An Roinn Sláinte
Department of Health

Stakeholder consultations to inform the development of a successor national drug strategy: Summary of key findings

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The views and opinions expressed in this report reflect those shared by participants during the consultation process. They do not necessarily represent the views, positions, or policies of the report authors or the Department of Health.

I Introduction

To inform the development of a successor to the national drugs strategy, the Department of Health convened a series of targeted in-person consultations with key stakeholders. The intention of these consultations was to complement the recommendations of the Citizens Assembly on Drugs Use and the separate independent evaluation of the existing national drugs strategy. The consultations followed six themes, with the events being held in the Department of Health's premises to minimise costs.

The Department of Health sought the professional services of a facilitator to design, facilitate and report on consultation events with key stakeholders, over a period of weeks from the start of January to early April 2025, on learning from the current strategy and priority issues/themes to support the development of a successor to the current national drug strategy. They awarded the tender to independent facilitators Dr Grainne Healy and Dr Kathy Walsh.

II Methodology

II.1 Overview

Consultations were undertaken using several discrete methods. Six in person workshops, one online workshop, a small number of online consultations with individuals as well as a review and analysis of a range of unsolicited documents and materials received as part of the process.

A total of 241 participants engaged in the process.

II.2 Workshops

Six in person workshops were hosted in the Department of Health. The seventh workshop was held online. A cross section of stakeholders were invited to each event, relevant to the workshop's themes. See Table II.1 for details.

Table II.1 Workshops Organised

No	*Date in 2025*	*Title*	*Attendees*	*Numbers attending*
1	17th January	Oversight and Learning for the New Strategy	Members of the National Oversight Committee (NOC) and the six Strategic Implementation Groups (SIGs)	44
2	27th January	Planning and delivery of drug services in the HSE health regions.	Chairs of Drug Task Forces and HSE Addiction Managers	40
3	31st January	Lived Experience	Individuals and family members with lived experience	47
4	6th February	Workforce Issues	Those employed in the drugs workforce (Employees of HSE and Section 39 drug services)	37
5	17th February	Enhancing Irelands approach to prevention and drug use.	Representatives of organisations and individuals engaged in drugs prevention education and other activities	45
6	11th March	The next national drugs strategy	Department of Health staff	17
7	2nd April	The next national drugs strategy (with a focus on delivery of drug services and governance)	Representatives from Local Drug and Alcohol Task Forces	4

The workshops lasted about three hours, and all followed a broadly similar format. A representative of the Department of Health provided an introduction and welcome to each of the sessions, which was followed by the background for the development of the new strategy. Attendees were divided into tables where they were facilitated to conduct distinct conversations related the workshop agenda. Table discussions were recorded by a notetaker. These notes were sent on to the facilitators after the workshop.

The first part of the workshop focused on the identification of the learning arising from the current strategy, while the second part of the discussion focused on the identification of issues to be included/addressed in the new strategy. Attendees also had an opportunity at the end of the workshop to raise any additional issues. The facilitators recorded the feedback from the tables on flip charts at the workshop. These notes together with the table notes were subsequently written up and a report of each workshop was produced. The relevant findings from the online consultations and unsolicited submissions received were also embedded in these workshop reports. The role of Departmental officials at the consultations was primarily as observers and support staff.

II.3 Online consultations

A small number of online consultations were conducted with individuals who were not in attendance at the previous events. See Table II.2 for details. The findings of these consultations were embedded into the text of the relevant workshops by the independent facilitators.

Table II.2 Online consultations conducted
Organisation
Crainn
North Dublin Regional Drug and Alcohol Drug Task Force
Midland Regional Drug and Alcohol Task Force
DRIVE Oversight Committee
School of Public Health, UCC
Court Drug Treatment Programme

II.4 Review of unsolicited submissions received

Workshop participants and others shared a range of materials with the independent facilitators and with the Department of Health as part of the consultation process. Materials received by the Department were forwarded to the facilitators for review and inclusion in the relevant workshop reports. See Appendix 1 for details of the various materials received.

