Evaluation of the National Drug Strategy "Reducing Harm, Supporting Recovery 2017-2025"

Commissioned by:

The Department of Health

Grant Thornton

An Roinn Sláinte
Department of Health

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Introduction

The National Drug Strategy 2017–2025 (NDS 2017-2025), "Reducing Harm, Supporting Recovery 2017-2025"[1], is Ireland's national framework for addressing substance use through a whole-of-government, person-centred, and health-led approach, framing substance use as primarily, a public health issue.

The strategy's goals, objectives and actions are underpinned by six core values; compassion, respect, equity, inclusion, partnership, and evidence-informed action. The implementation of the strategy has been guided by five overarching goals: promoting health and wellbeing; minimising harms and supporting recovery; addressing drug market impacts; fostering community participation; and developing evidence-informed policies[1].

The governance structure of the NDS includes the National Oversight Committee (NOC), chaired by the Minister of State for Public Health, Wellbeing and the National Drugs Strategy, and supported by Strategic Implementation Groups (SIGs). These bodies are responsible for monitoring progress, coordinating implementation, and ensuring that actions are informed by stakeholder input and lived experience.

The "Mid-Term Review" (2020)[2] assessed progress from 2017 to 2020, identifying key developments such as the expansion of harm reduction services, improved access for priority groups, and increased investment in data and evaluation. It also highlighted ongoing challenges, including regional disparities in service provision, rising polydrug use, and gaps in integrated mental health and substance use care. These findings informed the development of six revised strategic priorities for 2021–2025[4], which were operationalised through the "Strategic Action Plan" 2023–2024[5].

It is important to note that the "Citizens' Assembly on Drug Use" (CADU), was convened in 2023 to examine the legislative, policy, and operational reforms required to mitigate the harms associated with drug use. The "CADU" published its final report in 2024[6], providing 36 recommendations spanning prevention, harm reduction, treatment, rehabilitation, recovery and a reconsideration of roles of health and justice sectors to support an integrated and health-led response to drug use. These recommendations remain under active consideration of a Joint Oireachtas Committee on Drug Use and are anticipated to play a significant role in shaping future strategies.

Purpose and Objectives of This Evaluation

The Department of Health commissioned Grant Thornton to review the implementation and impact of Ireland's National Drugs Strategy"Reducing Harm, Supporting Recovery 2017-2025"[1]. The overarching goal of the evaluation was to determine how effectively the NDS 2017-2025[1] delivered a health-led, whole-of-government response to drug and alcohol use. The evaluation also aimed to inform the development of the next iteration of the NDS by identifying accomplishments, areas for improvement, and future recommendations. It is important to note that this evaluation represents a snapshot in time, constrained by a defined evaluation window. As such, while it provides valuable insights into the NDS 2017-2025[1] implementation and impact to date, it may not fully capture longer-term outcomes. The findings should therefore be interpreted within the context of these limitations.

The evaluation focused on four key domains, as outlined below:

01 The impact of the strategy

02 Governance and coordination effectiveness

03 Performance against key outcome indicators

04 Coherence with international drug strategies

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Evaluation Methodology

To deliver the evaluation, Grant Thornton employed a mixed methods approach. An overview of each component of this approach is provided below.

Evidence Review

The evidence review aimed to evaluate the impact, effectiveness and performance of the strategy. To achieve this aim and provide a thorough evaluation of the evidence, both quantitative and qualitative data were collected and analysed. The four components of this approach were a documentation review, a review of available published data and data directly submitted by the Health Research Board and the Department of Health, stakeholder consultations and an international review exercise.

1. The documentation review summarised recent Irish literature on the NDS 2017-2025[1] , examining available evidence on its implementation and impact.
2. The data review presented available published national data on drug prevalence, treatment demand between 2015 and 2024 and drug related poisonings between 2017-2021. Additionally, data was directly submitted by the Department of Health and the Health Research Board respectively for the purposes of the evaluation. Available data on drug related expenditure was also reviewed.
3. Stakeholder consultations were conducted over a six-week period, engaging 68 participants through both virtual and in-person sessions. These consultations were supplemented via five written submissions. A broad and representative cohort was included to ensure comprehensive input. Key stakeholders comprised the Health Service Executive (HSE), including the National Social Inclusion Office (NSIO) and the National Addiction Advisory Governance Group (NAAGG); the Health Research Board (HRB); members of the National Oversight Committee (NOC) and Strategic Implementation Groups (SIG); as well as service users and family members with lived experience of drug use. These consultations and submissions were thematically analysed as an integrated data set with overarching themes and sub-themes identified.
4. The international review compared the NDS 2017-2025[1] with strategies from seven counterparts (Portugal, The Netherlands, France, The United Kingdom, Scotland, Wales and Germany) from a policy orientation and in relation to examples of successful cross-jurisdictional collaboration in drug and alcohol policy with Ireland.

This evidence review shaped the evaluation's findings and recommendations. A brief overview of the key findings and insights arising from each component of the evidence review is provided below.

Documentation Review Findings

The documentation review was undertaken to identify and summarise literature examining the current state, implementation and impact of Ireland's NDS 2017-2025[1]. This review highlighted key achievements and persistent challenges in the measurement and delivery of strategic goals across health promotion and protection, harm reduction, rehabilitation and recovery, the reduction of harmful drug use, evidence-informed policymaking, and the engagement of individuals, families, and communities. Key findings are mapped under a number of subheadings below.

Health Promotion and Protection

The NDS 2017-2025[1] prioritised the prevention of substance misuse among young people and the promotion of healthier lifestyles through public awareness, school-based education, and community engagement[1]. While some progress is evident including delayed initiation of drug use[7-8], and reduced lifetime and current cannabis and alcohol use among adolescents[2,7-8], there is limited empirical evidence on the effectiveness of these initiatives[2]. This reflects underutilised monitoring frameworks and a need for more robust outcome evaluation[2].

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Documentation Review Findings cont.

Harm Reduction

Harm reduction refers to interventions, programmes and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies and is a central component of a health-led approach. Such measures are designed to be accessible, non-judgemental and responsive to historically marginalised groups.

The NDS 2017-2025[1] advanced a health-led approach through the delivery of key initiatives delivered over the course of the strategy including naloxone distribution to reverse opioid overdoses, needle exchange programmes, piloting of drug checking services at festivals and nightlife settings and a supervised injecting facility[1]. Notably, naloxone availability contributed to reduced opioid overdoses[9], and the Pharmacy Needle Exchange Programme demonstrated reductions in high-risk behaviours[10]. Opioid Agonist Treatment (OAT) uptake and retention improved, particularly among homeless populations[11, 14]. Innovative pilots like the HSE Safer Nightlife Programme[12] and CRISSCROSS Project[13] addressed stimulant and polydrug use in nightlife settings, highlighting the value of tailored, real-time interventions.

Despite progress, disparities in access persist, particularly in rural areas and among marginalised groups[10, 11]. General Practitioners (GPs) participation in OAT remains limited[11], and declining pharmacy engagement threatens the sustainability of needle exchange services[10]. Traditional treatment models are often ill-suited to emerging patterns of stimulant and polydrug use[15]. Data gaps, including limited real-time monitoring and underreporting from key services to the National Drug Treatment Reporting System (NDTRS) hinders evaluation[16-17].

Rehabilitation and Recovery

The NDS 2017-2025[1] outlines a commitment to developing integrated rehabilitation pathways that encompass medical, psychological, and social supports, with an emphasis on equitable access and community-based services[1]. Progress has been made in expanding publicly funded treatment services, including the introduction of a national model of care for dual diagnosis in 2023[18]. This model aims to integrate mental health and addiction services through specialised teams supporting both statutory and voluntary sectors. Additionally, the National Drug Treatment Reporting System (NDTRS) has begun collecting more detailed mental health/dual diagnosis data to inform service planning[19].

Despite these developments, significant barriers to rehabilitation and recovery persist. These include regional disparities in service availability, stigma, fragmented care pathways, and limited support for individuals with dual diagnoses[2-3,16-17,20-22]. The absence of fully integrated services often requires individuals to navigate multiple systems, primary care, mental health, and addiction services independently[18]. Evidence also indicates low rates of treatment exits and difficulties in transitioning from treatment to recovery, particularly for those with opioid dependence. A successful exit is defined as a treatment discharge whereby the service user has completed treatment or was transferred/referred onwards for additional treatment in another drug/alcohol service [3,16].

Drug Supply and Control

The NDS 2017-2025[1] includes specific actions related to addressing the harms of drugs markets and reducing access for harmful use[1]. Available data suggests a decline in recorded offences for drug cultivation and manufacturing, and a stabilisation in importation offences between 2014 and 2019[4]. More recently, Central Statistics Office (CSO) data show a 30% reduction in recorded drug-related offences from 2020 to 2024, including a 7% year-on-year decrease between 2023 and 2024[23]. Despite reductions in recorded offences, research consistently indicates that drug users perceive high availability and ease of access to substances, particularly among young people in nightlife and recreational settings [7,15,24]. The proliferation of digital platforms and social networks as distribution channels complicates enforcement [7,15,24].

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Documentation Review Findings cont.

Family and Community Engagement

Despite this policy intent, documentation findings indicate that meaningful community engagement remains underdeveloped. Persistent stigma, discrimination, and low levels of trust continue to hinder service access and participation[2,3,16,17,21]. Structural barriers, including insufficient inclusion of lived experience in governance and service design, further constrain the strategy's effectiveness[2].

Evidence-Informed Policy-Making

The NDS 2017–2025[1] is underpinned by a commitment to evidence-informed policymaking, aligned with the EU Action Plan on Drugs (2017–2020)[25], which emphasises the importance of evaluations, reporting, and expenditure tracking. The strategy has established several monitoring mechanisms and commissioned evaluations, including a "Mid-Term Review" and a "Focused Policy Assessment" (FPA), which examined both labelled and unlabelled drug-related expenditure[2-3]. Despite these efforts, significant limitations persist in evaluating the implementation and impact of the NDS 2017-2025[1] . The "FPA" highlighted restricted data availability and methodological inconsistencies, with only 12 of 29 performance indicators available for trend analysis[3]. Fragmented and inconsistent data collection posed challenges to assess policy effectiveness[2-3].

The NDS 2017–2025[1] articulates a commitment to enabling the participation of individuals, families, and communities affected by substance misuse. This includes promoting meaningful engagement in the design, implementation, and evaluation of drug-related services and policies. The strategy recognises the value of lived experience in shaping responsive and inclusive interventions. Reports such as the Meaningful Involvement in Services in Health and Social Care (MISHSoC) study have reinforced the importance of embedding service user perspectives in co-produced service planning and delivery[26].

Data Review Findings

Existing quantitative datasets and research were analysed in relation to prevalence, treatment and service engagement and drug related deaths.

Drug Prevalence Trends

- **Drug prevalence:** The prevalence of recent drug use (use within the previous year period) in Ireland has remained relatively stable, with 7.3% of adults reporting "recent use" in 2022–2023[27], compared to 7.4% in 2019–2020[7].
- **Drug use trends:** The most commonly used drugs, in the previous 12 months, in order of prevalence was cannabis, cocaine, ecstasy, magic mushrooms and ketamine[27].
- **Demographic trends:** Males and young people (aged 15-24 years) were most likely to report recent (last-year) drug use. Higher rates of drug use were associated with being unemployed, having completed secondary level education only, being single and being Irish[27].

Treatment and Service Engagement Data

Examining treatment trends between 2017 and 2024 as detailed in the 2024 drug treatment demand report[17] from the National Drug Treatment Reporting System (NDTRS) provides insights into trends over the period of the NDS to date:

- **Treatment demand:** In 2024, 13,295 cases were treated, the highest annual figure to date, representing a 48% increase since 2017. Cocaine surpassed opioids as the main problem drug reported[17].
- **Demographics:** The median age of those in treatment increased from 30 in 2017 to 34 years in 2024. The proportion of all cases in paid employment increased from 14.3% in 2017 to 21.8% in 2024. The proportion of cases who ceased education (for the first time) before the age of 16 decreased from 34.9% in 2017 to 30.3% in 2024[17].

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Data Review Findings cont.

Treatment and Service Engagement Data

- **Service type:** Outpatient services accounted for 70.1% of treatment episodes in 2024, an increase from 62.9% in 2017. While a proportion of cases treated in residential services slightly declined from 2017 to 2024, the absolute number of cases were the highest ever recorded in 2024. The proportion and absolute case numbers treated in low-threshold and GP-based services saw modest increases[17].
- **Treatment outcomes:** In 2024, 42.5% of cases (n=4,955) completed treatment or were continuing treatment elsewhere compared to 40.5% (n=2,207) in 2017. A total of 46.5% (n=5,419) of cases left treatment before completion in 2024 compared to 2,514 (46.1%) in 2017. Cases leaving treatment before completion includes those that refused further treatment and those who did not return for appointments[17]. In 2024, 56.2% of cases (n=6,559) were not using drugs or had reduced drug use on discharge or when last seen compared to 40.4% (n=2,202) in 2017.

Drug Related Deaths Data

The most recent available data, as reported from the National Drug-Related Deaths Index (NDRDI) on drug-related deaths, pertains to 2021[28]. A summary of key trends, using available data between 2017 and 2021 are:

- **Mortality rates:** The number of drug poisoning deaths fluctuated from 325 in 2017 to 439 in 2020, before declining to 354 in 2021. Similar increases were observed in 2020 in other European countries, and it is cited that this may be attributable to societal disruption during the COVID-19 pandemic[28].
- **Substances and polysubstance use:** Opioids were the leading cause of drug poisoning deaths in 68.9% of cases in 2021. Polysubstance poisoning has remained high, although relatively stable between 2017-2021, with the exception of 2020. In 2021, polysubstances were implicated in 288 deaths[28].
- **Demographics risk factors:** Males consistently accounted for the majority of drug poisoning deaths across all years from 2017 to 2021, with the age ranging from 25-69. The median age of those who died from drug poisoning shifted slightly from 41 in 2017 to 42.5 in 2021. There was a 68.8% increase in deaths among people experiencing homelessness, rising from 32 in 2017 to 54 in 2021[28].
- **Other Risk Factors:** A history of substance use was reported in nearly 80% of cases, and approximately 44% had previously received treatment. 14.1% had a history of a previous overdose[28].

Stakeholder Consultations Findings

Stakeholder consultations were conducted with representatives from statutory agencies, service providers, civil society organisations, individuals and families with lived experience as part of the evaluation of the NDS 2017-2025[1]. Thematic analysis of these engagements identified three overarching themes as follows; accomplishments, areas for improvement, and future focus. An overview of these themes and associated sub-themes is provided.

- **Accomplishments:** Stakeholders acknowledged achievements including interagency collaboration and harm reduction. The response to emerging threats, including synthetic opioids and the COVID-19 pandemic, were cited by stakeholders as evidence of such collaboration. The expansion of naloxone distribution, piloting of drug-checking services, and the Safer Nightlife initiative were viewed as indicative of a shift toward a health-led approach. Governance innovations, including the establishment of SIGs, were seen as enhancing cross-sectoral dialogue. Community-based services, particularly those led by Drug and Alcohol Task Forces (DATFs), were praised for their role in tailoring responses to local needs. Stakeholders also noted alignment between the NDS 2017-2025[1] and broader European strategies.
- **Areas for improvement:** While these accomplishments were acknowledged, stakeholders identified challenges in the implementation of the NDS. Governance and structural weaknesses were noted, including unclear roles, limited feedback mechanisms, and inconsistent implementation. In addition, service demand was reported to exceed capacity. Stakeholders highlighted the need for more integrated care pathways, especially for individuals with dual diagnoses. Data collection was described as robust but underutilised, with a lack of outcome-focused metrics and real-time monitoring. Funding and staffing constraints, exacerbated by short-term funding cycles and recruitment barriers, were seen as limiting service continuity.

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Stakeholder Consultations Findings cont.

- **Areas for improvement:** Concerns were also raised by stakeholders in relation to the adequacy of prevention efforts, inequitable access to services, and the impact of stigma on families and communities.
- **Future focus:** Stakeholders provided recommendations to support the development of a more integrated, equitable, and outcomes-focused strategy. Priorities identified by stakeholders included strengthening prevention through the use of technology and tailored interventions, embedding trauma-informed and gender-responsive care, and reforming governance structures to enhance accountability. There was strong support for expanding recovery-oriented systems and standardising peer support models. Stakeholders also called for a clearer policy direction on alcohol and behavioural addictions, with suggestions to either integrate these into the NDS or develop a dedicated strategy.

International Review Findings

A comparative analysis was conducted to evaluate Ireland's NDS 2017-2025[1] in relation to seven international counterparts: Portugal, The Netherlands, France, The United Kingdom, Scotland, Wales and Germany. The objective was to assess Ireland's strategic alignment with international policy orientations and to examine areas of cross-national engagement and cooperation.

The analysis focused on three key areas:

- **Overview of strategy:** Exploring each countries uniquely adapted strategic approaches shaping drug-related policies;
- **Policy orientation:** Examining the underlying economic, political and social factors to each strategy; and
- **Collaboration with Ireland:** Assessing the extent and nature of institutional, policy, and community-level interactions within the Irish context.

The findings indicate that the NDS 2017-2025[1] is broadly consistent with European approaches, particularly in its emphasis on harm reduction, prevention, treatment access, and interagency collaboration. Notably, Ireland's focus on integrated governance structures and its active participation in EU-level frameworks, such as the "EU Drugs Strategy and Action Plan 2021–2025"[29-30], and multilateral forums demonstrate its evolving role in shaping and contributing to progressive, evidence-informed drug policy at the international level.

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Evaluation Findings

Findings from the four aforementioned areas of the evidence review have been amalgamated to form a number of key evaluation findings as presented below. These evaluation findings are presented in relation to the four key domains of strategy impact, effectiveness of governance and coordination structures, performance against key outcome indicators and coherence with international strategies. Key accomplishments, areas where there is progress underway, and areas for improvement are outlined.

1. The Impact of the Strategy

The NDS 2017-2025[1] has made notable progress in advancing a health-led approach, particularly through the expansion of harm reduction initiatives such as naloxone distribution, needle exchange programmes, and drug-checking services. The strategy demonstrated adaptability during crises, including the COVID-19 pandemic and the emergence of synthetic opioids. However, persistent challenges remain in achieving integrated care. Equity of access continues to be a concern, particularly for marginalised groups. Prevention and early intervention efforts were found to be fragmented and inconsistently delivered, while recovery and service user involvement requires further formalisation and resourcing. Additionally, the limited integration of alcohol policy and the gradual implementation of legal reforms, such as alternative sanctions, were identified as areas requiring strategic refinement.

2. Governance and Coordination Effectiveness

The introduction of SIGs and strengthened interagency collaboration at the local level were recognised as key governance achievements. These developments facilitated more responsive and context-sensitive service delivery. Nonetheless, governance structures were found to lack clearly defined roles, mandates, and accountability mechanisms. Stakeholders highlighted the need for strong national leadership, enhanced coordination across departments, and more inclusive decision-making processes that incorporate lived experience. Enhanced data integration and the establishment of a national research and evaluation centre were proposed by stakeholders to further evidence-informed governance and build on the work of the HRB.

3. Performance Against Key Outcome Indicators

While the NDS 2017-2025[1] has contributed to improved data collection and monitoring, limitations in data quality, timelines, and disaggregation hinder comprehensive evaluation. Cocaine and polydrug use, particularly among young adults, has increased[27]. Cocaine was the most common main problem drug reported for drug treatment cases in 2024, indicating the changing profile of drug users and how prevalent cocaine use has become in Irish society[17]. Despite the implementation of harm reduction measures, drug-related harms remain a concern, especially among historically marginalised groups. The evaluation identified a need for more outcome-focused metrics, including indicators related to health, social reintegration, and service accessibility. The inconsistent reporting from all treatment providers further constrains the ability to assess the strategy's effectiveness.

4. Coherence with International Drug Strategies

Ireland's NDS 2017-2025[1] is well-aligned with international frameworks, particularly the EU Drugs Strategy and Action Plan on Drugs 2021–2025[29-30] and demonstrates strong engagement in multilateral forums such as the EU Drugs Agency, the Pompidou Group, and the British–Irish Council. Ireland's contributions to early warning systems and international research initiatives were commended. However, further alignment with global best practices is needed, particularly in further embedding a health-led model, expanding integrated care, and enhancing trauma-informed and youth-focused responses. Institutionalising International Overdose Awareness Day and strengthening national coordination of related campaigns were also recommended by stakeholders to reinforce Ireland's commitment to harm reduction and public health.

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Recommendations

Based on the evaluation findings, a set of **10 strategic recommendations** were developed. These recommendations aim to guide the next phase of strategic development, ensuring a coordinated, equitable, and outcomes-focused response to drug use in Ireland. These recommendations have been categorised in relation to people, process and systems considerations for future strategies. Each recommendation is classified by a strategic priority—**Low**, **Medium**, or **High**—indicating its level of importance and urgency, and is paired with an estimated implementation effort reflecting the resources, time, and complexity required to execute it.

Effort	Definition
○	**Minimal effort** required to implement, and skills or processes to enable the action are available within the existing capabilities of the organisation. Could be implemented within weeks with little or no impact on capacity.
◔	**Minor effort** required to implement internally or with support from an external party. Could be implemented within 1-3 months with minimal impact on capacity.
◑	**Moderate effort** required with some potential support from external parties. Could be implemented within 1-3 months with some dedicated capacity and resources.
◕	**Considerable effort** required with recommended support from external parties, requiring one or more full-time resources to deliver, using some specialist skills. 3-6 months to implement, and likely a discrete project.
●	**Significant effort** required, requiring a team with specialist skills. 6+ months to implement, and likely a discrete project.

People

These recommendations are based on the findings from the literature and from the collective findings of the stakeholder interviews and focus on human capital, community engagement, and equity in service delivery.

1. **Embed an equity lens throughout the NDS, ensuring culturally appropriate services**
   Applying an equity lens across all actions in the NDS ensures culturally appropriate services and better outcomes for marginalised groups. This includes equity impact assessments, peer-led services, and expanded demographic data collection. The recommendation is **foundational** and aligns with broader human rights frameworks and EU Drugs Strategy and the Action Plan on Drugs[31-32]. This recommendation is designated as **high priority** and entails **significant effort (●)**, given its foundational significance to the overall success and coherence of the strategy.
2. **Increase community engagement and service user involvement**
   Embedding participatory approaches in policy-making and service design are critical to ensuring that historically marginalised groups are meaningfully represented. This includes establishing advisory panels, mentorship programmes, and partnerships with community organisations. This recommendation is **high priority** and requires **considerable effort (◕)** due to the structural change involved.
3. **Align service delivery with regional priorities**
   Engage with HSE Health Regions to ensure that the implementation of a future drugs strategy is responsive to local population needs, guided by population-based health planning to inform effective resource allocation. This recommendation is **medium priority** but demands **considerable effort (◕)**, reflecting the complexity of aligning workforce capacity with regional health indicators.

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Recommendations cont.

Process

These recommendations based on the evidence review findings address governance, coordination, and interdepartmental collaboration mechanisms.

4. **Maintain and strengthen coordination and communication between the NOC and SIGs**
   Clarifying roles, enhancing transparency, and improving information-sharing structures are vital to avoid functional siloes. This **high-priority** recommendation requires **considerable effort (◕)** and supports national and regional engagement.
5. **Establish formal mechanisms for interdepartmental collaboration**
   Creating a standing interdepartmental group, joint action plans, and formal communication protocols will enhance cross-sectoral governance. This is a **high-priority** recommendation with **moderate effort (◑)**, reflecting the need for systemic alignment across housing, justice, and health sectors.
6. **Continue to strengthen health led responses**
   Expanding health-led justice responses, such as the Health Diversion Scheme and community liaison roles, supports a humane approach to drug use. This **high-priority** recommendation requires **significant effort (●)**, particularly in scaling national programmes and shifting institutional practices.

Systems

These recommendations based on the evidence review findings focus on infrastructure, data, and service integration.

7. **Embed recovery as a central aspect of the NDS**

Ensuring equitable access to integrated, peer-led recovery services and developing national standards are essential for consistent recovery pathways. This **medium-priority** recommendation requires **significant effort (●)**, particularly in standardising services and embedding recovery metrics.

8. **Strengthen prevention and early intervention**

Investing in evidence-based programmes that address social determinants and embed trauma-informed practice is key to long-term impact. This **medium-priority** recommendation also requires **significant effort (●)**, given the need for cross-sectoral collaboration and systemic reform.

9. **Strengthen the integration of alcohol within the NDS**

Clarifying roles and responsibilities for alcohol-related harm and rolling out integrated treatment services will enhance coherence and service delivery. This **medium-priority** recommendation requires **significant effort (●)**, particularly in rural and underserved areas.

10. **Optimise the use of data**

Investing in monitoring, evaluation, and research systems—including regional dashboards and interdepartmental data linkage—will support evidence-based policy and accountability. This **medium-priority** recommendation requires **significant effort (●)**, reflecting the technical and organisational demands of system-wide data integration.

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Conclusion

The purpose of this evaluation of Ireland's National Drugs Strategy, "Reducing Harm, Supporting Recovery 2017-2025"[1] is to review the implementation and impact of the strategy and to inform the development of Ireland's future drug strategy. By identifying accomplishments, gaps, and actionable recommendations, this evaluation provides evidence to support the design of an integrated, equitable, and outcomes-focused response to drug use in Ireland. The insights provided are intended to guide policymakers, service providers, and communities in developing a strategy which is responsive to emerging trends and aligned with both national priorities and international best practice.

This evaluation provides a comprehensive assessment of the strategy's implementation, outcomes, and alignment with national and international policy frameworks. The findings highlight significant progress in advancing a health-led approach to drug use, particularly through the expansion of harm reduction services, strengthened interagency collaboration, and the establishment of governance structures such as Strategic Implementation Groups. However, persistent challenges remain, including fragmented care pathways and limitations in data integration and outcome measurement.

The evaluation underscores the importance of embedding equity, lived experience, and evidence-informed practice at the core of future policy development. It also identifies critical areas for strategic refinement, including the integration of mental health and addiction services, the formalisation of recovery pathways, and the enhancement of interdepartmental coordination.

01 Introduction

Introduction

Context and approach for the evaluation of the National Drug Strategy.

Overview of the National Drug Strategy

The National Drugs Strategy, "Reducing Harm, Supporting Recovery 2017–2025"[1], (NDS 2017-2025) represents the Government's commitment to tackling the complex challenges associated with substance use. The aim of the NDS 2017-2025[1] differed from previous strategies as it placed a greater emphasis on supporting a health-led approach through evidence-based policies and practices. The vision of this NDS was: *"A healthier and safer Ireland, where public health and safety are 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"*[1].

The NDS 2017-2025[1], developed through extensive consultation with key stakeholders, including service users, families, healthcare professionals, and community organisations, set out a comprehensive framework aimed at minimising the health, social, and economic harms associated with drug and alcohol use, both at individual and societal levels.

Evaluation Context

The landscape of drug use and misuse has evolved significantly since the NDS 2017-2025[1] was formulated. Some key changes and external trends since the introduction of the NDS 2017-2025[1] include:

- Increasing demand for treatment services;
- Rising use of synthetic opioids;
- Growing numbers of polysubstance use;
- Increasing overlap of mental health and substance use; and
- Evolving social and economic factors.

These trends highlight the need for a new, adaptive strategy aimed at addressing the complexities of modern drug use in Ireland. In this context, Grant Thornton was commissioned to conduct an evaluation and prepare a report on the NDS 2017-2025[1].

Report Overview

The purpose of this evaluation is to determine how effectively the NDS 2017-2025[1] delivered a health-led, whole-of-government response to drug and alcohol use. As per the terms of reference for this review, the evaluation focused on the following four key domains.

1. The Impact of the Strategy | The aim of this domain was to assess the overall impact of the NDS 2017-2025[1] and its goals and priorities, in delivering a public health-led and whole-of-government response to drug and alcohol use.
2. Governance and Coordination Effectiveness | The goal was to review the governance and coordination structures of the NDS 2017-2025[1] in detail, along with the contribution of stakeholders, government oversight and reporting arrangements.
3. Performance Against Key Outcome Indicators | The purpose of this domain was to measure the NDS's (2017-2025)[1] performance against core outcome indicators to help assess the broader impact of substance use on families, communities, and society. Key outcome indicators include:
    - Prevalence and patterns of drug use;
    - Demand for drug and alcohol treatment services; and
    - Incidence of drug-related harms, including drug related deaths.
4. Coherence with International Drug Strategies | The alignment of Ireland's NDS 2017-2025[1] with relevant international responses was reviewed as the objective of this fourth domain.

To assess the four domains a combination of methodologies as well the collection and analysis of quantitative and qualitative data were used.

Introduction

Setting the context and approach for the evaluation of the NDS 2017-2025.

Report Overview cont.

This report is structured into the following sections:

Strategic Context | A clear understanding of the strategic context is fundamental to evaluating the policy's relevance, coherence, and overall effectiveness, as it establishes the framework within which progress and challenges are assessed. This section provides a comprehensive overview of the NDS 2017-2025[1] objectives and the context within which it was developed. It includes a general overview of the key reviews completed over the course of the NDS 2017-2025[1].

Overview of Methodology | In order to provide a comprehensive and nuanced evaluation of the NDS 2017-2025[1], a mixed method approach, that integrated and considered data from multiple sources, was employed. Section 3 (p.23) provides an overview of the approach employed.

It included a documentation review, a data review of published national data on drug and alcohol use and treatment demand, stakeholder consultations and submissions, and an international review of the NDS 2017-2025[1] with strategies from seven counterparts.

Evidence Review | This section of the report (p.25) presents the key findings of each component of the evidence review, including:

- Documentation review: Summary of recently published literature relevant to the implementation and impact of the NDS 2017-2025[1] including policy papers, progress reports, data reports and research papers.
- Data Review: A detailed overview of Health Research Board (HRB) data showcasing changes and trends in relating to drug treatment, prevalence and drug related poisonings.
- Stakeholder Engagement: Description of the themes and sub-themes identified from stakeholder consultations with government departments, non-governmental organisations, and people with lived experiences/service users to gather diverse perspectives and insights on the implementation and impact of the NDS 2017-2025[1].
- International Review: A comparative analysis of Ireland's NDS 2017-2025[1] in relation to a sample of other countries, highlighting policy orientations and Ireland's collaboration with these countries over the course of the strategy.

Evaluation Findings | This section (p.80) outlines key findings for each domain, based on a synthesised analysis of all evidence review sources. Each finding is rated using defined criteria across the following three categories:

- Accomplishments;
- Progress underway; and
- Areas for improvement.

Recommendations and Conclusion | This section (p.116) outlines prioritised recommendations, classified as high, medium, or low, alongside an indicative implementation effort. These recommendations are intended to conclude this evidence-based review and inform the development of the next NDS.

02 Strategic context

Strategic Context

A summary of the historical approach to drug and alcohol policy in Ireland.

Introduction

Over the past 50 years, Ireland's approach to drug and alcohol policy has evolved toward a health-led model, framing drug use primarily as a public health issue. This evidence-based, health-oriented perspective underpins the current NDS 2017-2025[1].

The evolution of Ireland's drug and alcohol policy response, detailed below, provides a foundation for evaluating the current NDS 2017-2025[1].

Early Drug Responses: Heroin Use in Ireland

In the early decades of the Irish state, drug policy primarily emphasised legal sanctions and a drug-free approach to recovery[31]. However, significant and lasting policy shifts began to take shape in response to the sharp rise in heroin use and injecting drug practices that emerged in 1979 and continued throughout the 1980s and into the early 1990s. Key legislative developments during this period included the Misuse of Drugs Acts of 1977 and 1983, which criminalised the possession and supply of drugs while aligning Ireland with international drug control conventions[21,31].

As heroin use persisted, and the HIV/AIDS epidemic emerged among injecting drug users in the 1980s, the state expanded drug treatment services and introduced harm reduction measures. These included needle exchange programmes, detoxification services, methadone maintenance treatment, and outreach initiatives. The expanded services and harm reduction measures were implemented discreetly, with limited public engagement, and were predominantly concentrated in Dublin[31]. This period also marked the growing involvement of the community and voluntary sector, as local communities most affected by drug use began to organise grassroots responses[21, 31].

Transforming Policy Responses: The Need for Harm Reduction and Community Responses

During the 1990s, Ireland adopted a more structured, community-based, and harm reduction-oriented approach to drug policy. Central to this shift was the establishment of Local Drugs Task Forces (LDTFs), which were tasked with developing and coordinating tailored strategies to address the needs of communities most affected by drug misuse[21,31]. At this time, there was also growing recognition of the need for integrated policies and services that addressed broader social determinants of drug use, including housing, employment, education, and mental health.

The experiences and lessons gained during this period culminated in the development of a coordinated, multi-agency, evidence-based strategic framework, which laid the foundation for successive National Drugs Strategies.

A Strategic Planning Approach: Ireland's National Drugs Strategies

Ireland's first formal National Drugs Strategy (2001–2008) introduced a four-pillar framework that focused on supply reduction, prevention, treatment, and research[32]. To oversee its implementation, the Office of the Minister for Drugs was established. The subsequent NDS (2009–2016)[34], retained this pillar structure but added rehabilitation as a fifth pillar and placed further emphasis on evidence-based interventions. It also introduced performance indicators and monitoring mechanisms, while strengthening the role of Local and Regional Drugs Task Forces[33].

Following the conclusion of the 2009–2016 strategy, the Department of Health commissioned an independent review to evaluate its effectiveness[34]. The review identified several areas of progress, including improved access to treatment and rehabilitation services, enhanced inter-agency collaboration, and strengthened community-based responses. However, it also highlighted persistent challenges, such as regional disparities in service availability and the need for more integrated supports, including housing, mental health, and employment services. Additionally, the review noted ongoing and emerging issues, such as heroin and polydrug use, rising drug use among young people, increasing overdose rates, and broader social concerns including homelessness, mental health difficulties, and social exclusion[34].

There was growing public demand for a more compassionate, person-centred response to drug use, particularly in relation to harm reduction and a health-led approach. In response, the government committed to developing an inclusive and evidence-informed policy, shaped through consultation with communities, individuals with lived experience, service providers, and subject-matter experts.

The key findings and recommendations of the 2016 review informed the development of the NDS 2017-2025 [1].

Strategic Context

Development of the National Drug Strategy (2017-2025).

The National Drug Strategy (2017-2025)

The National Drugs Strategy, "Reducing Harm, Supporting Recovery 2017-2025"[1], published by the Department of Health, provides a national framework for addressing substance misuse in Ireland. The NDS 2017-2025[1] adopts an integrated, whole-of-government, person-centred, and health-based approach to drug policy, emphasising the treatment of drug use as a public health issue.

Strategic Vision and Core Values

The strategic vision of the NDS 2017-2025[1] is to create a healthier and more inclusive society where people are empowered to live free from the harms of substance use. This vision is underpinned by six guiding values:

- **Compassion:** a humane, compassionate approach focused on harm reduction which recognises that substance misuse is a health care issue.
- **Respect:** observing 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 people have access to high quality services and support regardless of where they live or who they are.
- **Inclusion:** diversity is valued, the needs of particular groups are accommodated, and wide-ranging participation is promoted.
- **Partnership:** support for maintaining a partnership approach between statutory, community and voluntary bodies and wider society to address drug and alcohol issues.
- **Evidence-informed**: support for the use of high-quality evidence to inform effective policies and actions to address drug and alcohol problems.

These values inform the development and implementation of all actions, ensuring that the response to substance use is ethical, just, and sustainable.

National Drug Strategy Governance

Effective implementation of the NDS 2017-2025[1] would require strong governance, transparency, and collaboration across government, statutory agencies, and civil society. A structured framework, detailed below, was designed to support accountability and oversight.

The current governance model encouraged shared responsibility and helped to ensure that strategic decisions were guided by a range of perspectives, supported by both evidence and lived experience.

National Oversight Committee

The National Oversight Committee (NOC) provided high-level leadership and coordination of the NDS 2017-2025[1]. It was the primary forum for evaluating the implementation of the NDS 2017-2025[1] and promoting accountability across all stakeholder groups.

The NOC was chaired by the Minister of State with responsibility for Public Health, Wellbeing and the National Drug Strategy, and included senior representatives from:

- Government departments and statutory agencies;
- Community and voluntary sectors;
- Health and social care professionals; and
- Service user representatives.

The NOC met quarterly to monitor progress, approve strategic initiatives, and guide policy adjustments.

Strategic Implementation Groups

Following the 2020 "*Mid-Term Review*"[2], detailed overleaf, six Strategic Implementation Groups (SIGs) were created as a sub-structure to the NOC. The six SIGs replaced a larger standing subcommittee and were designed to provide a focus for specific operational planning, review of implementation barriers, and coordination of responses.

The SIGs were responsible for delivering actions within their respective thematic areas. Each SIG was chaired by an independent expert and included a mix of stakeholders. Since the "*Mid-Term Review*"[2], each SIG group submitted regular updates to the NOC and played a central role in translating strategic priorities into practical actions on the ground.

Strategic Context

Addressing needs emerging during the National Drug Strategy (2017-2025).

Mid-Term Review 2020

In order to provide the opportunity for identification and development of further actions to address needs that may have emerged later in the lifetime of the NDS 2017-2025[1], a mid-term review of the actions in the strategy was completed. This review provided a valuable assessment of progress and recommendations to realign strategic priorities.

Purpose and Approach

A "Mid-Term Review", conducted by the Department of Health, was initiated in 2020 to assess the effectiveness of its implementation from 2017 to 2020 and to inform strategic adjustments for the remaining years of the NDS (2021–2025)[2]. The review aimed to ensure that the NDS 2017-2025[1] remained relevant, evidence-informed, and aligned with emerging needs and policy developments.

A participatory approach was adopted by the Department, incorporating input from a wide range of stakeholders, including statutory agencies, voluntary and community organisations, service users, and members of civil society. This inclusive consultation process was central to identifying progress, challenges, and areas requiring focused action. The review was guided by three core objectives, to:

- Assess the impact of the NDS 2017-2025[1] implementation from 2017 to 2020;
- Identify emerging trends and new challenges in drug and alcohol use; and
- Revise strategic priorities and actions to reflect current needs.

Key Findings and Emerging Issues

The "Mid-Term Review"[2] highlighted several achievements including:

- The establishment of the National Oversight Committee (NOC) to support collaborative governance;
- Expansion of harm reduction services, including the rollout of naloxone and supervised injecting facility planning;
- Improved access to services for priority groups such as people who are homeless or members of the Irish Traveller community; and
- Enhanced use of data to inform service planning and policy through increased investment in research and evaluation.

In addition to notable achievements, several challenges and emerging issues were identified. These included:

- **Inequities in service access**: regional imbalances in the availability of treatment and recovery services were noted, particularly outside urban centres;
- **Drug-related intimidation**: increased concerns regarding the impact of intimidation on individuals and communities;
- **Polydrug use and emerging substances:** a rise in polydrug use and the emergence of new psychoactive substances, requiring updated harm reduction strategies; and
- **Mental health and dual diagnosis:** gaps in integrated care for individuals experiencing both substance use and mental health issues.

The findings from the "Mid-Term Review"[2] informed the development of revised priorities and actions to strengthen the NDS's 2017-2025[1] impact.

Strategic Priorities (2021–2025)

Based on the "Mid-Term Review"[2] the NOC endorsed six strategic priorities[4] to guide the next phase of the NDS 2017-2025[1] :

1. Strengthening prevention and early intervention, particularly among children and young people;
2. Improving access to and delivery of treatment and recovery services, including regional equity and service integration;
3. Enhancing harm reduction responses to address high-risk behaviours and drug-related deaths;
4. Addressing drug-related intimidation and community safety, with targeted supports and inter-agency collaboration;
5. Promoting inclusion health, ensuring that marginalised populations are effectively reached and supported; and
6. Strengthening evidence-informed policy and coordination, through improved data systems, evaluation, and stakeholder engagement.

