Act 2018 on alcohol branding in sports

1.145

1.146 a. Vaping ban legislation

1.147 The Public Health (Tobacco and Nicotine Inhaling Products) Bill is passing through the Irish legislative process. Among the Bill's key features are that it will regulate any product that can be used for the consumption of nicotine-containing vapour or any component of that product, and that it will ban the sale of nicotine inhaling products to those aged under 18 years. More detail is available in Section T3.1 of the Prevention workbook.

1.148 b. The Sale of Alcohol Bill (2022): An analysis of costs and benefits

1.149 When the General Scheme of the Sale of Alcohol Bill (2022) was published by the Department of Justice on 25 October 2022, concern was raised about the potential health impact of increased alcohol availability (Department of Justice 2022). While two of the three main aims of the Bill are without doubt needed (the streamlining of Ireland's licensing system and an update and consolidation of the legislation to regulate the sale of alcohol), the third aim, which is to support the hospitality sector, raised concerns. It prompted Professor Thomas F Babor to examine the potential risks for public health (Babor 2023). Babor's report summarises the evidence, indicating that increasing alcohol availability commonly results in increased alcohol use and associated harms. The author suggests that the Bill be revised to consider further the potential impact on public health. The findings of this publication are reported on in Section T3.1 of the Prevention workbook.

2 c. Public Health (Alcohol) (Labelling) Regulations 2023 signed into law

2.1 In May 2023, the Minister for Health, Stephen Donnelly, signed Section 12 of the Public Health (Alcohol) Act 2018 into law, aligning alcohol products with other food and beverage products that already contain health information and, where appropriate, health warnings (Department of Health 2023a) (Office of the Attorney General 2018). Ireland leads the world in the introduction of health labelling on alcohol products; no other country in the world has such comprehensive labelling. There is a 3-year lead-in time so from May 2026, all alcohol products will be legally required to display:

- A warning informing the public of the danger of alcohol use
- A warning outlining the danger of alcohol use when pregnant
- A warning informing the public of the direct link between alcohol and fatal cancers
- The quantity in grams of alcohol contained in the container
- The calorie content of the product in the container, and
- Details of an independent website providing public health information in relation to alcohol use.

2.2 The law also requires that similar health information will be available for customers in licensed premises. More detail on this element of the legislation and the issues surrounding its introduction is outlined in Section T3.1 of the Prevention workbook.

2.3

2.4 d. Impact of the Public Health (Alcohol) Act 2018 on alcohol branding in sports

2.5 Under Section 15 of the Public Health (Alcohol) Act 2018, Ireland has banned alcohol advertising in or on the sports area during a sports event, except for branded clothing. Critchlow and Purves carried out a frequency analysis exploring alcohol branding during Rugby Union matches in Ireland after the commencement of this Section of the Act (Critchlow and Purves 2023). This follows on from previous such analysis by the authors (Purves and Critchlow 2021). They argued that the findings of their latest research illustrate that alcohol branding continues to be associated with rugby matches in Ireland, despite the introduction of the legislation. Their study also contributes to an understanding of how the alcohol industry responds to marketing controls. The authors identified a need for clarification to the legislation in how the Act defines advertising. In particular, there is a need to clarify the regulations around the advertising of zero-alcohol variants that closely share brand names and iconography with an alcohol product, as well as whether alibi marketing is permitted under the legislation. More detail on this study can be found in Section T3.1 of the Prevention workbook.

2.6

The purpose of this section is to provide information on any notable or topical developments observed in drug policy in your country **since your last report**. T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.

If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

T3.1 Developments in drug policy

T3.1. Please report notable new drug policy developments since last report (e.g. cannabis policy, crack cocaine and/or methamphetamine problems and responses (e.g. targeted strategies, measures), open drug scenes, NPS specific strategies, the changing policy context of national drug strategy, etc.).

T4. Additional information

T4.1 Additional important sources of information

T4.2 Any other important aspect of drug policy or public expenditure that has not been covered in the specific questions above.

T4.3 National estimate of the contribution of illicit drug market activity to the National Accounts

T5. Sources, methodology and references

T5.1 Sources

T5.2 Studies used in this report

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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