III Report Structure

Just as with the consultations, this report is divided into two parts - 1) findings in relation to the current strategy and 2) learning for the new strategy.

1 Findings in relation to the current strategy

1.1 Strategic Focus and Priorities

The decision to adopt a health led approach to the national drug strategy was widely welcomed by participants. The inclusion of alcohol within the strategy was also identified as important, as was the findings of the Drug and Alcohol Task Force conference 'Importance of Place' organised in association with the Department in May 2023, and the information materials developed to highlight and advertise the work of the Drugs and Alcohol Task Forces.

The re-organisation of the strategy following the midterm review to focus on six strategic priorities (linked to six Strategic Implementation Groups was identified as a positive development that has enabled organisations delivering frontline services to more clearly align their work with that of the national drugs strategy. Participants were also positive about the increased focus on harm reduction noting that there were an increased number of collaborative initiatives in this area that were working well.

According to some participants, prevention was not a significant enough priority in the current strategy. They argued that more work needed to be done to introduce a resourced whole of Government approach to prevention that includes and involves Task Forces, youth groups, schools and community-based initiatives. Stakeholder consultation event 5, which focused on prevention, identified a particular issue in relation to the need for prevention workers in each Task Force, with the necessary skills to deliver early childhood, youth and young adult prevention at all levels. The absence of clear definitions of prevention was also identified as a challenge.

1.2 Performance[1]

Participants highlighted the performance of some organisations that continue to provide high quality services and go the extra mile. There was also positive commentary across the various consultations around the work on early warning and emerging trends. Work ongoing

[1] Performance was defined for the purposes of this consultation as the ability to meet goals and objectives. It was seen to represent a holistic view of how things operated across various dimensions. It included consideration of the ability to adapt to changing circumstances and to innovate, while also meeting the needs of stakeholders and service users.

on the mapping of services was also seen to be useful in terms of determining what services are available and what are the gaps.

The awareness work carried out during the strategy was also seen to have raised public awareness of drug issues. Some specific initiatives were welcomed including the development of supervised injecting facilities and the work of Drug and Alcohol Task Forces. Other positive initiatives identified included work undertaken by the HSE on dual diagnosis, diversion projects and the DRIVE project. Other useful areas of work were identified as the development of oversight structures for naloxone, as well as an enhanced focus on reporting, data and research and the linking of funding to outcomes.

Some participants argued that there was a need for greater clarity in relation to what success looks like. They identified the need for the development of an enhanced performance infrastructure and specifically a dedicated performance framework.

1.3 Governance

Participants identified several structures that had supported the implementation of the strategy including the National Oversight Committee (NOC) and the Strategic Implementation Groups (SIGs), as well as the linkages between the SIGS and Sláintecare Reform Programme. Some participants specifically highlighted several developments related to the NOC which included the regular attendance of the Minister as well as a move away from being presentation focused. The SIGs were also considered to be working well with a good level of diversity, knowledge and expertise. They were seen to have facilitated input from members who do not usually collaborate as well as improving connections with and between the Task Forces. The Task Forces also specifically identified that the Task Force Co-ordinating Network, the Housekeeping Group, and the Chairs' Network as useful structures.

Several issues and concerns were raised by participants in relation to governance at a national level and at a regional and local level as well as comments on the connections between the two.

At National Level

Participants identified a need for more two-way communication and input into setting the agendas for the NOC and the SIGs. Several participants were concerned that the Chairs of the SIGs had to carry too much of the work related to the operation of the SIG and suggested that secretarial support should be available from the Department of Health to support them in this role[2]. Participants also identified a gap in relation to the input of individuals with lived experience into the SIGs. It was also noted that the voice of families has been lost at the NOC with the closure of the National Family Support Network.

At Regional and Local level

Participants wanted greater clarity in relation to the different kinds of drugs services that are operating around the country. Some participants drew a clear distinction between the Drug-Task Forces and other drugs services. Participants suggested that the governance of all Task Forces should be similar, with services delivered within the framework of Service Level Agreements. Other suggestions made by participants in relation to governance included the need for/to;

- Greater integration between the HSE and the Task Forces
- Greater collaboration between Task Forces
- Attraction and retention of new members of the Task Forces
- Guidelines on the length of Board Members and Chairpersons tenure respectively
- Recognition of the importance of the issues of governance, accountability and transparency
- Address the issue of clinical governance across the sector.