These priorities reflected a renewed commitment by the Department of Health to a health-led, person-centred approach and provided the foundation for the "Strategic Action Plan 2023–2024"[5].

Strategic Context

Supporting the implementation of the National Drug Strategy (2017-2025).

Strategic Action Plan (2023–2024)

The 2020 "Mid-Term Review"[2] provided the foundation for the "*Strategic Action Plan 2023–2024*"[5]. The "Strategic Action Plan 2023–2024" represented a critical step forward in delivering on the commitments of the NDS 2017-2025[1], ensuring that efforts remained dynamic, collaborative, and responsive to the needs of all communities.

Overview and Development Process

The "Strategic Action Plan 2023-2024"[5] was a targeted initiative designed by the SIGs to operationalise the six strategic priorities identified in the "Mid-Term Review" and further progress the implementation of the NDS 2017-2025[1]. It was developed under the leadership of the Department, and in consultation with the NOC, and aimed to build on existing work while introducing new actions that reflect current trends, emerging needs, and lessons learned from the implementation of earlier NDS 2017-2025[1] phases.

The "Strategic Action Plan 2023-2024"[5] represented a focused and time-bound effort to accelerate progress on key challenges in drug and alcohol policy. It incorporated cross-sectoral collaboration, with input from community and voluntary groups, statutory partners, service users, and advocacy organisations.

Key principles underpinning the plan included:

- Equity of access to services across all regions and populations;
- Evidence-informed interventions based on data, research, and evaluation;
- Empowerment and inclusion of people with lived and living experience; and
- Cross-departmental and interagency collaboration to improve outcomes.

Monitoring and Implementation

The Department of Health, in coordination with the NOC, was responsible for the "Strategic Action Plan 2023–2024" monitoring mechanisms including:

- Quarterly progress reports, of the actions from each SIG group, provided by SIG Chairs; and
- Engagement with civil society.

Citizens' Assembly on Drug Use (2023)

In 2023, the "Citizens' Assembly on Drugs Use" (CADU), was convened. Aligning with the health-led person-centered approach of the NDS 2017-2025[1], the CADU was tasked with examining legislative, policy, and operational reforms to mitigate the adverse effects of illicit drug use in Ireland[6]. Comprising of 100 members, including 99 randomly selected Citizens' and an independent Chairperson, the CADU conducted six sessions from April to October 2023.

Recommendations Overview

The CADU final report, published in January 2024, presented 36 recommendations which will be used to inform the development of a future drugs strategy[6]. The recommendations issued a clear and compelling call for the Government to adopt a more progressive, ambitious, and integrated approach to drug use in Ireland. Specifically, the CADU advocated for a comprehensive, health-led response, encompassing legislative, strategic, policy, and practice-related reforms across prevention, harm reduction, treatment, rehabilitation, and recovery. The recommendations also redefined the respective roles of the health and criminal justice sectors. Please note that that the 36 recommendations have been mapped to the recommendations generated from this evaluation of the NDS 2017-2025[1] in Appendix 5 (p.153) of this report.

Acknowledging that the implementation of the CADU recommendations will carry significant implications for the organisation, funding, and coordination of statutory, community, and voluntary bodies operating within both the heath and criminal justice systems, a Joint Oireachtas Committee on Drug Use was established. This Committee has been specifically tasked with reviewing, considering and acting upon the 36 proposals put forward by the CADU. An interim report, published in October 2024, outlined the progress made to date. The recommendations remain under active review by the Committee.

Evaluation of the NDS (2025)

In 2025, Grant Thornton were commissioned to evaluate the National Drug Strategy from 2017-2025. This is the final evaluation and review of the strategy prior to the development of the next iteration. The methods used and findings of the evaluation are detailed throughout this report.

Strategic Context

Evolution of Irish drug and alcohol policy and National Drugs Strategy (2017-2025).

1979 **Emergence of Heroin and Injecting Drug Use Practices in Ireland:** Marked the beginning of a public health crisis, prompting Ireland's shift to public health and treatment interventions over criminal justice measures.

1983 **Amendment to the Misuse of Drugs Act (1983):** Strengthened legal controls on the possession and supply of controlled substances, reinforcing Ireland's commitment to international drug control standards.

1997 **Establishment of Drug and Alcohol Taskforces:** Drug and Alcohol Taskforces are established, following the Rabbitte Report in 1996, to develop and coordinate tailored local responses to drug and alcohol use.

2001 **Launch of Ireland's First National Drugs Strategy - Building on Experience: National Drugs Strategy 2001–2008:** Introduced a coordinated, multi-agency approach focused on five key pillars: supply reduction, prevention, treatment, rehabilitation, and research.

2009 **Publication of the National Drugs Strategy (interim) 2009–2016:** Continued the five-pillar approach with a stronger focus on rehabilitation, evidence-based actions, and performance monitoring.

2017 **Launch of the current National Drugs strategy 2017-2025:** Adopted an integrated, whole-of-government, person-centred, and health-based approach to drug policy.

2020 **Mid-Term Review of the National Drugs Strategy (2017-2025):** Assessed the effectiveness of the NDS 2017-2025 implementation from 2017 to 2020 and informed strategic adjustments for the remaining years.

2023 **Citizens' Assembly on Drugs Use:** Examined legislative, policy, and operational reforms to mitigate the adverse effects of illicit drug use in Ireland.

2024 **Publication of Citizens' Assembly Report:** Presented 36 recommendations to be used as inputs in the development of a new NDS.

2024 **Interim Report of the Joint Oireachtas Committee on Drug Use:** On October 22, 2024, an interim report was published detailing the work completed to date on the 36 recommendations.

2025 **Final evaluation** of the National Drugs Strategy: Conducted to evaluate the NDS 2017-2025[1] prior to the development of the next iteration.

03 Overview of methodology

Overview of Methodology

A mix method approach to deliver a robust evaluation of the NDS (2017-2025).

Overview of the Review Methodologies

Grant Thornton were commissioned by the Department of Health to undertake an evaluation of the NDS 2017-2025[1]. To deliver a robust and evidence-based evaluation, a phased, mixed method approach was applied. This approach, detailed below and in the Appendices of this report, p.138-145, was designed to ensure an evidence-based, and objective analysis, culminating in transparent and actionable recommendations to inform future iterations of the NDS. Furthermore, it aimed to highlight the success and achievements of the NDS 2017-2025[1] as well as provide recommendations regarding areas for improvement and further development to be considered in the development of the next NDS.

This evaluation leveraged a desk-based documentation review of documentation, a detailed review of published national data on drug and alcohol use and treatment demand, consultations with key stakeholders and an international review exercise to provide an objective analysis of the impact and success of the NDS. Following a structured project initiation to align objectives, deliverables and establish an engagement approach with stakeholders, the following steps were undertaken:

STRATEGIC CONTEXT

Context | Mapping drug policy evolution and contextual foundations for the NDS's (2017-2025)[1], its goals and key implementation reviews conducted to date.

EVIDENCE REVIEW

Documentation Review | Identifying relevant literature via a targeted search strategy and documentation provided by the Department of Health. Once identified, completing a desk-based review of documents to assess the implementation and impact of NDS 2017-2025[1].

Data Review | Gathering and reviewing national data on drug and alcohol use in Ireland (2015–2024). Key steps included defining data inclusion and exclusion criteria, assessing data limitations, and extracting and presenting relevant descriptive data.

Stakeholder Consultations | Identifying 138 relevant stakeholders in consultation with the Department and conducting consultations via interviews, focus groups and written submissions with 68 stakeholders participating. Completing post-consultation testimony analysis to identify themes and sub-themes and gain subjective understanding of objective, outcomes and end benefits.

International Review | Comparatively reviewed the NDS 2017-2025[1] with seven international strategies by reviewing each countries strategy and policy orientation and collaborations with Ireland.

EVALUATION FINDINGS

Data integration | Synthesising quantitative and qualitative data to identify patterns, confirm validity of stakeholder observations and confirm accuracy of emerging conclusions.

Findings | Qualifying findings across four domains: strategic impact, governance effectiveness, performance against outcome indicators, and international alignment.

REPORT GENERATION

Recommendation and Conclusion Development | Developing a set of recommendations, prioritised as high, medium, or low, with indicative implementation effort to inform the next phase of the NDS.

04

Evidence Review

Evidence Review

A mixed-method approach was undertaken to ensure a robust evaluation of the NDS (2017-2025).

The following sections present the findings from each component of the mixed methods approach, which aimed to provide a comprehensive evidence review of the NDS's (2017-2025)[1] impact and effectiveness. The evidence review comprised of four components:

1. **Documentation review |** Examination of the latest research and documentation in the field of drug use and misuse;
2. **Data review |** Analysis of previously published data related to drug prevalence, treatment and drug related deaths;
3. **Stakeholder consultations |** Insights from a diverse array of stakeholders, including policymakers, healthcare providers, individuals and families with lived experience, and community organisations; and
4. **International review |** Review of policy orientations, effective practices, challenges and international collaboration with seven countries.

The findings of each component will be presented individually in the proceeding sections. The integrated findings and recommendations will be presented subsequently in Section 5 and 6.

Limitations

Prior to presenting the findings, the limitations of the evaluation process are briefly outlined below to clarify their potential implications for the overall evaluation and recommendations.

Short Time Frame of the Evaluation

The evaluation was conducted over an accelerated timeframe of under four months. This limited time frame posed significant constraints on the depth and breadth of the analysis, and the nuances of the implementation, outcomes and any potential long-term impacts of the NDS 2017-2025[1]. This evaluation offers a time-bound snapshot of the NDS 2017–2025[1] implementation and impact. While it provides meaningful insights to date, it may not fully reflect longer-term outcomes.

Scope of Stakeholder Engagement

A key limitation in the evaluation of the strategy was the scope of stakeholder consultations. These consultations were confined to a specific cohort, including representatives from various departments and service provider and service user organisations. As a result, this section of the report may not fully capture the diverse experiences and perspectives of all service provider and service user organisations involved in the NDS 2017-2025[1]. Furthermore, different stakeholder groups viewed the NDS 2017-2025[1] through distinct lenses, reflecting their unique perspectives and experiences. For instance, frontline service organisations, which directly interact with individuals affected by drug use, highlighted operational challenges and resource limitations. Their insights underscored the need for stronger support mechanisms and improved inter-agency collaboration to enhance the NDS's (2017-2025)[1] effectiveness.

Conversely, representatives from government departments focused more on policy implementation and the NDS's (2017-2025)[1] alignment with broader public health goals. Meanwhile, service providers and service user organisations, representing those directly impacted by substance use, emphasised the importance of accessibility and the quality of services provided. These varying viewpoints made it challenging to form a comprehensive and unified conclusion.

Complexity of the Data

The data used to evaluate the NDS 2017-2025[1] was highly complex, encompassing various quantitative and qualitative metrics. This complexity was compounded by the need to integrate data from multiple sources, including the HSE and the HRB as well as by the outdated nature of some of the available data. Further gaps in data and variance with data review years is due to the below additional limitations:

- **Drug poisoning deaths |** The most recent available data extends only to 2021, due to timings of the coroner processes.
- **COVID-19 disruption |** Data from June 2020 onwards may be affected by the impacts of the COVID-19 pandemic.
- **Data source constraints |** Some datasets lacked sufficient granularity or reported information using broad, aggregated drug categories, limiting detailed analysis.

Evidence Review

Documentation Review

Documentation Review Findings

The following presents an in-depth analysis of the key themes emerging from the documentation review.

Introduction

A comprehensive document review was conducted to identify and summarise existing literature examining the current state of implementation and the impact of Ireland's NDS "Reducing Harm, Supporting Recovery 2017-2025"[1].

The document search was conducted using Google Scholar. A combination of search and medical search (MeSH) terms were used in the literature search. Key search terms included drug strategy, interventions, political or policy considerations and synergies to international response. Publications were limited to those published since the commencement of the NDS 2017-2025[1] and focused on the Irish context. The Health Research Board (HRB) National Drugs Library, which collect Irish research related to alcohol and other drugs was also searched. Grey literature was searched via Lenus. Publications were reviewed and reference lists searched for additional publications. The Department of Health project team were also consulted for pertinent documents with 31 documents identified for inclusion for full-text review by the Department. Additional relevant publications were identified as part of the literature search.

All identified publications were reviewed for relevancy and narratively summarised to present the overarching recurring themes, patterns, concepts, and issues raised. The following section summarises key findings from this document review.

The Irish Policy Context

Ireland's evolving policy approach is broadly aligned to the broader European framework[29-31]. Across Europe, there is growing consensus for the need for the adoption of a balanced approach that addresses public health, supply and demand reduction, harm reduction, and treatment[6, 21, 29-31]. Some countries have adopted decriminalisation models that treat drug use as a health issue rather than a criminal one, such as Portugal and Czech Republic[6]. The need for integrated and coordinated care models across health, social and justice services to address the complexity and multi-faceted nature of drug use are central pillars of the EU's strategic approach[6].

The European Union Drugs Agency (EUDA) oversees a network of 29 National Focal Points, encompassing the 27 European Union member states, Norway, and Turkey.

These focal points function as national monitoring centres, responsible for the systematic collection and analysis of drug-related data within their respective jurisdictions. The aggregated data are subsequently submitted to the EUDA to inform regional drug policy and research. In Ireland, the National Focal Point is situated within the HRB, which produces an annual comprehensive report on the national drug situation. This report adheres to standardised data collection methodologies and tools established by the EUDA to ensure consistency and comparability across member states.

In line with other European countries, recent years have seen a significant shift in Ireland's drug policy towards a health-led approach, treating drug use as a public health issue rather than a criminal justice matter[1, 6, 21, 31]. These policy shifts have occurred as the nature of drug use has evolved. Initial policy responses in the early years of the state focused on legal sanctions and treatment for drug free recovery until the 1970s[21,31]. The dramatic rise in heroin and injecting drug use from 1979 through the 1980s and 1990s led to significant and lasting policy changes. The rise in heroin was mostly concentrated in socially deprived communities in Dublin[21, 31].

Public attitudes in Ireland towards drug use during this period were conservative, with drug use heavily stigmatised[21, 31]. This period ultimately saw the introduction of more structured responses including harm reduction strategies (such as needle and syringe exchanges, low-threshold support services and methadone maintenance) and community involvement. The introduction of such harm reduction measures was made in a low-profile manner in the absence of any national strategic documents[21,31].

In the 1990s and early 2000s, Ireland adopted a more transparent approach to drug policy, characterised by the publication of successive national drugs strategies which embraced a more collaborative approach between policy-makers and communities[21, 31]. An integrated, community-focused, and evidence-based approach to policy was introduced, supported by new structures for interdepartmental coordination, policy implementation, and partnership approaches to policy-making[21,31].

Documentation Review Findings

The following presents an in-depth analysis of the key themes emerging from the documentation review.

The Irish Policy Context cont.

The NDS 2001-2008[32] and the subsequent NDS (interim) 2009–2016[33] were developed around four main pillars including supply reduction, prevention, treatment and research. The interim strategy combined treatment and rehabilitation as one pillar[33]. The inclusion of rehabilitation recognised the need for actions to help individuals recover from drug dependence and reintegrate into society. It also identified the need for integrated care pathways to support users of drug treatment services to move along a continuum towards recovery, which is not always dependent on abstinence[21].

In continuity with the two preceding national strategies, the NDS (2017–2025)[1] acknowledges the importance of harm reduction approaches. Building upon the foundations laid by earlier strategies, the NDS (2017–2025)[1] aligns with the principles of Healthy Ireland by adopting a population health perspective that prioritises prevention, early intervention, and community engagement in addressing substance use. Furthermore, the strategy complements the objectives of Sláintecare25+ through its emphasis on integrated care pathways, the reduction of health inequalities, and the provision of person-centered, accessible, and equitable services for individuals who use drugs.

The NDS (2017-2025) encompassed an integrated whole government, person-centred and health-based approach to drug policy by emphasising the treatment of drug use as a public health issue. The NDS (2017-2025) detailed five strategic goals; to promote health and well-being, minimise harms, address drug markets, support participation and develop-evidence informed policies. It encompassed 50 actions to address these goals until 2020 with the opportunity to develop further actions from 2021 to 2025 to address emerging needs and challenges in the latter years of the NDS 2017-2025[1].

In 2021, a "Mid-Term Review" and a "Focused Policy Assessment" (FPA) were conducted to review progress of the NDS (2017-2025) to date[2-3]. These assessments informed the identification of six revised strategic priorities to guide the remaining implementation period of the NDS (2017-2025). These priorities included: strengthening prevention efforts for children and young people; improving access to drug services; advancing harm reduction measures and integrated care for high-risk populations; addressing the social determinants of drug use; promoting alternatives to criminalisation and coercive sanctions; and strengthening evidence-based practice[4-5]. The "Mid-Term Review" of the NDS (2017-2025)[1] identified limitations of datasets and performance indicators to support evaluation of policy implementation and impact[2]. The "FPA" reviewed strategy rationale, expenditure, and performance, examining both labelled (targeted) and unlabelled (unplanned) spending[3]. It found that unlabelled expenditure and productivity costs significantly contribute to the economic burden of drug and alcohol use. The "FPA" also noted that data availability and quality severely constrained the evaluation of the NDS's (2017-2025)[1] performance and cost evidence[3].

Drug Use in Ireland

Drug Prevalence Research

As aforementioned, the HRB serves as the primary information hub for drug-related evidence in Ireland, managing research and monitoring projects for the Department of Health. As the national focal point to the European Union Drugs Agency (EUDA), the HRB provides reliable data on drug use and addiction.

To estimate drug prevalence, the HRB conducts general population surveys. Ireland has completed five such National Drug and Alcohol Surveys (NDAS) (2002/03, 2006/07, 2010/11, 2014/15, and 2019/20)[7, 35-38]. The "NDAS" collected data on tobacco, alcohol, and drug use among people aged 15 and over, tracking trends over time. These surveys yielded critical data for monitoring drug policy progress and informing evidence-based interventions in Ireland. In 2022, the inclusion of drug use prevalence questions in the "Healthy Ireland Survey" was prompted by practical, methodological, and policy considerations[27, 39]. Conducting a standalone drug prevalence study was deemed financially burdensome and logistically challenging due to a shortage of experienced interviewers amid a growing number of national surveys[27]. The "Healthy Ireland Survey" already collects data on tobacco, alcohol, and sociodemographic variables commonly used in drug prevalence research, offering a cost-effective and integrated approach[27]. Furthermore, embedding drug-related questions within a broader health survey aligns with Ireland's health-led drug policy, enabling analysis of drug use within the wider context of health behaviours[27, 39].

Documentation Review Findings

The following presents an in-depth analysis of the key themes emerging from the documentation review.

Drug Use Prevalence

A number of drug use prevalence studies have been conducted over the lifetime of the NDS 2017-2025[1], providing useful insights into drug use trends in Ireland. Recent estimates of drug use prevalence in Ireland have appeared to be broadly aligned across these surveys.

The "Healthy Ireland 2022/23" survey provides information on drug prevalence trends in Ireland, with data collected in 2022-2023[27, 39]. An additional report, "Drug use in Ireland Findings from the 2022–2023 Healthy Ireland Survey", while not published as yet, was provided for the purposes of this evaluation[27].

Demographic Trends in Drug Use

The "Healthy Ireland 2022-23 survey", found that of a representative sample of 6,200 respondents aged 15 years and older, 7.3% reported drug use in the last year[27].

The last "NDAS", the fifth survey, was conducted by Ipsos MRBI in 2019–2020 through face-to-face interviews with 5,762 participants[7]. It covered substances including alcohol, tobacco, prescribed medicines, and illicit drugs. Aligned with the most recent "2022-23 Healthy Ireland Survey", "NDAS" findings showed that illicit drug use had plateaued since 2014–2015, with 7.4% of respondents reporting use in the past year[7].

Recent lifetime prevalence estimates of drug use appear to vary somewhat, the "2022-2023 Healthy Ireland Survey" results found 22.2% of respondents reported use of an illicit drug at some point in their lifetime[28], a lower estimate that that provided in the "NDAS 2019-20" survey of 27%[7]. More recent population prevalence studies for 2023-2024 and 2024-2025 are not currently available, limiting the ability to evaluate any emerging prevalence trends in the latter years of the NDS 2017-2025[1].

A number of recent studies have found consistent results regarding age and gender differences in drug use in Ireland. Results suggest higher levels of drug use amongst men and younger people in Ireland. Estimates have varied somewhat between studies, reflecting differences in the methods and populations studied[7-8. 15, 24, 27, 39-42].

Prevalence estimates for last year drug use for those aged 15-24 years in recent Irish studies have ranged from 14-20%. The "Healthy Ireland Survey" found that those aged 15-24 (20%) are most likely to report last year drug use, while those aged 65+ (1%) are least likely to report drug use in the same period[27, 39]. The "NDAS 2019-20" found that approximately 18.5% of those aged 15-24 years reported using drugs in the past year[7]. The "Drug Use in Higher Education Institutions (DUHEI) study", which surveyed over 11,500 students across 21 Higher Education Institutions (HEIs) in Ireland, reported 18% of students in HEIs using drugs in the past year[24].

Findings in the "Health Behaviour in School-aged Children (HBSC) 2022 study" examined health behaviours in children aged 10-17 years and found that 7% of school aged children used cannabis in the last year and 9% of children report having been "really drunk" in the past 30 days (8% in 2018)[40].The recently published findings of the ESPAD Ireland 2024 study reported that 59.9% of 15–16 year-old students consumed alcohol in the past 12 months, with 35.1% reporting use in the past 30 days[8]. Cannabis use was reported by 10.2% of students in the last year and 4.9% in the last 30 days. Use of other illicit substances in the past year was lower, with inhalants (4.8%) and synthetic cannabinoids (3.0%) being the most commonly reported. These findings suggest a sustained downward trend in alcohol and cannabis use among Irish adolescents[8]. Research consistently highlights gender differences in drug use in Ireland with men more likely than women to report using drugs[7, 24, 27, 39]. Both the "Healthy Ireland Survey" and "NDAS" found the highest prevalence of drug use amongst young men aged 15-24 years[7, 27, 39].

Studies which specifically examined drug use amongst young people also found that young men were more likely to use drugs than young women[25]. The ESPAD Ireland 2024 study also identified gender differences in drug use among adolescents. Males were more likely to report use of cannabis and a broader range of illicit substances, as well as higher rates of high-risk cannabis use[8]. While prevalence studies have consistently found higher rates of drug use amongst men, findings suggest that this difference is narrowing[7, 24, 27, 39]. The "Healthy Ireland Survey 2023" found that 24% of the population aged 15 and older are considered binge drinkers, drinking six or more standard drinks on a typical drinking session, this is lower than the previously reported figure of 27% in 2018[39]. Men are much more likely than women to binge drink on a typical drinking occasion (37% and 12% respectively), with younger people more likely to do so than older people (aged 15-24: 36%, 75+ year olds: 7%)[39].

Documentation Review Findings

The following presents an in-depth analysis of the key themes emerging from the documentation review.

Demographic Trends in Drug Use cont.

The most recent "Healthy Ireland 2022/23" survey, did not disaggregate results by level of deprivation or by Regional Drug and Alcohol Task Force area or community health organisation area or HSE region[27,39]. However, the"NDAS 2019-20" survey indicated little difference in the prevalence of drug use between the most and least deprived areas[7]. Despite, this, it is important to note that evidence demonstrates that those living in deprived communities are most impacted by the negative effects of illicit drug use.

The "NDAS 2019-20" results suggest that communities with high levels of deprivation were disproportionately impacted by the negative effects of drug use, reporting significant negative effects from drug-related activities, including higher crime rates and social issues[7]. More than one-third (37%) of respondents reported a "very big" or "fairly big" problem with people using or dealing drugs in their local area, with this figure rising to 44% in the most deprived areas compared to 20% in the least deprived areas[7].

A limited number of studies have examined the prevalence of drug use trends by sexual orientation and gender identity since the launch of the NDS 2017-2025[1]. The "National Study on the Mental Health and Wellbeing of the LGBTQI+ Communities in Ireland", published in 2024 found that LGBTQI+ individuals reported higher rates of both recreational and problematic drug use than the general population[41]. Over half of respondents reported never using drugs for non-medical purposes[41]).

It is important to note that more recent national population prevalence surveys are not currently available. This precludes analysis of more recent changes in national prevalence estimates and demographic trends in the latter years of the current drugs strategy. Additional consistent collection and analysis of data in prevalence studies regarding marginalised groups would support insights in relation to drug use and the impact of policies and interventions.

Furthermore, additional data by region or deprivation level has the potential to support population health planning, population based resource allocation (PBRA) and tailored local interventions as envisioned as a central component of service planning in the HSE Health Regions.

Trends in Drugs Use in Ireland

Evidence suggests that the nature of drug use in Ireland continues to rapidly evolve. Of particular concern is the prevalence of cocaine use, particularly amongst young adults, the increasing use of new synthetic, psychoactive substances and polydrug use i.e., the use of at least two drugs on the same occasion (simultaneously)[7, 15, 24, 27, 39-42] . The "Healthy Ireland 2022/23" survey found that the most commonly used drugs, for those reporting use in the past year, in order of prevalence were cannabis, cocaine, ecstasy or MDMA, magic mushrooms and ketamine[27,39].

Consistent with these findings, the "DUHEI"[24] found that the most commonly used drugs in order of prevalence were cannabis, cocaine, ecstasy, ketamine, mushrooms, amphetamines and new psychoactive substances. An increase in the use of synthetic drugs and psychoactive substances was also found to be increasingly prevalent particularly amongst young people[24].

Historically, drug use patterns were obtained from general population surveys like "NDAS". This tends to provide less robust data for less frequently used drugs, and treatment populations, which reflect risky or harmful use rather than occasional use. In 2021, Ireland participated in the "European Web Survey on Drugs" (EWSD), surveying nearly 6,000 recent drug users[15]. The most commonly used drugs were cannabis, cocaine, ecstasy, and ketamine, with high levels of polydrug use. Ireland's cannabis use was around the European average, but cocaine use among Irish respondents was 49%, compared to 34% in the overall EWSD sample. Females aged 18–24 were the most likely to report frequent cocaine use[15] , similar to "NDAS 2019-20" findings, highlighting a closing gender gap in stimulant use, particularly in nightlife contexts[7].

The "EWSD" survey also found a clear preference for powders and crystal products amongst young people (18-24 year olds)[15]. It highlighted increased ketamine use, with 24% of respondents reporting using ketamine in the past year, a finding not captured in prevalence studies[7, 27, 39].

Documentation Review Findings

The following presents an in-depth analysis of the key themes emerging from the documentation review.

Trends in Drugs Use in Ireland cont.

There is limited targeting of ketamine use in existing policy and service responses despite research suggest its increased usage. The results for Ireland from the latest "EWSD" study, conducted in 2024 are not currently available.

Research suggests the emergence and use of new psychoactive substances, including synthetic cathinone 3-MMC and methamphetamines, in those who inject drug, based on the findings of the "Irish Syringe Analysis Pilot" project which tested for the presence of various drugs in used syringes[43]. Additionally, the misuse of gabapentinoids has emerged as a significant concern[44]. These substances are frequently consumed in combination with opioids and have been increasingly detected in toxicology reports associated with drug-related deaths[44].

Results of a number of recent studies suggest prevalent polydrug use, defined as the use of two or more substances simultaneously, is becoming more common[7, 15, 24]. The "EWSD" found the most common polydrug combinations included cocaine and alcohol, MDMA and cannabis and benzodiazepines with other substances[15]. The high prevalence of polydrug use, particularly among young people[16,26], has important implications for the development of treatment services and harm reduction strategies.

Recent evidence provides insights into the environments and circumstances in which young people and others are using these emerging drugs and stimulants including cocaine with such drugs used in nightlife settings[15, 24,41]. Polydrug use also appears to be a feature of drug use in these environments, presenting a complex and escalating challenge, particularly within the student and nightlife populations[24].

Drug Treatment in Ireland

Trends in Drug Treatment Demand

The National Drug Treatment Reporting System (NDTRS) serves as Ireland's national surveillance mechanism for documenting drug and alcohol treatment episodes. All publicly funded treatment services are required to submit anonymised data to the NDTRS, encompassing outpatient, inpatient, residential, community-based addiction services, prison healthcare, general practice, and low-threshold services.

It should be noted that the NDTRS records episodes (or cases) of treatment, not individuals, meaning the same person can be counted multiple times if they have multiple treatment episodes or receive treatment at different centres. The system provides critical insights into patterns of substance use, associated risk behaviours, treatment demand, and service provision, including interventions such as opioid agonist therapy (OAT), counselling, group therapy, psychotherapy, and life skills training.

In 2024, the NDTRS recorded 13,925 cases treated for problem drug use in 2024, this is the highest annual number of cases recorded[17,45]. However, the proportions of new and previously treated cases have remained relatively stable over seven years (2017-2024)[45]. Over the eight-year period from 2017 to 2024, opioids were the most common drug type reported, followed by cocaine and cannabis[45]. However, it is important to note an evolving change in treatment demand over this period, attributable to cocaine treatment demand (including powder and crack)[45].In 2024, cocaine is now the most commonly treated drug (excluding alcohol), accounting for 40% of all cases, and is increasingly prevalent among both new and returning clients, reflecting a shift in the treatment profile and broader societal patterns of use[45].

Polydrug is prevalent with reported polydrug use in 60.4% of cases. Common combinations including cocaine with alcohol or cannabis, and opioids with cocaine[17,45]. Polydrug use is associated with treatment complexity and challenges and relapse risk. There is a need for integrated, multidisciplinary treatment approaches to address this complexity[15,21].

Demographic Trends in Drug Treatment Services

Demographic drug treatment trends appear broadly in line with trend findings in general population drug use prevalence studies. Males represented the majority of treatment cases in 2024[17,45]. An increasing trend in females seeking drug treatment for cocaine was observed between 2017-2024, with a 426.1% increase amongst females during this period[45]. The median age of individuals in treatment was 34 years; however, age-related differences were observed in the primary drug of concern: cannabis was most common among those aged 19 or younger, cocaine among those aged 20–44, and opioids among those aged 45 years and older, suggesting an ageing cohort of opioid users[45].

Documentation Review Findings

The following presents an in-depth analysis of the key themes emerging from the documentation review.

Demographic Trends in Drug Treatment Services cont.

A high proportion of cases seeking drug treatment in 2024 were unemployed (63.3%), with 21.8% of cases employed. One in ten (11.7%) of cases were experiencing homelessness[45]. The proportion of cases experiencing homelessness increased from 15.0% in 2017 to 22.4% in 2022, then decreased to 16.7% in 2024[45].

The proportion of cases treated for problem drug use who were of an Irish Traveller ethnicity was 2.7% in 2024[17,45]. Those of Irish Traveller ethnicity are disproportionately represented in problem drug treatment cases given that Irish Travellers comprise 0.7% of the population[16]. Analysis of drug treatment datasets and trends between 2014-2021 found that the greatest increase in those seeking treatment since 2014 were Irish Travelers and other ethnicities[16]. Drug treatment data for 2024 found that other ethnicities represents 5.5% of treatment episodes[17], indicating a disproportionate representation in treatment services based on the general population.

Despite data suggesting that drug use is similar across socioeconomic profiles[7], the examination of drug treatment data suggests a relationship between area-based disadvantage and the prevalence of drug and alcohol treatment episodes[46]. A recent analysis of NDTRS data found that while just 14% of the national population are from the areas classified as disadvantaged on the Pobal HP Deprivation Index, 42% of drug treatment episodes, where opioids were the primary drug type, were reported from these areas[46].

It is important to note that while the NDTRS provides a valuable monitoring system and a comprehensive overview of drug treatment patterns in Ireland, it has a number of limitations impacting the completeness of treatment data. These limitations include concerns regarding underreporting from services such as GPs and that not all treatment episodes are reported, such as emergency responses.

As aforementioned, the NDTRS also lacks a unique national identifier to track individual patients over treatment episodes and time.

NDS Implementation (2017-2025)

As previously outlined, the NDS 2017-2025[1] presents an integrated health-led approach to drug and alcohol use, aiming to reduce harm for individuals, families and communities. The NDS 2017-2025[1] details actions focusing on its strategic goals including health promotion and protection, harm reduction, rehabilitation and recovery and evidence-informed policies and actions. The following section outlines the available evidence on the progress and outcomes achieved in line with these goals and supporting actions.

Health Promotion and Protection Initiatives

A key goal of the NDS 2017-2025[1] is the prevention of children and young people turning to substance misuse (both currently and later in life) and on the promotion of healthier lifestyles in line with Healthy Ireland. The NDS (2017-2025) outlined a series of health promotion initiatives including public awareness campaigns, school-based programmes and community engagement alongside initiatives focusing on health protection such as early intervention, screening and family support.

The "Mid-Term Review" of the NDS (2017-2025)[2] outlines several health promotion and protection initiatives that have been progressed including public awareness campaigns, delivery of education prevention and support services, school-based programmes, the Social, Personal and Health Education (SPHE) programme and supports for young people at risk of substance abuse[2].

There is some evidence to suggest that lifetime and current use of illicit drugs has declined amongst 15-16 year olds[2,7-8]. Results from the "NDAS 19-20" suggest a delay in the age of starting drug use when comparing 2019 to 2002 data[7]. It is important to note that research suggests that children and young people in Ireland perceive ease of access to drugs[7-8, 15, 24].

Overall, there is limited empirical evidence on the impact of such health promotion initiatives on behavioural and health outcomes. This reflects the underutilisation of the established monitoring such as key performance indicators (KPIs) and evaluation framework and suggest the need for more robust frameworks over time to collect outcome and measure impact and effectiveness over time[2-3]. The higher prevalence of drug use among younger age cohorts supports the need for universal and targeted prevention programmes within and outside of school and third level settings.

Documentation Review Findings

The following presents an in-depth analysis of the key themes emerging from the documentation review.

Health Promotion and Protection Initiatives cont.

Studies suggest support for and a desire for such health promotion and protection initiatives[24,40]. However, some findings suggest a requirement for consideration of additional health promotion and protection initiatives to target specific populations. For example, young adults perceived traditional drug education methods, such as one-off awareness lectures, as largely ineffective[24]. Students also consistently report a preference for peer-led, harm-reduction-informed approaches that are more relevant, engaging, and impactful[24].

Harm Reduction Initiatives

The NDS 2017-2025[1] outlined a number of harm reduction initiatives aimed at minimising the negative consequences associated with drug use, focusing on improving health and safety rather than abstinence. Such initiatives include naloxone provision, supervised injecting facilities, needle exchange programmes and drug checking services[1]. It also focuses on expanding the availability, geographical spread and range of services including for at-risk groups and reducing drug and alcohol related deaths.

Recent studies highlight the positive impact of some harm reduction initiatives with evidence suggesting increased participation, availability and improved outcomes for service users engaging in these initiatives. Data from NDTRS suggests that the total number of cases receiving treatment has risen gradually between 2017-2024 with most cases (70.1%) treated in outpatient settings[17,45].

Examining data in specific core harm reduction initiatives, such as naloxone distribution, needle exchange (including the Pharmacy Needle Exchange Programme), and OAT, are demonstrating significant public health value[9,10-14,20] with improved access and health outcomes for service users in recent years.

Evans & Keenan, examined the effectiveness of naloxone administration by addiction and homeless service providers in the period 2018-2020[9]. The findings demonstrate that the increased availability and use of naloxone contributed to reduced opioid overdose and that programme was cost-effective[9].

However, it should be noted that access to naloxone usage may remain inequitable across the country given that some counties have no recorded naloxone usage[9].

A review of the "HSE Pharmacy Needle Exchange Programme 2015-2022" also highlights the value of the programme whilst raises issues that need to be addressed[10]. Of concern were the findings of recent performance indicators suggesting declining usage and the reduction of pharmacies delivering the "HSE Pharmacy Needle Exchange Programme". The report highlights the need to examine the reasons behind this to ensure the service continues to meet the needs of users. A decline in the number of participating pharmacies raises the potential concern about the accessibility of the service for those who require it in the future[10].

Outpatient OAT for people with problem opioid use is provided only through specialised HSE outpatient drug treatment clinics, satellite clinics, or specialised GPs in the community. The HSE commissioned a report to examine the impact of OAT for those experiencing homelessness in Ireland for the period 2014-2022[11]. This report analysed the trends and patterns of OAT amongst the homeless population in Ireland including demographic trends and longitudinal analysis of uptake and outcomes. The experiences and perceptions of service users and providers were also examined via surveys and interviews and existing policies and practices reviewed. Findings indicated that much progress had been made during the period examined, with significant increases in treatment uptake, retention rates and availability of OAT services nationally. Findings also suggested improved outcomes for this population with a reduction in overdose rates and improved health and well-being amongst those receiving OAT. GPs play a crucial role in providing primary care and OAT for drug users. Despite the positive outcomes achieved as a result of OAT, HSE figures suggest a shortfall in coverage due to GP participation in providing OAT and variation in waiting times to access OAT[11].

In addition to traditional harm reduction initiatives, drug checking initiatives have been successfully piloted during the implementation of the NDS 2017-2025[1]. The "HSE Safer Nightlife Programme 2022" and the "Crisscross Project" both highlight the urgent need for tailored harm reduction strategies within Ireland's nightlife and festival settings, particularly in response to rising stimulant and polydrug use among young people[12-13].

Documentation Review Findings

The following presents an in-depth analysis of the key themes emerging from the documentation review.

Harm Reduction Initiatives cont.

The "HSE Safer Nightlife Programme 2022" was Ireland's first formal drug checking initiative, piloted at Electric Picnic 2022. It involved "back of house" drug checking at Electric Picnic including MDMA and psychoactive substances. This initiative demonstrated effective interagency collaboration, provided real-time public health and many festival goers received drug related health information for the first time[12]. It also highlighted challenges. As part of the HSE Safer Nightlife Programme, the HSE National Social Inclusion Office also participated in the Crisscross Project which aims to respond to a number of intersectional issues related to gender, behaviours and substance use in nightlife settings[13]. In relation to substance use, a national framework for nightlife safety has been proposed which includes venue-based harm reduction protocols and training for nightlife staff on drug related emergencies[13].

The successful pilot programme of drug-checking in night-life and festival settings was recommended to be further integrated and expanded to support safer use and early warning systems[12-13]. In response to emerging drug trends, it was also recommended that targeted and tailored harm reduction interventions are developed for stimulant users to engage populations underrepresented in existing services[12-13, 16].

It should also be noted that in December 2024, Irelands first Medically Supervised Injecting Facility (MSIF) was opened. The MSIF is operated by Merchants' Quay Ireland (MQI)[47]. Aligned with the NDS, the MSIF adopts a health-led harm reduction approach by offering supervised injection spaces, sterile equipment, overdose intervention, and access to healthcare and aftercare services. It aims to mitigate the health risks associated with public injecting, such as overdoses, transmission of bloodborne infections, and drug-related litter. The initiative, supported by the HSE and Department of Health, is being piloted over 18 months with independent evaluations scheduled at 6 and 18 months to assess its impact.

Harm Reduction Challenges and Future Directions

Despite the progress achieved in relation to harm reduction initiatives, concern remains about the equitable distribution, geographical availability and wait times for some harm reduction services nationally[2-3, 6, 20, 49]. It appears that some groups are experiencing below average access rates for substance misuse, for example, people residing in institutions and in specific geographic regions[3, 17, 45 48]. Available evidence also indicates that some challenges continue to exist in the accessibility and availability of GP-led models and community-based outreach services[2-3, 16-17, 20, 48].

The expansion of the coverage of needle exchange and naloxone services to underserved regions was recommended to ensure equitable access to life-saving interventions[9-10].