1.4 Funding

Many participants were positive about the fact that funding is now more continuous in nature. They also noted that there had been a considerable increase in funding and that the funding provided was more agile compared with historical funding. Specific mention was made of the Community Services Enhancement Fund as well as the National Programme for Dual

[2] The Department notes that secretarial support was provided to the SIGs.

Diagnosis. Some participants also highlighted the availability of dedicated funding for prevention work.

Participants went on to identity a clear need to better connect funding with performance and outcomes. They also wanted funding to be more responsive to local needs, to be multi-annual in nature, and to facilitate the sustainable operation and development of services and of the workforce. Additional resources were also seen to be needed to meet the costs of inflation and to continue the development of new and additional services in response to population changes and to new and changing needs. Specific mention was made of the need for additional funding for dental work as part of the recovery process.

Participants were also concerned about the lack of scaling up funding available for initiatives that are working. The fact that all the funding is channelled through the HSE was another concern for some participants.

1.5 Workforce

Participants were of the view that the drug treatment workforce currently consists of highly trained and educated people who deliver services in an empathetic manner with great passion and commitment – many of whom work locally as a way of *'giving back to their community'* while some also have lived experience. The workforce was seen to be client focused, experienced and skilled, with strong HSE clinical governance. Section 39 organisations were seen as agile with an ability to respond quickly to emerging trends.

Many staff are from local areas in which they work, thus heightening their commitment to the issue. Local initiatives like Box Clever in Ballymun were cited as having good outcomes for clients. Overall, interagency work was seen to be moving forward with improvements in linking referral pathways. The sector was also seen to be providing supports for families.

The October 2023 Workplace Relations Commission agreement for an 8% increase in wages for staff working in Section 39 organisations was welcomed, with more being needed. The pay agreement was an important recognition by the Department of Health of the value they place on those working in the sector.

Workforce issues highlighted by participants included the need to address vacancies in the services, better workforce planning, and the promptness of filling of vacancies to support quality continuous services. The professionalisation of Task Forces to support governance and the reduction of risk was suggested, as was the ring-fencing of funds for addiction posts.

Participants also noted that more strategic workforce planning and training is needed to build the capacity of workforce and to support staff retention. Participants were also concerned about the lack of accredited training provision. Staff burn out was also raised as an issue.

Participants went on to connect the challenges for the drug treatment workforce to the disparity in pay and working conditions between those in section 39 employment and those working for the statutory sector. They argued that these disparities must be addressed to bring about equality of treatment between workers. Equal pay scales with equivalences to statutory bodies were seen as solutions. Another weakness was identified as the uneven spread of funding across the drug treatment workforce. The lack of career path progression was also identified as a weakness, with proper career path planning processes needed to address this weakness.

A further weakness was the location of many of the community-based drug services in buildings in poor condition and not fit for purpose, further contributing to the stigma of drug use and drug treatment. Improving the physical premises from which drug treatment services are delivered was seen as a way of reducing that stigma while also improving the staff and service user morale.

1.6 Service user and family member voices and input

Participants were positive about the fact that there has been increased levels of consultations with service users and those with lived experience as part of the current strategy. They went on to detail how more opportunities had been created for peer support work, supported by proceeds of crime funding. The naming of families within the strategy was also identified by some participants as very positive.

1.7 Services enhancements

Participants identified several areas of enhanced services as follows:

- Improvements in harm reduction interventions and access to treatment/s
- The implementation of trauma informed care and dual diagnosis services
- The increase in bed numbers in residential centres
- A better regional spread of resources
- The opening of the first medically supervised injecting facility in the State
- Naloxone use training and information sharing
- Initiatives to tackle drug related intimidation.

Other things regarded by workshop participants as having been done well included improvements to the early warning information and the introduction of replacements for methadone, as well as the adoption of a health led approach to tackling drug use.