Further research is needed to understand demand and need. For example, increases in those seeking treatment may be positive if demand is being met, rather than signifying increasing drug use prevalence. There remains a gap in understanding unmet need for services[15-17,24]. There may be a significant number of people that experience problem drug use who are not currently receiving treatment.

It has been suggested that this may be particularly the case for those dependent on substances other than opioids. For example, findings from the EWSD found that only 4% of respondents had received treatment for drug use in the last year[15]. It should also be noted that many EWSD respondents did not view their drug use as problematic or requiring professional help[15]. Traditional treatment services may not be tailored to address the emerging pattern of polydrug and stimulant use and high-risk consumption in nightlife settings[15].

Drug treatment data from the NDTRS for 2024 demonstrates that a large number of cases did not return to treatment or refused further sessions with 46.5% leaving treatment before completion (either refusing further treatment or not returning for appointments)[17]. The reasons and any underlying factors contributing to non-uptake of treatment needs to be understood to design evidence-based interventions which support engagement.

There continues to be issues in the availability and quality of drug treatment data and enhancements such as individual health identifiers would enhance data analysis and conclusions regarding the reach of treatment for specific populations[16].

Further research is required to provide comprehensive evidence of the effectiveness of the range of harm reduction initiatives encompassed as part of the NDS 2017-2025[1]. Limited research currently exists in relation to newer harm reduction and pilot programmes.

Documentation Review Findings

The following presents an in-depth analysis of the key themes emerging from the documentation review.

Harm Reduction Challenges and Future Directions cont.

Traditional harm reduction approaches are less effective in reaching users of stimulants and synthetic drugs. Drug use and methods of use are rapidly evolving, requiring an equally agile response in terms of harm reduction interventions alongside supporting evaluation.

Future research studies should examine the effectiveness of initiatives across a range of demographics of drug and service users. The long-term impact of harm reduction programmes, in addition to economic evaluations to demonstrate cost effectiveness of initiatives should also be conducted.

Addressing Drug Market Harms and Drugs Access

The NDS 2017-2025[1] aims to improve the control, management and regulation of supply of drugs and the minimisation of the harms associated with drugs. As demonstrated by the drug prevalence, trend and treatment data, Ireland's drug market is increasingly complex, with an access to a wider range of substances[15, 24,27,39]. Research suggests that users in Ireland perceive drugs as easy and quick to access with a variety of methods available and used for drug distribution including social networks and digital platforms[7, 15, 24]. Drug access particularly among young people appears to be closely related to social, recreational and nightlife settings[15,24].

Such findings again emphasise the need for drug-checking, real-time monitoring and early warning systems to reduce harms. Drug-related enforcement via prosecution for drug-related offences represents one potential means of controlling, managing and regulating drug supply.

The Central Statistics Office (CSO) publishes crime data based on An Garda Siochana Pulse data related to drug related offences. It should be noted that prior to 2023, the CSO caveated this data as "under reservation" related to concerns regarding data quality and standards[23].

Data evaluated as part of the focused policy assessment of the NDS (2017-2025) found a downward trend in the number of recorded offences for drug cultivation/manufacture and stabilisation of offences for drugs importation between 2014-2019[3]. In contrast it found an increase in possession offences since 2015 and an increase in drugs seizures and quantity since 2017[3]. The most recent CSO data, comparing 2024 to 2023 data, indicates that the number of recorded crime offences related to controlled drug offences has decreased by 7%, driven by a fall in recorded offences for drug possession for sale and supply and personal use[23]. The number of recorded crime incidents for controlled drug offences reduced by 30% from 23,120 in 2020 to 16,119 incidents in 2024[23].

The introduction of the Adult Caution Scheme for cannabis possession may have contributed to the observed decline in recorded drug offences[49]. Another contributing factor may be development of the Health Diversion Scheme, which represents a significant shift toward a health-led response to drug use[49]. Grounded in principles of compassion, inclusion, and evidence-based practice, the initiative aligns with the EU Drugs Action Plan and seeks to reduce harm and support recovery[29]. Importantly, while the legal status of drug possession remains unchanged, the programme prioritises treatment and rehabilitation over punitive measures, reflecting a broader commitment to person-centred care and public health. Although recent data indicates a decline in recorded drug-related offences, research continues to show that individuals who use drugs in Ireland perceive these substances as readily available and easily accessible.

Rehabilitation and Recovery

In addition to the actions focused on harm reduction, a number of key actions related to rehabilitation and recovery were outlined in the NDS (2017-2025)[1]. These included the development of integrated pathways encompassing medical, psychological and social support, strengthening community supports and ensuring equitable access to recovery services across the region. Drug treatment services are publicly funded and provided through HSE and voluntary services, the majority of inpatient residential treatment services are provided via voluntary agencies.

Evidence suggests that drug users in Ireland continue to experience challenges and barriers to timely access to rehabilitation and recovery services and care coordination due to waiting times, geographical disparities in service provision, stigma, service distrust, insufficient knowledge of user needs, stringent service requirements, lack of service integration and services for those with dual diagnoses[3, 6, 21-22, 48].

Documentation Review Findings

The following presents an in-depth analysis of the key themes emerging from the documentation review.

Rehabilitation and Recovery cont.

Research suggests that individuals treated for problem drug use can experience challenges in successfully exiting treatment. The "FPA" of the NDS (2017-2025) found that "successful exits" from treatment averaged at 47% from 2014 to 2019, although there was variation across different substance and treatment types[3]. Additional evidence also indicates that it remains difficult for those dependent on opiates to transition to progress along the treatment pathway[16].

There continues to be an absence of integrated pathways in Ireland, this is particularly evident for those with a dual diagnosis i.e. those with a substance use disorder and a co-occurring mental health disorder on the prevalence of dual diagnosis. The absence of such services necessitates the individual to negotiate three distinct health services of primary care, mental health services and drug treatment services to access the required supports. This further compounds access issues for disadvantage communities most at risk for drug use who already struggle to access health and social care[22]. In 2023, the HSE introduced a model of care emphasising the integration of mental health and addiction services[18].

This model plans to establish specialised teams to support Community Mental Health Teams, Community Child and Adolescent Mental Health Teams, acute inpatient psychiatric units, HSE Addiction Services, and various community and voluntary organisations, including Section 39 agencies[18].

There is limited recent available evidence on the prevalence of dual diagnosis in Ireland. In August 2024, the NDTRS began collecting more detailed data on mental health for cases presenting to drug treatment on behalf of the HSE which will provide valuable information as the model is developed and implemented.

Evidence Informed Policies and Actions

The "EU Action Plan on Drugs 2017-2020" established as an indicator for measuring achievements, the production of reports, evaluations and public expenditure estimates for national drug strategies[25]. The NDS 2017-2025[1] is underpinned by a focus on leveraging evidence to shape policies and actions aiming to ensure practices, services and policies are focused on achieving measurable outcomes.

As previously outlined, in conjunction with the "Mid-Term Review" of the NDS, a "Focused Policy Assessment" was conducted in 2021[2,3]. This aimed to review NDS 2017-2025[1] rationale, expenditure and performance. This assessment examined both labelled, spending targeted at drug and alcohol use and unlabelled expenditure, unplanned drug and alcohol related spending which is not explicitly categorised as such in public accounts[3]. Data for 12 of the 29 performance indicators were available and sourced for a trend analysis. A key conclusion of this assessment was that the available evidence based was limited by data availability and variability in the methods employed[3].

The literature indicates that despite the establishment of several monitoring mechanisms, significant challenges remain in effectively evaluating the implementation and impact of the NDS 2017-2025[1]. Fragmented data collection, variation in data collected and inconsistencies in data quality presents challenges in evaluating the implementation of the NDS (2017-2025)[2, 3].

Furthermore, the variety of sectors, agencies and services involved in strategy implementation and the lack of inter-agency and service coordination limit the ability to conduct comprehensive evaluations and further inform policy and actions based on the evidence-base[2, 3].

There is a critical need for measurable outcomes to assess the success of various interventions and policies and evaluate the impact of government expenditure on drug related issues.

As highlighted with regards to harm reduction initiatives, the emergence of new drugs requires a flexible and responsive approach. Such an approach requires real-time surveillance data systems and data monitoring systems to identify emerging trends and inform rapid responses. Such methods of surveillance include syringe residue analysis, drug-checking data, and site reporting.

The HSE's "Safer Nightlife Programme" implementation of pilot programmes relating to "back of house" drug checking at festivals have provided insights into drug trends and helped communicate risks to users[12].

It has been suggested that initiatives related to drug-checking services particularly nightlife settings require integration into the NDS and public health infrastructure[12].

Documentation Review Findings

The following presents an in-depth analysis of the key themes emerging from the documentation review.

Family and Community Engagement

The Ipsos European Public Affairs Flash Eurobarometer 552, published in 2024[50], examined the perceived impact of illicit drug use on local communities across the European Union. On average, 39% of respondents across Member States identified illicit drug use as a serious issue in their local area. Notably, the proportion was significantly higher in Ireland, where 59% of respondents reported it as a serious local concern[50].

The NDS 2017-2025[1] aimed to enable participation of individuals and their families and strengthening communities affected by substance misuse. Meaningful engagement with communities affected by drug use is crucial to implementing, evaluating and refining the NDS 2017-2025[1]. However, both the "Mid-Term Review" and the "Focused Policy Assessment" highlighted a significant gap in available data, resulting in insufficient evidence to assess progress toward this goal[2,3].

Many challenges are reported to remain with these communities in engaging with healthcare professionals and policy-makers due to the high levels of stigma and discrimination faced by drug users[6, 21-22,,26]. Stigma and discrimination can lead to poorer health outcomes for drug users, as they may avoid or delay seeking treatment due to fear of judgment or mistreatment. Persistent stigma and low levels of trust, continue to hinder service engagement. This is of particular concern given that treatment data suggests that those from socio-economically disadvantaged communities are disproportionately affected. For example, there appears to be an upward trend in the Irish Traveller community in non-uptake of treatment[3].

Lack of meaningful engagement will limit the evaluation of the NDS (2017-2025) and findings regarding its relevance and effectiveness to individuals and communities. The "Meaningful Involvement in Services in Health and Social Care (MISHSoC)" report explored the experiences of people who use drugs in relation to their involvement in health and social care services in Ireland[26]. The study highlighted critical gaps in the integration of lived experience and equitable access within the current policy and service landscape. It found that individuals who use drugs face systemic barriers to meaningful involvement in service design and delivery, including stigma, discrimination, and a lack of trust in services. The report found evidence of limited-service user involvement with insufficient inclusion of people with lived experience in the design and development of policies and services[26]. This report advocates for effective engagement strategies to embed lived experience within co-produced service planning, implementation and evaluations. To promote inclusive and equitable approaches, a number of recommendations were identified including the need for investment in anti-stigma training, and the development and implementation of equity-focused service models tailored to the specific needs of marginalised groups.

Conclusion

This literature review highlights the evolving landscape of drug use and policy in Ireland under the NDS, "Reducing Harm, Supporting Recovery 2017-2025". Key findings indicate a shift toward a health-led, person-centred approach, yet persistent challenges remain in service accessibility, integration, and responsiveness. Drug use patterns have become increasingly complex, with rising stimulant and polydrug use, particularly among young people and in nightlife settings. Despite progress in harm reduction and treatment availability, significant barriers, such as stigma, geographical disparities, and limited-service integration, continue to hinder equitable access to rehabilitation and recovery services. The review also highlights the need for improved data systems, real-time monitoring, and meaningful inclusion of people with lived experience in service design and evaluation. These findings suggest that future policy and service development must prioritise flexibility, inclusivity, and evidence-informed approaches to effectively address the dynamic nature of drug use and support long-term recovery outcomes.

The proceeding section of the evidence review presents data trends related to drug and alcohol prevalence, treatment and service engagement and drug-related deaths.

Evidence Review

Data Review

Data Review

Overview of trends in substance use in Ireland.

Introduction

This section of the Evidence Review provides a general summary of patterns observed in the available data related to substance use, treatment demand, and drug related deaths in Ireland. The information presented is based on established sources most notably the HRB, Healthy Ireland and the NSIO.

Table 1 below provides an overview of the focus areas for the data review, the data sources and the year of data collection of the respective sources. Links to all referenced sources are included for verification and further reading. It is important to note that the most recently available data for prevalence, treatment and drug-related deaths have been provided, however due to reporting cycles and limitations, more recent data is not available precluding further analysis of any impact related to these focus areas in the latter years of the NDS 2017-2025[1]. It is important to note that this data review does not seek to complete additional analysis, establish causal relationships or explore the underlying drivers behind observed trends. This is due to the ongoing nature of data collection, the adaptive structure of the NDS 2017-2025[1], and the complex interplay of influencing factors across the policy landscape. A key limitation encountered during this data review was the outdated nature of some datasets, where time lags in reporting reduced the accuracy of current trend analysis and policy alignment.

The review highlights evolving patterns in drug prevalence, demographic variations, and emerging public health concerns, most notably the change in cocaine use and changing gender-related trends. Although overall levels of drug use have remained relatively stable, notable shifts in the types of substances used and the profiles of users have been observed. Treatment demand has mirrored these developments, with a significant change in cocaine-related presentations and treatment outcomes. In conclusion, the substance use landscape in Ireland is continuing to change. These trends underscore the need for agile, evidence-based responses that can adapt to emerging risks and inform future strategy development.

Table 1. Data sources used in this Evidence Review section:

Area of focus	Report Title	Data Source	Data Year	Publication status
Prevalence of drug and alcohol use	Drug use in Ireland 2022–23: findings from the Healthy Ireland Survey	Mongan D, Millar SR, Galvin B. Drug use in Ireland 2022–23: findings from the Healthy Ireland Survey [data directly submitted]. Dublin: Health Research Board; 2025.	2022-2023	Direct Submission[27]
	Healthy Ireland Survey 2023	Department of Health. Healthy Ireland Survey 2023 [Internet]. Dublin: Department of Health; 2023 [cited 2025 May 14]. Available from: https://www.gov.ie/en/healthy-ireland/publications/healthy-ireland-survey-2023/	2022-2023	Published[39]
	Irish National Drug and Alcohol Survey: Main Findings	Mongan D, Millar S, Galvin B. The 2019–20 Irish National Drug and Alcohol Survey: Main Findings. Dublin: Health Research Board; 2021 [cited 2025 Jun 30]. Available from: https://www.drugsandalcohol.ie/34287/	2019-2020	Published[7]
	Alcohol: availability, affordability, related harm, and policy in Ireland	Doyle A, Mongan D, Galvin B. Alcohol: availability, affordability, related harm, and policy in Ireland. HRB Overview Series 13. Dublin: Health Research Board; 2024 [cited 2025 Jun 30]. Available from: https://www.hrb.ie/wpcontent/uploads/2024/06/HRB_Alcohol_Overview_Series_13.pdf	2019-2020	Published[51]
Treatment and service engagement	Drug treatment demand in Ireland 2024	Health Research Board. NDTRS Drug Treatment 2017–2024 [data directly submitted]. Dublin: Health Research Board; 2024.	2024	Direct Submission[17]
	Drug treatment demand in Ireland 2024	Lynch T, Condron I, Lyons S, Tierney P. Drug treatment demand in Ireland 2024 [Internet]. Dublin: Health Research Board; 2024 [cited 2025 Jun 4]. Available from: https://www.hrb.ie/wp-content/uploads/2025/05/Drug-treatment-bulletin-2024.pdf	2024	Published[45]
Drug-related deaths	Drug poisoning deaths in Ireland in 2021: data from the National Drug-Related Deaths Index (NDRDI)	Health Research Board. Drug poisoning deaths in Ireland in 2021: data from the National Drug-Related Deaths Index (NDRDI) [Internet]. Dublin: Health Research Board; 2024 [cited 2025 Jun 30]. Available from: https://www.hrb.ie/wp-content/uploads/2024/10/Drug_poisoning_deaths_Ireland_2021_bulletin.pdf	2021	Published[28]

Data Review

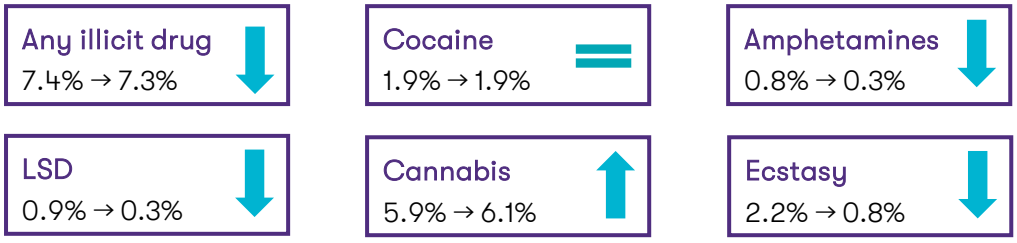
Overview of trends in substance use in Ireland.

1. Prevalence

For the purposes of examining drug prevalence data, findings are drawn from both the "Healthy Ireland 2022/23" survey[27] and the "NDAS 2019-20" survey[7]. Due to the shifts in methodological approach compared to earlier studies, direct comparisons with previous data sets should be approached cautiously. Additionally, "Healthy Ireland 2022/23" survey[27] does not provide breakdowns by deprivation level or regional areas, further limiting the scope for comparative analysis.

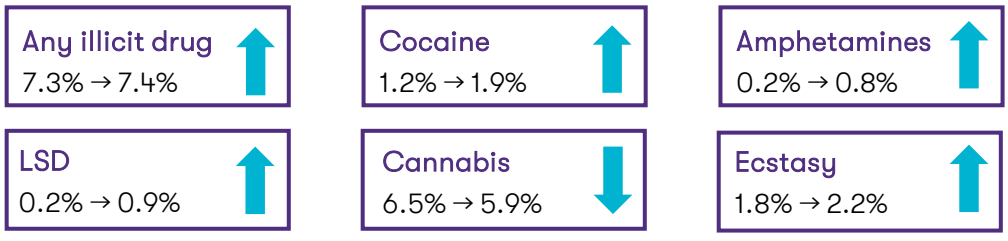
Figure 1 below presents trends in drug use by drug type (%). The data for this figure is based on previous Irish prevalence studies' findings from 2019/20, based on the "NDAS 2018-20" survey results, to 2022/23, based on the "Healthy Ireland Survey 2022/23".

Figure 1. Trends in drug, alcohol, and tobacco use, by age group and drug type (%) (2019/20[7] – 2022/23)[27]



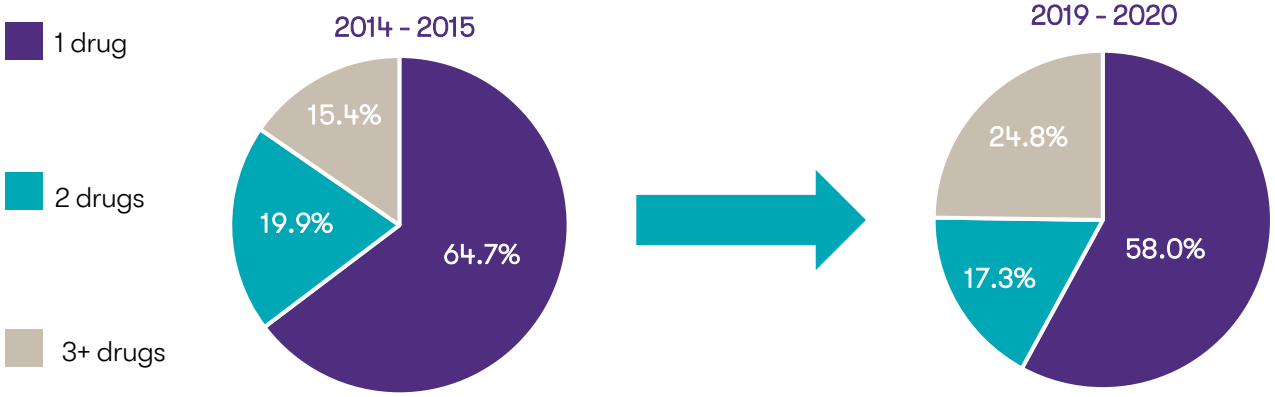
The "NDAS 2019–20"[7] aimed to assess the prevalence and patterns of substance use among individuals aged 15 and older in Ireland, comparing the findings with previous surveys (see Figure 2). The survey found that overall illicit drug use remained stable at 7.4% (compared to 7.3% in 2014–15). A statistically significant increase in recent use since 2014–15 was reported for cocaine, LSD (lysergic acid diethylamide) and amphetamines. A non-significant decrease in recent use of cannabis was also reported (from 6.5% in 2014–15 to 5.9% in 2019–20) (see Figure 2).

Figure 2. Changes in recent (last year) drug consumption across participants aged 15 years and older in Ireland from 2014/15 to 2019-20[7].



Despite overall drug use being stable at 7.4%[7], the "NDAS 2019-20"[7] noted that those who used illicit drugs recently (within the last year) were more likely to use 2 or more (polydrug use) (see Figure 3).

Figure 3. Number of illicit drugs used by those reporting recent use polydrug use in 2014/15 and 2019-20[7].



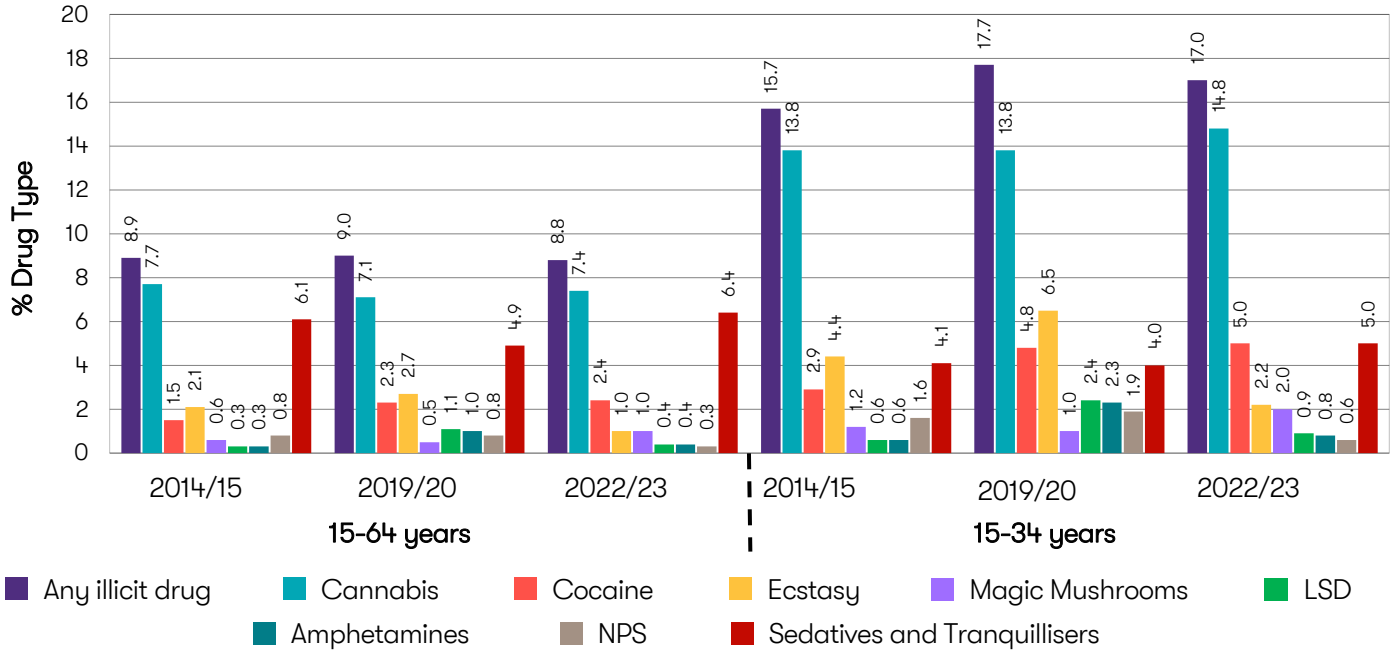
Data Review

Overview of trends in substance use by age and gender in Ireland.

Trends in Recent Use of Any Illicit Drug, by Age and Gender

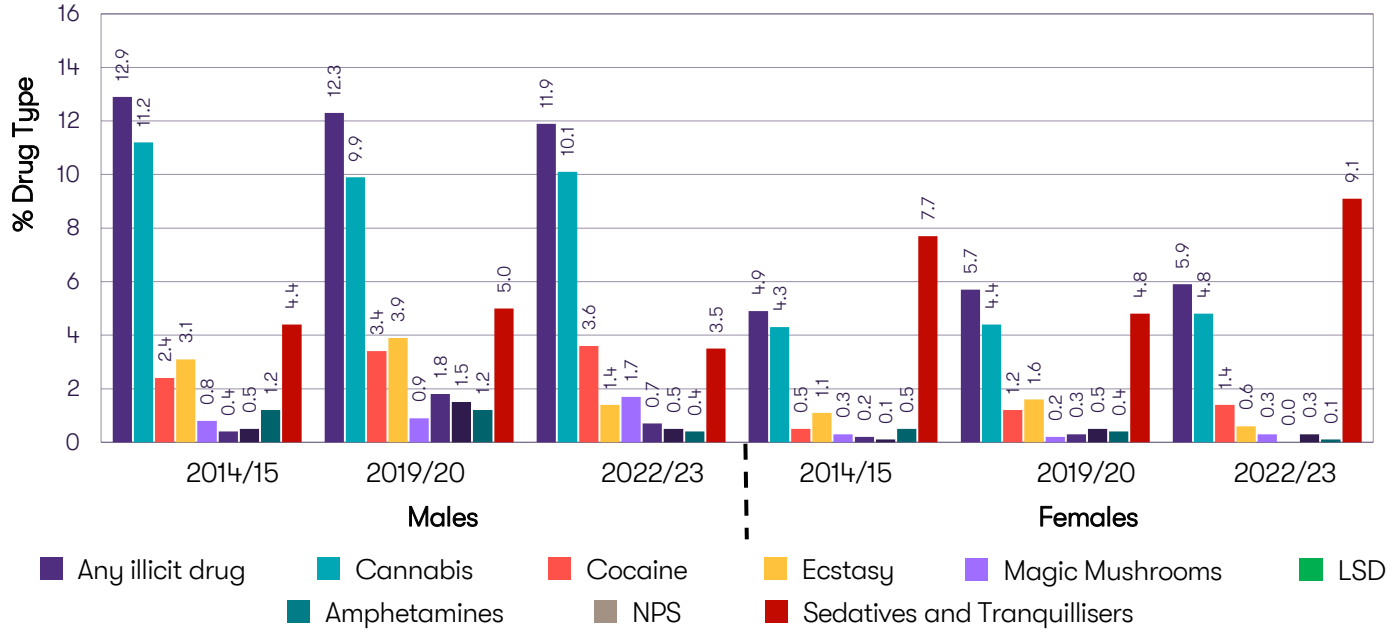
Overall drug use in Ireland has remained mostly stable from 2014 – 2023[27], although there has been moderate fluctuations in the consumption patterns for some drugs (see Figure 4). For the 15-34 age cohort, the largest variations in consumption occurred for both cocaine and ecstasy. Cocaine usage is 72.4% higher in 2023 compared to 2014 while ecstasy is 50% lower over the same period.

Figure 4: Trends in drug use by age group and drug type[27](%).



Overall illicit drug use for both males and females has shifted marginally from 2015 to 2023[27]. Reported past-year use among males of illicit drugs decreased from 12.9% in 2014/15 to 11.9% in 2022/23 . Reported last-year use among females increased from 4.9% in 2014/15 to 5.9% in 2022/23 (see Figure 5). Notable gender differences are observed in the types of substances used. Among males, cannabis remains the most commonly reported substance, whereas among females, sedatives and tranquillisers are more frequently reported than other substances.

Figure 5: Trends in last year prevalence by gender and drug type[27](%).



Data Review

Overview of trends in substance use by age and gender in Ireland.

Alcohol Consumption in Ireland

Ireland has a high prevalence of monthly hazardous alcohol consumption relative to international standards[7]. Heavy episodic drinking (HED) is sometimes referred to as "binge drinking" and is defined as consuming six or more standard drinks on a single occasion.

The most recent "Healthy Ireland 2023" survey"[39] indicated that almost one-quarter (24%) of the population engage in HED on a typical drinking occasion, lower than 2018 (27%) (See Table 2). Among drinkers, males were more likely to binge drink on a typical drinking occasion (37%) compared with females (12%), and this difference is reflected across all age groups. Almost half of men aged between 15-24 binge on a typical drinking occasion, compared to roughly a quarter of women in this age group (48% and 24% respectively[39].

Table 2. Percentage of drinkers who engaged in binge drinking on a typical drinking occasion, by gender and age group, 2023 [39]

Age (Years)	Males (%)	Female (%)
15-24	48	24
25-34	40	17
35-44	41	12
45-54	36	8
55-64	36	9
65-74	29	3
≥75	15	1
Total	37	12

Table 3 from the "2019-20 Irish National Drug and Alcohol Survey" showed an overall decline in the number of drinkers aged 15-64 years reporting monthly HED from 2014-15 to 2019-20[7] .

Table 3. Trends in proportion of drinkers (aged 15-64 years) who engaged in monthly HED, by age group[7]

Age (Years)	2014-15	2019-20
15-24	57.0	56.4
25-34	57.7	46.0
35-49	39.8	37.7
50-64	37.1	36.2

Data Review

Overview of trends in substance use by age and gender in Ireland.

Alcohol Consumption in Ireland

Alcohol use disorder (AUD) is defined as a problematic pattern of alcohol use leading to clinically significant impairment or distress and manifested by two or more of the following 11 criteria occurring at any time in the last year. Based on the DSM-5 criteria to measure AUD, one in every five drinkers (20.0%) were classified as having AUD in the "NDAS 2019-20"[7]. The "Alcohol availability, affordability, related harm, and policy in Ireland" paper[51] presented data on AUD in Ireland using the "NDAS 2019-20"[7]. The report showed that one in every five drinkers (20.0%) were classified as having AUD in the "NDAS 2019-20"[7]. It was more common among male drinkers (24.8%) than female drinkers (15.1%) and was highest among those aged 15–24 years (37.5%)[51]. Young drinkers aged 15–24 years were more likely to be classified as having severe AUD (8.2%), 8.6% of females and 7.9% of males (Table 4). Drinkers aged 65 years and over were the least likely to have severe AUD (0.3%).

Table 4. Percentage of drinkers with AUD, by severity of AUD, gender, and age group, 2019–20[51]

Age (Years)	Gender	AUD (all drinkers) (%)	Mild AUD (%)	Moderate AUD (%)	Severe AUD (%)
15-24	Male	37.0	15.0	14.1	7.9
	Female	38.0	21.6	7.9	8.6
25-34	Male	37.1	14.6	15.3	7.1
	Female	18.1	14.3	2.4	1.4
35-49	Male	26.2	16.1	6.5	3.7
	Female	13.4	9.7	2.9	0.8
50-64	Male	13.6	9.4	1.9	2.3
	Female	7.3	5.0	1.8	0.6
≥65	Male	9.7	7.3	1.9	0.4
	Female	3.7	2.2	1.3	0.2
Total		**20.0**	**11.6**	**5.4**	**3.1**

2. Treatment

Drug treatment data has been extracted and presented based on data directly provided by the HRB pertaining to drugs as a main problem (excluding alcohol as a main problem) alongside treatment outcomes for the years 2017 to 2024 for drugs only[17]. This data is additional to that published in the HRB Bulletin "2024 Drug Treatment Demand Report"[45].

The HRB drug treatment demand data is from the NDTRS, the national surveillance system for recording and reporting drug and alcohol treatment cases in Ireland. It is important to note that there is no unique identifier in Ireland, the NDTRS records episodes of care or cases, rather than individual records and therefore cannot provide a longitudinal view of individual treatment patterns. As a result, individuals may be represented more than once within a single year if they accessed treatment on multiple occasions. The most recent year for which drug treatment data is available is 2024. Some additional information, related to treatment, while presented in the text overleaf for context, is not included in the accompanying tables.

Data Review

The below provides an overview of the trends in substance use in Ireland, by substance type and risk factors for those accessing treatment.

Treatment Demand

Drug treatment demand increased in 2024, with 13,295 cases treated for problem drug use, the highest annual number recorded by the NDTRS and of which 35.9% were never treated before[17] (Table 5). This figure represents an increase of 1% (191 cases) compared to the previous year 2023 (13,104 cases)[45].

Table 5. Cases treated for main problem drug use (excluding alcohol) 2017 to 2024[17].

Demand	2017	2024
Number of cases	8,922	13,295
New to treatment	3,257 (36.5%)	4,771 (35.9%)
Previously treated	5,242 (58.8%)	7,717 (58.0%)
Treatment history not known	423 (4.7%)	807 (6.1%)
Polydrug use	5,106 (56.2%)	8,033 (60.4%)

Main Problem Drug Presenting to Treatment

Table 6 presents a comparison of the five most commonly reported primary substances of concern in the 30 days prior to treatment, as recorded in 2017 and 2024. Excluding alcohol, cocaine was the most commonly reported drug[17]. Treatment episodes for cocaine use more than tripled between 2017 and 2024[45]. Episodes involving hypnotics also increased significantly, rising from 963 in 2017 to 1,938 in 2024[17]. Conversely, opioid usage decreased by 17.2% while cannabis usage remained stable[17].

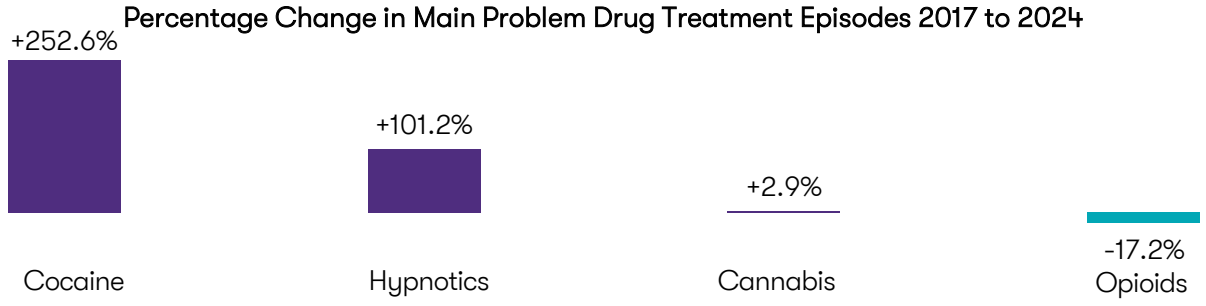
While not included in the table below, the 2024 NDTRS data indicates variation in the primary substance reported between individuals entering treatment for the first time and those with previous treatment episodes[45]. Cocaine was the most common drug among new episodes, accounting for 46.8% (2,235 new episodes) of this group[45]. In contrast, opioids were the most frequently reported drug among previously treated episodes, representing 35.9%[45]

Table 6. Main problem drug (excluding alcohol) reported in 30 days prior to treatment 2017 to 2024[17].

Substance	2017	2024	Rank Change
Cocaine	1,500	5,289	3rd → 1st
Opioids	4,016	3,326	1st → 2nd
Cannabis	2,200	2,263	2nd → 3rd
Hypnotics	963	1,938	4th → 4th
All others	243	479	5th → 5th

Figure 6 illustrates the percentage change in individuals accessing addiction treatment in 2024 compared to 2017 with notable increases observed in treatment episodes for both cocaine and hypnotic substances. Between 2017 and 2024 data, there has been a 252.6% increase in episodes where cocaine is reported as the main problem drug[17].

Figure 6. Percentage change in those accessing treatment recorded for each substance reported in 2024 compared to 2017[17].



Data Review

Overview of demographic data of individuals receiving addiction treatment in Ireland.

Demographic Profile of Those Presenting to Treatment

Table 7 presents demographic data of individuals receiving addiction treatment in 2017 and 2024 respectively[17]. Overall, the profile of cases receiving addiction treatment remained relatively stable comparing 2017 to 2024 case data. The proportion of treatment episodes in paid employment increased from 14.3% in 2017 to 21.8% in 2024.

Table 7. Demographic profile of all cases (episodes) treated for drugs as a main problem in Ireland in 2017 and 2024[17].

Demographics	2017 (n: Case %)	2024 (n: Case %)
Females[a]	2,436 (27.3%)	3,988 (30.0%)
Median age (Range)	30 years (17-48)	34 years (18-52)
Under 18 years	591 (6.6%)	585 (4.4%)
Over 40 years	1,614 (18.1%)	4,244 (31.9%)
Homeless	858 (9.6%)	1,555 (11.7%)
Traveller	310 (3.5%)	365 (2.7%)
Other ethnicities[b]	451 (5.1%)	732 (5.5%)
Paid employment	1,280 (14.3%)	2,896 (21.8%)
Has children aged under 18 years	3,706 (38.2%)	5,809 (43.7%)
Median time from first use to treatment (range)	7 years (1-23)	8 years (1-26)

[a] *Gender options were expanded in 2021 to include "non-binary" and in 2022 to include "in another way".*
[b] *Excludes cases who identified as "Irish" or "White Irish", "Traveller", "Did not wish to answer" and also unknown values.*

Table 8 displays the number of treatment cases where a drug was identified as the primary issue, categorised by type of service provider, over the period from 2017 to 2024. Overall, the percentage proportion of most categories remained relatively stable across the years[17].

Table 8. % and number of cases (episodes) treated for drugs as a main problem, by type of service provider in 2017 and 2024[17].

Service	2017	2024
All Cases	8,922	13,295
Outpatient	5,610 (62.9%)	9,316 (70.1%)
In-patient/Residential	1,757 (19.7)	1,837 (13.8%)
Low Threshold	792 (8.9%)	1,351 (10.2%)
Prison*	651 (7.3%)	559 (4.2%)
GP	112 (1.3%)	232 (1.7%)

**While all prisons and services providing treatment within prisons participate in the NDTRS, currently only counselling data is returned to the NDTRS; data on OAT, detoxification and other related interventions were not provided from the Irish Prison Service during this period.*

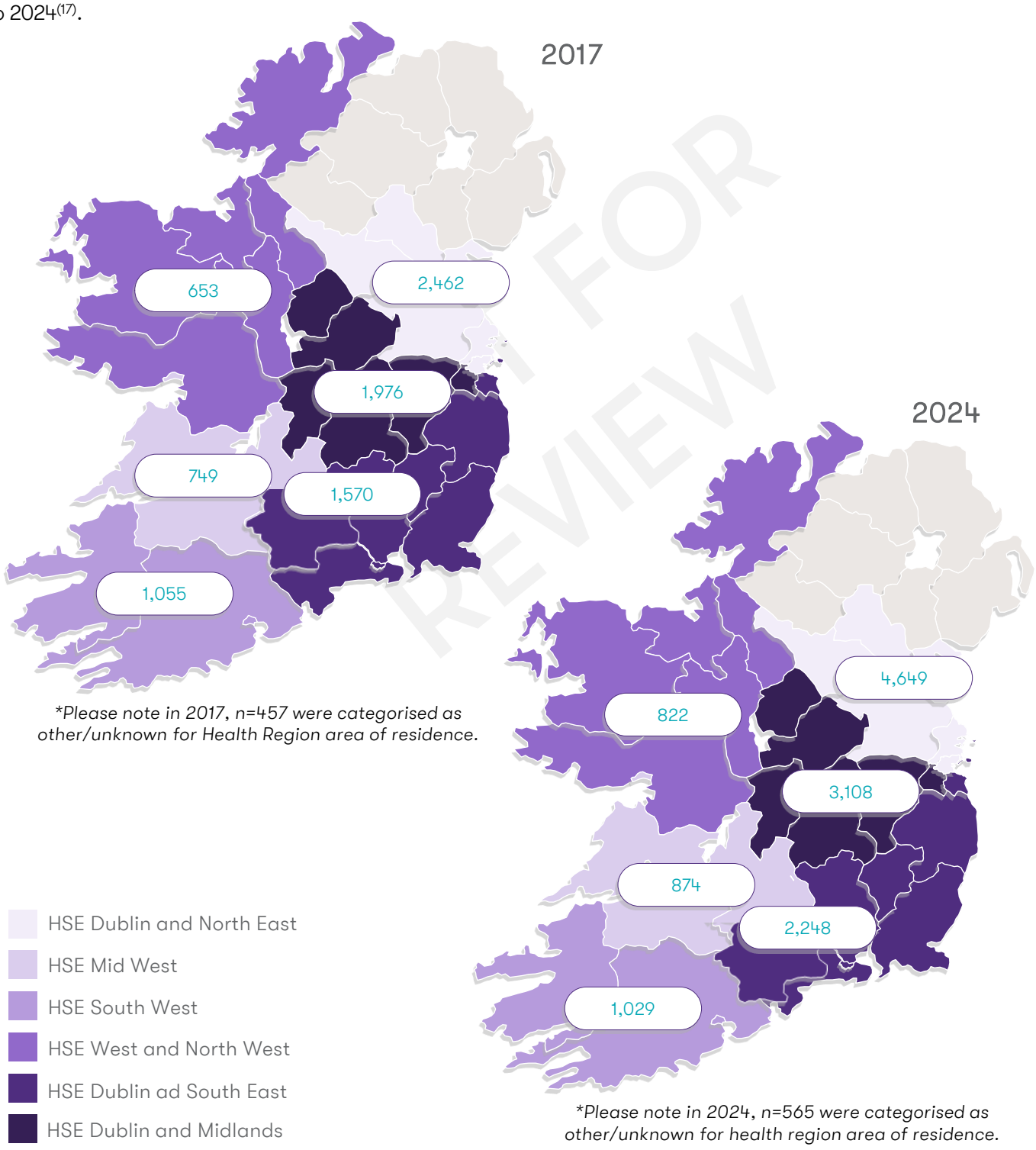
Data Review

Overview of the number of cases treated, in 2017 and 2024, for drugs as a primary issue by HSE Health Region area of residence.