1.8 Operational challenges

Participants raised concerns about the lack of clarity in relation to what services are available as well as the existence of gaps in services in certain locations. Other challenges identified across several of the consultations included;

- The continuing existence of long waiting lists to access many drugs related services.
- The cancellation of appointments because of staff shortages.
- The fees associated with accessing some treatment centres and clinics.
- The limited nature of out of hours and weekend services.
- The decline in the number of drop-in services in urban areas (post Covid 19).
- The limited nature of referrals being made to drug services by a range of health professionals.

1.9 Strategy language and direction

Individuals with lived experience and their families who participated in the consultation noted that the language used in the current strategy document is not accessible, while the strategy itself is also top down in nature.

1.10 Gaps in the current strategy

This section identifies gaps and omissions identified by consultation participants in the current strategy. Key among these were the inadequate responses to alcohol and its links to other addictions in the current strategy, together with a shortfall in funding for alcohol services. Clearer explanations were also needed in relation to the decisions to include and indeed exclude other addictions including gambling and vaping respectively. Many of the participants were of the view that a co-ordinated, cross-government response is required to deal with gambling separate to drug and alcohol use. Questions were also raised about where vaping fitted within the current strategy. It was also the case that a very small number of consultation participants argued for the legalisation of cannabis.

Participants also identified various gaps in services for children and young people that included;

- Services need to be available 24/7 to meet the needs of all users.
- A need to tackle nitrous oxide use among children and young people.
- Not all services having youth specific counselling.
- A need for more drugs awareness and prevention work to be done in schools, third level institutions and youth groups.
- A shortage of diversion programmes (that would keep the courts and prisons clear for more serious crimes).
- Addressing the challenges associated with activating the parents of teens to get involved in drugs awareness and prevention awareness initiatives.

Other gaps identified by participants included:

- Level of family support available currently is insufficient.
- hseland.ie. does not currently have an addiction services section.
- A need for supervised consumption rooms to be put in place around the country.
- The development of more integrated care pathways.
- Lack of availability of naloxone in prison.
- Greater availability of walk in services around the country.
- Making the case management system work better.
- The limited number of detox beds, as well as post residential services and recovery housing available.
- Shortages in services for some addictive drugs.
- A need for the rationalisation of some services to address gaps in other services.
- The limited nature of specific supports available to meet the needs of distinct user groups (including women, Travellers, individuals with disabilities, neurodivergent individuals, methadone users and individuals who are homeless).
- The need for the 2016 HSE clinical guidelines on the recovery model to be revised and replaced.

The point was also made that better use could be made of wastewater surveillance to estimate the nature and extent of drug consumption patterns around the county.

2 Learning for the New Strategy

Across the various consultations participants were very clear that they wanted the new strategy to deliver on both the recommendations of Citizen Assembly and the commitments in the current Programme for Government.

2.1 Areas for Improvement

This section identifies several areas for improvement within the new strategy.

2.1.1 A focus on alcohol in the new strategy

Most participants wanted a stronger focus on alcohol within the new strategy with more visible actions funded, focused on tackling alcohol misuse, as well as alcohol misuse as a gateway to the use of other substances. It was noted in this context that the current model of alcohol counselling was out of date.

2.1.2 Recovery and stabilisation

Participants wanted a clear definition of recovery included in the new strategy and argued the importance of the new strategy focusing on both recovery and stabilisation.

2.1.3 Governance

Participants suggested that structures need to be put in place to enhance the ongoing input/engagement of 1) service users and 2) the Local and Regional Drug and Alcohol Task Forces respectively in the various national and local governance structures.

<u>At National Level</u>

Various participants suggested that the NOC and the SIGs or broadly similar structures should continue but that the NOC should have the ability to resolve issues rather than just giving/receiving updates, while also ensuring that the strategy is meeting the needs of particularly marginalised communities and groups. It was also suggested that it could be useful to have an Assistant Secretary General as a member of the NOC.[3]

[3] The Department notes that the relevant Assistant Secretary is a member of the NOC.