Number of Treated Problem Drug Use

Figure 7 presents the number of cases in which drugs were identified as the primary issue. The map is colour-coded to highlight each HSE Health Region (HR) area of residence. In 2024, the highest number of reported cases resided in HR HSE Dublin and North East. The NDTRS is not uniform across the country and therefore conclusions based on geographic analyses must be interpreted in this context

Figure 7. Number of cases treated for drugs as a primary issue by HSE Health Region area of Residence from 2017 to 2024[17].



*Please note in 2017, n=457 were categorised as other/unknown for Health Region area of residence.

*Please note in 2024, n=565 were categorised as other/unknown for health region area of residence.

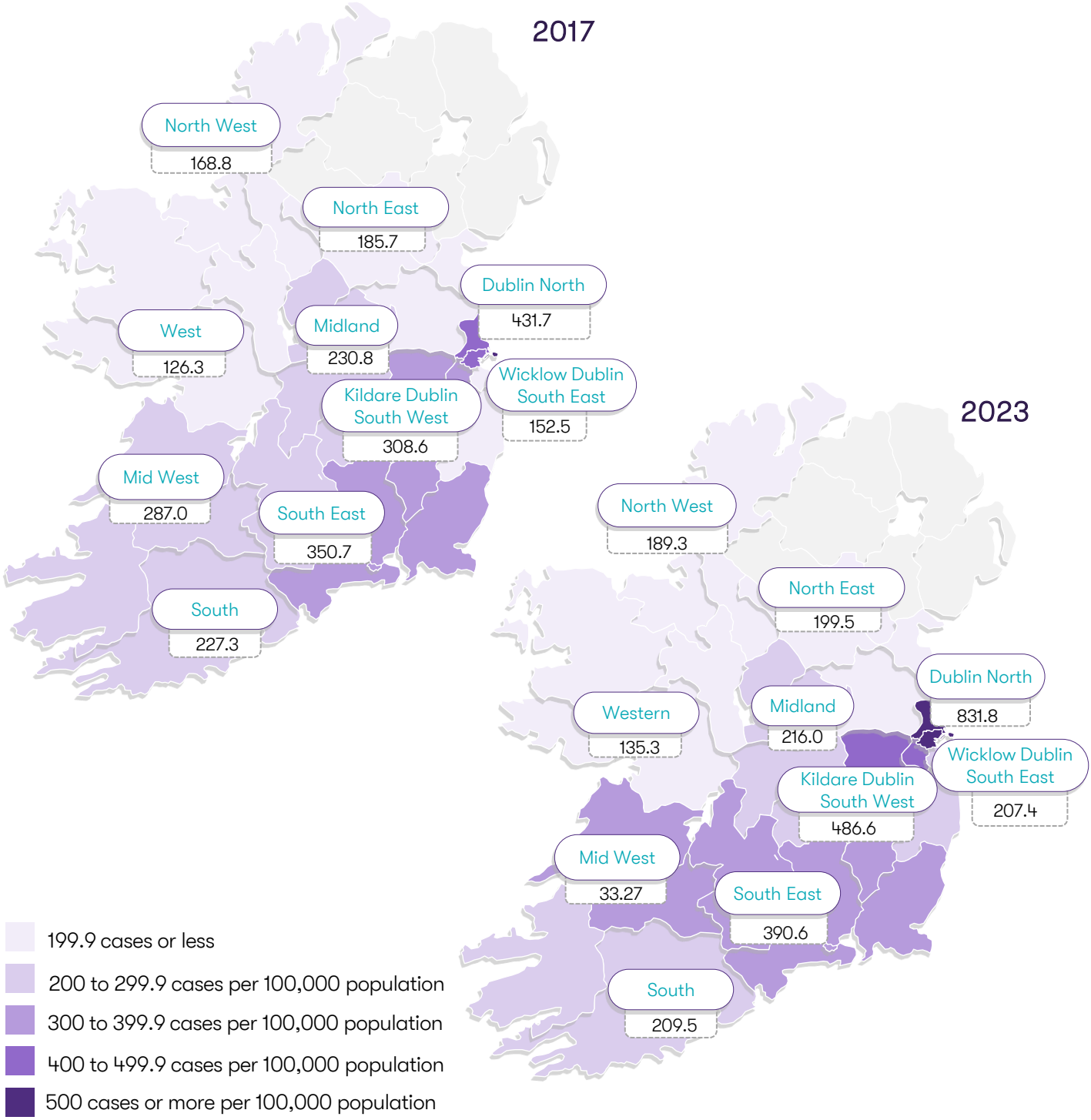
Data Review

Overview of the number of cases treated, in 2017 and 2023, for drugs as a primary issue by residence in Task Force region

Prevalence of Treated Problem Drug Use Among 15–64-year-olds

Figure 8 illustrates the prevalence of treated problem drug use among 15–64-year-olds. The map is colour-coded to highlight the number of cases per 100,000 population by residence in Task Force Region*.

Figure 8. Prevalence of treated problem drug use among 15–64-year-olds, per 100,000 population, by residence in Task Force region, NDTRS, 2017/2023



*Local Drug and Alcohol Task Forces are included within the Regional Boundaries.

Source: Health Research Board. Prevalence of treated problem drug use among 15–64-year-olds, per 100,000 population, by Regional Drug and Alcohol Task Force Area of residence, NDTRS, 2017–2023 [data submitted directly]. Dublin: Health Research Board; 2024 [cited 2025 July 14].

Data Review

Outlined below is an overview of treatment outcomes regarding service utilisation, treatment progression and post discharge in Ireland from 2017–2024.

2024 Treatment Outcomes

The 2024 Drug Treatment Demand[17] provides statistics and insights into the key treatment outcome trends. For those cases aged over 18 years of age, 92.1% accessed treatment within one month of assessment, this is an increase compared to 89.9% in 2017.

In 2024, 42.5% (n=4,955) of cases completed or continued treatment elsewhere, an increase compared to 40.5% of cases in 2017. Cases leaving treatment before completion, either refusing treatment or not returning for appointments, were 46.5% (n=5,419).

Table 9. Cases (episodes) as measured by treatment associated outcomes in Ireland between 2017 and 2024[17].

Outcomes	2017	2024
Cases 18 years or older accessing treatment within one month of assessment	4,842 (89.9%)	7,567 (92.1%)
Cases under 18 years accessing treatment within one week of assessment	424 (86.5%)	317 (85.9%)
Cases completing treatment or continuing treatment elsewhere	2,207 (40.5%)	4,955 (42.5%)
Cases leaving treatment before completion*	2,514 (46.1%)	5,419 (46.5%)
Cases with a care plan	2,439 (44.8%)	5,312 (45.6%)
Cases assigned a key worker	2,056 (37.7%)	5,315 (45.6%)

** Cases leaving treatment before completion includes those that refused further treatment and those who did not return for appointments.*

Table 10 illustrates treatment outcomes associated with reductions or cessation in drug use. There was a notable increase in the number of cases where individuals either abstained entirely or reported a decrease in their previous levels of drug use.

Table 10. Cases (episodes) reporting no or reduced drug use post-treatment discharge in Ireland in 2017 and 2024[17].

Condition on discharge or when last seen	2017	2024
No drug use or reduced drug use	2,202 (40.4%)	6,559 (56.2%)

Data Review

Outlined below is an overview of drug related poisonings, by gender and drug group implicated.

3. Drug Poisoning Deaths

This section explores deaths caused by drug poisoning and the circumstances in which they occurred. The "Drug Poisoning Deaths in Ireland in 2021: Data" from the National Drug-Related Deaths Index (NDRDI) report acts as the main source of information[28].

Table 11 illustrates the total number of drug poisoning deaths by gender. When viewed during the lifetime of the NDS 2017-2025[1], drug poisoning deaths have fluctuated from 325 in 2107 to 354 in 2021, with a notable peak of 439 deaths in 2020. Specific to this peak, females were the most impacted. However, it is worth noting that drug poisoning deaths also increased in other countries during the initial stages of the COVID-19 pandemic[52]. The number of male drug poisoning deaths has remained relatively constant except for a steady increase between 2019 and 2020. Female deaths, while approximately half that of males, also increased from 104 in 2017 to 127 in 2021.

Table 11. Number of drug poisoning deaths by gender, "NDRDI 2017 to 2021"[28].

Gender	2017	2018	2019	2020	2021
Total	325	361	375	439	354
Male	221	231	259	271	227
Female	104	130	116	168	127

Table 12 illustrates the number of drug poisoning deaths by a drug group from 2017-2021. Note, due to polydrug use, a death may be listed under each drug category, thereby, appearing twice or more. Opioids are still the most common source of drug poisoning deaths, accounting for 69% in 2021 with benzodiazepines being the next most common, accounting for 53%. The spike of drug poisoning deaths in 2020 is atypical and was likely caused by wider environmental or societal factors, most notably the COVID-19 pandemic.

Table 12. Number of drug poisoning deaths for each drug group implicated: "NDRDI 2017 to 2021"[28].

Category of Drugs	2017	2018	2019	2020	2021
Number of deaths	325	361	375	439	354
Opioids	220	244	267	305	244
Benzodiazepines	150	198	190	243	187
Antidepressants	71	96	96	123	124
Cocaine	55	79	108	140	107
Gabapentinoids / antiepileptics	56	76	76	104	97
Alcohol	68	72	92	88	91
Z-drugs	51	53	84	80	66
Non-opioid analgesics	44	28	43	49	52
Antipsychotics	33	35	38	57	50
Other medications	21	27	22	30	44
Novel psychoactive substances	7	7	15	21	24
Other amphetamine / stimulant	19	21	25	22	12
Others	16	27	31	20	24

Data Review

Outlined below is an overview of specific drug implicated drug related poisonings.

Polysubstance Poisoning Deaths

Table 13 illustrates the total number of polysubstance poisoning deaths by gender from 2017–2021[28]. Note, due to polydrug use, a death may be listed twice. Also, only the three most common drug groups implicated in polysubstance poisoning deaths are displayed in this table; opioids, benzodiazepines and antidepressants. Overall, the number of polysubstance poisoning deaths has remained relatively constant, with a slight rise over the last five years with the exception of 2020. The ratio of males to female polysubstance poisoning, two male deaths to every one female death, has remained the same across all three drug groups also.

Table 13. Number of polysubstance poisoning deaths with more than one specific poisoning drug implicated within selected drug groups (opioids, benzodiazepines, and antidepressants) by gender, "NDRDI" 2017 to 2021[28].

		Year of Death				
		2017	2018	2019	2020	2021
All Deaths		325	361	375	439	354
Polysubstance Poisoning deaths	n	237	277	299	352	288
Males	n	157	178	210	219	184
Females	n	80	99	89	133	104
More than one opioid						
All deaths	n	47	58	54	84	66
	%	19.8	20.9	18.1	23.9	22.9
Males	n	34	38	40	49	42
	%	21.7	21.3	19	22.4	22.8
Females	n	13	20	14	35	24
	%	16.3	20.2	15.7	26.3	23.1
More than one benzodiazepine						
All deaths	n	72	96	71	96	76
%	%	30.4	34.7	23.7	27.3	26.4
Males	n	53	69	54	65	52
%	%	33.8	38.8	25.7	29.7	28.3
Females	n	19	27	17	31	24
%	%	23.8	27.3	19.1	23.3	23.1
More than one antidepressant						
All deaths	n	13	17	24	24	30
	%	5.5	6.1	8	6.8	10.4
Males	n	-	-	10	8	18
	%	-	-	3.3	2.3	6.3
Females	n	8	12	14	16	12
	%	10	12.1	15.7	12	11.5

Data Review

Outlined below is an overview of specific drug implicated drug related poisonings.

Characteristics and Circumstances of Those Who Died Due to Drug Poisoning

Table 14 illustrates the characteristics and circumstances of those who died due to drug poisoning between the period of 2017–2021[28]. There has been no significant fluctuations in the number of deaths, median age or age ranges. However, there has been a 68.8% increase in the number of homeless people who died, rising from 32 in 2017 to 54 in 2021[28]. This trend coincided with an increase in the overall homeless population, 6,906 in 2017 to 10,321 in 2022[54]. Additionally, the number of individuals with a recorded history of at least one prior overdose rose by 66.6%, 30 in 2017 to 50 in 2021[28].

Table 14. Characteristics of the deceased and circumstances of death "NDRDI 2012 to 2021"[28].

		2017	2018	2019	2020	2021
Number of deaths		325	361	375	439	354
Median Age		41	41	41	42	42.5
Age Range		23-67	25-68	23-64	23-69	25-69
Homelessness	n	32	42	42	66	54
	%	10.5	11.9	11.2	15	15.3
Health and health risk behaviours						
History of substance use or dependency	n	257	289	311	362	283
	%	79.1	80.6	82.9	82.5	79.9
Ever treated for substance use	n	119	138	133	166	125
% of those with a history of substance use or dependency	%	46.3	47.8	42.8	45.9	44.2
History of mental health issues	n	160	181	188	223	170
	%	49.2	51.1	50.1	50.8	48
Ever injected	n	72	87	89	91	62
	%	22.2	24.6	23.7	20.7	17.5
Injecting at the time of death	n	37	48	45	49	23
% of those who had ever injected	%	51.2	55.1	50.6	53.8	37
History of previous overdose	n	30	40	60	71	50
	%	9.2	11.1	16	16.2	14.1
Place of incident						
Private dwelling	n	238	259	278	332	266
	%	73.2	71.7	74.1	75.6	75.1
With whom at the time of incident						
Alone	n	138	148	141	178	145
	%	42.5	41	37.6	40.5	41

Data Review

Outlined below is an overview of drug related expenditure data.

Drug Related Expenditure Data

The "FPA", a joint initiative by the Departments of Health and Education, offered a comprehensive evaluation of both labelled and unlabelled public expenditure associated with drug and alcohol misuse[3]. This review forms part of the Irish Government Economic and Evaluation Service (IGEES) publication series[3]. Labelled expenditure data is compiled by the Drugs Policy Unit and submitted to the HRB, which acts as Ireland's national focal point for the EUDA. In contrast, there is no equivalent annual mechanism for estimating unlabelled expenditure.

The analysis encompassed both direct government expenditure and the development of a baseline estimate for the indirect costs associated with drug use, aligning these financial insights with the strategic objectives articulated in the NDS 2017-2025[1]. According to the review[3], during the period 2014 to 2019, a range of government departments, statutory agencies, and community-based organisations reported expenditure linked to the implementation of the NDS (2017-2025).

While headline figures suggest a decline in overall labelled expenditure, from €240 million in 2017 to €187.5 million in 2019, this trend may present a misleading narrative. The report attributes the apparent reduction primarily to incomplete financial reporting by some state agencies. Notably, in 2018 alone, underreporting by these entities resulted in an estimated shortfall exceeding €32 million.

The "FPA" reports that when these agencies are excluded from the analysis, labelled expenditure trends appear differently. Expenditure for the remaining departments and services rose from approximately €150 million in 2014 to €174 million in 2019, reflecting a 16% increase over the period. This growth is most evident in the health sector, where the HSE Addiction Services saw the largest increase of an additional €17 million over five years, averaging a 4% annual rise. Specifically, during the 2017–2019 period, this aligned with the implementation of the NDS 2017-2025[1] with spending in this area rising by €5.5 million. The Department of Social Protection also recorded the highest percentage increase in expenditure over the full five-year span. In contrast, spending by the Department of Health on Drug and Alcohol Task Force Projects remained relatively stable, and the Department of Education and Youth saw a modest decline in expenditure between 2018 and 2019.

With regard to unlabelled expenditure for this period, the "FPA" report estimated that this amounted to approximately €87 million annually[3]. This included costs related to hospital care, prison services, and criminal justice interventions. Additionally, productivity losses arising from drug-related imprisonment, illness, and premature death contributed an estimated €61 million per year in economic costs according to the report. The report however does not provide yearly comparative data.

The "Focal Point Ireland: National Report" for 2024[48] provides a more recent picture of labelled drug related expenditure data while building on the findings of the "FPA". Overall, the report outlines an increase in total labelled expenditure for 2023 to €306,059,326 million, compared to €254,697,895 million in 2022, indicating an overall upward trend in spending when compared to the 2014 – 2019 data[48].

Data Review

Outlined below is a table showcasing public expenditure directly attributable to drug programmes (labelled) from 2014–2023.

Drug Related Expenditure Data

Table 15. Public expenditure directly attributable to drug programmes (labelled), 2014–2023[48]

Government Department Agency	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
HRB	0.908	1.013	1.247	0.756	0.786	0.786	0.883	1.058	1.087	1.515
HSE Addiction Services	86.122	91.523	93.43	97.87	99.828	103.419	105.653	116.833	141.427	154.788
HSE DATF	21.570	22.064	22.78	22.14	22.63	22.920	22.436	23.092	-	-
An Garda Síochána (AGS) *	43.000	43.000	46.000	47.000	14.250	13.170	13.218	12.557	12.262	13.598
Department of Children, Equality, Disability, Integration and Youth (DCEDIY)	19.548	19.548	20.05	20.04	20.46	20.46	39.400	39.609	42.997	46.194
Revenue Customs Service	16.235	17.445	17.360	17.36	19.600	-	16.554	19.103	20.668	51.5
Department of Social Protection	14.063	13.900	16.410	17.980	17.220	20.070	20.789	20.261	19.526	20.718
Department of Health (DoH)	7.266	7.323	6.080	5.540	6.015	5.955	5.974	4.746	4.989	5.434
Irish Prison Service	4.200	4.235	4.400	4.200	-	-	-	-	1.507	1.504
Department of Education and Youth (DEY)	0.748	0.748	0.770	0.760	0.760	0.720	0.319	0.187	0.193	0.154
Department of Furter and Higher Education, Research, Innovation and Science	-	-	-	-	-	-	0.289	0.250	0.269	0.338
Total	232.422	240.162	249.087	240.95	208.499	187.500	233.203	237.696 **	254.700 **	306.055 **

*After 2017, AGS 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 AGS, Department of Justice, Irish Prison Service and the Revenue Customs Service, rather than a reduction in expenditure as such.

Evidence Review

Stakeholder Engagement

Stakeholder Engagement

Stakeholder interviews were thematically analysed to inform the evaluation of the National Drug Strategy.

Introduction

An extensive stakeholder engagement process was undertaken to gather qualitative insights from those directly involved in, or impacted by, the implementation of the strategy, outlined in Table 15 below. Over a six-week period, 68 stakeholders participated in consultation sessions, conducted both in person and virtually, with an additional five formal written submissions received. This process aimed to capture a broad spectrum of perspectives, including those of service providers, statutory bodies, civil society organisations, and individuals with lived experience. The feedback collected was thematically analysed into three overarching categories: **Accomplishments; Area for Improvement;** and **Future Focus.**

By grounding the evaluation in real-world experiences, this engagement ensured that the assessment of the NDS 2017-2025[1] is contextually rich, policy-relevant, and reflective of the diverse needs and expectations across Ireland's drug policy landscape. While stakeholders recognised accomplishments, such as improved interagency collaboration, expanded harm reduction initiatives, and enhanced community involvement, challenges were also highlighted. These include gaps in service accessibility, fragmented governance structures, and limited outcome-based data use. Looking ahead, stakeholders expressed a shared vision for a more integrated, equitable, and responsive system, calling for stronger prevention efforts, enhanced support for recovery, and clear accountability structures. Their collective input highlights the importance of embedding stakeholder voices in the design, implementation, and continuous improvement of national drug policy.

Stakeholder Engagement

Stakeholder groups were selected based on their involvement in and understanding of the NDS 2017-2025[1]. The Department of Health was actively engaged throughout the evaluation process, both through formal and informal consultations. The HSE, National Social Inclusion Office (NSIO), and National Addiction Advisory Governance Group (NAAGG) were included due to their roles in delivering targeted health services for drug addiction. The HRB, as the primary health and social care research funding agency, was a key stakeholder for data collection. Members of the NOC and SIG were chosen for their direct involvement in service provision and their capacity to provide feedback to the governing bodies on which they sit. A diverse range of service users were also included, representing various organisations and perspectives, including individuals with lived experience of drug use, those in recovery, and family members of those who have used drugs. The views gathered from the consultations are shaped by the unique perspectives of those involved. Their experiences have not only highlighted the multifaceted nature of the challenges faced but also underscored the importance of inclusive and comprehensive stakeholder engagement.

Table 15. The consultation type, stakeholders involved and number of attendees.

Consultation Type	Format	Group	Attendees
1:1	In-person	Health Research Board	1
1:1	In-person	HSE/National Social Inclusion Office	6
Focus Group	In-person	NOC (Other)	5*
Focus Group	Virtual	SIG Chairs	4
Focus Group	Virtual	SIG Group	29
Focus Group	Virtual	SIG Chair	1
Focus Group	In-person	Service User Family and Recovery**	4
Focus Group	In-person	Service User Drug Interventions**	7
Focus Group	Virtual	National Addiction Advisory Governance Group	11

*All members of the NOC were invited, with an option for written submissions if unable to attend. Some members also participated in other consultations.
**Focus group sizes were limited to a maximum of 12 participants to promote participation, deeper exploration of attendees perceptions and experiences.

Stakeholder Engagement

Thematic analysis of stakeholder consultations identified three key themes; accomplishments, areas for improvements and future focus.

Overview of Themes

The tables below present an overview of the key themes identified from the thematic analysis of stakeholder consultations. In total, three themes and 21 subthemes were identified. Each of the three key themes and associated sub-themes are presented in detail in the proceeding section. The three key themes are as follows:

01 Accomplishments

02 Areas for Improvement

03 Future Focus

Overall, the stakeholder engagement consultations highlighted strong interagency collaboration and the availability of community-based services. However, participants also perceived gaps in prevention strategies, service accessibility, and system integration. Stakeholders suggested that the future success of the NDS would depend on the incorporation of data-driven insights, the development of recovery-oriented systems, and targeted efforts to address deficiencies in governance and early intervention.

Accomplishments

Stakeholder consultations identified several strengths of the NDS 2017-2025[1], including the involvement of local organisations, enhanced coordination efforts, and the expansion of harm reduction initiatives. The following sub-themes examine these strengths in greater detail, focusing on local-level responses, coordination mechanisms, and alignment with broader European strategies, as well as the contributions of community and youth organisations.

Table 16. Sub-themes for Accomplishments.

Overview of Subthemes for Accomplishments
Interagency Collaboration
Harm Reduction Efforts
Governance Innovations
Community-Based Services
Coherence and Synergies with International Strategies

Interagency Collaboration

Stakeholders consistently described the response to emerging drug-related threats and the COVID-19 pandemic as demonstrating robust cross-sector collaboration and coordinated crisis management. Specific reference was made to incidents such as the emergence of synthetic opioids, including Nitazines, and the broader public health challenges posed by the pandemic. In these contexts, stakeholders observed that systems and organisations appeared to mobilise rapidly, with coordinated actions evident across multiple sectors.

The Nitazine-related incident in Dublin in November 2023, which unfolded over a five-day period, was frequently cited by stakeholders as a notable example of effective interagency coordination. This event was commonly referenced in discussions concerning operational readiness and the capacity of services to respond in an integrated and timely manner. Additionally, stakeholders highlighted the expansion of naloxone distribution during these periods as further evidence of collaborative interagency efforts. Naloxone, an opioid antagonist used to reverse overdose effects, was reported to have become more widely accessible. This increased availability was interpreted by some stakeholders as a reflection of the National Drugs Strategy (2017–2025)[1] and its commitment to prioritising harm reduction and community safety, particularly during periods of elevated risk. Local partnerships and interagency relationships were also identified as critical enablers of these responses. In several instances, stakeholders suggested that collaboration at the local level facilitated more flexible and responsive actions than those driven solely by national directives.

Harm Reduction Efforts

Stakeholders reported continued progress toward a health-led approach within Irish drug policy, with harm reduction initiatives becoming increasingly prominent. The NDS (2017–2025)[1] was frequently acknowledged for its emphasis on public health, which many stakeholders interpreted as a move away from coercive responses to drug use. Several developments were cited as indicative of this transition, including the piloting of drug-checking services at festivals, the implementation of the Safer Nightlife initiative, and ongoing efforts to establish Supervised Injecting Facilities (SIFs).

Stakeholder Engagement

Thematic analysis of stakeholder consultations identified three key themes; accomplishments, areas for improvements and future focus.

Harm Reduction Efforts cont.

Stakeholders frequently viewed these efforts as progressive, noting their potential to reduce overdoses and enhance safer drug-use environments. While perspectives on implementation and scope vary, the inclusion of harm reduction as a central element of drug policy has been seen by many stakeholders as significant progress.

Governance Innovations

The introduction of SIGs at a mid-point in the NDS (2017–2025)[1] was described by several stakeholders as a positive development in the strategy's governance framework. These groups were established to convene representatives from statutory agencies, civil society, and service providers, with the aim of enhancing coordination across key thematic areas of the strategy.

Many stakeholders viewed SIGs as a mechanism for broadening engagement and facilitating cross-sectoral participation. They were perceived by some stakeholders to provide a platform for more integrated dialogue across domains such as prevention, treatment, and evidence-informed practice. Civil society organisations, Drug and Alcohol Task Forces (DATFs), and community-based service providers were frequently identified by stakeholders as active contributors to these processes, with their involvement seen as supporting the alignment of national strategic objectives with local-level experience.

Stakeholders also referenced community and service engagement in relation to the work of DATFs. Participation at the local level was regarded as contributing to the continuity of implementation efforts, particularly in addressing community-specific needs. In some instances, it was suggested that this local engagement enabled a more contextually grounded approach to service delivery and policy application.

Community-Based Services

The DATFs are only one component of the community-based services, however DATFs were frequently referenced by stakeholders as contributing to the identification of local needs and the development of community-specific responses. Their involvement was described as supporting the coordination and implementation of the NDS 2017-2025[1] at local and regional levels.

As of 2023, stakeholders noted the presence of 14 Local and ten Regional Drug and Alcohol Task Forces across Ireland, which were reported to be supporting over 300 funded projects and a broad range of community-led initiatives.

Stakeholders cited the role of local sports clubs and youth organisations in prevention activities. It was perceived that these groups have been associated with efforts to engage specific cohorts, such as young people and at-risk youth through community-based interventions. Their contributions were often referenced in the context of wider partnerships, often involving schools, family services, and local agencies.

Coherence and Synergies With International Strategies

Stakeholders noted that the National Drugs Strategy (2017–2025)[1] demonstrates strong alignment with international policy trends, particularly in its transition toward a health-led model. Ireland's active participation in the EU Drugs Strategy and Action Plan 2021–2025[29-30], as well as its engagement in EU-level prevention programmes, was viewed as indicative of a sustained commitment to shared learning and collaborative policy development.

Stakeholder Engagement

The thematic analysis of stakeholder consultations identified three key themes; accomplishments, areas for improvements and future focus.

Areas for Improvement

Stakeholders identified several areas for improvement within the NDS (2017–2025)[1], as summarised in Table 17. Key challenges were noted in relation to service provision, coordination, access, and the utilisation of data. Additionally, stakeholders emphasised the need for more integrated models of care and a stronger emphasis on prevention and early intervention. The following section explores these themes in greater detail, focusing on governance, service delivery, and accessibility, with the aim of identifying opportunities to enhance the strategy's overall effectiveness and reach.

Table 17. Sub-themes for Areas for Improvement.

Overview of Subthemes for Areas for Improvement
Demand for Treatment Services
Governance and Structural Weaknesses
Ineffective Use of Data, Monitoring, and Evaluation
A Lack of Integrated and Holistic Care
Funding and Staffing
Prevalence of Drug Use
Impact on Families, Communities, and Society
Varied Access and Inequitable Services
Prevention and Early Intervention

Demand for Treatment Services

Stakeholders highlighted a growing demand for addiction treatment services, with many reporting that existing systems are under increasing pressure to meet this need. Stakeholders indicated that this strain was particularly evident in rural areas and among marginalised groups. Contributing factors cited by stakeholders included Ireland's population growth since 2017 and emerging socio-economic pressures, both of which were perceived to influence the rising demand for services.

Stakeholders identified the rising prevalence of drug use, particularly among adolescents, as a contributing factor to increased pressure on treatment and support services. This trend was discussed in relation to concerns about the adequacy of youth-specific interventions and the need for earlier engagement, which is explored further below.

In relation to system capacity, many stakeholders described persistent challenges in meeting the needs of historically marginalised populations. The combination of rising demand and limited expansion of services was perceived to contribute to gaps in provision, particularly where specialised or localised responses are required.

Governance and Structural Weaknesses

While some stakeholders acknowledged progress in governance under the NDS (2017–2025)[1], others identified ongoing challenges within its governance and coordination structures nationally. Concerns have been raised about the communication and alignment between the SIGs and the NOC. These concerns emphasised the need to strengthen feedback processes between both groups, clarify role definitions, and improve consistency in action implementation.

Action plans associated with the strategy were, at times, described as lacking sufficient detail in terms of measurable targets, defined timelines, and allocated budgets. In the absence of these components, some stakeholders reported difficulties in assessing progress and ensuring accountability. This was perceived to contribute to a fragmented implementation landscape, with varying levels of engagement across sectors.

Civil society organisations also shared perspectives on their role in national-level governance. While their participation was acknowledged across various forums, several stakeholders expressed concern that insights derived from community engagement and lived experience were not consistently integrated into formal decision-making processes.

Stakeholder Engagement

The thematic analysis of stakeholder consultations identified three key themes; accomplishments, areas for improvements and future focus.

Ineffective Use of Data, Monitoring, and Evaluation

The majority of stakeholders acknowledged the robustness of Ireland's data collection in Ireland, noting their alignment with best practices observed across other EU member states. While recognising these existing efforts, stakeholders recommended the development of more outcome-based KPIs. Stakeholders frequently observed a pattern of measuring outputs, such as the number of services or events delivered, rather than outcomes that reflect broader goals, such as improvements in health, recovery, or community wellbeing. Although these output measures were considered useful for reporting activity levels, some stakeholders expressed concern that critical indicators such as treatment effectiveness, long-term recovery, and social reintegration remain under-evaluated. The absence of outcome-focused metrics was viewed as a limiting factor in assessing the overall effectiveness of the NDS (2017–2025)[1].

While stakeholders acknowledged the availability of service-level data and the presence of robust data collection practices, many highlighted a lack of in-depth qualitative and longitudinal data to inform understanding of service experiences and long-term outcomes. The absence of real-time monitoring was also identified as a limitation in the development of responsive, evidence-informed policies to address emerging trends. These data gaps were perceived to hinder the ability to accurately assess the effectiveness of interventions. In response, some stakeholders proposed the establishment of a dedicated research hub or centre to generate, consolidate, and disseminate evidence to support drug policy and practice which further develops the existing work of the HRB.

A Lack of Integrated and Holistic Care

Stakeholders consistently reported ongoing fragmentation in service provision for individuals, highlighting limited coordination between key sectors such as mental health, addiction treatment, primary care, housing, and criminal justice. This approach was perceived to contribute to gaps in care and to constrain opportunities for delivering more holistic, person-centred support.

Stakeholders reported that consistent approaches to integrated care models, particularly those addressing dual diagnosis and trauma-informed care, were limited or inconsistently implemented. Where such models were in place, stakeholders shared the view that they supported more responsive and coordinated care.

The co-occurrence of mental health conditions, including depression, anxiety, and trauma-related disorders, alongside substance use was frequently highlighted by stakeholders. Stakeholders shared concerns regarding the need for individuals to navigate parallel systems for mental health and addiction services. This was perceived as creating barriers to timely treatment. The development of integrated care pathways was frequently cited as a strategy to address the needs of individuals with complex and co-occurring conditions. Stakeholders emphasised that improved coordination between addiction and mental health services could enhance recovery outcomes, reduce pressure on the system, and mitigate risks such as overdose, self-harm, and suicide.

Funding and Staffing

It is important to note that while many issues around funding and staffing are not directly related to the NDS 2017-2025[1] stakeholders reported these factors impacted the implementation of the NDS. Many stakeholders acknowledge that funding streams were available, however administrative delays such as long application processes and reporting were often seen as burdensome. Additionally, a lack of multiannual funding was identified as a barrier, with the annual nature of many funding cycles described as limiting the capacity of services to plan, deliver, and sustain operations effectively. These conditions were perceived to constrain the development of coherent strategies and reduced the potential for longer-term investment in staffing, infrastructure, and programme delivery.

Recruitment challenges were cited by many stakeholders as a significant challenge to service continuity. In some cases, it was reported that even when funding had been approved, recruitment and retention remained difficult due to short funding timelines and the inability to offer long-term contracts. This disconnect between funding availability and staffing capacity was viewed as a critical limitation in the responsiveness of services.

Stakeholder Engagement

The thematic analysis of stakeholder consultations identified three key themes; accomplishments, areas for improvements and future focus.

Funding and Staffing cont.

Stakeholders indicated that workforce instability adversely affects service quality, particularly in trauma-informed and recovery-oriented settings where trust and continuity are considered essential.

The short-term nature of funding was also associated with limited opportunities for investment in professional development, capital infrastructure, and proactive outreach initiatives. Ongoing financial uncertainty was perceived as a deterrent to recruitment and retention, potentially discouraging professionals from entering or remaining in the sector. To address these challenges, the majority of stakeholders recommended the introduction of sustainable, multi-annual funding arrangements linked to measurable outcomes, to support long-term planning, accountability, and service continuity.

Prevalence of Drug Use

Stakeholders have observed a rise in drug use, particularly among younger populations and within nightlife settings. While a decline in youth opioid use was noted, overall, most stakeholders maintained that overall substance use remains high. Recent trends were interpreted as reflecting shifts in the types of substances used and the contexts in which use occurs, rather than a reduction in overall prevalence.

Cocaine use has been reported to have tripled since 2014, with some stakeholders indicating that further increases may be likely. Ketamine use was also referenced as growing in prevalence, contributing to what many stakeholders described as an increasingly complex and evolving drug landscape. Polydrug use, frequently involving combinations of alcohol, benzodiazepines, opioids, and stimulants, was commonly cited by stakeholders and identified as a factor contributing to increased health and treatment risks, including overdose.

Prescription drug misuse, particularly involving benzodiazepines and opioids, was reported by stakeholders to be increasing among historically marginalised groups. Specific references were made to groups such as members of the Irish Traveller community and individuals experiencing homelessness, where access to integrated services and supports may be more limited. These developments were often discussed in the context of the need for more tailored and early intervention strategies.

Among students and young adults, particularly within third-level education settings, drug use was frequently described as being “normalised”. This perception prompted stakeholders to propose that prevention and education initiatives should be more precisely targeted and contextually tailored to the higher education environment.

Impact on Families, Communities, and Society

Stigma continues to be identified by stakeholders as a significant barrier to accessing drug and alcohol services. The fear of judgment, both within service settings and from broader society, was frequently cited as a deterrent to help-seeking. Family-related stigma was also reported to exacerbate these challenges, especially in contexts involving caregiving responsibilities or concerns about child protection involvement.

While stakeholders widely acknowledged the importance of peer and family support, they observed that these groups are not systematically included in the planning or delivery of services. Family support services were described as fragmented and not consistently embedded within the broader strategy. In response, stakeholders advocated for a more integrated, whole-family approach, underpinned by enhanced collaboration across child welfare, addiction, and broader health and social services.

Community-led and peer-driven initiatives were highlighted as promising in promoting recovery and reducing stigma. However, stakeholders noted that such models are inconsistently implemented and frequently underfunded. Feedback from communities and families indicated a perceived exclusion from national decision-making structures, with limited formal mechanisms for sustained dialogue or policy influence. Although the National Family Support Network had previously facilitated strong representation, it was disbanded during the early phase of the current strategy.

There was broad stakeholder support for more inclusive, community-based approaches. Standardising effective local models across regions was viewed as a means to reduce disparities in support and engagement, and to strengthen the role of community voices in shaping responses.

Stakeholder Engagement

The thematic analysis of stakeholder consultations identified three key themes; accomplishments, areas for improvements and future focus.

Varied Access and Inequitable Services

Stakeholders consistently expressed concerns regarding limited and inequitable access to addiction services, particularly in rural and remote areas. Service demand was frequently described as exceeding available capacity, with notable imbalances reported in access for historically marginalised groups. These perceived inequities were widely regarded by stakeholders as longstanding and indicative of broader gaps in health and social service infrastructure.

Gender-specific and trauma-informed care pathways were frequently highlighted to be underdeveloped, especially in cases involving women with children. Stakeholders emphasised the need for services that are not only accessible but also responsive to the intersecting needs of caregiving, safety, and recovery. The absence of tailored supports in these areas was perceived as a barrier to meaningful engagement with treatment and harm reduction programmes for some women.

To address these challenges, stakeholders advocated for more flexible and community-responsive service models. Suggestions included the deployment of mobile harm reduction teams, peer-led outreach, and community-based interventions. These approaches were viewed as having the potential to extend service reach and foster trust, particularly among populations less likely to engage with traditional service settings.

Innovations introduced during the COVID-19 pandemic, such as remote consultations and expanded use of telehealth, were cited as demonstrating the value of maintaining flexible and accessible care pathways. Stakeholders noted that these adaptations were especially beneficial for historically marginalised groups and could continue to play a role in mitigating geographic and systemic barriers to care.

Prevention and Early Intervention

Some stakeholders expressed concerns regarding the current design and implementation of prevention programmes, suggesting that greater flexibility and responsiveness are needed to ensure their continued relevance and effectiveness. Significant variation was observed in the delivery of Social, Personal, and Health Education (SPHE) across schools.

While many schools adapt the curriculum to address general needs, drug-related content is often omitted or not systematically incorporated.

It is perceived that the lack of a clearly defined national agency and mandatory rollout framework has contributed to an inconsistent implementation of prevention efforts. Several stakeholders also noted that these efforts are often underfunded and, in some cases, lack strategic direction or alignment with current drug use trends.

There were concerns that existing prevention strategies may not adequately address emerging issues, such as the use of synthetic cannabinoids or other new substances. As a result, some stakeholders suggested that prevention programming needs to be more adaptable to stay relevant. Additionally, prevention initiatives were often seen as not sufficiently tailored to the needs of high-risk or historically marginalised groups. In these discussions, stakeholders emphasised the importance of embedding prevention efforts within broader social support systems, with the aim of addressing both the underlying vulnerabilities and the associated risks of substance use within these communities.

Stakeholder Engagement

The thematic analysis of stakeholder consultations identified three key themes; accomplishments, areas for improvements and future focus.

Future Focus

As Ireland prepares for the development of a new NDS, stakeholders articulated their vision for the future direction of the strategy, as summarised in Table 18. The following sub-themes reflect a shared ambition to strengthen prevention efforts, advance the integration of care, and enhance governance structures. Stakeholders expressed their desire for more targeted and equitable approaches, the innovative use of technology, and sustained investment to ensure that services are both effective and accessible. The collective goal of stakeholders was to deliver a more coordinated, compassionate, and outcomes-focused response that supports individuals, families, and communities nationwide.

Table 18. Sub-themes for Future Focus.

Overview of Subthemes for Future Focus
Strengthen Prevention Methods
Build a Health-Led, Integrated, and Equitable System
Reform Governance and Accountability Structures
Address Alcohol and Behavioral Addictions
Expand and Embed Recovery

Strengthen Prevention Methods

Stakeholders highlighted the potential of artificial intelligence, social media, and predictive analytics to strengthen the responsiveness of prevention strategies to emerging drug-related trends. These technologies were seen as valuable tools for enabling more timely and adaptive interventions. There were also expressions of interest in more differentiated tailored prevention approaches, with suggestions that these be tailored to the specific needs of marginalised groups. The suggested approach included improvements to training for those who may be the first point of contact for individuals using drugs and seeking help to ensure non-judgmental care. Stakeholders felt this would greatly assist with prevention efforts.

Build a Health-Led, Integrated, and Equitable System

While stakeholders praised the improvements in the process of obtaining a dual diagnosis, stakeholders expressed support for a greater integration of mental health, addiction, and social care services, including housing and child protection, to enable more coordinated approaches. There were also references to the importance of embedding trauma-informed care, strengthening family support structures, and developing gender-specific pathways, particularly in relation to the needs identified for women and mothers.

Reform Governance and Accountability Structures

Stakeholders noted the importance of clarifying roles and responsibilities across departments to reduce fragmentation and support clearer accountability. The establishment of the NOC and SIGs was highlighted by stakeholders as a positive development during the current NDS 2017-2025[1]. However, suggestions were made to further enhance their effectiveness through clearer terms of reference, dedicated resources, and structured feedback mechanisms. Some stakeholders expressed concerns that not all SIGs had the appropriate resourcing, including relevant expertise and representation, to fully contribute to or influence group outcomes. Stakeholders expressed interest in the creation of SIG subcommittees and working groups as a way to support implementation and monitor delivery of key objectives which would ensure recommendations and actions are achieved.

Expand and Embed Recovery

Stakeholders noted that while recovery is reflected in the language of the current NDS 2017-2025[1], it was perceived as underdeveloped in practice. Contributing factors identified by many stakeholders included a lack of dedicated resourcing, structured pathways, and consistent operational focus. There was strong support by stakeholders for positioning recovery as a central element in the next iteration of the NDS. Stakeholders further highlighted the potential value of standardising recovery pathways and peer support models at a national level to promote consistency, inclusivity, and sustainability across all regions.

Address Alcohol and Behavioral Addictions

The majority of stakeholders acknowledged a degree of confusion regarding the current positioning of alcohol policy, with many unsure whether it falls within the scope of the NDS. Issues around the harmful impact of alcohol have been highlighted with stakeholders expressing concerns about the perceived lack of clear ownership or a coordinated response to alcohol addiction.

Evidence Review

International Review

Grant Thornton

International Review

This section explores a sample of international strategies focusing on their overall strategy, policy orientation and collaboration with Ireland.

Introduction

A comparative analysis was conducted to assess Ireland's "NDS 2017-2025"[1] against seven other international strategies, Portugal, The Netherlands, France, The United Kingdom, Scotland, Wales and Germany. This review aimed to compare Ireland's approach against a diverse range of strategies and policy environments and to identify key engagements that took place.

The analysis was structured into three key areas:

- Overview of strategy;
- Policy orientation; and
- Collaboration with Ireland.

It is important to note many terms, and their definitions may vary between jurisdictions and as such a full list of terms and definitions as provided by the EUDA is available in Appendix 4, p.146.

Overview of Each Comparative Area

Overview of Strategy

To enable comparison, it was essential that each national strategy examined was found to be uniquely adapted to the country's specific sociopolitical and economic conditions. While individual policies differed, several common elements were identified, specifically alignment of strategic goals focused on harm reduction, prevention, treatment access, recovery, and interagency collaboration.

Ireland's "NDS 2017-2025"[1] is aligned with and shares these common strategic goals. The "NDS 2017-2025"[1] has a uniquely strengthened focus on integrated governance structures. The NDS is also aligned with European frameworks and Ireland participates in the EU Drugs Strategy and Action Plan 2021–2025[29-30].

Policy Orientation

- To ensure relevance, countries selected for comparison were chosen based on similarities in human development index, democratic governance, and cultural or population scale. Strategies were analysed through three overlapping thematic lenses: 1. Including the scope of the drug problem 2. The availability of funding, and 3. The types of substances prevalent in each jurisdiction. Countries with comparable economic profiles to Ireland were selected to enable meaningful assessment.
- Political Factors: The analysis included countries with democratic systems and varying policy ideologies, from conservative to progressive, to explore how political orientation influences strategy design, implementation, and accountability mechanisms.
- Social Factors: Consideration was given to countries with similar cultural values and demographic scales, with attention to urban-rural divides and the degree of community-based service delivery.

Collaboration With Ireland

Several international strategies explicitly referenced collaboration with Ireland or participation in shared platforms such as the EUDA, formerly the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Ireland's contributions to regional and global dialogues, including through data sharing and policy development forums, were noted as strengths. Overall, the international collaboration process demonstrates Ireland's growing role in shaping progressive drug policy on a global stage. While national strategies differ in format and emphasis, the comparative review highlights the value of shared learning and the potential for Ireland to both contribute to and benefit from the collective knowledge of peer nations.

International Review

In Focus: Portugal

Key points	
Population Size	10.6 Million[55]
National Drug Strategy	National Plan for the Reduction of Addictive Behaviours and Dependencies 2023–2030[56]

Current Strategy

In 2023 the Portuguese government launched the "National Plan for the Reduction of Addictive Behaviours and Dependencies 2023–2030" (PNRCAD)[56], a framework that reaffirms the country's public health-led orientation while adapting to new challenges. The plan envisions the creation of healthier communities with fewer harms associated with the use of psychoactive substances and other potentially addictive behaviours. This vision is realised through coordinated public policies that uphold human rights and promote a more informed, healthy, and safe society.

The 2023–2030 strategy is built on three main pillars:

1. **Empower**: Aiming for a healthier community, this pillar focused on fostering Portuguese citizens' ability to handle the challenges of everyday life. The goal was to ensure that each citizen experienced the highest possible level of well-being and support[56].
2. **Care**: This pillar addressed several challenges, such as strengthening the capacity of services to proactively adapt to the diversity of citizens. It emphasised that understanding this diversity could be enhanced through research, technical and clinical experience, and the involvement of current and potential service users [56].
3. **Protect**: The PNRCAD-2030 viewed addictive behaviours and dependencies as highly complex phenomena, deeply intertwined with the relationship between individuals and their environments. Therefore, safeguarding citizens from the risks associated with addictive behaviours was established as a separate and essential pillar[56].

Policy Orientation

Portugal's National Drug Strategy is based on decriminalisation through a health led approach since 2000. Portugal approaches decriminalisation in the context of possession and use of all drugs for personal use, for up to a 10-day supply. This law reclassified drug possession from a criminal offense to an administrative misdemeanour, removing imprisonment penalties and establishing indicative limits to distinguish personal use from trafficking[57]. It is reported that Portugal's national drug strategy remains a benchmark for public health-oriented drug policies[58-59]. However, economic constraints, political tone, and persistent stigma challenges affect strategic and policy outcomes which are discussed below.

- **Economic Factors**
  There have been conflicting reports regarding the funding of Portugal's harm reduction services, treatment and prevention programs. Some reports cite that NGO run services such as mobile outreach units, sterile supplies, and addiction treatment programs are well funded[57]. However, the "Drug Decriminalisation in Portugal: Setting the record straight" report[59] references a significant reduction in health and social welfare budgets between 2009-2018 following the impact of the global financial crisis[59]. While foundational infrastructure exists, there have been reports of economic constraints in certain areas, an example of this is the unsuccessful syringe distribution initiatives in prisons, attributed to a lack of involvement from key stakeholders[57].

International Review

In Focus: Portugal

Policy Orientation cont.

- **Political Factors**
  Reports indicate that Portugal's pioneering approach has not been without challenges, in 2008 a Supreme Court ruling reintroduced criminal penalties for drug possession above certain thresholds, creating a grey area between decriminalisation and criminalisation[60]. More recently, a shift in political tone has seen an increase in coercive sanctions, including more frequent prosecutions and custodial sentences, reflecting growing concerns over rising cocaine use and public disorder as outlined in the "20 years of Portuguese drug policy - developments, challenges and the quest for human rights" report[60].

- **Social Factors**
  Drug addiction has been reframed socially and politically as a disease, which has led to a shift towards prevention and treatment rather than imprisonment. However, a key challenge remains the persistence of stigma[57,60]. Despite the country's move toward a public health approach, it has been documented that individuals who use drugs often continue to face social exclusion and discrimination[57].

Collaboration Between Portugal and Ireland

Ireland and Portugal have engaged in international collaboration through the Maritime Analysis and Operations Centre – Narcotics (MAOC-N), a Lisbon-based initiative established in 2007. MAOC-N brings together eight European countries, Belgium, France, Germany, Ireland, Italy, Spain, The Netherlands and Portugal, and The United Kingdom to tackle maritime and aerial drug trafficking. This partnership facilitates the sharing of intelligence and the coordination of law enforcement efforts, with Irish representation including personnel from An Garda Síochána[61].

Beyond enforcement, Ireland has actively sought to learn from Portugal's public health-led approach to drug policy. In 2024, the Irish Joint Committee on Drugs Use hosted international experts, including Dr Ricardo Baptista Leite, who presented insights on Portugal's decriminalisation model, and their commitment to the promotion of evidence-based and sustainable policies for improved health systems, including alternative approaches to drug control for better public health, human rights and health outcomes[62].

International Review

In Focus: The Netherlands

Key points	
Population Size	17.8 million[63]
National Drug Strategy	National Drug Policy: The Netherlands[64]

Current Strategy

The Netherlands' drug policies are based on a health-led approach that aims to limit the harm caused by drug use. Central to this model is the classification between various drugs, which are labelled Schedule I drugs (e.g. heroin, cocaine, MDMA/ecstasy, amphetamines) or Schedule II drugs (e.g. cannabis, hallucinogenic mushrooms). This classification was introduced in the 1976 amendment to the Opium Act, which defines drug trafficking, cultivation and production and dealing in and possession of drugs as a criminal act[64]. The Act aimed to discourage drug use, reduce harm to health and society, and combat drug production and trafficking. Through this Act, the expediency principle allows prosecutors discretion to not prosecute cannabis offenses if it serves the public interest. Coffee shops are allowed to sell small quantities of cannabis (up to 5 grams per transaction) under strict conditions, such as not selling to minors or creating public nuisance[64].

The Dutch drug use prevention policy primarily aims to discourage drug use and reduce the risks for drugs users themselves, for their families and for society as a whole[64]. The Ministry of Health, Welfare, and Sport coordinates and funds prevention activities, while local municipalities implement these initiatives in collaboration with schools, care services, and community organisations. Prevention interventions in The Netherlands employ a variety of approaches. These include environmental and universal strategies targeting entire populations, selective prevention focusing on marginalised groups and indicated prevention which addresses at-risk individuals[64].

Harm reduction activities are implemented through outreach work, low-threshold facilities and centres for social addiction care, the main goal of which is to establish and maintain contact with difficult-to-reach drug users. Outreach work in The Netherlands is primarily conducted by low-threshold services in outpatient care facilities, including drug consumption rooms. Needle and syringe programs (NSPs) have been in place for over 30 years, with a significant decline in syringe provision due to reduced heroin use and increased inhalant use[64- 65].

Overall, the Netherlands policies emphasises client empowerment, reintegration, and self-regulation. Responsibility for addiction care is delegated to regional and local authorities and integrated into the broader mental health care agenda. Treatment options are diverse, including Opioid Agonist Treatment (OAT) with methadone, heroin-assisted treatment (HAT), and various psychosocial therapies[64- 65].

Policy Orientation

The Netherlands' drug policy is marked by a legal distinction between various drugs and a commitment to harm reduction. Their approach means that drug use itself is not specified as a crime, though there are situations when the use of drugs is prohibited at the local level for reasons of public order or to protect the health of young people, such as at schools and on public transport[64]. Several additional factors add to the outcome and policy framework for The Netherlands as mentioned overleaf.

International Review

In Focus: The Netherlands

Policy Orientation cont.

- **Economic Factors**
  Although The Netherlands has historically invested in harm reduction infrastructure and prevention interventions, recent reports have seen budget cuts due to heavy investment in the justice system, as detailed in *the* "Reframing Dutch drug policies: a new era for harm reduction" report[66]. This has led to services becoming stricter in who they accept for interventions, which had a knock-on effect for low threshold services, who are dealing with an increase in numbers[66].
- **Political Factors**
  The socio-political landscape in The Netherlands has undergone significant changes, reflecting broader European trends. The Dutch government has intensified its focus on security and crime prevention, enhancing law enforcement capabilities and increasing the mandate of the police and judiciary. This shift has involved implementing stricter measures to combat drug-related crimes and allocating substantial resources[66].
- **Social Factors**
  Evolving drug trends now pose new health risks and treatment challenges, including overdose clusters and psychiatric comorbidities, with 80,000 incidents involving a person displaying a combination of psychiatric and addiction problems[67]. Experiments such as the "Closed Cannabis Supply Chain" show the evolving societal attitudes towards cannabis use, balancing tolerance with concerns about nuisance and public order[68]. This is further mentioned in the Dutch drug policy, where emphasis has been given to counteracting the normalisation of recreational drug use in nightlife settings[64]. Stigma and prejudice toward people who use drugs remain a persistent issue among healthcare professionals in The Netherlands [65]. The report "Harm Reduction Services in The Netherlands: Recent Developments and Future Challenges" highlights the need to address these biases as they can hinder the delivery of effective and timely care—particularly for the aging population of drug users[65].

Collaboration Between The Netherlands and Ireland

Both countries play an influential role in the Horizontal Working Party on Drugs (HDG), established in 1997, which leads and manages the European Council's work on drugs, focusing on drug supply and demand reduction. It emphasises coordination, international cooperation, and research, monitoring, and evaluation. The HDG collaborates with EU agencies like the European Union Drugs Agency (EUDA) and Europol, as well as international organisations and non-EU countries. The main goals of the HDG include preparing drug strategies, EU action plans, and other relevant documents, facilitating information exchange on national drug policies and drug-related issues among member states and with countries outside the EU[69].

Ireland's involvement in international networks aligns with The Netherlands' established public health approach. As a member of the Pompidou Group (Council of Europe) since 1973, Ireland engages in research, prevention, harm reduction, treatment, and law enforcement, areas where The Netherlands has historically excelled[70]. Additionally, the Netherlands actively participates in COPOLAD initiatives on drug policy with Latin America and the Caribbean[71]. While Ireland is not directly involved in COPOLAD, it contributes through various EU agencies and actively supports the program's goals and activities by engaging in collaborative efforts within the EU framework.

International Review

In Focus: France

Key Points	
Population Size	68.3 million[72]
National Drug Strategy	Interministerial strategy for mobilisation against addictive behaviours 2023-2027[73]

Current Strategy

France's current strategy is guided by the "Interministerial Strategy for Mobilisation Against Addictive Behaviours 2023-2027" (SIMCA)[73]. The primary purpose of the 2023-2027 interministerial strategy is to establish a framework and encourage the organisation of all public authorities involved in this policy. The ten key strategic actions, most of which are not specific to the field of any particular authority, are intended to describe the main areas for progress over the next five years, and to inspire and inform action at national, local and international level[73]:

- Enable everyone to choose;
- Reinforcing the key role of the family environment;
- Ensuring that every user receives appropriate care;
- Strict controls on the advertising and sale of risky products;
- Influencing process;
- Reducing the availability and accessibility of narcotics;
- Living together without psychoactive substances;
- Making living environments more protective;
- Turning parties and major events into opportunities for cooperation; and
- Observing, clarifying and assessing for better actions.

SIMCA is supplemented by operational, national and local plans and programmes and drawn up in consultation with professionals, elected officials and local partners. The regional and departmental Prefectures and Project Managers for the Interministerial Mission for Combating Drugs and Addictive Behaviours (MILDECA), are responsible for developing regional road maps, and departmental action plans for the implementation of SIMCA, in partnership with local actors. As of 2024, 10 metropolitan areas (of the 13 regions in mainland France) and three overseas territories (Guadeloupe, Réunion, and Mayotte) are equipped with a regional road map for combating drugs and addictions for 2023-2027[74].

Policy Orientation

The strategy advocates that public stakeholders have a role to play in the fight against drugs and addictive behaviour, and the emphasis is placed on the need to include their respective interventions in a common strategic framework to ensure the coherence and effectiveness of comprehensive public action [74]. The below factors add to the outcome and policy framework for France.

- **Economic Factors**
  It is reported that in 2016 total drug related expenditure in France was 0.1% of its GDP,(approximately €2.23 billion), with 52 % of the total being spent on demand reduction initiatives and 47% on supply reduction activities[75]. In the most recent estimate from 2022, government expenditure remained steady at €2.23 billion, supplemented by health insurance contributions valued at €968 million[74]. The 2024 publication of the latest cocaine use data in the general population in France in 2023, confirms the need to increase spending and enhance vigilance among public authorities and professionals to develop increasingly targeted responses, in terms of supply reduction, prevention, support, harm reduction measures, health care, and support for research[74].

International Review

In Focus: France

Policy Orientation cont.

- **Political Factors**
  France established drug consumption rooms (DCRs), which first opened in Paris in 2016, providing a safer environment for drug use under medical supervision[75]. However there has been significant political resistance to them, particularly from right-conservative parties, and additional tension between local and national authorities. Overall, the implementation of the DCRs sparked public debate and social movements due to concerns about locations[76].

- **Social Factors**
  France faces a notably high rate of cannabis use, particularly among adolescents and young adults[75]. In addition, the country is grappling with social exclusion and stigma associated with drug use, especially among marginalised groups. These populations often face barriers to accessing care, and despite the rollout of harm reduction services, including SIFs and mobile outreach, uptake remains uneven due to fear of criminalisation and societal discrimination[77].

Collaboration Between France and Ireland

France and Ireland maintain a strong collaborative relationship in the field of drug prevention and public health through their participation in several multilateral frameworks and shared European policy platforms.

A cornerstone of this cooperation is their joint engagement in the Pompidou Group. Through this forum, both countries contribute to international dialogue on issues such as harm reduction, human rights in drug treatment, and youth prevention strategies. The Pompidou Group also facilitates expert exchanges, comparative policy research, and peer learning, allowing France and Ireland to align on best practices while maintaining their respective national models[70].

In addition to multilateral engagement, France and Ireland signed a Joint Plan of Action (2021–2025) to deepen bilateral ties across a range of sectors, including public health and research. Although this plan does not focus exclusively on drug policy, it underpins their broader partnership on health resilience, social protection, and youth development, factors closely linked to drug prevention[78].

International Review

In Focus: The United Kingdom

Key points	
Population Size	68.3 million[79]
National Drug Strategy	From Harm to Hope: A 10-Year Drugs Plan to Cut Crime and Save Lives[80]

Current Strategy

The United Kingdom's (UK) drug strategy, "From Harm to Hope: A 10-Year Drugs Plan to Cut Crime and Save Lives", was launched by HM Government in 2021[80]. The UK Government's 10-year strategic plan seeks to address the issue of illegal drug use through targeted measures aimed at disrupting supply chains operated by criminal networks, while also providing individuals affected by addiction with structured pathways toward rehabilitation and reintegration into society. The strategy is underpinned by record investment of over £3 billion in the first three years, with the aim to reduce drug-related crime, death, harm and overall drug use[80].

Three strategic priorities form the foundation of the strategy:

- **Breaking drug supply chains** through strengthening the response across the drug supply chain, making the UK a significantly harder place for organised crime groups to operate;
- **Delivering a world-class treatment and recovery system** through the investment of £780 million to rebuild drug treatment and recovery services with new commissioning standards to drive transparency and consistency; and
- **Achieving a generational reduction in drug demand** which will strengthen the evidence for how best to deter use of recreational drugs ensuring that adults change their behaviour or face tougher consequences[80].

The plan places a significant emphasis on multi-agency collaboration, with local authorities expected to work alongside health services, housing providers, police, and probation teams to provide joined-up care that supports treatment and recovery[80]**.** A significant policy development is the commitment to affect a transformative shift in societal attitudes and behaviours toward drug use over the coming decade. The objective is to reduce the prevalence of drug consumption and diminish its appeal, thereby fostering a safer and healthier environment in which children and young people can thrive[80].

To note while this strategy applies across the UK, health policy is a devolved matter, and as such, Scotland and Wales have developed their own complementary approaches which are discussed later in this report [80].

Policy Orientation

The UK's drug policy adopts a balanced approach with an emphasis on treatment and recovery systems while maintaining strong measures to disrupt drug supply and reduce crime. Several economic, political and social factors affect the policy and strategic direction which are mentioned below.

- **Economic Factors**
  The "House of Commons Committee of Public Accounts - Reducing the harm from illegal drugs: Eleventh Report of Session 2023–24" shows the UK's sustained cuts to drug treatment funding, with a 40% reduction in real terms between 2014 and 2021[81]. This has led to a reported reduction in service coverage, and challenges in recruiting staff and delivering high quality care. The recommendations presented in this report underscore the importance of enhancing financial certainty to ensure the timely and effective allocation of drug-related funding. It is recommended that public health grants be confirmed well in advance of the commencement of the relevant financial year, thereby enabling local authorities to undertake long-term planning. Such foresight would support the delivery of strategic investments tailored to the specific needs of local communities, ultimately improving health outcomes and service sustainability[81].

International Review

In Focus: The United Kingdom

Policy Orientation cont.

- **Political Factors**
  Politically, the UK's drug strategy has faced pressure to balance public health with criminal justice priorities. The emphasis on a "tougher more meaningful consequences" narrative, particularly around drug trafficking and youth involvement networks has been suggested to conflict with health-led approaches[82]. The "Analysis of the UK Government's 10-Year Drugs Strategy—a resource for practitioners and policymakers" has suggested a more dramatic re-orientation of UK drug policy, advocating for a shift towards public health approaches that are evidence based[82].

- **Social Factors**
  Social stigma also remains as a significant problem for people to use drugs, particularly from marginalised groups[83].

Collaboration between the UK and Ireland

Ireland and the UK maintain strong collaborative ties in international drug prevention through shared participation in multilateral initiatives and alignment in national strategy. Both countries are active contributors to the MAOC-N, as previous explained in the "In Focus" section for Portugal, detailed above.

While the UK's status in EU structures has changed post-Brexit, the UK and Ireland continue to cooperate through international forums and cross-border mechanisms, such as the BIC, which provides a platform for bilateral dialogue on justice, public health, and criminal policy, including drug misuse and addiction[84].

International Review

In Focus: Scotland

Key points	
Population Size	5.5 million[79]
National Drug Strategy	Rights, Respect and Recovery: Scotland's Strategy to Improve Health by Preventing and Reducing Drug and Alcohol Use[85]

Current Strategy

Scotland's strategic vision aspires to create a nation in which all individuals enjoy long, healthy, and active lives, irrespective of their background. This vision underscores a commitment to ensuring that individuals, families, and communities:

- Are entitled to health and life free from the harms associated with alcohol and drug use;
- Are treated with dignity and respect in all aspects of care and support; and
- Receive comprehensive support within their communities to pursue and sustain their own unique journeys of recovery[85].

While the strategy continues to serve as Scotland's overarching framework for addressing alcohol and drug-related harms, the National Mission operates in parallel, reinforcing and complementing the strategic objectives[86-87]. The National Mission on Drugs was launched by the Scottish Government in 2021, a five-year initiative backed by a £250 million investment aimed at getting more people into the life-saving and life-changing treatment that is right for them[86-87]. This initiative was released in response to high levels of drug deaths in Scotland. This national mission represents an urgent escalation of earlier policy efforts, with an explicit commitment to a "caring, compassionate, and human rights-informed" response. The mission is intended to mobilise emergency response, focus on harm reduction and prevent fatal overdoses; reduce risk by improving treatment and recovery services; and reduce vulnerability by addressing the social determinants of health by improving access to quality housing, social security, employment and social connection[86].

Six cross-cutting priorities were developed collaboratively with stakeholders to inform all aspects of the mission's approach[88]. These include placing lived experience at the centre, promoting equality and human rights, tackling stigma, ensuring data-informed decision-making, building a resilient and skilled workforce, and adopting psychologically informed practices[88]. Six outcomes were subsequently identified to guide the mission's implementation: reducing the incidence of problem drug use; lowering risks for individuals using harmful drugs; improving access to treatment and recovery; ensuring high-quality treatment and recovery services; addressing social disadvantage to enhance quality of life; and supporting children, families, and communities affected by substance use[88].

Policy Orientation

Scotland's current drug policy orientation is centered on a public health approach, emphasising harm reduction, human rights, and evidence-based interventions to address the country's drug crisis. However, several economic, political and social factors affect the policy and strategic direction which are mentioned below:

- **Economic Factors**
  Despite new funding, Scotland continues to face longstanding structural deficits in addiction service delivery, key challenges include fragmented funding structures, short-term funding cycles, resource constraints in workforce development, inequitable access regional disparities, and limited investment in prevention and early intervention[89].

International Review

In Focus: Scotland

Policy Orientation cont.

- **Political Factors**
  The Scottish Government continues to support the introduction of supervised consumption facilities, however drug legislation remains under the jurisdiction of the UK Government and the UK Misuse Drugs Act. This is limiting Scotland's ability to fully implement a health led approach or introduce supervised drug consumption facilities[87, 90]. This has restricted the country's capacity to reform their approach despite public health imperatives and growing political will within Scotland itself[87].

- **Social Factors**
  Scotland continues to grapple with a high number of drug-related deaths, recording 1,065 suspected drug-related deaths in 2024. While suspected drug related deaths in Scotland have reduced in recent years, they remain at a high level[91]. The 20% most deprived communities are 15 times more likely to die from drug misuse than those in the 20% least deprived *as* highlighted in "A Caring, Compassionate and Human Rights Informed Drug Policy for Scotland"[87]. Additionally, stigma continues to deter people from accessing services[86], as mentioned in the "National benchmarking report on the implementation of the medication assisted treatment (MAT) standards: Scotland 2023/24"[92] where service users felt they were not always treated with dignity and respect. The feedback from this report indicates that culture, care and infrastructure need to be more trauma informed[92].

Collaboration between Scotland and Ireland

Ireland and Scotland maintain a collaborative relationship on drug prevention and public health through several formal and informal partnerships, particularly via the British–Irish Council (BIC)[84]. The BIC serves as a key intergovernmental forum that brings together representatives from Ireland, Scotland, and other devolved UK administrations to discuss shared challenges and strategies related to drug and alcohol use. In January 2024, Ministers agreed a new programme for the British-Irish Council Drugs and Alcohol Work Sector, at a meeting hosted by the Government of Ireland in Dublin. The work sector's focus going forward is to:

- Support the involvement of people with lived and living experience in drug services;
- Address drug use in prison;
- Adopt health-led approaches to sanctions for people in possession of drugs for personal use;
- Promote community action on alcohol; (including collaboration with World Health Organisation European framework on action on alcohol 2022-25) and
- Conduct peer reviews on topical drug and alcohol issue[84].

Additionally, a central area of cooperation has been the shared emphasis on harm reduction, including the deployment of naloxone programmes, which both countries have actively promoted. Ireland's naloxone demonstration project[93] and Scotland's national expansion of naloxone distribution[94] reflect a common commitment to reducing opioid-related deaths. This alignment has facilitated cross-border learning, particularly in terms of how to train community responders and integrate naloxone into wider harm reduction systems.

International Review

In Focus: Wales

Key points	
Population Size	3.1 million [79]
National Drug Strategy	Working Together to Reduce Harm: Substance Misuse Delivery Plan (2019–2022)[95]

Current Strategy

Wales was previously unique within the UK in implementing a unified substance misuse strategy "Working Together to Reduce Harm: The Substance Misuse Strategy for Wales 2008–2018", which addressed drug use, alcohol misuse, and polydrug use[96]. In 2019, the Welsh Government outlined its latest implementation efforts in the "Substance Misuse Delivery Plan 2019–2022"[95]. This plan reaffirmed the government's commitment to reducing drug-related deaths and emphasised the importance of both preventing future substance misuse and treating existing cases. It aimed to raise public awareness about the consequences of substance misuse and to ensure that individuals knew where to access help and support. The plan was subsequently revised in response to the COVID-19 pandemic and aimed to:

- Ensure ongoing delivery of essential services, including access and reduced waiting times;
- Ensure a range of OAT provision is available based on the needs of the individual and best practice;
- Establish a Wales wide Recovery Plan to support services in ensuring preparedness for a potential second COVID-19 peak;
- Closely monitor the trends in Drug Related Deaths (DRDs) throughout COVID-19 and ensure that the National Implementation Board for Drug Poisoning Prevention can take the necessary actions; and
- Ensure service user feedback is taken on board by considering the findings of the Peer Led – COVID-19 Impact Study and continue carrying out service user research in relation to treatment and support.

The Welsh plan ran alongside the UK 10-year strategy, "From Harm to Hope: A 10-Year Drugs Plan to Cut Crime and Save Lives", which was launched by HM Government in 2021[80] with many reports featuring both English and Welsh data on drug use consolidated.

Policy Orientation

Despite Wales' ongoing efforts around drug misuse there are several factors that affect the policy and outcomes as listed below:

- **Economic Factors**
  Drug usage in Wales has been linked to a substantial economic burden, particularly due to the use of Class A drugs. The annual cost of Class A drug use is estimated to be around £780 million. This significant financial impact is largely driven by drug-related crime, which accounts for 90% of the total cost, as reported in the "Working Together to Reduce Harm Substance Misuse Strategy 2008–2018"[96], the costs accounted for include healthcare costs such as drug related hospital admissions, social services for individuals and families affected by drug misuse and broader social impacts such as crime rate and community safety concerns.

International Review

In Focus: Wales

Policy Orientation cont.

- **Political Factors**
  A public health approach has long been a central component of Welsh Government policy in addressing substance misuse. A strong cross-sector collaboration in Wales bringing together the Welsh Government, Police and Crime Commissioners, Chief Constables, housing and homelessness services, and Public Health Wales, has led to the development of joint initiatives. Ongoing efforts are focused on extending this collaborative approach to the area of mental health and substance use[97].
- **Social Factors**
  While substance misuse affects all sectors of society, its impact is not uniform across the country. Certain regions experience disproportionately higher levels of adverse outcomes, influenced by historical patterns of alcohol and drug use, socio-economic deprivation, and evolving trends in substance availability, consumption methods, and polydrug use[98]. In 2022 the "Substance Misuse Deaths in Wales: 2022 Report" found that there were 210 drug misuse deaths, with heroin/morphine responsible in 51% of cases[99]. Additionally, poly-drug use featured in 61% of these deaths, highlighting the complexity of risk behaviours among those most affected[99].

Collaboration Between Wales and Ireland

Ireland and Wales engage in ongoing collaboration on drug prevention primarily through multilateral mechanisms established under The United Kingdom. Although Wales does not operate a fully sovereign foreign policy, it maintains devolved authority over public health and social care, allowing it to align with both UK-wide and cross-border initiatives involving Ireland. This includes joint participation in EU-funded networks prior to Brexit, and ongoing collaboration via British-Irish forums, such as the BIC[84].

International Review

In Focus: Germany

Key points	
Population Size	83.3million[100]
National Drug Strategy	The National Strategy on Drug and Addiction Policy[101]

Current Strategy

Germany's current drug strategy is outlined in *the* "National Strategy on Drug and Addiction Policy", issued by the Federal Ministry of Health[101]. This strategy is rooted in four pillars:

- **Prevention:** The goal of this pillar is to inform individuals, especially children and adolescents, about the dangers of drug use to prevent harmful consumption before it starts;
- **Counselling and Treatment**: This pillar focuses on providing support to individuals struggling with addiction;
- **Harm Reduction:** Harm reduction measures aim to stabilise the health and social situation of individuals living with addiction, creating a foundation for overcoming addiction in the future; and
- **Supply Reduction and Law Enforcement:** This pillar addresses the legal aspects of drug and addiction policy, including regulations and prohibitions such as narcotic drug legislation.

The national approach explicitly seeks to reduce the harms associated with drug use while supporting individuals' paths to recovery, reintegration, and improved health outcomes.

One of the most prominent and consistently supported features of Germany's current strategy is the operation of Drug Consumption Rooms (DCRs). These facilities provide individuals with a safe, hygienic environment in which to consume pre-obtained drugs under medical supervision. The primary objectives are to reduce health risks such as overdose and the transmission of infectious diseases, while also connecting users with health and social services[102]. A 2023 nationwide survey reported approximately 650,000 instances of drug consumption within Drug Consumption Rooms (DCRs) across Germany[103]. Notably, there were no recorded fatalities associated with these supervised settings, underscoring their effectiveness in mitigating mortality and reducing broader public health risks associated with unsupervised drug use[103]. Furthermore, 650 medical emergencies were managed on-site, highlighting the critical role these facilities play in preventing fatalities[103].

Policy Orientation

Germany's drug policy is anchored in a four-pillar public health model, aimed at achieving strong harm reduction outcomes, additional factors affecting policy orientation and outcomes are outlined below:

- **Economic Factors**
  In the "Drug-induced deaths, the current situation in Europe 2024" report, it was noted that Germany had the highest number of drug-related deaths in Europe[104]. While the sale of psychoactive substances may generate some tax revenue, available evidence suggests that the associated economic costs, such as those related to healthcare, social services, and law enforcement, are likely to outweigh any fiscal benefits[105].
- **Political Factors**
  Over the past few years, there has been significant political debate surrounding the legalisation and regulation of drugs, particularly cannabis and new psychoactive substances. The German Green Party has been a prominent advocate for the legalisation of cannabis. Their efforts, combined with the legal groundwork laid by scientists and legal scholars, culminated in the legalisation of cannabis in 2021[106].

International Review

In Focus: Germany

Policy Orientation cont.

- **Social Factors**

  Findings continue to indicate a strong correlation between social inequalities and the prevalence of substance use. In particular, cannabis consumption appears to be more common among individuals who are unemployed and among students with lower levels of educational attainment identifying these groups as being at elevated risk[107]. The recent "Characteristics, crack use, housing situation and psychosocial problems of people in the open drug scene in cologne, Germany – results of a cross-sectional survey" report showcased several social risk factors, a significant portion of people who use drugs are from marginalised groups and often people who use drugs face social exclusion[108].

Collaboration Between Germany and Ireland

Ireland and Germany maintain robust cooperation on drug prevention through shared participation in European Union institutions and multilateral policy frameworks. Both countries are committed partners in the "EU Drugs Strategy 2021–2025". The Strategy aims to protect and improve the well-being of society and of the individual, to protect and promote public health, to offer a high level of security and well-being for the general public and to increase health literacy[30]. It takes an evidence-based, integrated, balanced and multidisciplinary approach to the drugs phenomenon at a national, EU and international level. It also incorporates a gender equality and health equity perspective[30]. A key body facilitating this collaboration is the European Union Drugs Agency where Ireland and Germany contribute data, policy feedback, and engage in cross-national research[109].

They also engage in regular policy discussions via the Horizontal Working Party on Drugs (HDG), a Council of the EU forum that allows member states to coordinate and shape EU-wide drug strategies, previously referenced in The Netherlands "In Focus" section[69]. Ireland and Germany also participate in the Correlation – European Harm Reduction Network, which envisages an inclusive and just Europe where people who use drugs and other marginalised and underserved communities have equitable and universal access to social and health care without being discriminated against and stigmatised[110].

04

Evaluation Findings

Evaluation Findings

Integrated Methodological Approach and Analytical Framework.

Introduction

Having completed the evidence review, a mixed-methods approach was adopted to integrate both quantitative and qualitative information and to amalgamate key findings. This process involved:

Data Integration: Consolidating all relevant data to establish a comprehensive and robust foundation.

Pattern Identification: Examining the integrated dataset to identify patterns and trends across data types.

Validation: Engaging with SIG 6 to validate emerging findings, ensuring their accuracy, relevance, and alignment with policy objectives.

Key findings were identified and are presented across four key domains:

01 The Impact of the Strategy

02 Governance and Coordination Effectiveness

03 Performance Against Key Outcome Indicators

04 Coherence with International Drug Strategies

Key Findings

A key finding refers to a distinct thematic element or operational component identified through the evaluation process as being of strategic relevance to the implementation and outcomes of the NDS (2017–2025)[1]. Each key finding within the four domains is categorised under one of three rating levels. These ratings reflect the current status of implementation and progress, based on the strength of evidence, stakeholder feedback, and alignment with the NDS (2017–2025)[1]. The ratings are as follows:

Accomplishments

This rating indicates that the area of focus is progressing well and demonstrates strong alignment with the goals of the NDS 2017-2025[1]. Implementation is active, and positive developments are either emerging or already evident.

Criteria:

- Actions or policies are developed, funded, and operational in key settings.
- Services are functioning and beginning to reach intended populations.
- Early indicators (e.g., service uptake, stakeholder feedback) show improvements in access, coordination, or responsiveness.
- Stakeholders broadly agree that this area is moving in the right direction.

Examples:

- Pilot programmes have transitioned into sustained services with plans for scale-up.
- Strategic commitments are being actively implemented.
- Positive feedback is emerging from service users and providers.

Evaluation Findings

Integrated Methodological Approach and Analytical Framework.

Progress Underway

This rating reflects that meaningful steps have been taken, and implementation is in progress, but further work is required to strengthen delivery, embed practices, or ensure consistency across settings.

Criteria:

- Strategic intent is clear, and some activities are underway, though coverage or impact is still developing.
- Implementation may vary across regions or services.
- Barriers such as limited capacity, coordination challenges, or resource constraints may be slowing progress.
- Stakeholders acknowledge the direction is appropriate but raise concerns about pace, quality, or reach.

Examples:

- Training or awareness campaigns are developed but not yet fully rolled out.
- Community engagement is occurring, but formal structures for input are still evolving.

Areas for Improvement

This rating indicates limited progress to date. Strategic intent may be underdeveloped, and significant work is needed to initiate or advance implementation.

Criteria:

- There is little or no evidence of consistent activity or dedicated resourcing.
- Key policies, services, or structures are missing, stalled, or not yet initiated.
- Outcomes are unclear or absent, and the area may not be reflected in monitoring frameworks.
- Stakeholders frequently identify this as an unmet need or priority gap.

Examples:

- Commitments remain at the planning stage without timelines or funding.
- Certain priority populations or themes (e.g., historically marginalised groups, families, stigma reduction) are underrepresented in action plans.