At SIG level, various participants argued that the SIGs need to be better resourced by the Department of Health[4] particularly in terms of secretarial support and indeed that better use could be made of the sub-group structures. Other areas for improvement identified included the need for better support of SIG chairs and members upon appointment to enhance their understanding and effectiveness in these roles, as well as enhanced representation of family support services on these structures.

At local and regional level

The Task Force representatives who participated in the national consultations wanted greater clarity on the role of Regional and Local Drug and Alcohol Task Forces in the new strategy. They also suggested that it would be useful for the Department of Health to have more consultations with the Drug and Alcohol Task Forces as part of budget planning and before budget finalisation. Specific mention was made for the need for a clear definition of exactly what the State sees as the role of the two types of Task Force, ensuring that there is still a clear focus on disadvantage.

2.1.4 Enhanced data/better identification of new and emerging drug use trends;

Participants believed that there was a need for better engagement with local actors to build local knowledge about new and emerging drug use trends as well as what services are available.

Data was also highlighted as an important issue. Specific suggestions were made in relation to the following;

- Ensuring that any data gathered captures the variety of services users' experiences.
- Provide funding for peer-led research into the experiences of service users.
- Doing service user surveys on an ongoing basis.

2.1.5 Service provision improvements

Participants reported that the gap between harm reduction and recovery services remains to be addressed. The need for more supports to be provided for diversion programmes designed to keep the courts and prison clear of minor use of drug infringements was also seen as important. In that context it was noted that it would be important that the findings

[4] The Department notes that secretarial support was provided to the SIGs.

emerging from the evaluation of the Dublin Drug Treatment Court are fed into the development of the new strategy.

Participants also identified a need for a greater focus on the social determinants of health, as well as the introduction of targeted measures for neurodiverse users and those users most in need, while acknowledging the prevalence of drug use across all socio-economic groups.

Enhanced services for under 18's

Participants across the different workshops identified a specific need for enhanced services and supports in relation to prevention and harm reduction for under 18's and their parents.

More/better family support

The inclusion of family supports in service provision was highlighted as critical in developing pathways to safety and ending drug use.

Consumption rooms

Participants were also keen for drug consumption rooms to be made available around the country.

2.1.6 Community services design

Participants made several suggestions in relation to how community services could be better supported including;

- Greater clarity in relation to what constitutes community drug services as well as greater clarity in relation to the governance of community and statutory drug services.
- The importance of resourcing and supporting meaningful participation on the Task Forces by marginalised groups and communities.
- The need for meaningful interaction between the Task Forces, between the Task Forces and the HSE as well as with the wider community and services users.

Participants went on to identify several system changes that could ensure services are better able to meet the need of people who use drugs. These included;

- Ensuring systems are designed based on changing small area data and up to date assessments of needs.
- Providing clear pathways, and accessible services available at a local level.
- Agreement required on the continuum of care.

- The putting in place of Standard Operating Procedures to assist service users navigate services.
- Accommodating service user involvement and wider community input in planning and decision making.
- A greater focus on prevention and sustainable recovery as well as the provision of a wide range of treatment options.

2.1.7 Enhanced supports for those with lived experiences and their families

Participants had a lot to say about the need for more support for individuals with lived experience/peers in both strategy planning and implementation. They identified a need for more Kinship Care support for the families and children of drug and alcohol users – including increased funding for this work and a recognition of family members as care givers. Other suggestions included:

- The need for the development, resourcing and implementation of a national framework to support meaningful engagement by service users and their family members. (This would include the establishment of supported and resourced service user fora.)
- The provision of ongoing training, mentoring and other supports (travel expenses and meeting reminders) to people with lived experience to enable them to participate in national structures.
- Expanding on and learning from the work done by the organisation SUPPORT in relation to service user participation support. This could feed into the formation of a national service users' group/network who meet regularly and input regularly to the NOC.
- The appointment of Better Together Recovery Coordinators in each health region.
- Incentivising service user and family member participation via the provision of training including lunch, expenses, payment, etc.
- Ensuring there is support in place to facilitate service user representation on local and regional Drug and Alcohol Task Forces.
- The establishment of feedback mechanisms so that service user representatives can feed back to other service users what they are hearing and get their input.

2.1.8 Communication and collaboration with other sectors

Participants identified a need for a stronger communication/integration between drugs services and other services including primary care and the formal education system. They specifically identified a particular need for better collaboration between drugs services and mental health services in relation to the issue of dual diagnosis. Other areas of improvement identified included the need for enhanced linkages between psychiatric services, emergency departments and dual diagnosis services, as well as between Government Departments.

2.2 Additions for the new strategy

2.2.1 The development of a drug prevention strategy

Putting in place a drug prevention strategy within the framework of the new national drug strategy was identified by participants as an important way of ensuring that prevention is clearly recognised as a critical strategic priority within the new strategy[5]. It was also seen as key to ensuring implementation of Recommendation 31[6] of the report from the Citizens Assembly on Drugs Use.[7]

Participants argued the need for this new drug prevention strategy to include peer led prevention and education interventions. They also noted that while the 'Know the Score' intervention could be included in this, it requires updating (on emerging drug use trends) and more widespread training. A link was also seen to be needed between mental health supports for young people and drug use.

Key components of this drug prevention strategy were identified by participants as including:

- A structured approach (using pillars) informed by lived experience and service providers, with clear targets (lead agencies), target groups, timeframes and funding allocations.
- The development of a national awareness campaign explaining drug use and how it is being tackled.

[5] The Department notes that Recommendation 27 from the report of the Citizens Assembly on Drugs Use states that the national drugs strategy should include a detailed action plan to enhance Ireland's approach to prevention of drugs use.

[6] 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.'*

[7] Report of the Citizens' Assembly on Drugs Use (2024) https://citizensassembly.ie/wp-content/uploads/CADU_Volume1.pdf

- The inclusion of actions informed by evidence and focused on both alcohol and drug prevention.
- Early recognition of emerging trends and responses to them.
- Support for parental engagement and young people respectively.
- The wide availability of prevention training (accredited where possible).
- The progression of this work within the new HSE Health Regions, supported by a communications strategy.
- The application of international best practice principles and a focus on health and wellbeing.
- A clear and ongoing monitoring and evaluation framework coupled with the appointment of academic partners to gather data and conduct research to put in place a solid evidence base for the strategy.
- Dedicated funding for the drug prevention strategy.

2.2.2 The application of a rights-based trauma informed approach

Participants suggested that it would be useful to adopt a rights-based approach to drug treatment programmes and services. They also highlighted the need for the adoption of a trauma informed approach accompanied by the provision of training for all working in the area in this approach.

2.2.3 The introduction of population-based resource allocation models

Participants generally viewed population-based resource allocation models positively, as a way of ensuring that resources are allocated based on evidence of needs. It was clear however that there was some confusion in terms of what exactly the approach is and how it is currently operated. It was noted however that:

- The lack of a standardised care planning system poses significant challenges for the roll out of the model.
- This model must operate across the continuum of care, not just addiction services.
- More work needs to be done in relation to how lived experience can be fed into this approach.
- Data does not always tell the full story, and the necessary data are not always being collected, uploaded or evenly captured. There is also a need to integrate qualitative

and quantitative data and include other social determinants of health (e.g. accommodation for migrants/homeless services, etc.)

- More work needs to be done to ensure this approach values social support provision.
- Some organisations and communities will need support to be able to draw down funding under this model.
- There is work to be done to build capacity within the sector to better understand the data and use the data to develop proposals.
- Training will need to be provided to staff working in this section in relation to the measurement of outcomes.

2.2.4 The introduction of multi-annual funding

Participants working in the drugs sector wanted the introduction of multi-annual funding because they argued it would enable better longer-term service planning as well as clearer career pathways for those working in the sector.