Summary

A total of **25 key findings** were identified across the four evaluation domains. It is important to note the limitations, as previously discussed in Section 4 (p.26) may have potential implications for the overall evaluation and recommendations.

This distribution provides a balanced view of achievements, ongoing efforts, and priority gaps within the strategy's implementation landscape.

Evaluation Findings

Domain 1:
Impact of the Strategy

Grant Thornton

Evaluation Findings

Domain 1: Impact of the Strategy

The aim of Domain 1 was to assess the overall impact of the NDS 2017-2025[1], its goals and priorities in delivering a public health-led and whole-of-government response to drug and alcohol use. Notable accomplishments, progress underway and areas for improvement across this domain are outlined below. A summary of each key finding is provided with a further detailed breakdown of each finding later in this section of the report.

Accomplishments

1. **The Expansion of Harm Reduction Strategies Nationwide:**
The NDS 2017-2025[1] outlined a health-centric approach to drug use, placing an emphasis on care and support. Harm reduction initiatives were positioned as a central component, with a focus on reducing the adverse health and social impacts associated with drug use. Stakeholders expressed broad support, and reference was made to several initiatives, including the expanded availability of naloxone, the operation of needle exchange programmes, and the introduction of drug-checking services at festivals.

2. **Strong Responses to Crisis Events and Emerging Drug Threats:**
The implementation of the NDS 2017-2025[1] demonstrated adaptability during periods of crisis, including the COVID-19 pandemic and the emergence of synthetic opioids such as Nitazines. In response to a cluster of overdoses in Dublin linked to Nitazine use, authorities expanded naloxone distribution and issued real-time public health alerts. These actions were noted by stakeholders as reflecting the capacity for timely, health-oriented interventions in crisis situations.

Progress underway

3. **The Provision of Integrated and Holistic Care:**
It was reported that services often operate in isolation, with limited integration between mental health, addiction, housing, and criminal justice systems. The "Drug-Related Deaths in Ireland: Key Patterns and Trends 2008–2017"[111] report, found that 63% of non poisoning drug-related deaths were linked to undiagnosed or untreated co-occurring mental health disorders. In contrast, the launch of "The Model of Care for Dual Diagnosis" in May 2023 marked a positive development[18]. This included the appointment of a National Clinical Lead and a Programme Manager for Dual Diagnosis representing important steps towards more coordinated and integrated care.

4. **Equity of Access and Inclusion:**
Stakeholders identified significant geographic and demographic disparities in access to treatment services, with rural areas, young people, and marginalised groups reported as being disproportionately affected. Community-led and peer-driven initiatives were recognised as promising approaches for promoting recovery and reducing stigma; however, these models were frequently described as underfunded. Additionally, the integration of datasets across distinct service sectors—such as health, justice, and social care—was noted as a recent development that has enhanced the capacity to monitor and support historically marginalised groups more effectively.

Evaluation Findings

Domain 1: Impact of the Strategy

Areas for Improvement

5. **Improve Prevention and Early Intervention**: Prevention and education efforts within schools and universities were seen as requiring reassessment. Prevention efforts were described by several stakeholders as underdeveloped, inconsistent, and lacking national ownership.

6. **Embedding Lived Experience in Policy and Advancing Recovery Supports:** A formally embedded recovery service was recommended, with consistent access to peer led support, recovery hubs and aftercare services nationwide.

7. **The Need for Integration with Problem Alcohol Use Policy Development:** Stakeholders have expressed concerns that the NDS 2017-2025[1] gives limited attention to alcohol addiction, despite its recognised impact on public health. There was an emphasis on the need for a more unified approach that integrates alcohol harm reduction within broader drug services, with the aim of addressing dual addiction and reducing gaps in service provision.

8. **The need for Legal Reform and Alternative Sanctions:** The implementation of alternative sanctions for drug offences has been measured with stakeholders frequently noting the inconsistent implementation of such alternatives across the country, which was seen as a limiting factor in achieving broader reform goals.

9. **Sustainable Funding and Workforce Stability:** It was reported that annual funding arrangements and restrictive hiring policies have contributed to staff shortages and disruptions in service delivery. There were repeated calls by some stakeholders for multi-annual funding commitments and targeted workforce investment to support more consistent and sustainable service provision.

Evaluation Findings

Domain 1: Impact of the Strategy

Overall Assessment

The expansion of harm reduction strategies nationwide has been a significant achievement, particularly in addressing crises such as the peak in deaths by drug poisoning linked to synthetic opioids. However, findings indicate that there is a pressing need for improvements in the integration of care and enhanced coordination between mental health, addiction, housing, and criminal justice services. Multi annual sustainable funding and workforce stability are crucial to maintaining and expanding these services effectively.

Accomplishments

1: The Expansion of Harm Reduction Strategies Nationwide

Stakeholders observed that the NDS's (2017-2025)[1] health-led approach aimed to provide support and resources to individuals affected by drug use, reflecting an evolving emphasis on harm reduction within national drug policy. Rather than focusing solely on abstinence or elimination of drug use, harm reduction initiatives were described as aiming to reduce associated health, social, and legal harms. This shift was noted by stakeholders as aligning with a broader understanding of drug policy as a component of public health and community wellbeing.

Throughout the implementation of the NDS 2017-2025[1], a range of harm reduction efforts were documented. Stakeholders referenced increased visibility of interventions such as naloxone distribution, needle exchange services, and festival-based drug-checking pilots. These initiatives, highlighted during consultations and the document review, underscore the NDS's (2017-2025)[1] focus on mitigating immediate harms associated with drug use.

The report "Naloxone Administration by Addiction and Homeless Service Providers in Ireland: 2018–2020"[9] was cited as evidence of expanded access to overdose reversal medication during the NDS 2017-2025[1] period. Findings from the "Pharmacy Needle Exchange Programme: Review of Performance Indicators" recorded 23,196 needle exchange transactions in 2022, which included harm reduction advice, and referrals to additional services such as blood-borne virus testing, addiction services, or residential rehabilitation[10].

2: Strong Responses to Crisis Events and Emerging Drug Threats

Stakeholders observed that the NDS 2017-2025[1] demonstrated adaptability and coordination during periods of public health emergency, particularly in response to the COVID-19 pandemic and the emergence of potent synthetic opioids such as Nitazines. During the pandemic, service providers were noted to have adjusted operations to maintain access to key supports, including opioid agonist therapy and harm reduction services. These adaptations were seen by stakeholders as contributing to continuity of care for populations considered at elevated risk[111].

The detection of Nitazines, an extremely potent class of synthetic opioids, being sold as heroin in Dublin in November 2023 was cited by many stakeholders as a positive example of an agile response to a crisis. Following a sharp increase in reported overdoses, authorities implemented a series of immediate measures. These included the expansion of naloxone distribution, the dissemination of overdose awareness materials, and the issuing of real-time alerts to frontline services. Stakeholders noted that the coordinated nature of this response reflected the potential value of flexible, health-oriented interventions during acute drug-related events. This example, was frequently cited as an illustration of multi-agency responsiveness and the capacity to adapt quickly in the face of emerging threats.

During the COVID-19 pandemic, healthcare professionals encountered unprecedented challenges in supporting individuals with addiction. The pandemic necessitated a shift in priorities, with safeguarding against the spread of COVID-19 taking precedence over traditional service delivery methods. This shift resulted in increased occupational stress and anxiety among social care and healthcare professionals, who had to balance supporting others with their own health and safety concerns. This was further exacerbated by pandemic restrictions such as lockdowns and social distancing measures. These restrictions created a "digital divide" as many drug users lacked access to smartphones or the internet, hindering virtual consultations. The relaxation of guidelines for methadone prescribing and the reduced capacity in shelters added to the anxiety and uncertainty. Despite these obstacles, healthcare professionals continued to support their clients, demonstrating resilience and adaptability in the face of adversity[112].

Evaluation Findings

Domain 1: Impact of the Strategy

Overall Assessment

Progress underway

3: The Provision of Integrated and Holistic Care

Stakeholders have acknowledged progress in cross-departmental collaboration related to dual diagnosis, specifically, the launch of "The Model of Care for Dual Diagnosis" in May 2023[18]. The appointment of a National Clinical Lead and a Programme Manager for Dual Diagnosis to oversee the programme, represent important steps towards more coordinated and integrated care.

Despite this progress, the number of individuals presenting to treatment for problem drug use was 13,295 cases in 2024, the highest annual number recorded by the NDTRS , which amplified existing implementation challenges[17, 45]. The absence of integrated care pathways that address both addiction and mental health simultaneously was noted by many of the stakeholders consulted. Stakeholders noted that fragmented service structures may hinder access to timely and appropriate care for individuals with co-occurring conditions.

Further data from the National Suicide Research Foundation highlighted a heightened vulnerability among people with substance use disorders. Findings in the "Substance use and self-harm emergency department presentations during COVID 19: evidence from a National Clinical Programme for Self-Harm" report suggested these individuals showed an increase in suicide related ideation and substance related self harm during COVID-19[113]. These findings were referenced by stakeholders in the context of ongoing discussions regarding the importance of integrated, early intervention approaches. Stakeholders have emphasised the need for treatment models that concurrently address mental health and addiction, noting that such models may improve individual outcomes and support more effective use of emergency and acute care services. There was also support for strengthening community capacity through structured support, training, and inclusive service design processes, with the aim of enhancing the responsiveness of drug policy to local needs. This is further highlighted in recommendation 16 of the "CADU" report which seeks to optimise services to ensure continuity of care for all service users, including people with complex and/or specific needs[6].

4: Equity of Access and Inclusion

Despite the ongoing work to improve access to treatment for high-risk groups, stakeholders continue to highlight concerns regarding equity of access to services. Those consulted emphasised persistent geographic and demographic variability in access to treatment. Services were noted to be underdeveloped in addressing specific needs, particularly in areas such as gender-specific care, trauma-informed approaches, and supports for parents and caregivers. These consultation findings are consistent with the documentation reviewed which suggests challenges remain in the equitable distribution and geographical availability of some harm reduction services nationally[2-3, 6, 20, 49]. Concerns also exist regarding treatment access and uptake for marginalised groups[4]. Stakeholders have advocated for the development of more flexible, tailored service models that respond to local contexts and improve accessibility for historically marginalised groups[3]. The "CADU" emphasises the importance of prioritising the needs of marginalised groups, in Recommendation 15[6]. Contextually, the Central Statistics Office report that the population has increased 4,792,500 in April 2017 to 5,380,300 in April 2024 compounding demand for treatment services nationally[114-115].

Stigma was frequently cited by stakeholders as a barrier to equity of access. Fear of judgment from statutory bodies, public health institutions and local communities was seen as discouraging help-seeking behavior. Stakeholders suggested improving training for healthcare and social service providers to strengthen cultural competence and promote non-judgmental, inclusive service delivery. The document review also highlighted challenges faced by drug users in engaging with healthcare professionals and policy-makers due to stigma and discrimination. In line with these findings, Recommendation 29 of the "CADU"[6] advocates for the roll out of regular national public health information campaigns, focusing on reducing shame and stigmatisation.

Evaluation Findings

Domain 1: Impact of the Strategy

Overall Assessment

4: Equity of Access and Inclusion cont.

The case study below, as provided by the Department of Health, highlights ongoing work, both from an international, national and local perspective, at addressing equity of access and inclusion in treatment services.

Item	Details	Source
Title	**Implementing a Gender Perspective in Drug Policy in Ireland**	Handbook Pompidou Group[116]
An International Perspective	The handbook "Implementing a Gender Approach in Drug Policies: Prevention, Treatment and Criminal Justice" was created by the Pompidou Group of the Council of Europe, through an expert working group nominated by member states to integrate gender, including women, men, non-binary, and trans people, into drug policies, ensuring responses are gender-sensitive (meeting specific needs) and gender-transformative (promoting equity and dignity) [116]. Rooted in human rights, the handbook addresses gaps and inequities in prevention, treatment, criminal justice, and reintegration and argues that a deeper understanding of gender dynamics is essential for crafting effective and equitable policy responses. By advocating for the recognition of varied needs within target populations, the handbook aimed to enhance the overall effectiveness of drug-related interventions. It promoted a shift from generic, one-size-fits-all approaches to more tailored strategies that acknowledge the lived realities of individuals affected by drug use.	
A National Perspective	The handbook offers a comprehensive, evidence-based framework for integrating gender-sensitive and gender-transformative approaches into drug-related policies and interventions. It is specifically designed to guide policymakers and practitioners working in the fields of drug prevention, treatment, care, and criminal justice. A key emphasis of the handbook is the value of gender diversity in policy discourse. It suggests that inclusive dialogue not only enriches the policymaking process but also leads to more comprehensive and sustainable solutions. Furthermore, it highlights that resistance to gender-focused measures often stems from misconceptions about gender differences, which the handbook seeks to clarify through evidence and practical guidance. It provides actionable recommendations and a clear rationale for adopting gender-sensitive practices, ultimately contributing to more just and effective outcomes in the field. The Women's Health Action Plan 2022-2023 was published by the Minister of Health Simon Donnelly on March 8th, 2022[118]. The Action Plan is underpinned by 3 principles: pace, prioritisation, and partnership. The document outlines the Women's Health Action Plan for 2022-2023 in Ireland, focusing on improving health services and outcomes for women through dedicated funding, listening to women's needs, and implementing targeted actions[118]. Phase 2 of the Action plan "Women's Health Action Plan 2024-2025 Phase 2: An Evolution in Women's Health" was launched in April 2024[117]. Drug treatment for marginalised women is identified as an action, with the development of gender specific services focused on providing supports to women with complex needs[117].	Women's Health Action Plan 22-23 Women's Health Action Plan 24-25[117]

Evaluation Findings

Domain 1: Impact of the Strategy

Overall Assessment

4: Equity of Access and Inclusion cont.

Item	Details	Source
Title	**Implementing a Gender Perspective in Drug Policy in Ireland**	Women's Health Action Plan 22-23 Women's Health Action Plan 24-25[118]
A National Perspective	In 2024, the Department of Health announced over €830,000 in funding to drug services for women with complex needs in efforts to reduce drug-related harms and premature deaths among this group. This initiative will develop integrated care pathways for high-risk drug users to achieve better health outcomes. Three HSE Health Regions successfully applied for this funding and services are now operational in HSE Mid West, HSE Dublin & South East and Dublin & North East. The funding supports the strategic priority to enhance access to and delivery of drug services in the community, under the National Drugs Strategy for 2021-2025. in addition, Budget 2023 provided €0.5 million to increase access to and provision of gender-specific services.	
A Local Perspective	Jane's Place was first piloted in 2022; there is no specific budgetary figures publicly disclosed regarding its income stream. However, in 2024, the Department of Health announced over €830,000 in funding to further develop drug services for women with complex needs, aiming to reduce drug-related harms and premature deaths among this group, with an allocation of €833,118 over two years was provided under the Women's Health Action Plan. This funding supported the strategic priority to enhance access to and delivery of drug services in the community, expanding women's drug services and addressing the specific barriers that women with complex needs can face in accessing drug treatment services. Jane's Place provides a comprehensive suite of services tailored to women's needs, including: • One-to-one key workers. • GP and nursing services. • Mental health support and trauma informed counselling. • Health and wellbeing groups. • Addiction education and stabilisation groups. • Social activities. • Programmes focusing on recovery and healing from trauma, such as art therapy and mindfulness. • The center also provides women-specific healthcare services, including smear tests, breast checks, STI and blood-borne virus screening, wound care, contraception, chronic disease management, vaccines, and treatment for minor injuries. Jane's Place employs a trauma-informed, low-threshold, gender-specific, and person-centered approach to service delivery. By creating a female-only space, it ensures a safe and non-judgmental environment where women can build trust with staff and peers. Services address the complex needs of women, including addiction, mental health, and experiences of violence or abuse.	MQI[119]

Evaluation Findings

Domain 1: Impact of the Strategy

Overall Assessment

Areas for Improvement

5: Improve Prevention and Early Intervention

Data in relation to drug use indicates that young people aged 15–24 years were most likely to report recent illicit drug use [27,39]. This rise in drug use within these cohorts, as frequently cited by stakeholders, underscores the necessity for enhanced prevention and early intervention strategies targeting the younger population. Existing universal prevention programmes in secondary education were frequently described as poorly defined, insufficiently targeted, and lacking the responsiveness required to address emerging drug trends. Stakeholders expressed concern regarding the perceived inconsistent delivery of the SPHE curriculum, particularly in relation to newer substances such as synthetic cannabinoids. The practice of adapting SPHE locally, though sometimes useful in responding to school-level needs, was viewed as contributing to a fragmented national approach.

It was suggested by stakeholders that mandating the delivery of SPHE in all schools, accompanied by structured teacher training and national-level oversight, would be beneficial. This is supported by Recommendation 10 of the "CADU" which advocates for mandatory basic training for personnel across education, health, criminal, and social care services on trauma-informed and problem-solving responses to addiction, as well as health-led response options for those presenting with problematic drug use or addiction[6].

Supporting evidence from The "Health Behaviour in School-Aged Children Study 2022" indicated gaps in the effectiveness of school-based interventions. Similarly, findings from the "DUHEI Survey"[40] highlighted the fragmented nature of prevention strategies in third-level institutions. Recommendation 28 in the "CADU"[6] also advocates for the Department of Health in conjunction with the HSE to design and implement age appropriate, school-based drug prevention.

The development of the SPHE Programme is ongoing and SPHE teachers, guidance counsellors and Home School Community Liaison coordinators can avail of continuing professional development with several bespoke school supports visits provided in 2021-2024 in the areas of SPHE and Wellbeing Education as part of the "Strategic Action Plan 2023-2024"[5]. Furthermore, a Catalogue of Resources which provides a non-exhaustive list of documents and resources that are provided by the Department of Education and Youth (DEY), its agencies, support services, and by the HSE to assist the promotion of wellbeing across school communities was reviewed and updated.

In addition, "Know the Score" the first national evidence-based resource on alcohol and drugs for senior cycle students (15-18 years) was launched in 2019 and marked a significant step towards expanding prevention efforts, along with a dedicated funding stream for prevention which is highlighted in the case study overleaf[120]. Aimed at engaging young people in exploring and considering a wide range of topics related to the risks associated with alcohol and drug use, it serves as a valuable tool for educators to facilitate informed discussions and education on substance use, aiming to promote healthier choices among young people[120].

Prevention activities in both school and third-level education settings were generally considered by stakeholders as requiring reform. The appointment of a National Prevention Lead was recommended by stakeholders to oversee coordination and ensure consistency in delivery across settings.

The overleaf case study, as provided by the Department of Health (DoH), highlights the efforts through funding schemes to improve prevention and early intervention through initiatives which included school-based education, community outreach, and support services for at-risk populations.

Evaluation Findings

Domain 1: Impact of the Strategy

Overall Assessment

5: Improve Prevention and Early Intervention cont.

Item	Details	Source
Title	**Department of Health Drug Prevention and Education Funding Scheme**	Gov.ie (121)
Why	The funding scheme was established to address the growing concern over drug misuse and its impact on public health. The aim of the funding programme was to increase the focused delivery of prevention programmes, supported by the best possible evidence, in a variety of settings. The funding programme was part of a wider suite of work undertaken by the Department to enhance the area of prevention and education in Ireland.	
What	The scheme provided financial support for programmes focused on drug prevention and education. These programmes included school-based education and supports, community mobilisation, nightlife outreach, and higher education settings	
Who provides the service	The Department of Health provided funding over a 3-year period to 5 projects, who implement interventions in line with their funding application.	
How	The scheme operated through a structured application process where organisations submitted proposals for funding. A panel of national and international experts evaluated these proposals based on criteria such as potential impact, sustainability, and alignment with public health goals, with successful applicants receiving financial support to implement their programmes over a 36 month period. The five initiatives deemed successful: • DASH Mobile Night-Time Economy Project (Cork Sexual Health Centre) • E-SHIELD UCC (University College Cork) • Building SAFER Communities through Evidenced Based Environmental Prevention at a Community Level (Alcohol Forum Ireland) • Know the Score Evaluation (Health Service Executive, Trinity College Dublin) • Clondalkin Prevention LAB (Clondalkin Local Drug and Alcohol Task Force)	
Where	The 5 funding streams within the progrmame were: • **School based:** supported the implementation of Know the Score for senior cycle SPHE and Healthy Choices for Junior Cycle SPHE and other resources related to substance misuse education supported by the DoH/HSE and DEY. • **General youth:** aimed to resource prevention and education programmes that are delivered in youth work or community-based settings, especially for those who are particularly vulnerable and/or early school leavers. • **Family Based:** aimed to assist parents in improving their skills and to positively influence how children learn their group's norms, values, attitudes, and behaviours. • **Environmental prevention**: aimed to limit exposure to unhealthy • and risky behavioural opportunities and promote the availability of healthier opportunities. • **Higher Education settings:** aimed to tackle substance use, particularly addressing the overestimation of peer use and those that tackle social norms will be considered for this cohort.	Programme info(122)

Evaluation Findings

Domain 1: Impact of the Strategy

Overall Assessment

5: Improve Prevention and Early Intervention cont.

Item	Details	Source
Title	**Department of Health Drug Prevention and Education Funding Scheme**	Gov.ie[121]
When and how much	In 2022, a funding scheme of €1.5 million was introduced. It supported five prevention initiatives, providing up to €100,000 annually for each initiative over three years. However, the exact amount of funding each initiative received varied based on its scope and scale.	
Tailoring/ Modifications	Challenges such as limited resources and varying community needs have been addressed through continuous evaluation and adaptation of the programs.	
How well	The scheme has funded numerous successful programmes and evaluations that have reduced drug use in participating schools. • Alcohol Forum Ireland - Building SAFER Communities: This project has been successfully implemented in 12 communities across Ireland, focusing on reducing alcohol-related harm through evidence-based interventions using WHO's SAFER measures to reduce alcohol-related harm. • Cork Sexual Health Centre - DASH Mobile Night-Time Economy Project: This initiative aims to deliver drug, alcohol, and sexual health information and support directly into the night-time economy in Cork and Kerry via a mobile health unit. It has been successful in reducing barriers to accessing services and improving safety. • University College Cork - E-SHIELD UCC: The MyUSE app has been rolled out to six Higher Education Institutes to promote mindful decision-making and harm-reduction practices regarding drug use among students. • HSE and Trinity College Dublin - Know the Score: This project evaluated the HSE's 'Know the Score' school-based programme to develop strategies for effective implementation and scale-up of substance use prevention programmes in schools and has significantly reduced drug use in participating schools. • Clondalkin Local Drug & Alcohol Task Force – Clondalkin Prevention Lab: The EPIT (Education Prevention Intervention Team) initiative will be expanded to provide comprehensive drug and alcohol prevention support to schools in Clondalkin, aiming to work with 950 students per year over three years.	

Evaluation Findings

Domain 1: Impact of the Strategy

Overall Assessment

6: Embedding Lived Experience in Policy and Advancing Recovery Supports

Stakeholders raised concerns regarding the absence of structured mechanisms for the meaningful involvement of people with lived experience, as well as their families and communities in policy development. Stakeholders suggested that inclusive engagement could enhance the responsiveness and relevance of services, particularly when developed in partnership with those directly affected. The "National Practice Guide on Hidden Harm"[123] advocates for early intervention and inter-agency collaboration as key components of effective support for families. Active involvement of individuals with lived experience was seen to inform service design, improve outcomes, and strengthen trust in care systems. Stakeholders supported by the findings of the document review, advocate for structured, ongoing engagement that goes beyond consultation and becomes embedded within strategic and operational decision-making. This is further evidenced in the "CADU" within Recommendation 10 "Drugs policy design and implementation should be informed by service users and people who use drugs as well as family members of people affected by drugs, with provision of appropriate supports to enable this involvement"[6].

The emphasis on meaningful involvement of people with lived experience was linked by stakeholders with the broader goal of fostering recovery-oriented systems of care. Stakeholders highlighted that embedding lived experience into service design not only enhances services but also strengthens the foundation for sustainable recovery. They reported that where inclusive engagement informs the development of recovery supports, recovery frameworks, in turn, are shaped by those with firsthand experience.

Recovery was viewed by stakeholders as requiring formal integration into policy frameworks, budget planning processes, and service development structures. The development of standardised recovery-oriented practice, such as peer-led recovery models, community-based recovery hubs, and accessible aftercare services, were identified as a priority in the NDS 2017-2025[1]. Stakeholders noted the importance of ensuring that such services are consistent in quality and availability across all regions.

Despite improvements noted in recovery support throughout the lifetime of the NDS 2017-2025[1], stakeholders emphasised the importance of further embedding recovery as a central element within the NDS. This is further mentioned in Recommendations 12 and 30 in the "CADU" with a systemic approach to recovery and resourcing a priority[6].

7 : The Need for Integration with Problem Alcohol Use Policy Development

The Department of Health acknowledges the critical intersection between alcohol use and national drugs policy, particularly in the areas of prevention of problematic alcohol use among children and young people, as well as the delivery of addiction treatment services. Addressing problem alcohol use through both prevention and treatment is expected to remain a strategic priority in the forthcoming NDS. In 2025, the Department continues to support the nationwide implementation of community-based alcohol treatment services, ensuring comprehensive coverage across all six HSE Health Regions.

Further work is ongoing under the "Strategic Action Plan 2023–2024"[5] Priority 1, "Strengthen the prevention of drug and alcohol use and the associated harms among children and young people" specifically through the action to "Develop, implement and evaluate a multi-component environmental community action on alcohol project modelled on best practice". Notable progress under this initiative includes the establishment of a national steering group in Q2 2024, the distribution of an alcohol information booklet to relevant stakeholders, and active engagement at the High-Level European Alcohol Policy Conference held in Slovenia in June 2024.

However, stakeholders widely remarked on the limited focus on alcohol addiction within the current NDS 2017-2025[1] acknowledging that while public health alcohol policy and legislation does not fall within the remit of the NDS's (2017-2025)[1] scope, its significant impact on public health warrants greater attention. This perceived gap in strategic direction was noted by stakeholders as potentially undermining efforts to develop a more holistic and integrated approach to substance misuse. Several stakeholders expressed concern that the lack of a coherent framework for addressing alcohol-related harm impeded the delivery of consistent and coordinated responses across the treatment and prevention landscape.

Evaluation Findings

Domain 1: Impact of the Strategy

Overall Assessment

7 : The Need for Integration with Problem Alcohol Use Policy Development cont.

Stakeholders have called for greater clarity on the role of alcohol addiction and problem alcohol use within the national substance use policy and emphasised the need for closer alignment between alcohol harm reduction from a public health perspective and broader addiction services. They suggested that better integration could enhance care planning, especially in cases involving dual addiction or overlapping service needs. An analysis of relevant policy and programme documentation highlights that the HSE alcohol programme, part of HSE Health and Wellbeing, is working to reduce alcohol consumption and health inequalities at both individual and population levels, while protecting children, families, and communities from alcohol-related harm. This public health programme also supports the coordination of integrated alcohol services within the HSE[124]. Additionally, the "Healthy Ireland Strategic Action Plan 2021-2025"[124]) further seeks to refresh and oversee the implementation of the Department's alcohol policy, including community-level actions to delay the initiation of alcohol consumption. Stakeholders believe that these efforts, if well-coordinated, can significantly improve outcomes for individuals and communities affected by alcohol-related issues.

8: The Need for Legal Reform and Alternative Sanctions

Stakeholders identified legal reform as a key area within the NDS 2017-2025[1], with particular interest in alternatives sanctions, there are many initiatives such as Adult Caution Scheme, Dublin Drug Treatment Court, Cork Court referral programme, and Prime for Life which are promising examples of health-oriented responses to drug possession[49]. However, stakeholders frequently noted the inconsistent implementation of such alternatives across the country, which was seen as a limiting factor in achieving broader reform goals.

The "Mid-Term Review"[2] of the NDS 2017-2025 acknowledged some progress in advancing diversion approaches however uneven implementation was also highlighted. Stakeholders indicated that different departments and agencies appeared to demonstrate varying levels of commitment to the health-led principles underpinning the NDS 2017-2025[1]. These observations were situated within a wider discussion on the alignment between stated policy objectives and operational practice. Stakeholders emphasised the importance of cross-departmental coordination and consistent leadership to ensure that alternative measures are embedded and accessible nationwide.

The below case study, provided by the Department of Health, gives context of Irelands move toward a health led approach.

Item	Details	Source
Title	**Health Diversion Scheme**	HSE[125]
Why	The scheme is being introduced to provide a health-oriented alternative to criminal sanctions for individuals found in possession of drugs for personal use. It aimed to address substance use issues through health interventions rather than punitive measures.	
What	Under the Health Diversion Scheme, individuals aged 18 and over found in possession of drugs for personal use by An Garda Síochána may be referred to the Health Service Executive (HSE) for a health intervention, specifically a SAOR intervention session, with a qualified health professional. SAOR is a screening and brief intervention model for substance use that employs a person-centred approach to engage individuals in structured conversations about their drug use.	

Evaluation Findings

Domain 1: Impact of the Strategy

Overall Assessment

8: The Need for Legal Reform and Alternatives Sanctions cont.

Item	Details	Source
Title	Health Diversion Scheme	HSE[125]
Who provides the service	The proposed scheme is a collaborative effort involving: • An Garda Síochána: Responsible for identifying eligible individuals and initiating referrals. • Health Service Executive (HSE): Delivers the SAOR screening and brief intervention through trained healthcare professionals.	
How	Upon identification of an individual in possession of drugs for personal use, Gardaí refer them to the SAOR Practitioners. A SAOR screening and brief intervention is conducted, which is a person-centered conversation about substance use, aiming to motivate individuals towards positive change. The intervention typically takes less than one hour. If the individual would like further support to specialist services, the SAOR Practitioner will advise on referrals.	
Where	The scheme is intended for nationwide implementation across Ireland, with SAOR practitioners providing full operational coverage to receive referrals. SAOR interventions are delivered in various settings, including HSE facilities and community health centres, and can be conducted either online or in person.	
When and how much	It is proposed the scheme will operate on an ongoing basis. Appointments will be available through contact details provided for each county.	
Tailoring/ Modifications	The scheme enables health referrals for those individuals found in possession of drugs for personal use, facilitating depenalisation coupled with health diversion rather than decriminalisation. It offers an alternative pathway to support and treatment. A key strategic priority identified in the Mid-Term Review of the National Drugs Strategy (2017–2025) was to "promote alternatives to coercive sanctions for drug-related offences" with particular emphasis on the rollout of the Health Diversion Programme[2].	
How well	The HSE are in a position to receive referrals from the Health Diversion Scheme. The government has also reaffirmed its commitment to diverting individuals found in possession of drugs for personal use to health services, underscoring continued support for a health-led approach.	DoH[2] HRB[126]

9: Sustainable Funding and Workforce Stability

Annual and variable funding schedules were identified as a consistent theme across stakeholder consultations. Many services reported that short-term annual budgets and unpredictable financial planning posed substantial challenges to strategic development and scaling of initiatives. The absence of multi-annual funding was noted as a contributing factor to unfilled positions and limited programme capacity, particularly at a time of growing service demand, with the "CADU" Recommendation 18 calling for allocation of "significant additional fundings multi annually to drug services across the statutory, community and voluntary sector"[6].

Recruitment and retention issues across the healthcare sector were frequently referenced by stakeholders as a significant structural barrier, and although not directly related to the NDS 2017-2025[1], had a direct impact on its implementation. Stakeholders noted that, even in cases where funding had been secured, employment freezes and restrictive recruitment policies designed to address unfunded recruitment hindered efforts to fill critical roles. This was described as contributing to understaffing and reduced service availability.

Evaluation Findings

Domain 1: Impact of the Strategy

Overall Assessment

9: Sustainable Funding and Workforce Stability cont.

Stakeholders have highlighted the short-term nature of most funding arrangements as a significant barrier to recruitment and retention within the sector. The prevalence of temporary contracts and the associated uncertainty regarding job security have been identified as factors that deter professionals from entering or remaining in the field. Furthermore, stakeholders reported that the annual budget cycles to which many services are tied, limit opportunities for long-term planning, including workforce development and infrastructure investment. These issues have been raised in conjunction with broader concerns about system resilience and sustainability. Stakeholders consistently underscore the necessity for a more strategic funding model that would facilitate consistent service delivery and enable more adaptive and long-term planning.

Evaluation Findings

Domain 2:
Governance and Coordination Effectiveness

Evaluation Findings

Domain 2: Governance and Coordination Effectiveness

The primary objective of this Domain was to conduct a review of the governance and coordination structures underpinning the NDS 2017-2025[1], alongside evaluating the contributions of stakeholders, government oversight, and reporting arrangements. The review highlighted several accomplishments and identified areas for improvement; a summary of the findings is presented below followed by a detailed breakdown.

Accomplishments

10. **Strengthened Governance Structures to Support Implementation:** Stakeholders noted that the introduction of SIGs contributed to improved coordination and engagement by bringing together representatives from statutory agencies, civil society, and service providers to support the implementation of the NDS 2017-2025[1].

11. **Interagency Involvement at Local and Regional Level:** It was widely observed that civil society organisations and Drug and Alcohol Task Forces played a key role in supporting the implementation of the NDS 2017-2025[1] at community level. These groups were described as well-positioned to respond to local needs and priorities. Over the course of the NDS, interagency collaboration at local level was reported to have strengthened, with stakeholders noting that such partnerships often facilitated more flexible and responsive actions.

Progress underway

12. **Strengthening Governance and Accountability Structures:** Despite reported accomplishments, stakeholders noted that key structures can lack clearly defined roles, mandates, and oversight mechanisms. Strengthening governance at both national and local levels was frequently cited as important for coherent and effective NDS implementation.

13. **Enhanced Data collection:** Stakeholders observed that integrating timely and consistent data from multiple agencies may support broader surveillance and analysis of emerging drug trends, potentially contributing to more coordinated and informed responses.

Areas for Improvement

14. **Inclusion, Communication, and Lived Experiences in Decision-Making:** A disconnect between policy development and the lived experiences of those directly affected was highlighted both in the document review and stakeholder consultations. It was noted that inclusive decision-making processes could improve the relevance, responsiveness, and trust in the implementation of the NDS.

Evaluation Findings

Domain 2: Governance and Coordination Effectiveness

Overall Assessment

The creation of Strategic Implementation Groups has improved coordination and stakeholder engagement, and enhanced interagency collaboration leading to more effective local responses. However, key governance structures were found to lack clearly defined roles and oversight mechanisms. Bridging the gap between policy and lived experience through more inclusive and participatory decision-making was frequently highlighted as a way to enhance the relevance and responsiveness of actions on the ground.

Accomplishments

10: Strengthened Governance Structures to Support Implementation

Stakeholders noted that the mid-NDS introduction of SIGs represented a notable structural development within the governance framework of the NDS 2017-2025[1]. These groups were reported to have supported improved coordination across key action areas and facilitated broader stakeholder engagement. By bringing together representatives from statutory bodies, civil society, and service providers, SIGs created additional opportunities for cross-sector collaboration and shared input into implementation activities.

11: Interagency Involvement at Local and Regional Level

The significant role of civil society organisations, community-based providers, and DATFs in facilitating the local implementation of the NDS (2017-2025) was extensively emphasised[1]. Their involvement was seen as particularly valuable in shaping responses that reflected local priorities and needs. Additionally, they were noted for promoting innovation and contributing to the inclusivity and responsiveness of strategic actions at the community level.

Throughout the lifecycle of the NDS 2017-2025[1], stakeholders reported a strengthening of interagency partnerships at local level. These collaborations were often described as enabling more agile and flexible responses than those delivered through national-level mechanisms alone. Such experiences were referenced as illustrating the value of community-based coordination in facilitating timely and context-sensitive interventions. Initiatives such as Drug Related Intimidation & Violence Engagement (DRIVE) as referenced in the below case study, as provided by the Department of Health, which showcases the involvement of interagency, service users and their families.

Item	Details	Source
Brief name	**The DRIVE Project – Drug Related Intimidation & Violence Engagement Project**	DRIVE (127)
Why	The DRIVE Project was established to address the escalating issue of drug-related intimidation (DRI) and associated violence affecting individuals, families, and communities across Ireland. The programme aims to provide a coordinated, multi-agency response to support victims and build community resilience against such intimidation and violence.	
What	The DRIVE Project offers: • Confidential support for victims of drug-related intimidation. • Training and resources for service providers to effectively respond to DRI. • Data collection and analysis to inform interventions and policy. • Community-level supports to prevent and address DRI. • Information sharing among agencies to coordinate responses. • Advocacy for legislative and systemic changes to reduce DRI incidents.	
Who provided	The DRIVE Project is an interagency initiative involving: An Garda Síochána, the HSE, Probation Service, the Regional and Local Drug & Alcohol Task Forces, the National Voluntary Drug & Alcohol Sector, the Department of Health, the Health Research Board and the Department of Justice. The project is overseen by the DRIVE Oversight Committee, comprising representatives from these agencies.	DRIVE Fingal County Council (128)

Evaluation Findings

Domain 2: Governance and Coordination Effectiveness

Overall Assessment

11: Interagency Involvement at the Local and Regional Level cont.

Item	Details	Source
Title	**The DRIVE Project – Drug Related Intimidation & Violence Engagement Project**	
How	The DRIVE Project operates through: • Victim support: Providing confidential assistance and referrals. • Capacity building: Training frontline workers and agencies. • Data-driven interventions: Utilising collected data to inform strategies. • Community engagement: Implementing localised supports and prevention measures. • Policy advocacy: Working towards systemic changes to address DRI.	DRIVE_2[129]
Where	The DRIVE project is implemented nationwide across Ireland, with localised efforts coordinated through Regional and Local Drug & Alcohol Task Forces.	
When and how much	The DRIVE Project was initiated in 2019, with ongoing implementation and development. The Department of Health allocated €1 million in March 2019 to support the programme's implementation.	
Tailoring/ Modifications	The DRIVE Project's approach is tailored to address the specific needs of different communities and individuals affected by DRI. The programme emphasises non-judgmental support, confidentiality, and adaptability to local contexts. Training and resources are informed by individuals with lived experience to ensure relevance and effectiveness.	
How well	The DRIVE Project has established a comprehensive, data-driven model comprising six key pillars: 1. Capacity building and shared commitment. 2. Data collection and analysis. 3. Information sharing. 4. Community-level supports. 5. Law enforcement. 6. Legislation & systemic change. The programme has facilitated increased collaboration among agencies, improved support for victims, and informed policy development.	

12: Strengthening Governance and Accountability Structures

While stakeholders acknowledged the introduction of SIGs and the strengthening of local partnerships as positive developments, observations were made regarding the opportunity for clearly defined governance structures. The lack of sustained cross-departmental engagement was noted as a limiting factor in the NDS's (2017-2025)[1] ability to function as a cohesive, whole-of-government response.

"CADU"[6] Recommendation number 5 advocates for the government to assign accountability at the highest level for the State's response to problematic drug use, including the implementation and monitoring of the Assembly's recommendations.

Existing structures, such as the SIGs and the NOC, were described as lacking clearly defined roles, mandates, and mechanisms for tracking progress or holding departments accountable. The Mid-Term Review[2] of the NDS 2017-2025[1] identified similar structural limitations and recommended the revision of the Terms of Reference alongside the development of more robust performance frameworks.

Evaluation Findings

Domain 2: Governance and Coordination Effectiveness

Overall Assessment

12: Strengthened Governance and Accountability Structures cont.

Stakeholders emphasised the need for reform in the governance of Local and Regional DATFs. With many stakeholders underscoring the importance of ensuring transparency, leadership accountability, and appropriate conflict of interest management.

These foundational elements were seen as necessary for supporting coordinated action and ensuring that local structures align with the broader aims of the national strategy. A lack of clarity in roles and coordination was described as contributing to siloed operations across departments and agencies, leading to fragmented engagement.