2.2.5 Service enhancement

Participants identified several key actions that they argued could significantly enhance the provision of drug services across the wider sector as follows:

- The development and application of dedicated pathways for care that can be tracked. (According to participants the National Drug Treatment Reporting System, maintained by the Health Research Board on behalf of the Department of Health, does not track the full process).
- The establishment of a framework for service delivery to include standard operating procedures, quality standards and performance indicators for the wider sector. This is linked to the overdue revision by the Department of Health of the 2011 Drug and Alcohol Task Force handbook.
- The development of a programme of ongoing monitoring, interrogation and evaluation of the work being done (including the use of peer assessment/review).
- The undertaking and application of findings arising from regular and up to date needs assessments.
- The establishment of a single IT/eHealth system ensuring electronic patient records health information are accessible and can travel with the service user.

- The provision of improved training for all relevant HSE and other health staff on addiction, as well as the provision of education and training supports for workforce in Emergency Departments.

Participants also made some suggestions in relation to how technology could be used to make information on what services and supports are available more accessible for a wider range of service users. Suggestions made included:

- The establishment of a small number of evidence based national websites put in place for information provision and signposting (freeing community services up from website management)[8]. Ideally these would be live and interactive.
- Make better use of digital technology for reporting purposes and for live referrals.
- Training provision for service providers and for service users to enable both groups make better use of technology.
- The making available of resources to support digital innovation.

Participants also made suggestions in relation to the potential role that social media could plan in prevention campaigns and in relation to communication with services users. Podcasts were also mentioned as a useful tool for learning about individuals lived experiences and service provider stories. It was noted however that digital poverty among service users can be a potential barrier to accessing these technologies.

2.2.6 Service enhancement linked to the new health regions

Participants identified various challenges linked to the establishment of the new health regions that included the management of these new areas, the need for greater clarity in relation to the governance and funding of drug services (including HSE Treatment clinics), as well as concerns around the fragmentation of services.

<u>Mapping of Services/Identification of Gaps</u>

Participants were keen that within these new regions there would be

1) a mapping of services,

[8] The Department notes that an interactive map of addiction services is managed by the HRB. It provides contact details on services and on types of treatment available.
https://www.drugsandalcohol.ie/services_map

2) a clear identification of gaps in provision[9], and
3) the development of new services to fill the gaps identified.
It was noted that this mapping work would also need to be linked to a training and development plan for the sector.

Strengthening Relationships

More generally, participants wanted a valuing and strengthening of the relationships between the HSE and the various Task Forces with greater collaboration and communication between those Task Forces and the HSE which are located within the same health region. Suggestions made for doing this included:

- Addressing staff shortages within the HSE and within the Task Forces in relation to counselling.
- The establishment of planning committees in each Health Region to focus on identifying gaps in services and identifying unmet needs. It was noted in this context that there is a need for guidelines and resources to be provided to facilitate the development of detailed needs assessment for different groups in the different regions.
- Making the HSE Addiction Managers members of the Task Force boards[10]
- Ensuring Task Forces have clear and effective channels of communication to relevant HSE managers in their region.
- Recognition that the Task Forces remit is broader than the HSE and the community. They need to deal with other statutory organisations and groups including An Garda Síochána and Tusla.
- Putting in place of an oversight committee containing representatives from the Task Forces, the HSE, the health regions and the Department of Health to work together and make decisions in relation to the direction of services within the regions.

The co-location of services particularly in relation to dual diagnosis was identified as an effective form of collaboration.

[9] To support the strategic approach to the regional planning of drug services, the Dept is completing an audit of drug services. Phase 1 of the audit was the development of an interactive map to facilitate access to over 400 publicly funded drug treatment and family support services. Phase 2 of the audit will identify and ranking need, using a variety of data sources and research. This includes the latest available data from the CSO, NDTRS and the HRB, surveys, commissioned reports/research and evaluation studies.

[10] The Department notes that HSE Addiction Managers or Social Inclusion Managers or their nominees typically represent the HSE on Task Force Boards.

2.2.7 The development and implementation of a Workforce Development Plan

The consultations identified several workforce issues that need to be addressed including the ageing prolife of employees of community drug and alcohol services under the ambit of Task Forces and the need to secure standardised pay and conditions for those delivering community-based drug services. The development of a Workforce Development Plan (to include a career progression plan) was seen as a solution to address the current challenges with recruitment and retention. This plan would need to include:

- New standardised job specs, with accredited training provided for different roles and posts.
- A coherent career pathway.
- Plans to improve sectoral pay and conditions as well as the recruitment of new staff.
- A speeding up of recruitment processes along with a recruitment campaign aimed at undergraduate courses, linked to the provision of placements.
- Strategies for the creation of a more diverse workforce that better reflects the diversity of service users.
- A resourced national addiction training programme with budgets and training staff expert at delivering accredited training across the country. The TUSLA model for training and regulation of staff and professionals was identified as the type of model that could be replicated in the drugs treatment sector.

2.3 Linkages; National and Local

2.3.1 National level

Participants were very keen that the new national drugs strategy would establish meaningful linkages with a variety of national strategies as well as with other areas of work within the Department of Health. Strategies where linkages would be valuable were seen to include Sláintecare, Sharing the Vision (the policy framework for mental health services), Connecting for Life (the National Suicide Prevention Strategy), as well as strategies and work related to Maternity, Education, Housing, Smoking Cessation and Inclusion. Mention was specifically made of the need for collaboration with neonatal services and homeless services respectively.

2.3.2 Local level

Participants wanted the various Drug Task Forces to establish better linkages with local authorities and Sláintecare Healthy Communities.

2.4 Other suggestions

2.4.1 A new lead agency and a national rehabilitation centre

At least one of the consultation workshops proposed the establishment of a new lead agency to oversee all drugs strategy implementation. Participants also suggested that there was a need for the development of a national rehabilitation centre for addiction.

3 Conclusion

This report presents an overview of the findings emerging from the consultations undertaken as part of the development of the next national drugs strategy. It highlights the areas where the current strategy is working well. It also casts a spotlight on some of the things that have not worked as well or that are indeed missing from the current strategy.

The final section of this report highlights some of the key learning that could be considered in the development of the next national drugs strategy.

It is expected that the findings identified within this report will inform the work of the Department of Health in developing the next national drugs strategy.

Appendix 1 Materials Reviewed

Alcohol Action Ireland Submission to the Department of Health on the development of a new national drugs strategy March 2025
Deep End Ireland[11] Submission to the national drugs strategy March 2025
Department of Health (2021) DRIVE a data-driven intervention model to respond effectively to drug related intimidation and violence in communities in Ireland. November 2021. Dublin. https://www.drugsandalcohol.ie/35239/ accessed 13th March 2025)
Department of Health (2021) DRIVE a data-driven intervention model to respond effectively to drug related intimidation and violence in communities in Ireland. November 2021. Executive Summary. (https://www.drugsandalcohol.ie/35239/ accessed 13th March 2025)
Grimes, C (2023) Recruitment & Retention Research Project Prepared by Adare Human Resource Management on behalf of the Local Drugs & Alcohol Task Forces.
Kabir, Z, Gilheany, S, McKinney, E and Kit, K (undated) Global Burder of Disease. Estimates of alcohol use and attributable burden in Ireland. What the data tells us and what we need to do to address the burden of alcohol. (https://www.drugsandalcohol.ie/35733/ accessed 13th March 2025)
Local Drugs and Alcohol Task Forces Chairs Overview LDATF Chairs overview - YouTube
Local Drugs and Alcohol Task Forces Chairperson Network (2024) 'Resources for Recover' Pre-Budget Submission 2024
Local Drugs and Alcohol Task Forces Network (2025) Paper on the suitability of the HRB NDTRS system for the measurement of the work of Local Drugs and Alcohol Task Forces.
National Voluntary Drugs and Alcohol Sector Email Submission to the Department on the regarding the lack of priority given to alcohol in the development of the new national drug strategy.
Northeast Inner-City Initiative (2025) Input on Buvidal.
UISCE and TCD Peer Engagement Toolkit and Guidelines. UISCE and TCD Research Report; the Development of a Toolkit and Guidelines to Support Peer Engagement.

[11] Deep End Ireland is a group of GPs serving populations in deprived areas of the country. It was established in 2012