The report "Development of a Governance Performance Framework for Drug and Alcohol Task Forces"[130-131] emphasised the need to strengthen Drug and Alcohol Task Force governance. It recommended the adoption of best practice standards similar to those in the charity and voluntary sector, including:

- Transparent processes for the selection and renewal of independent chairs and Drug and Alcohol Task Force members, ensuring a diversity of perspectives and relevant expertise; and
- Clear procedures for managing conflicts of interest to support trust and credibility.

13: Enhanced Data Collection

While the HRB's existing role in national data collection and reporting was recognised as a key foundation upon which further developments could be built, stakeholders proposed the establishment of a National Research and Evaluation Centre for Drug Policy to support the generation and use of real-time data. It was suggested that such a centre could compliment the existing work of the HRB, particularly in enhancing the integration of data across multiple agencies. This could contribute to comprehensive surveillance and analysis of drug-related trends, supporting improved service planning, policy development, and the evaluation of programme effectiveness. The proposal aligns with recommendation 33 from the "CADU"[6], which called for the inclusion of a plan in the National Drugs Strategy (2017–2025) to strengthen national research and data collection systems to inform evidence-based decision-making.

Concerns were raised by stakeholders about current gaps in data coverage and reporting. Stakeholders noted that not all treatment centres contribute to the NDTRS, which may lead to underestimates of incidence and service uptake. For example, the NDTRS provides treatment case data but lacks a unique national identifier to track individual patients over treatment episodes and time. In addition, consistent collection of data on ethnic identifiers would also support service planning. Primary care providers and prison services also were frequently identified by stakeholders as sources of data that are not consistently captured within national reporting frameworks.

The integration of datasets across service sectors such as health, justice, and social care were seen as an important step toward developing a more informed understanding of the outcomes associated with different interventions. Stakeholders noted that such integration would enable more targeted and evidence-informed responses, particularly for high-risk or underserved populations. Delays in the publication of comprehensive data were also highlighted. Stakeholders pointed to a typical lag of two to three years in reporting on key indicators, including drug poisoning deaths due to due to the time required to complete the coroner's process. In addition, the lack of detailed demographic and regional disaggregation in national datasets was described as limiting the capacity to identify and address imbalances based on geography, age, or other relevant factors.

These perspectives are reinforced in the "Mid-Term Review"[2] of the NDS 2017-2025[1], which noted the need for enhanced data systems to improve service planning and policy. The review recommended increased investment in research, monitoring, and evaluation functions to support a more responsive and outcomes-focused approach to drug policy.

Evaluation Findings

Domain 2: Governance and Coordination Effectiveness

Overall Assessment

Areas for Improvement

14: Inclusion, Communication, and Lived Experiences in Decision-Making

A key area identified for improvement by stakeholders relates to how the NDS 2017-2025[1] engages with communities, service users, and individuals with lived experience, this is mentioned in several recommendations from the "CADU"[6] including:

- Recommendation 8: Government should ensure effective stakeholder involvement in implementing the NDS; and
- Recommendation 10: Drugs policy design and implementation should be informed by service users and people who use drugs as well as family members of people affected by drugs, with provision of appropriate supports to enable this involvement.

Many community and voluntary organisations expressed concern that their perspectives are not sufficiently reflected in national decision-making processes. To address these concerns, stakeholders have called for more inclusive governance arrangements, underpinned by structured feedback mechanisms and co-produced evaluation frameworks. Such approaches were seen by stakeholders as providing opportunities to integrate lived experience alongside professional and academic expertise. Stakeholders noted that such models may support improved responsiveness, transparency, and alignment between strategic priorities and community realities.

The "MISHSoC" report[26] further supported this view, suggesting that effective engagement strategies should embed lived experience within co-produced evaluation processes. This recommendation aligns with the NDS's (2017-2025)[1] stated commitment to evidence-based policy-making. Stakeholders emphasised that creating space for civil society and service user voices in policy design could contribute to more practical and responsive interventions that reflect the lived realities of those most affected by drug use.

Evaluation Findings

Domain 3: Performance Against Key Outcome Indicators

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Evaluation Findings

Domain 3: Performance Against Key Outcome Indicators

This Domain focuses on evaluating the performance of the NDS 2017-2025[1] in relation to drug prevalence, treatment, and drug poisoning deaths.

While the data may indicate certain trends and associations, it is not possible to definitively attribute these changes to the implementation of the NDS 2017-2025[1] . Other external factors and variables may have influenced the observed outcomes, making it difficult to isolate the specific impact of the NDS 2017-2025[1].

Between 2017 and 2025, Ireland's efforts to monitor and address drug-related issues were significantly influenced by the COVID-19 pandemic and various social factors, which impacted the effectiveness of its outcome indicators. For example, in 2020, there were 9,702 treated cases, a decrease from 10,664 cases in 2019, attributable in part to service disruptions[132]. However, this decline does not necessarily indicate a real reduction in demand for treatment services, as services resumed and numbers increased in subsequent years[16-17, 45].

As not all treatment centres currently report data to the NDTRS, treatment figures may be somewhat underrepresented, despite notable improvements in reporting since 2017. Stakeholders have highlighted gaps in data, particularly from primary care settings and prison services. Furthermore, the publication of comprehensive data, such as statistics on drug poisoning deaths, as previously mentioned, may be delayed by up to two to three years, primarily due to the time required to complete the coroner's process. While national-level reporting is available, by geographic, gender and age breakdown, stakeholders highlighted it frequently lacks disaggregated data by ethnicity. Stakeholders also noted that the NDTRS is among the few data systems that capture ethnicity with a relatively high degree of accuracy. This enhances its potential to inform targeted responses to the needs of specific demographic and geographic groups.

The data indicates that Ireland's drug landscape is characterised by increasing cocaine use, prevalent polysubstance consumption, and shifting demographics in drug-related mortality. Addressing these issues necessitates a multifaceted approach, including enhanced treatment services, targeted harm reduction initiatives, and continuous monitoring to inform policy and practice.

Areas for Improvement

15. **Changes in Patterns of Drug Use:** Cocaine and polydrug use has become an increasing issue in Ireland's drug landscape. New substances are emerging on a consistent basis. Combating these substances requires more targeted interventions and agile responses to reduce risk of harm.

16. **Incidence of Drug Related Harms, Including Drug Poisoning Deaths:** An overall upward trend in the number of drug poisoning deaths has been reported over the period 2012 to 2021, however there was a 20% decrease in the number of drug poisoning deaths between 2020 and 2021[28, 111].

17. **Outcome Measures:** There is a critical need for measurable outcomes to assess the effectiveness of policies, interventions, and government expenditure on drug-related issues. Measuring direct effectiveness is challenging due to the need to integrate multiple data sources, inconsistent data collection, time lags, and other factors.

18. **Data on Drug Related Expenditure:** Unlabeled expenditure and productivity costs significantly contribute to the economic burden of drug and alcohol misuse. The "FPA" noted that data availability and quality severely constrained the evaluation of the NDS's performance and cost effectiveness[3].

Evaluation Findings

Domain 3: Performance Against Key Outcome Indicators

Overall Assessment

Outcome indicators are critical for assessing the effectiveness of drug policies and interventions, especially when responding to emerging drug trends. To ensure they remain relevant and responsive to changing drug use patterns, they need to be flexible, comprehensive, and informed by real-time data. The purpose of this domain, to help assess the broader impact of substance use on families, communities, and society, was to measure the NDS's (2017-2025)[1] performance against core outcome indicators including:

- Demand for drug and alcohol treatment services;
- Prevalence and patterns of drug use; and
- Drug poisoning deaths.

Areas for Improvement

15: Changes In Patterns of Drug Use

An emerging issue within Ireland's drug landscape is polydrug use, with three in five treatment cases reporting polydrug use in 2024[17,45]. Polydrug use refers to the simultaneous or sequential use of multiple substances, such as alcohol, benzodiazepines, opioids, and stimulants. This issue has been further reported in sources such as the "Deaths among people who were homeless at time of death in Ireland, 2019"[133]. This trend strains existing services, as it often requires more specialised, integrated, and prolonged care approaches, as evidenced through stakeholder consultations and highlighted in both the "CADU"[6] and the "Meaningful Involvement in Services in Health and Social Care" report[26].

These findings align with drug use prevalence, suggesting an increasing prevalence of polydrug use, particularly among younger age cohorts[7,15,27,39,41]. In 2021, Ireland participated in the EWSD[15], which surveyed nearly 6,000 recent drug users and reported significant levels of polydrug use. Although the proportion of treatment cases presenting with polydrug use has reportedly increased between 2017 and 2024[45], the proportion of drug poisoning deaths attributed to it has remained relatively stable, albeit high, between 2017-2021[28] over the duration of the National Drugs Strategy.

The emergence of novel drugs on the market, including psychoactive synthetic substances such as cathinone 3-MMC, poses additional challenges for the national drug response[43]. Many stakeholders have expressed concern regarding the agility of current infrastructures to address these new substances in a timely and effective manner, both nationally and locally.

In light of these developments, there is a recognised need for more focused and adaptable responses to substance use trends. The widespread occurrence of polydrug use highlights the relevance of integrated, multidisciplinary treatment models capable of addressing the diverse and often complex needs of individuals[15,21]. These models typically involve coordinated interventions, which together can contribute to more effective treatment outcomes and a reduction in associated harms[15,21].

Evaluation Findings

Domain 3: Performance Against Key Outcome Indicators

Overall Assessment

16: Incidence of Drug Related Harms, Including Drug Poisoning Deaths

While significant progress has been made in harm reduction since the inception of the NDS 2017-2025[1], concerning trends persist in drug-related harms and drug poisoning deaths.

In the HRB published report "Drug Poisoning Deaths in Ireland in 2021: Data" from the National Drug-Related Deaths Index an overall upward trend in the number of deaths was observed for opioids, benzodiazepines, antidepressants, cocaine, and gabapentinoids[28]. Opioids account for 68.9% of drug-related deaths nationally, and there has been a notable increase in poisoning deaths related to cocaine use, rising from 55 in 2017 to 107 in 2021[109]. Overall, between 2012 and 2021, the number of drug poisoning deaths increased by 81, an increase of 29.7% , however this was a decrease of 19.4% on the previous year which saw a spike in the number of drug related deaths which might be attributed to the COVID 19 pandemic[134].

"Naloxone Administration by Addiction and Homeless Service Providers in Ireland 2018–2020"[9] report, and the "Irish Syringe Analysis Pilot Project"[43], underscored the importance of access to coordinated drug and alcohol treatment, mental health services, and harm reduction strategies. Expanding naloxone programmes and supervised injecting facilities were critical interventions cited to address drug poisoning deaths. To reduce the number of deaths, the Government approved the Misuse of Drugs (Amendment) Bill 2016 and permitted the HSE to establish a Medically Supervised Injecting Facility (MSIF) that operates 54 hours per week. More details on this facility are provided by the Department of Health below.

Item	Details	Source
Title	**Medically Supervised Injecting Facility (MSIF), Merchant's Quay Ireland (MQI)**	HSE[135]
Why	The MSIF was established to address the health risks associated with public injecting, including overdoses, transmission of bloodborne diseases, and drug-related litter. It aligns with Ireland's NDS (2017-2025)[1] , which emphasises a health-led approach to drug use. The facility aims to provide a safe environment for individuals who inject drugs, reduce harm, and connect users with health and social services.	
What	The facility offers: • Supervised spaces for drug injection under medical oversight. • Provision of sterile injecting equipment. • Immediate intervention in case of overdoses. • Access to healthcare professionals for medical assessments and referrals. • Aftercare services and support for client's post-injection.	
Who provides the service	Ireland's first MSIF opened in December 2024 is being operated by MQI, a nonprofit organisation specialising in harm reduction and support services for individuals experiencing homelessness and addiction. The initiative is supported by the Health Service Executive (HSE) and the Department of Health and is being piloted over an 18-month period with independent evaluations due to be conducted at 6 months and 18 months.	
How	Clients present at the facility with their own drugs. After a brief assessment, they are provided with sterile equipment and directed to one of seven private booths for injection under the supervision of trained medical staff. Post-injection, clients can access aftercare services, including wound care, counseling, and referrals to treatment programmes.	RTE[136] HSE[135]

Evaluation Findings

Domain 3: Performance Against Key Outcome Indicators

Overall Assessment

16: Incidence of Drug Related Harms, Including Drug Poisoning Deaths cont.

Item	Details	Source
Title	**Medically Supervised Injecting Facility (MSIF), Merchant's Quay Ireland (MQI)**	
Where	The facility is located at Merchant's Quay Ireland's Riverbank Centre in Dublin's city centre. This location was selected following a tendering process, which specified the facility should be within the Dublin Inner City area. MQI was selected following this process given this location and its existing services. Within the MSIF at the Riverbank Centre, there is a reception area, a nursing station with lifesaving equipment, seven injecting booths equipped with a mirror, steel counter surface and chair, and an after-care area.	Gov.ie[137] RTE[136] MQI[138]
When and how much	The MSIF commenced operations on December 22, 2024. A license for its operation has been granted for a period of 18 months. The facility cost €5m. The facility is funded for 56 hours a week, broken into two four-hour sessions a day.	Gov.ie[137] RTE[136]
Tailoring/ Modifications	The facility is designed to provide services to individuals who inject drugs, particularly those experiencing homelessness or marginalisation. Services are tailored to be non-judgmental and accessible, aiming to build trust and encourage engagement with broader health and social services. Adjustments to operations are made based on ongoing evaluations and client feedback.	HSE[135]
How well	In the initial six weeks of the pilot, 233 people made 836 visits and staff treated 15 overdoses without fatalities. The MSIF has faced mixed reactions from the community. Some residents express concerns about potential increases in drug-related activities in the vicinity, while others acknowledge the facility's role in reducing public injecting and associated harms. Ongoing data collection and community engagement are integral to address these concerns and to assess the facility's impact.	

17: Outcome Measures

Stakeholders perceived an imbalance in the emphasis on outcome measurement within the NDS (2017–2025)[1]. Specifically, concerns were raised that the strategy prioritises service outputs and activities over the assessment of other outcomes. Key dimensions, such as the long-term impact of treatment, recovery success, and enhancements in family and community wellbeing, were perceived by stakeholders as insufficiently captured and evaluated.

Although quantitative data on service provision (e.g., numbers in treatment) are available, there is an absence of qualitative and longitudinal data related to recovery trajectories and broader societal impacts. In response, stakeholders have advocated for the development of a comprehensive outcomes framework. This framework could incorporate clearly defined KPIs aligned with the strategic objectives of the NDS. Stakeholders indicated that such a structure would facilitate robust evaluation, support the integration of real-time surveillance systems to monitor emerging drug trends, and enhance understanding of intervention effectiveness over time. It should be noted that, in contrast to other drug-related data systems and reports, the NDTRS provided feedback that it does not have a significant time lag and is moving towards real-time reporting. Such reporting may support Early Warning Systems (EWS) amongst other indicators. Additionally, stakeholders reported that the NDTRS is dependent on the timely submission of complete and comprehensive records of treatment episodes by service providers via online portals, and if required, hard copy data submission.

Evaluation Findings

Domain 3: Performance Against Key Outcome Indicators

Overall Assessment

17: Outcome Measures cont.

The following metrics, frequently cited by stakeholders, in the literature and referenced in the "CADU"[6], are proposed to support a shift toward a more outcome-focused measurement framework for treatment incidence.

- Accessibility of Harm Reduction Services: Monitoring the availability and utilisation of naloxone kits, supervised injecting facilities, needle exchanges, and drug-checking services[10, 12, 139, 141].
- Health Outcomes for Individuals in Treatment: Measuring improvements in mental and physical health post-treatment[10,11, 31, 141].
- Social Outcomes for Treated Individuals: Evaluating employment status, housing stability, and reduction in criminal activity[141].

The following is a list of suggested metrics related to drug prevalence data:

- Hospital Admissions Related to Drug Use: Assessing the healthcare burden and the effectiveness of early intervention programmes[142].
- Public Attitudes Toward Harm Reduction: Surveying stakeholder and public perceptions to evaluate stigma reduction efforts[142].
- Tracking Imbalances Among Marginalised and Ethnic Groups: Identifying gaps in service provision and ensuring equitable access to treatment[16].
- Prevalence of Polydrug Use in Overdose Cases: Understanding drug-mixing patterns to tailor harm reduction efforts[15].

Many stakeholders emphasised the need for more frequent and systematic data collection and evaluation, with a particular focus on the availability of real-time data to inform service planning and enable timely adjustments. Although the NDTRS reported having the technical capacity to deliver near real-time data, its effectiveness is contingent on the timely reporting of information by individual services. Stakeholders also underscored the importance of strengthening early warning systems and other rapid indicators to more effectively detect emerging trends, such as the appearance of new psychoactive substances. This recommendation aligns with the "Strategic Action Plan 2023–2024", specifically the action to "Improve the process of identifying substances of concern"[5]. One deliverable under this action was the development of care pathways for emergency departments and clinics. A National Red Alert Group was established to support rapid responses to emerging drug-related threats[5].

Area 18: Data on Drug Related Expenditure

The implementation of the NDS 2017-2025[1] is supported through a combination of direct and indirect public expenditure, reflecting the cross-sectoral nature of drug and alcohol policy. Sustainable and transparent funding is essential to deliver high-quality services and the achievement of strategic goals and objectives. Funding for drug and alcohol services is primarily provided by the Department of Health, with additional contributions from other government departments, including:

- Department of Justice;
- Department of Education and Youth;
- Department of Children, Equality, Disability, Integration and Youth;
- Department of Housing, Local Government and Heritage; and
- Department of Social Protection.

Each department contributes in accordance with its responsibilities under the NDS 2017-2025[1]. Annual budget allocations support service delivery, workforce development, data infrastructure, and strategic initiatives. However, stakeholders have noted that the absence of a centralised budget for the NDS limits the capacity for long-term planning.

Evaluation Findings

Domain 3: Performance Against Key Outcome Indicators

Overall Assessment

18: Data on Drug Related Expenditure cont.

At present, each department forecasts its funding requirements annually through bilateral negotiations with the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation[20].

Drug related expenditure is described as "labelled" or "unlabelled". As outlined previously in the report, labelled drug-related expenditure is "the ex-ante planned public expenditure made by general government in the budget that reflects the public and voluntary commitment of a country in the field of drugs. In addition, it is any expenditure identified as drug-related in public accountancy documents"[20, 143]. This includes budget allocations for the HSE addiction services and treatment services in prison. Throughout the course of the NDS 2017-2025[1], limitations in data have impacted the accuracy of reported figures. As a result, it can be difficult to provide a reliable reflection of overall expenditure on drug-related enforcement.

Unlabeled 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"[20]. This includes the cost incurred for the imprisonment of people for drug-related offences. It was noted in the "Focal Point Ireland: National Drug Report for 2024 – Drug Policy Ireland" that there was no accurate estimates made for drug use[144]. The findings suggest that analysis of unlabelled data was to characterise, rather than precisely estimate, the different types of unlabelled expenditure and productivity costs associated with problem drug use'[3].

Total drug-related public expenditure is the sum of both labelled and unlabeled expenditure. Accurately quantifying both types of expenditure is important for understanding the true investment in addressing drug and alcohol-related harms. The Department of Health must continue to work with the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation to improve tracking and reporting mechanisms.

Evaluation Findings

Domain 4:
Coherence with International Strategies

Evaluation Findings

Domain 4: Coherence with International Strategies

The alignment of Ireland's NDS 2017-2025[1] with relevant international responses was reviewed as the objective of this fourth Domain. A summary is presented below and detailed findings are presented overleaf.

Accomplishments

19. **Active Engagement with the European Union and Alignment with Broader European and Policy Frameworks:**
Ireland's NDS (2017–2025) demonstrates strong alignment with the European Union Drugs Strategy 2021–2025[145], particularly in its emphasis on a health-led and rights-based framework. Ireland actively participates in EU-level working groups, research collaborations, and policy development initiatives.

20. **International Cooperation:**
Ireland has an active role in the British-Irish Council[84] and Pompidou Group[70], contributing to shared learning and coordinated responses. A strong commitment to human rights and sustainable development goals through UN engagement was also clear.

21. **Effective Use of Data and Early Warning Systems:**
Ireland, via the Health Research Board, contributes to the EU Drugs Agency with national data and participates in the European Early Warning System.

Areas for Improvement

22. **Health-Led Reform:**
There remains a need to further integrate a health-led model underpinned by comprehensive services. Advancing this approach requires strengthened interagency collaboration and a commitment to ensuring equitable access to a full continuum of care.

23. **Integrated and Accessible Care:**
The World Drug Report (WDR) 2024 identifies opioid use as the most prevalent form of illicit drug consumption in Europe[146]. It is recommended to expand opioid treatment services through GPs and integrate addiction care into primary care. Such integration may contribute to reducing stigma and improving accessibility, particularly in rural areas.

24. **Inclusive, Trauma-Informed, and Youth-Focused Responses to Drug Use:**
There is a need to enhance trauma-informed and community-based strategies, while also addressing the rise in drug use among students through youth-focused, education-led initiatives.

25. **Promotion of International Overdose Awareness Day:**
Strengthen national recognition of this awareness day to reduce stigma, remember lives lost, and raise awareness. Build on global models (e.g., Canada, Scotland) to enhance public engagement and support harm reduction efforts.

Evaluation Findings

Domain 4: Coherence with International Strategies

Overall Assessment

Ireland's NDS 2017-2025[1] demonstrates strong alignment with the EU Drugs Strategy (2021–2025), emphasising a health-led and rights-based approach. Ireland actively participates in EU-level working groups, research initiatives, and policy development. The significant role Ireland plays in cross-border and international cooperation is evident.

Accomplishments

19: Active Engagement with the European Union and Alignment with Broader European Policy framework

Ireland's NDS 2017-2025[1] operates within the broader framework of European and international drug policy. This active engagement with the European Union strengthens Ireland's capacity to respond to emerging challenges and ensures alignment with shared values, best practices, and evidence-based approaches. This has been achieved by the Irish Government actively engaging with the European Union Drugs Agency (EUDA) and aligning its own NDS to that of the EU.

The EU has a longstanding history of internal cooperation on managing drug-related issues. Starting in 1989, French President François Mitterrand, released a seven-point action plan that called for greater coordination among member states to develop a common methodology that analyses all aspects of drug abuse from health, social, trafficking and sanctions. This plan was the catalyst for the eventual establishment of the illicit drug management authority, the EUDA which is headquartered in Lisbon. Ireland was one of the 15 founding members of this organisation and has been an active participant ever since. The mission of this organisation is to "*strengthen EU preparedness on drugs through four key interconnected service categories: anticipate, alert, respond and learn*"[147]. EUDA members reinforce this mission through five broad approaches[147]:

1. Establishing a National Focal Point for reporting obligations
   - Collecting and reporting data on drug use, markets, health and social consequences, and policy responses.
   - Ensuring standardised and timely information flows to EUDA.
   - Participating in EU-wide monitoring and research initiatives.
   - In Ireland, the National Focal Point is in the Health Research Board Dublin office[148].
2. Supporting early warning and crisis response
   - Participating in the EU Early Warning System (EWS) on new psychoactive substances.
   - Rapidly sharing information about emerging threats (e.g., synthetic opioids).
   - Cooperating with EUDA in developing threat assessments and response plans.
   - Preparing for coordinated EU-level responses to drug-related emergencies.
3. Collection and harmonising data
   - Collecting drug-related data in accordance with common EU indicators defined by EUDA. This data includes drug use prevalence, treatment demand, drug-related deaths and infectious diseases, drug law offences and seizures.
4. Supporting national policies through training and knowledge exchange.
5. International cooperation
   - Coordinating with EUDA on external actions involving drugs (e.g., cooperation with third countries and UN bodies).

Evaluation Findings

Domain 4: Coherence with International Strategies

Overall Assessment

20: International Cooperation cont.

Ireland has endorsed the United Nations Common Position on Drugs and actively supports the Sustainable Development Goals (SDGs). It has also reaffirmed its commitment to advancing health and human-rights based drug policies through its Pledge4Action as part of the "United Nations Commission on Narcotic Drugs (CND) 2024 Midterm Review". The Pledge4Action initiative invites Member States to make voluntary commitments aimed at accelerating implementation of international drug policy commitments ahead of 2029[112] .

By engaging in international cooperation, Ireland strengthens its capacity to respond to evolving drug challenges, ensures consistency with global standards, and contributes to shaping future drug policy debates.

21: Effective Use of Data and Early Warning Systems

The EUDA, formerly the EMCDDA, plays a key role in data collection, policy support, and knowledge sharing across Europe. Ireland's HRB serves as the national focal point to the EUDA. Through this role, Ireland:

- Submits national data on drug prevalence, treatment outcomes, and emerging trends;
- Participates in the EWS for new psychoactive substances;
- Contributes to EU-level reports and publications that shape regional and global policy responses[152]; and
- Engages with the EUDA staff to ensure the implementation of evidence based and best practice interventions in Ireland.

This collaboration ensures that Ireland's policy decisions are grounded in high-quality data and informed by international best practice and insights from the shifts in patterns of use and supply.

Areas for Improvement

While Ireland's NDS 2017-2025[1] embraces a health-led approach and aligns with several international frameworks, comparative analyses against global counterparts have identified key areas requiring further alignment and implementation.

22: Health-Led Reform

Countries like Portugal and The Netherlands have demonstrated that shifting from coercive sanctions to a health-led model is associated with improved public health outcomes. Portugal, for instance, has seen the proportion of its prison population sentenced for drug offences fall from over 40% to just 15%, according to the "Drug Decriminalisation in Portugal: Setting the Record Straight" report[59]. Ireland is aligning with its European counterparts moving toward health-led drug policy. The government's commitment to establishing a medically supervised injection centre reflects this transition and is consistent with international best practices aimed at reducing drug-related harm rather than coercive sanctions. While countries such as Portugal have operated such facilities for several years, Scotland and Ireland remains in the early stages of implementation. Although outcome data is not yet available, the existing legal and policy framework provides a foundation for health-led reform.

23: Integrated and Accessible Care

The WDR24 highlights that opioid use is the most commonly used illicit drug in Europe[146].In line with WHO, OAT should be universally accessible to those in need. To achieve this, treatment programmes must be designed with accessibility at their core for example, programmes should be physically accessible, open at convenient times, have no undue restrictions on accessibility and have the capacity to be expanded to accommodate the likely demand. In France, the model of OAT via GPs provides an accessible and stigma reducing pathway to drug treatment[153] . In contrast, Irish services, particularly GP-led models and community-based outreach, were mentioned by stakeholders as operating with limited resources, which affects their reach and sustainability. For instance, GPs accounted for the lowest proportion of reported drug treatment cases (1.7%)[17] reflecting their limited participation in the provision of OAT[45]. By further integrating addiction services into primary care and community health, Ireland can reduce barriers to treatment, especially in underserved rural areas.

Evaluation Findings

Domain 4: Coherence with International Strategies

Overall Assessment

24: Inclusive, Trauma-Informed, and Youth-Focused Responses to Drug Use

Scotland's strategy "Rights, Respect and Recovery: Alcohol and Drug Treatment" emphasises the importance of delivering services that are person-centred, trauma-informed, and better integrated. It acknowledges that substance use is often deeply rooted in experiences of trauma and social inequality, and therefore calls for a holistic, compassionate approach to care[85]. This is further emphasised in the "Caring, Compassionate and Human right informed drug policy" for Scotland which states that people in deprived areas are 15 times more likely to die from drug misuse[87]. Ireland is experiencing increased drug-related harm among historically marginalised groups, the "Drug Treatment in Ireland: Key Patterns and Trends, 2014–2021"[16] reported a 57% increase in treatment for those experiencing homeless from 2014 to 2021, and a 525% increase for cocaine treatment among members of the Irish Traveller community[16]. By adopting more holistic approaches like the Scottish model, that address housing, employment, and mental health, Ireland can impact problematic drug use and provide comprehensive social support.

Ireland has also observed an increase in the number of students using drugs. This trend mirrors findings in England and Wales, where the highest drug use prevalence is among young adults aged 16–24 (17.6%)[154]. This situation underscores the urgent need for youth-focused prevention strategies and cross governmental involvement in SPHE implementation in schools, as mentioned by stakeholders, to ensure the needs and challenges of young people are addressed.

25: Promotion of International Overdose Awareness Day

International Overdose Awareness Day (IOAD), observed annually on August 31st, is the world's largest campaign dedicated to ending overdose, commemorating those who have died without stigma, and acknowledging the grief experienced by their families and friends. Officially recognised by the United Nations Office on Drugs and Crime (UNODC), IOAD continues to see growing global participation. According to the "Penington Institute's International Overdose Awareness Day 2023 Impact Report", over 1,000 events were held across more than 40 countries, drawing attention to overdose as a preventable cause of death and encouraging evidence-based responses[155].

In Ireland, organisations such as the National Family Support Network, Regional Drug and Alcohol Task Forces, and various civil society groups have marked IOAD through public vigils, awareness campaigns, community art projects, and naloxone distribution initiatives. Stakeholders have described it as one of the most widely observed international events related to drug policy. Despite this momentum, feedback indicates a more structured and cross organisation coordinated approach could enhance the campaign's impact. Institutionalising IOAD within Ireland's official health promotion calendar would reinforce national leadership in overdose prevention and align with broader public health communication strategies. Countries such as Scotland and Wales have effectively integrated IOAD into their national overdose response frameworks. Ireland could adopt similar practices, leveraging IOAD as a platform to reaffirm its commitment to harm reduction, mobilise community partnerships, and raise public awareness about overdose prevention tools.

Evaluation Findings

Domain 4: Coherence with International Strategies

Overall Assessment

19: Active Engagement with the European Union and Alignment with Broader European Policy Frameworks cont.

In addition to supporting EUDA, a comprehensive, balanced, and integrated "EU Drugs Strategy and Action Plan (2021–2025)"[147] has been created to address drug-related issues across member states. It is built across three key policy areas:

- Drug supply reduction: tackling organised crime, trafficking, and illicit drug markets;
- Drug demand reduction: focusing on prevention, treatment, harm reduction, and recovery; and
- Addressing drug-related harms: including health risks, social consequences, and human rights concerns.

Ireland's NDS 2017-2025[1] is closely aligned with the EU strategy, particularly in its emphasis on a health-led, rights-based approach and the need for integrated, cross-sectoral responses. Ireland further contributes to the implementation of the EU Drugs Action Plan through participation in:

- European-level working groups and expert panels;
- Joint initiatives and research projects; and
- Peer learning and mutual evaluation processes.

20: International Cooperation

Ireland actively participates in international forums, bilateral partnerships, and multilateral initiatives to share knowledge, strengthen responses, and promote a health- and rights-based approach to drug policy. One such forum is the BIC which provides a platform for cooperation between Ireland, the England, Scotland, Wales, Northern Ireland, Jersey, Guernsey, and the Isle of Man. Within this structure there is a strong focus on:

- Sharing best practices in treatment, prevention, and harm reduction;
- Addressing cross-border issues such as drug supply routes and trafficking; and
- Joint approaches to tackling drug-related deaths and health inequalities.

Ireland has chaired the drug and alcohol work sector and participates in BIC summits and expert forums, where topics such as supervised injection facilities, naloxone distribution, and youth prevention strategies have been central[149].

Additionally, Ireland is an active member of the Pompidou Group, a cooperation platform within the Council of Europe that brings together over 40 countries to examine drug policy from a human rights and public health perspective[70]. Notably, Ireland contributed to the Pompidou Group's study on gender and drug use, highlighting the unique experiences and needs of women and gender minorities in relation to substance use, treatment access, and stigma. These insights have informed domestic policy efforts, including targeted investments through the Women's Health Fund, aimed at improving access to gender-responsive drug services and wraparound supports such as trauma-informed care, childcare access, and mental health supports, once such report published with Irelands involvement was the "Improving gender sensitivity in addictology: impetus from the Council of Europe"[150].

Ireland has also engaged in collaborative work on drug use in prison settings, particularly during the Belgian Presidency of the Council of the European Union (2024), where it contributed to high-level dialogues on drug-related health responses and continuity of care in custodial settings[151].

Globally, drug policy is increasingly focused on public health and the inclusion of affected populations. Ireland aligns with these trends through its emphasis on:

- Reducing stigma and discrimination;
- Protecting the rights of people who use drugs; and
- Promoting evidence-informed and gender-sensitive interventions.

05 Recommendations and Conclusions

Recommendations and Conclusions

Our approach to delivering targeted recommendations that aim to strengthen implementation, enhance collaboration, and achieve the goals of Ireland's National Drug Strategy.

Summary

The NDS (2017–2025)[1] has yielded notable progress, particularly in advancing a health-led approach and enhancing coordination and stakeholder engagement. However, challenges remain in the areas of prevention, recovery, and governance. Our review has indicated that strengthening interdepartmental collaboration and establishing clearer governance mechanisms are critical considerations in the development and implementation of future drug strategies.

Despite these challenges, the progress made in response to several crises during the NDS's (2017-2025)[1] lifetime demonstrates the potential for impactful change when supported by strong leadership and effective systems. There is broad consensus among stakeholders regarding required reform and a willingness to progress and enhance drug policy.

By building on these insights, Ireland has a valuable opportunity to advance its drug policy and deliver better health and social outcomes for individuals and communities affected by substance use. These recommendations aim to guide the next phase of strategic development, ensuring a more coordinated, equitable, and outcomes-focused response to drug use in Ireland.

Approach

Grant Thornton has suggested a suite of recommendations to address observations made during the evaluation of the NDS 2017-2025[1] across the the following four domains:

- Impact of the strategies;
- Effectiveness of governance and coordination structures;
- Performance against key outcome indicators; and
- Coherence with international strategies.

In order to assist the Department of Health in the operationalisation of these recommendations consideration has been given to governance, policy, operational impacts and regional perspectives. This section of the report outlines:

- Recommended actions;
- A suggested priority of each recommendation; and
- An estimation of the level of effort of implementing the recommendation.

Priority

Each recommendation has been rated on a priority scale for inclusion in future drug strategies:

- **Low Priority** - Quick wins: minimal time, cost, or disruption. Can often be implemented with existing resources.
- **Medium Priority** - Requires moderate planning, coordination, or investment. May involve some process changes or new tools.
- **High Priority** - Significant investment of time, money, or change management. May require new systems, staff training, or policy changes.

Effort

The suggested "effort" rating is an estimation level of effort required to implement the various recommendations. In order to have a consistent approach to scoring the recommendations, a set of definitions was created by the Grant Thornton team, to rank the level of effort and impact accordingly. These criteria are set out in the table below.

Effort	Definition
○	**Minimal effort** required to implement, and skills or processes to enable the action are available within the existing capabilities of the organisation. Could be implemented within weeks with little or no impact on capacity.
◔	**Minor effort** required to implement internally or with support from an external party. Could be implemented within 1-3 months with minimal impact on capacity.
◑	**Moderate effort** required with some potential support from external parties. Could be implemented within 1-3 months with some dedicated capacity and resources.
◕	**Considerable effort** required with recommended support from external parties, requiring one or more full-time resources to deliver, using some specialist skills. 3-6 months to implement, and likely a discrete project.
●	**Significant effort** required, requiring a team with specialist skills. 6+ months to implement, and likely a discrete project.

Recommendations and Conclusions

Recommendations based on research, data and stakeholder consultations that aim to strengthen implementation, enhance collaboration, and achieve the goals of Ireland's National Drug Strategy.

Recommendation	Rationale	Mapped to CADU*	Effort	Priority
People				
1 Embed an equity lens throughout the NDS, ensuring culturally appropriate services and strengthening data systems to monitor impact on populations. • Actions in the NDS should include an equity impact assessment, identifying how actions effect different groups and populations. • Support peer-led and community-based services that reflect the lived experience and cultural context of local areas. • Ensure drugs services consistently collect and report on demographic variables to support service planning, access and evaluation.	• A strong equity theme emerged, with evidence showing that historically marginalised groups experience greater barriers to accessing services. • Stakeholders indicated a data-informed equity approach is essential for monitoring outcomes and closing service gaps.	6,15,18	●	Medium
2 Increase community engagement and service user involvement by embedding participatory approaches in policy-making, service design, and provision of community-based services. Embed service user advisory panels at national and regional levels, with representation on the NOC and relevant SIGs. • Provide training and mentorship for service users to participate meaningfully in these forums. • Partner with community organisations to identify and support emerging leaders with lived experience. • Potential to develop national standards and practices in peer recovery work across all organisations to ensure individuals are supported and protected.	• Stakeholders highlighted the need for greater inclusion of lived experience in decision-making. • While community involvement is a pillar of the current NDS 2017-2025[1], stakeholders reported that it can be inconsistent. • There is a need for structured and resourced mechanisms that enable active participation, ownership, and accountability at a community level.	1,6,9,10,12	◕	High

*Appendix 5, p.153, provides the full description of the "CADU" Recommendation

Recommendations and Conclusions

Recommendation	Rationale	Mapped to CADU*	Effort	Priority
People				
3 Align service delivery with regional needs and enhance the capacity of service providers to ensure equitable and consistent implementation. • Collaborate with HSE Health Regions to ensure that implementation of a future drugs strategy aligns to local population needs. This should be informed by population-based health planning to inform resource allocation.	• Stakeholders reported high attrition rates have been observed in different regions due to various factors such as limited funding, creating ongoing challenges in workforce planning as referenced by stakeholders. • Service providers, were seen as essential, however resourcing and structural challenges were frequently referenced by stakeholders which may affect their ability to deliver coordinated, community-based responses.	1,3,4, 22,23	◕	Med
Process				
4 Maintain and strengthen coordination and communication between the NOC and SIGs by clarifying roles, improving information-sharing structures, and enhancing transparency in decision-making. • Develop and publish a concise roles and responsibilities framework for NOC and SIG members. • Provide orientation materials and briefings for new members to ensure understanding of mandate, scope, and interdependencies. • Establish a centralised digital platform for document sharing, updates, and meeting schedules accessible to all NOC and SIG members. • Potential to launch a national awareness campaign (e.g. targeted newsletters, webinars, stakeholder briefings) to highlight available services, key actions, and updates from the NOC/SIGs.	• Consultations highlighted a strong need to raise awareness of the services and resources available nationally. • Concerns exist over fragmentation, a lack of clear roles, and inconsistent engagement across sectors. • The EUDA as part of its Action framework for developing and implementing health and social responses to drug problems advocates for a community-led health-based approach to support relevance and responsiveness of interventions to specific local contexts.	8,9,10	◑	High

*Appendix 5, p.153, provides the full description of the "CADU" Recommendation

Recommendations and Conclusions

Recommendation	Rationale	Mapped to CADU*	Effort	Priority
Process				
5 Establish formal mechanisms for interdepartmental collaboration on cross-sectoral issues impacting drug policy, particularly in areas such as housing, justice, and health. • Establish an interdepartmental drug policy coordination group by creating a standing group with senior representatives from key departments and align this group to report quarterly to the NOC. • Develop joint action plans on priority issues by identifying shared objectives (e.g. reducing drug-related homelessness) and develop cross-departmental workstreams with clear deliverables. • Formalise communication protocols by scheduling biannual interdepartmental workshops to review progress, address barriers, and foster collaboration. • Embed collaboration in governance structures by mandating interdepartmental representation on relevant SIGs and include cross-sector collaboration indicators in performance frameworks.	• Consultations highlighted a strong need for clear governance structures and accountability mechanisms. • Stakeholders noted areas for enhanced engagement between Departments. • Frequent citations in the documentation review and the stakeholder consultations of the importance of cross departmental collaboration. • Stakeholders noted that the absence of a centralised budget for the NDS limits the capacity for long-term planning.	25,30	◕	High

*Appendix 5, p.153, provides the full description of the "CADU" Recommendation

Recommendations and Conclusions

Recommendation	Rationale	Mapped to CADU*	Effort	Priority
Process				
6 Continue to strengthen the health led response by placing a focus on justice system reform, community-based responses, and investment in community safety and trust-building initiatives. • Fully implement the Health Diversion Scheme nationally, with clear referral pathways to education, counselling, and harm-reduction supports. • Support the deployment of trained community liaison officers focused on engagement, rather than enforcement. • Include representation from affected communities and people with lived experience in programme design and oversight. • Enhance the health-led approach to drug use and uphold the right to health for individuals who use drugs.	• Stakeholder feedback often reflected a preference for approaches to drug use that prioritises health and support services. • Diversion programmes and health led models have garnered strong support, both through empirical data and community voices, as more effective alternatives. • Initiatives implemented during the lifetime of the NDS 2017-2025[1], focused on minimising the negative health, social, and legal impacts associated with drug use, rather than solely aiming to eliminate drug use itself.	11,12,14,17	●	High

*Appendix 5, p.153, provides the full description of the "CADU" Recommendation

Recommendations and Conclusions

Recommendation	Rationale	Mapped to CADU*	Effort	Priority
Systems				
7 Embed recovery as a central aspect of the NDS by ensuring equitable access to integrated, peer-led, and person-centered recovery services across all regions. • Assign joint oversight for dual-diagnosis implementation to mental health and addiction leads. • Develop national service standards and training pathways for peer recovery staff and support workers with lived experience. • Develop a suite of digital tools (e.g. virtual support groups, tele-counselling, recovery apps) to complement in-person services. • Ensure meaningful involvement of people in recovery in service design, delivery, and national oversight structures. • Introduce recovery-specific key performance indicators (e.g. housing stability, employment, social connection) into the national monitoring framework.	• Recovery was perceived by stakeholders as underdeveloped in practice. • Factors identified by many stakeholders included a lack of dedicated resourcing, structured pathways, and consistent operational focus. • Stakeholders further highlighted the potential value of standardising recovery pathways and peer support models at a national level to promote consistency and inclusivity.	10,21,30	●	Medium
8 Strengthen prevention and early intervention by investing in evidence-based programmes that address social determinants of drug use, support at-risk youth and families, and embed trauma-informed practice across all services. • Expand Evidence-Based Prevention in Schools, Higher Education and Communities. • Develop joint initiatives with the Departments to reduce the impact of poverty, trauma, and social exclusion for youth and families. • Partner with youth-led and family-based organisations to design and deliver culturally appropriate and age-responsive services. • Create a national prevention outcomes framework with indicators linked to protective factors, early risk reduction, and youth wellbeing.	• Prevention was widely viewed as under-resourced and lacking strategic focus. • Stakeholders emphasised the need for early, community-based interventions that address root causes, such as trauma, poverty, and social disadvantage. • Evidence shows that early life experiences significantly influence later substance use, highlighting the importance of prevention efforts beyond information campaigns. • The SPHE programme was repeatedly cited for its inconsistent delivery and outdated content.	15,29,30, 31	●	Medium

*Appendix 5, p.153, provides the full description of the "CADU" Recommendation

Recommendations and Conclusions

Recommendation	Rationale	Mapped to CADU*	Effort	Priority
Systems				
9 Strengthen the integration of alcohol within the NDS by clearly defining roles, responsibilities, and service provisions for the prevention, treatment, and recovery of alcohol-related harm, including the national rollout of integrated community alcohol treatment services. • Assign a named lead within the Department of Health and HSE with responsibility for coordinating alcohol-related actions and inter-agency collaboration. • Align messaging with national frameworks such as Sláintecare and the Public Health (Alcohol) Act to ensure coherence. • Ensure inclusion of alcohol-related care in all dual-diagnosis and integrated care initiatives.	• Many stakeholders felt that the NDS lacked clarity and strategic direction regarding alcohol addiction, and that this gap undermined efforts to address substance-related harm holistically.	-	●	Medium
10 Optimise the use of data by further investing in comprehensive monitoring, evaluation, and research systems to inform evidence-based policy, track progress, and support accountability at all levels. • Develop regional dashboards to enable local stakeholders to monitor trends, service uptake, and outcomes in real time. • Invest in ongoing research into emerging drug trends, new psychoactive substances, polysubstance use, and effective interventions, in partnership with academic institutions and the HRB. • Promote interdepartmental data linkage and monitoring and evaluation frameworks to provide a more complete picture of individual and population-level outcomes.	• There was a clear call for stronger evaluation mechanisms and transparent reporting. • Stakeholders noted gaps in real-time data, local outcomes tracking, and evidence use in policy-making. • Enhanced monitoring will enable the next NDS to be more adaptive, accountable, and evidence-informed, especially around equity and impact evaluation as referenced by stakeholders. • Increases in the prevalence of drug use, deaths and incidence of treatment.	32, 33	●	Medium

*Appendix 5, p.153, provides the full description of the "CADU" Recommendation

Recommendations and Conclusions

Our approach to delivering targeted recommendations that aim to strengthen implementation, enhance collaboration, and achieve the goals of Ireland's National Drug Strategy.

Conclusion

The purpose of this evaluation of Ireland's National Drugs Strategy, "Reducing Harm, Supporting Recovery 2017-2025"[1] is to review the implementation and impact of the strategy and to inform the development of Ireland's future drug strategy. By identifying accomplishments, gaps, and actionable recommendations, this evaluation provides evidence to support the design of an integrated, equitable, and outcomes-focused response to drug use in Ireland. The insights provided are intended to guide policymakers, service providers, and communities in developing a strategy which is responsive to emerging trends and aligned with both national priorities and international best practice.

This evaluation provides a comprehensive assessment of the strategy's implementation, outcomes, and alignment with national and international policy frameworks. The findings highlight significant progress in advancing a health-led approach to drug use, particularly through the expansion of harm reduction services, strengthened interagency collaboration, and the establishment of governance structures such as Strategic Implementation Groups. However, persistent challenges remain, including fragmented care pathways and limitations in data integration and outcome measurement.

The evaluation underscores the importance of embedding equity, lived experience, and evidence-informed practice at the core of future policy development. It also identifies critical areas for strategic refinement, including the integration of mental health and addiction services, the formalisation of recovery pathways, and the enhancement of interdepartmental coordination.

06 References

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7 Appendices

1 Appendix 1: Documentation Review

Appendix 1: Documentation Review

The following provides an overview of a structured review undertaken of policy, practice and progress documentation to inform the evaluation.

The documentation review was conducted to support an informed understanding of the implementation and potential outcomes of the NDS 2017-2025[1]. By examining relevant policy documents, strategic plans, and progress reports, the review aimed to complement the quantitative data and offer possible context regarding the governance and operational aspects of the NDS 2017-2025[1].

Document Sources and Collection Process

A detailed review of available documentation was undertaken to complement the data analysis and inform the evaluation process. The relevant stakeholders, as referenced in Section 4 - Documentation Review of this report, were engaged to help identify and access key documents. A comprehensive document log was compiled, including direct links to source datasets, associated metadata, and annotations on each document's relevance to specific evaluation domains. Key sources of documentation included:

- HRB: Policy papers and strategic documents relevant to drug and alcohol trends and responses;
- Healthy Ireland: Reports detailing population health trends and substance use patterns; and
- HSE NSIO: Reports focused on treatment access, delivery, and outcomes across priority populations.

In parallel, a structured literature search was conducted using Google Scholar. A combination of free-text search and MeSH terms were applied. Key search terms included drug strategy, interventions, political or policy considerations, and synergies to international response.

Analysis

The document analysis was informed by a set of strategic core review questions developed to examine key dimensions of the National Drug Strategy. These questions focused on the following areas:

- Strategic priorities outlined in the National Drug Strategy (2017–2025);
- Metrics related to drug prevalence, treatment and drug related deaths;
- Approaches addressing drug use and any available indications of their effectiveness;
- Policy considerations relevant to the strategy's implementation; and
- Recommendations or proposals identified in the documents that may inform future strategic development.

This approach facilitated a systematic review of the materials, focusing on strategic priorities, intervention measures and evaluation indicators within the context of the 2017-2025[1].

Limitations

Reporting Bias: The documents reviewed varied considerably in terms of reporting standards and structure. This inconsistency may have introduced bias, particularly where selective reporting or emphasis on certain outcomes over others was evident. As a result, the reliability and comparability of information across sources may be limited.

Source Constraints: A number of documents lacked sufficient detail or presented information in broad, aggregated categories. In some cases, key contextual or implementation details were either absent or only briefly mentioned.

Temporal Gaps: Some documents were outdated or did not reflect recent developments in policy or practice. This temporal disconnect may have affected the relevance of certain findings, especially in a rapidly evolving policy environment.

Access and Availability: The analysis was limited to publicly available or stakeholder-provided documents. It is possible that additional relevant materials—such as internal evaluations, reports directly submitted, or grey literature—were not accessible, potentially omitting important perspectives or data.

Interpretive Limitations: Given the qualitative nature of the document review, interpretation of content was subject to the reviewers' judgment. While efforts were made to apply a consistent analytical framework, some degree of subjectivity is inherent in the process.

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Appendix 2: Data Review Process

Appendix 2: Data Review Process

The following outlines the approach undertaken to generate data-driven insights for an evidence-based evaluation.

In collaboration with the Department of Health, key data sources were identified to inform the analysis, along with a clear set of inclusion and exclusion criteria. The HRB served as the primary source, providing comprehensive national data on drug poisoning deaths treatment demand and drug related deaths. In addition, data from Healthy Ireland was reviewed to assess the prevalence of alcohol and drug use. Reports from the HSE and the NSIO were also examined to gain insights into treatment access and outcomes.

Table 2A presents the inclusion and exclusion criteria applied throughout the data review process. The review was guided by a set of targeted search terms, including patterns of substance use, treatment service demand, health outcomes, family impact, infectious diseases, prevention strategies, and social determinants of health.

Table 2A: Inclusion and Exclusion criteria

PICO	Inclusion	Exclusion
Population	All individuals in Ireland (all ages, genders, ethnicities, including historically marginalised groups)	Populations outside of Ireland
Intervention	Alcohol and all listed drugs (e.g. heroin, cocaine, cannabis, sedatives, NPS, etc.)	Tobacco, gambling
Comparison	Data from 2015 to 2025	Data before 2015
Outcome	Alignment to National Drug Strategy goals and actions	Direct causal attribution to NDS 2017-2025[1]

The data was obtained from a range of formats, including PDF reports, where relevant information was extracted from tables, narrative text, and figures. Interactive online tables were also used, with manual extraction of the data required.

Key Review Questions

The data review centred on a set of key outcome indicators:

Prevalence of drug and alcohol use: The analysis examined current prevalence rates, changes observed since the implementation of the NDS 2017-2025[1], variations among populations, and notable trends in substance use by using the following guiding questions:

- What are the current prevalence rates for substance use in the general population?
- How have these rates changed since the NDS 2017-2025 was implemented?
- Which substances have shown significant increases or decreases in use?

Incidence of treatment: The review evaluated changes in treatment demand since 2015, with particular attention to the extent to which treatment outcomes align with the strategic objectives of the NDS 2017-2025[1]. The following guiding questions were used to inform the analysis:

- How has the number of individuals accessing treatment services changed since 2017?
- What are the retention rates in treatment programmes?

Drug poisoning deaths: Trends from 2015 onwards were analysed with the below analysis questions:

- What are the annual trends in drug poisoning deaths?
- How do drug poisoning deaths vary by age, gender, and socioeconomic status, and how does this align with strategic responses?

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Appendix 3: Stakeholder Consultation Approach

Appendix 3: Consultation Approach

An overview of the consultation approach is outlined below including the profiled stakeholders for consultation and their impact on the NDS

A structured Stakeholder Engagement Plan was employed to systematically identify relevant stakeholders, ensuring the inclusion of diverse and representative perspectives. In collaboration with the Department of Health, a comprehensive Stakeholder Log was developed, documenting **138** stakeholders along with details of their level of influence and interest in the National Drugs Strategy (2017–2025)[1], and relevance to the evaluation, particularly in relation to Domain 1 and Domain 2.

The consultation process was anchored by a set of core questions designed to ensure consistency and comparability across responses, while also allowing for the emergence of additional insights. To optimise the quality of stakeholder input and respect participants' time, several preparatory measures were implemented:

- **Consultation scheduling:** Engagements were coordinated closely with the Department of Health to accommodate stakeholders' availability. A flexible approach was adopted, particularly for one-to-one interviews with high-priority stakeholders.
- **Advance communications:** Stakeholders received tailored communications outlining the purpose of the consultation, their expected role, and the significance of their contribution.
- **Pre-reading materials:** Participants were provided with briefing packs in advance, which included the consultation format, questions, and contextual information relevant to the National Drugs Strategy and the evaluation domains.

Question Development

The key themes underpinning both the strategic goals and strategic priorities were synthesised to align with each evaluation domains. These themes formed the basis for the development of 21 consultation questions used consistently across stakeholder engagements.

- **Health and Wellbeing:** Emphasising the promotion and protection of health, and minimising harms caused by substance use.
- **Prevention and Early Intervention:** Focusing on preventing substance use, especially among children and young people, and addressing issues early on.
- **Access to Services:** Enhancing the availability and quality of drug and alcohol services within communities.
- **Integrated Care:** Developing coordinated care pathways for high-risk individuals to improve health outcomes.
- **Social Determinants:** Addressing the broader social factors that contribute to substance use, particularly in marginalised groups.
- **Evidence-Informed Policies**: Ensuring that policies and actions are based on solid research and data.
- **Community Involvement:** Supporting the participation of individuals, families, and communities in addressing substance use issues.
- **Alternative Sanctions:** Alternate approaches and priorities.
- **Structural alignment**: The governance alignment with the strategic goals and priorities.
- **Communication effectiveness**: Communication of information and clear channels for feedback.
- **Accountability**: Clearly defined roles and responsibilities within the structures to support the strategic initiatives.

Appendix 3: Consultation Approach

Themes for each consultation question were developed to ensure questions were aligned to the strategic goals and priorities of the NDS.

Question Development cont.

	Question
Health and Wellbeing	
1	How successful has the NDS 2017-2025[1] been in advancing health and wellbeing outcomes for individuals and communities – what specific dimensions e.g. prevention, treatment and recovery?
Prevention and Early Intervention	
2	How effective are the specific prevention and early intervention initiatives within the NDS 2017-2025[1] in addressing substance use of at-risk populations, such as early education, drug testing at festivals?
Access to Services	
3	How would you assess the current accessibility of services related to the NDS 2017-2025[1] for individuals in need and specific barriers impeding access. e.g. expansion in the availability and geographical spread, integrated care pathways, after care services?
4	Has there been enhanced access to and delivery of drug use and alcohol services since the Midterm review?
Integrated Care	
5	How effectively does the NDS 2017-2025[1] promote integrated care and interagency work among health and community services?
Social Determinants	
6	Are there improved services for young people at risk of substance misuse in socially and economically disadvantaged communities?
Social Determinants	
7	Do you think the NDS 2017-2025[1] accommodates all communities including members of the Irish Traveller community; the lesbian, gay, bisexual, transgender and intersex community; new communities; sex workers and homeless people?
8	How does the NDS 2017-2025[1] address the specific needs and challenges faced by women in relation to substance use and addiction?
Evidence Informed Policies	
9	How has the NDS 2017-2025[1] strengthened evidence-informed and outcomes-focused policies?
Community Involvement	
10	Since 2017 in your experience, has there been an increase in participation of families and communities?

Appendix 3: Consultation Approach

Themes for each consultation question were developed to ensure questions were aligned to the strategic goals and priorities of the NDS.

Question Development cont.

Question	
Alternative Sanctions	
11	What alternatives to coercive sanctions for drug-related offences have been implemented, and what are their outcomes?
Structural Alignment	
12	How did the existing governance frameworks impact the effectiveness of the NDS 2017-2025[1]?
Accountability	
13	How clearly delineated were the roles and responsibilities within the governance framework?
14	How robust was the oversight of the NDS 2017-2025[1] in ensuring accountability and adherence to strategic objectives?
Communication effectiveness	
15	Were the communication mechanisms within the governance framework effective?
16	Were all groups represented in the coordinating structures?
Additional Questions	
17	In your assessment has the NDS 2017-2025[1] adequately address alcohol related issues in terms of policies prevention and treatment?
18	In your experience was the Citizens' Assembly effective in contributing to the implementation of the NDS 2017-2025[1]?
19	Are there any other noteworthy gaps in terms of the NDS 2017-2025[1]?
20	How do you think the NDS 2017-2025[1] compares internationally?
21	Is there anything that you anticipated we would cover today that we haven't touched on? Do you have any other comments / feedback that you think will be relevant to the evaluation of the NDS 2017-2025[1]?

Appendix 4: EUDA Definitions

Appendix 4: EUDA Definitions

The below provides definitions from the EUDA of drug related terms[156]

Term	Definition
addiction	disorder in which an individual's control over their drug use/behaviour is impaired.
age of first use	age at which a drug is used for the first time.
alternative to imprisonment / alternative to prison	alternative option to incarceration given to a drug-using offender at some stage in the criminal justice process. This may often be an offer of treatment.
annual reporting cycle	those countries providing data on a measure.
balanced approach	comprehensive approach to drug policy, incorporating both demand and supply reduction activities. The principle of a balanced approach was endorsed in the political declaration of UNGASS in 1998: 'there shall be a balanced approach between demand reduction and supply reduction, each reinforcing the other, in an integrated approach to solving the drug problem'.
best practice	interventions that are supposed to lead to desired outcomes and that can be adapted to improve effectiveness, efficiency and/or innovativeness in another situation.
brief intervention	short-term or one-off practice that aims to help individuals identify a real or potential problem arising from a risky behavior and motivate them to change it.
cannabis resin / charas / hashish	compressed solid made from the separated resin, whether crude or purified, obtained from the cannabis plant.
client	person with drug problems who is receiving assistance from social, medical or other support services as part of drug treatment.
comorbidity	simultaneous existence of a substance use disorder and an additional psychiatric disorder.
concurrent use	separate use of two or more substances within the same period of time, e.g. the past year.
continuity of care	provision of care services that are coordinated across settings and providers.
controlled drug	drug that is listed in the international drug control conventions or controlled at national level.
decriminalisation / depenalisation	removal of a conduct or activity from the sphere of criminal law, meaning that the act no longer constitutes a criminal offence. It remains a punishable offence, but with non-criminal status (for example, comparable to a parking offence).
demand reduction	activities within health, social, educational and criminal justice systems aimed at preventing drug use, assisting and treating users, reducing harmful consequences of use and promoting the (re)integration of (former) users.
detoxification	medically-supervised intervention to resolve withdrawal symptoms.
drug addiction	addiction based on consumption of a (psychotropic) substance.
drug checking /pill testing service	service offered to individual drug users to have their synthetic drugs (tablets or powders) chemically analysed or checked.
drug consumption facility / supervised drug consumption facility / drug consumption room	place where confirmed drug users are allowed to consume their drugs in a professionally supervised setting providing hygienic conditions and without fear of arrest.
drug court	specialised court that deals with criminal offenders who are usually problematic drug users.

Appendix 4: EUDA Definitions

The below provides definitions from the EUDA of drug related terms[156]

Term	Definition
drug dependence	a cluster of cognitive, behavioural and physiological symptoms that indicate that a person has impaired control of psychoactive substance use and continues use of the substance despite adverse consequences.
drug epidemiology	general term used to describe methods and approaches used to assess or measure drug problems within the general or specific populations. Most of these approaches are adapted from, or built upon, methods used in the epidemiology of physical or mental disorders.
drug service	specialist facility, agency, department or unit in a larger organisation where drug users can receive health or social support related to their drug use.
drug strategy	focused approach aimed at reducing the harmful effects of licit and illicit drugs in society, and their supply and demand and associated crime, generally set out in a time-bound document containing objectives and priorities, alongside broad supporting actions.
drug treatment	an activity that directly targets individuals who have problems with their drug use and which aims to improve the psychological, physical or social state of those who seek help for their drug problem.
drug-free treatment	treatment using a range of psychosocial or psychotherapeutic approaches but no pharmacological interventions to target drug use. Usually used to refer to treatment for opiate addiction when not using substitution treatment. (see also psychosocial treatment).
drug-induced death	death happening shortly after consumption of one or more illicit psychoactive drugs (often in combination with alcohol or psychoactive medicines) and directly related to this consumption. These deaths are also referred to (or known) as drug overdoses or poisonings.
drug-related deaths (DRD)	death occurring shortly after consumption of one or more psychoactive drugs and directly related to, or associated with, this consumption.
drug-related harms	negative short-term and long-term health and social consequences associated with drug use, which may include dependence, blood-borne viral infections, drug poisoning and overdose, drug-related mortality, and crime and other social problems.
drug-related public expenditure	public spending which aims to tackle the drugs problem.
drug-treatment client	person undergoing drug treatment. In this context, client is the equivalent of 'patient' in a non-medical setting.
drugs policy	governing administration's policy on drug misuse, focused on dealing with the health issues for individuals and society resulting from such misuse and on effecting a reduction in the demand and supply of illegal drugs.
early intervention	intervene with persons who are in the early stages of their drug use.
ESPAD	collaborative effort of independent research teams and the largest cross-national research project on adolescent substance use in the world with the aim of repeatedly collecting comparable data on substance use among 15-16 year old students in as many European countries as possible.
EU Early Warning System on new psychoactive substances	multidisciplinary network of 30 national early warning mechanisms which collect, appraise and rapidly disseminate information on new drugs and products that contain them. It is implemented by the EUDA, formerly EMCDDA, in cooperation with Europol, the EMA and the European Commission. The EU EWS works by collecting information on the appearance of new substances, and then monitoring them for signals of harm, allowing the EU to respond rapidly to emerging threats.

Appendix 4: EUDA Definitions

The below provides definitions from the EUDA of drug related terms[156]

Term	Definition
evidence-based approach	concept imported from the medical field, defined as 'the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients' (Sackett, 1996). When applied to drug demand reduction, this refers to the use of scientific results to inform interventions decisions.
first treatment	the very first time during his or her life that a person starts treatment for drug problems.
harm / damage	loss or detriment caused by hurt or injury affecting estate, condition, or circumstances.
harm reduction	interventions, programmes and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies.
herbal cannabis	the dried flowering tops and leaves of the cannabis sativa plant.
high-risk drug use	general term used to cover recurrent drug use that is causing actual harm (including dependence, health, psychological or social problems), or is placing the individual at an elevated risk of suffering such harm.
impact evaluation	assessment of how the intervention being evaluated affects outcomes and whether these effects are intended or unintended.
in-patient treatment	treatment in which the patient spends the night in the treatment centre. (see also treatment centre).
infectious disease	disease which is caused by pathogenic microorganisms, including, without limitation, bacteria, viruses, parasites or fungi, which spread, either directly or indirectly, from one person to another. The term includes a communicable disease.
injecting risk behaviour	behaviour associated with the injecting of drugs, including the sharing of needles, syringes and other injecting equipment, which increases the likelihood of negative health consequences, including contracting infectious diseases.
injection drug user (IDU) / people who inject drugs (PWID)	person who uses a drug (e.g. heroin, cocaine) that is administered with a needle and syringe.
intoxication	condition that follows the consumption of a psychoactive substance and results in disturbances in consciousness, cognition, perception, judgement, behaviour or other psychophysiological functions and responses.
intravenous drug user	person who injects drugs into one of their own veins (currently referred to as 'people who inject drugs' or PWID).
last month prevalence	percentage of individuals in a population who have consumed drugs during the 30 days prior to data collection.
last year prevalence	percentage of individuals in a population who have consumed drugs within the year prior to data collection, or in the year specified.
legalisation	the process of bringing within the control of the law a specified activity that was previously illegal. In relation to drugs, this term is most commonly applied to acts of supply, production, manufacture or sale for non-medical use.
lifetime prevalence	percentage of individuals in a population who have consumed drugs at any time during their life.
low threshold service	service that has removed traditional barriers to treatment to give their clients easier access.

Appendix 4: EUDA Definitions

The below provides definitions from the EUDA of drug related terms[156]

Term	Definition
maintenance / substitution treatment	form of medical care offered to opiate addicts using a similar or identical substance to the illicit drug normally used. (see also medically assisted and pharmacological treatment).
medical cannabis	generic term, sometimes with different legal meanings in different jurisdictions, referring to the consumption of cannabis, sometimes on prescription, for therapeutic purposes.
medically assisted treatment	substitution treatment and other pharmacological treatments which target the drug use itself.
mental disorder / learning disability / mental impairment	any mental or psychological disorder, such as an intellectual disability, organic brain syndrome, emotional or mental illness, or specific learning disabilities.
mental health disorder	condition diagnosed by a mental health professional as a behavioural or mental pattern that affects a person's thought processes, emotions or mood and may affect their ability to relate to others and function socially.
naloxone	semi-synthetic competitive opioid antagonist medication used to rapidly reverse opioid overdose.
needle and syringe exchange programme	the provision of sterile syringes and hypodermic needles as well as further injecting paraphernalia to injecting drug users.
new psychoactive substance	new narcotic drug or new psychotropic drug in pure form or in a preparation, that has not been scheduled under the 1961 and 1971 United Nations conventions and that may pose a threat to public health comparable to the substances listed therein.
new synthetic drug	sometimes called 'designer drug', this is a new narcotic or psychotropic substance produced from chemical precursors in a laboratory, which has been intentionally designed to mimic the properties of known psychoactive substances and has a limited therapeutic value. The substance is not controlled by the 1961 United Nations Single Convention on Narcotic Drugs or the 1971 United Nations Convention on Psychotropic Substances but may pose a public health threat comparable to that posed by substances listed in these conventions.
nightlife settings	social settings, such as night clubs, bars and parties, where people congregate for recreational reasons late into the evening or at night.
non-fatal intoxication	poisoning from any of a wide range of drugs, not resulting in death.
NPS	new narcotic drug or new psychotropic drug in pure form or in a preparation, that has not been scheduled under the 1961 and 1971 United Nations conventions and that may pose a threat to public health comparable to the substances listed therein.
opiate	group of naturally-occurring psychoactive substances derived from the poppy plant.
opioid	generic term applied to alkaloids from the opium poppy, but can also cover opium-derived, semisynthetic and synthetic products in EUDA, formerly EMCDDA, usage.
outcome evaluation	evaluation that measures the effects of a programme or project in the target population by assessing the extent to which the expected outcomes have been achieved.
outpatient treatment	treatment where the patient does not spend the night on the treatment premises.
outreach work	specific intervention method where staff proactively contact risk groups in their social environment instead of waiting for them to enter formal services.

Appendix 4: EUDA Definitions

The below provides definitions from the EUDA of drug related terms[156]

Term	Definition
overdose	ingestion of a psychoactive substance (e.g. opiate, stimulant or hypnotic-sedative drug) in larger amounts than the system has acquired a tolerance to, resulting in unexpected/unwanted effects which may include coma and death from heart failure or respiratory depression.
pattern of drug use	non-specific, generic term used to encompass all aspects of drug use. Usually used in relation to a particular group or setting.
PDU	problematic drug use as defined for EUDA, formerly EMCDDA, monitoring. Frequent or intravenous use of opiates, cocaine or amphetamines.
peer-led approach	psychological support that is provided by a person of a background that is similar to the clients.
pharmacologically assisted treatment	treatment of drug dependence by prescription of a substitute drug for which cross-dependence and cross-tolerance exists, with the aim of reducing or eliminating the use of a particular illicit substance. (see also substitution/maintenance/medically assisted treatment)
pharmacovigilance (PhV) / drug safety monitoring	constant monitoring of the safety of medicines during clinical trials and after authorization.
polydrug use	use of more than one drug or type of drug by an individual, used either together (simultaneous polydrug use) or within a short time frame (concurrent polydrug use).
potency	expression of the activity of a drug, in terms of the concentration or amount needed to produce a defined effect.
prevalence	proportion of a population found to have a condition (typically a disease or a risk factor such as smoking or seat-belt use). It is arrived at by comparing the number of people found to have the condition with the total number of people studied, and is usually expressed as a fraction, as a percentage or as the number of cases per 10 000 or 100 000 people.
primary drug	drug that causes the client the most problems, either as defined by the client or using diagnoses based on appropriate clinical tools (ICD-10, etc.).
problem behaviour	socially unacceptable behaviour that can have a negative impact on the individual, his/her friends and family, or wider society.
problem drug use	problematic drug use as defined for EUDA, formerly EMCDDA, monitoring. Frequent or intravenous use of opiates, cocaine or amphetamines.
problematic drug use	pattern of drug use which may cause problems to the user, his/her friends and family or wider society, often accompanied by dependence and negative consequences for the health, social and legal situation of the consumer.
psychosocial treatment	any psychosocial intervention used in the treatment phase, for example cognitive behavioural interventions used with or without pharmacological interventions, to treat drug-related problems.
quality standard	principles and sets of rules based on evidence used to implement the interventions recommended in guidelines. They can refer to content issues, processes, or to structural aspects.
recovery	process of change in which an individual suffering from a substance misuse disorder achieves improved health, wellness and quality of life.
recreational drug	a drug used non-medically for personal enjoyment, pleasure, stimulation, etc. Often associated with a specific setting.
recreational drug use	use of psychoactive drugs in recreational settings or for recreational purposes.
referral to treatment	action/process of referring or recommending a drug user for specialised treatment.

Appendix 4: EUDA Definitions

The below provides definitions from the EUDA of drug related terms[156]

Term	Definition
relapse prevention	cognitive-behavioural intervention designed to prevent and manage relapse in individuals who have been or are currently in treatment for drug use.
reporting	those countries providing data on a measure.
reporting country	country providing data on a measure.
residential treatment	treatment programmes which require participants to live in a hostel, home or hospital unit.
response to drug use	drug interventions, laws and policies; supply and demand reduction measures.
risk assessment	process to assess a (new) substance with respect to its public health and social risks using clearly defined procedures and parameters to consider if this substance warrants placing under international control.
risk factor	variable associated with an increased risk of negative consequences (e.g. death or disease) or of future drug use and drug problems.
risk reduction	measures to reduce the probability that individuals will adopt lifestyles and patterns that lead to drug consumption and related problems.
secondary drug	other drug or drugs used in addition to the primary drug.
seized drug	Any quantity of drug seized or found from a known or unknown source. See also Drug seizures definition.
simultaneous use	co-ingestion of two or more substances at the same time.
supply reduction	to minimise supply and reduce the amount of drugs available on illicit markets via a range of local, national and international measures and mechanisms. Usually involves law enforcement/criminal justice activities.
treatment centre	any agency – either within medical or non-medical structures – that delivers treatment to people with drug problems.
treatment demand indicator	one of the EUDA's, formerly the EMCDDA, key indicators collecting information on treatment of drug users.
treatment entrant	clients entering drug treatment for the first time in their lives or for the first time during the calendar year.
treatment modality	broad category or type of treatment (detoxification, maintenance, psychosocial treatment), which can be provided in either inpatient or outpatient setting.
treatment outcome	condition of a patient at the end of a therapy.
universal prevention	strategies addressed to the entire population (drug users and non-users) with messages and programmes aimed at preventing or delaying the onset of illicit drug consumption and abuse.
withdrawal symptoms	abnormal physical or psychological features or reactions that follow an abrupt discontinuation of drug use.

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Appendix 5: Citizen's Assembly Mapping to Evaluation Recommendations

Appendix 5: Citizen's Assembly Thematic Mapping

The below provides an alignment of the evaluation recommendations to the Citizens' Assembly recommendations.

Evaluation of NDS 2017-2025 Recommendations	Citizens' Assembly Recommendation[6]
Improve the right to health for people who use drugs by embedding an equity lens throughout the NDS, ensuring culturally appropriate services and strengthening data systems to monitor impact on historically marginalised populations.	• Recommendation 6: The Government should introduce a "Health in all Policies" approach to policy development. • Recommendation 15: Drugs policy should prioritise the needs of marginalised groups and disadvantaged communities. • Recommendation 18: Government should allocate significant additional funding on a multi-annual basis to drugs services across the statutory, community and voluntary sectors, to address existing service gaps, including in the provision of community-based and residential treatment services, to support the implementation of the recommendations of the Citizens' Assembly. This funding should ensure geographic equitability in terms of access to statutory services, as well as providing for accountability, transparency and traceability of allocations.
Increase community engagement and service user involvement by embedding participatory approaches in policy-making, service design, and provision of community-based services.	• Recommendation 1: The State should take urgent, decisive and ambitious action to improve its response to the harmful impacts of drugs use, including implementing necessary legislative changes. • Recommendation 6: The Government should introduce a "Health in all Policies" approach to policy development • Recommendation 9: Government should work with key stakeholders to build an effective whole of society response to drugs-related issues. • Recommendation 10: Drugs policy design and implementation should be informed by service users and people who use drugs as well as family members of people affected by drugs, with provision of appropriate supports to enable this involvement. • Recommendation 12: The Government should allocate additional resources to fund community-based and residential treatment and recovery services as an alternative to custodial sentences for people with problematic drugs use.

Appendix 5: Citizen's Assembly Thematic Mapping

The below provides an alignment of the evaluation recommendations to the Citizens' Assembly recommendations.

Evaluation of NDS 2017-2025 Recommendations	Citizens' Assembly Recommendation[6]
Align service delivery with regional needs and enhance the capacity of service providers to ensure equitable and consistent implementation.	• Recommendation 1: The State should take urgent, decisive and ambitious action to improve its response to the harmful impacts of drugs use, including implementing necessary legislative changes. • Recommendation 3: Government should give greater political priority and 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. • Recommendation 4: Government should recognise that an effective national response to drugs-related issues requires whole of government policy coherence, operational cohesion and effective leadership. • Recommendation 22: The National Drugs Strategy should include a strategic workforce development plan. • Recommendation 23: 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.
Maintain and strengthen coordination and communication between the NOC and SIGs by clarifying roles, improving information-sharing structures, and enhancing transparency in decision-making.	• Recommendation 8: Government should ensure effective stakeholder involvement in implementing the National Drugs Strategy. • Recommendation 9: Government should work with key stakeholders to build an effective whole of society response to drugs-related issues. • Recommendation 10: Drugs policy design and implementation should be informed by service users and people who use drugs as well as family members of people affected by drugs, with provision of appropriate supports to enable this involvement.
Establish formal mechanisms for interdepartmental collaboration on cross-sectoral issues impacting drug policy, particularly in areas such as housing, justice, and health.	• Recommendation 25: The National Drugs Strategy should focus on building resilient, sustainable communities though local partnerships in both urban and rural settings, and stronger community policing. • Recommendation 30: The National Drugs Strategy should prioritise a systemic approach to recovery.

Appendix 5: Citizen's Assembly Thematic Mapping

The below provides an alignment of the evaluation recommendations to the Citizens' Assembly recommendations.

Evaluation of NDS 2017-2025 Recommendations	Citizens' Assembly Recommendation[6]
Continue to place a focus on justice system reform, community-based responses, and investment in community safety and trust-building initiatives.	• Recommendation 11: The State should formalise, adopt and resource alternative, health-led options for people with a drug addiction within the criminal justice system. • Recommendation 12: The Government should allocate additional resources to fund community-based and residential treatment and recovery services as an alternative to custodial sentences for people with problematic drugs use. • Recommendation 14: 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 criminal justice system 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. • Recommendation 17: The State should introduce a comprehensive health-led response to possession of drugs for personal use.
Embed recovery as a central aspect of the NDS by ensuring equitable access to integrated, peer-led, and person-centered recovery services across all regions.	• Recommendation 10: Drugs policy design and implementation should be informed by service users and people who use drugs as well as family members of people affected by drugs, with provision of appropriate supports to enable this involvement. • Recommendation 21: The Government should recognise, value and adequately resource the role of family members and extended support network in supporting people affected by drugs use, and their children. Kinship carers and children should have the same rights as foster carers and foster children, and this should include legal rights and monetary rights on a non means-tested basis. • Recommendation 30: The National Drugs Strategy should prioritise a systemic approach to recovery.
Strengthen prevention and early intervention by investing in evidence-based programmes that address social determinants of drug use, support at-risk youth and families, and embed trauma-informed practice across all services.	• Recommendation 15: Drugs policy should prioritise the needs of marginalised groups and disadvantaged communities. • Recommendation 29: The Department of Health should roll out regular national public health information campaigns, focusing on reducing shame and stigmatisation of people who use drugs, prevention, risk mitigation and advertising services. • Recommendation 30: The National Drugs Strategy should prioritise a systemic approach to recovery. • Recommendation 31: The Department of Health should develop a strategy to enhance resilience, mental health, well-being and prevention capital across the population, including a focus on providing therapeutic supports for children and young people, and for people dealing with trauma and adverse childhood experiences and dual diagnosis.

Appendix 5: Citizen's Assembly Thematic Mapping

The below provides and alignment of the stakeholder consultation key themes to the Citizens' Assembly recommendations.

Evaluation of NDS 2017-2025 Recommendations	Citizens' Assembly Recommendation[6]
Optimise the use of data by further investing in comprehensive monitoring, evaluation, and research systems to inform evidence-based policy, track progress, and support accountability at all levels.	• Recommendation 33: The National Drugs Strategy should include a plan to strengthen the national research and data collection systems for drugs to inform evidence-based decision-making.

6 Appendix 6: Acronyms

Appendix 6: Acronyms

The below provides a list of acronyms mentioned throughout the report

Acronym	Definition
ACS	Alternatives to Coercive Sanctions
AGS	An Garda Síochána
BIC	British Irish Council
CADU	Citizens Assembly on Drug Use
COPOLAD	Cooperation Program between Latin America, the Caribbean and the European Union on drug policy
CSO	Central Statistics Office
DATF	Drug and Alcohol Task Force
DCR	Drug Consumption Rooms
DCEDIY	Department of Children, Equality, Disability, Integration and Youth
DEY	Department of Education and Youth
DoH	Department of Health
DRI	Drug Related Intimidation
DRIVE	Drug Related Intimidation and Violence Engagement
DUHEI	Drug Use in Higher Education in Ireland
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
EUDA	European Union Drug Agency
EWS	Early Warning System
EWSD	European Web Survey on Drugs
FPA	Focused Policy Assessment
GP	General Practitioner
HBSC	Health Behaviour in School aged Children

Appendix 6: Acronyms

The below provides a list of acronyms mentioned throughout the report

Acronym	Definition
HDS	Health Diversion Scheme
HED	Heavy Episodic Drinking
HEI	Higher Education Institutions
HDG	Horizontal Working Party on Drugs
HRB	Health Research Board
HSE	Health and Safety Executive
IGEES	Irish Government Economic and Evaluation Service
IOAD	International Overdose Awareness Day
KPI	Key Performance Indicators
LDTF	Local Drugs Task Force
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer
LSD	Lysergic Acid Diethylamide
MAOC-N	Maritime Analysis and Operations Centre – Narcotics
MeSH	Medical Subject Headings
MSIF	Medically Supervised Injecting Facility
MISHSoC	Meaningful Involvement in Services in Health and Social Care
MQI	Merchant Quay Ireland
NAAGG	National Addiction Advisory Governance Group
NDAS	National Drug and Alcohol Surveys
NDRDI	National Drug-Related Deaths Index
NDTRS	National Drug Treatment Reporting System
NDS	National Drug Strategy
NOC	National Oversight Committee

Appendix 6: Acronyms

The below provides a list of acronyms mentioned throughout the report

Acronym	Definition
NSIO	National Social Inclusion Office
OAT	Opioid Agonist Treatment
OST	Opioid Substitution Therapy
PNRCAD	National Plan for the Reduction of Addictive Behaviours and Dependencies
SDG	Sustainable Development Goals
SIF	Supervised Injecting Facility
SIG	Strategic Implementation Group
SPHE	Social, Personal and Health Education
UCC	University College Cork
UCD	University College Dublin
UNODC	United Nations Office on Drugs and Crime
UK	United Kingdom
WDR	World Drug Report
WHO	World Health Organisation