An Roinn Sláinte
Department of Health

National Drugs Strategy 2026-2029

An integrated, equitable and evidence-based response to drug and harmful alcohol use

Table of Contents

Foreword from Minister

be completed pre-publication

Executive Summary

This document presents the successor national drug strategy covering the period 2026-2029. The content of the strategy reflects the Government commitment to a health-led approach to drug use. It is informed by evidence from the independent evaluation of the previous strategy, trends in drug and harmful alcohol use, the recommendations of the Citizens' Assembly on Drug Use and the views of stakeholders, including Oireachtas committees.

The strategy presents an integrated response to drug and alcohol use that seeks to reduce the harms of all substances and acknowledges the overlap between problem drug and alcohol use. It also promotes health equity, recognising that people who use drugs or alcohol in a harmful way are entitled to access healthcare services and to be supported in their recovery journey regardless of social background or location.

The strategy sets out five strategic pillars, including protection from harm, provision of quality treatment services, promotion of recovery, prioritisation of health supports over criminal sanctions, and preparedness for global drug threats. The five pillars will be delivered through 30 specific actions over a two-year period. A new set of actions is envisaged for the final two years of the strategy.

Effective and timely implementation of the actions is critical to the success of the strategy. This requires a major-step change in how the state responds to drug and harmful alcohol use, requiring political leadership, whole-of-government coordination and inclusive, rigorous and transparent governance. Monitoring outcomes, evaluating practices, and developing collaborative and enabling partnerships are key building blocks to maximise the impact of the strategy.

The strategy was developed by an expert steering group, supported by a reference group of frontline services and people with lived and living experiences. In drafting the strategy, the steering group drew on extensive public consultations and expert analyses available nationally and internationally.

Vision

> ***A society where the harms from drug and alcohol use are minimised for individuals, children, families and communities and where health and social care for those affected is high quality, accessible, equitable, person-centred, integrated and recovery-oriented.***

Principles

The national drugs strategy is underpinned by the following principles:

- Respond to drug use from a health perspective, with an emphasis on evidence-based prevention, harm reduction and treatment;
- Commitment to health equity, including the right to health for people who use drugs and the right of the child to be protected from the harmful effects of drug and alcohol use;
- Engagement with people with lived and living experience in the design and delivery of services, including measures to reduce stigma;
- Collaborative working within Government and between Government, state agencies, civil society and impacted communities to address both the causes and consequences of drug use;
- Recognition of the diverse social and cultural needs of women and minority groups impacted by drug and harmful alcohol use and for mainstreaming of gender-sensitive responses and interventions;
- Integrated responses to drug and harmful alcohol use, with a particular focus on the treatment of polydrug use.

Strategic Pillars

This strategy is constructed around five pillars that support a whole-of-government response to drug and harmful alcohol use. It is ambitious in responding to the complexity of the problems faced, giving emphasis to agile policy responses which are forward looking, in recognition of the growing need to identify and respond quickly to emerging threats and new challenges.

The strategic pillars are supported by three enabling measures, set out below. These measures create the conditions necessary for the effective delivery of the strategy.

A. Provide Leadership and investment to build capacity to implement the national drugs strategy;

B. Use evidence to inform, monitor and evaluate drug policies and practices;

C. Develop collaborative and enabling partnerships to address the global drugs challenge.

Introduction

The purpose of the national drug strategy 2025-2029 is to deliver ***an integrated, equitable and evidence-based response to drug and harmful alcohol use***[2]**.** The strategy is the successor to *Reducing Harm, Supporting Recovery, a health-led response to drug and alcohol use*, which covered the period 2017-2025. The latter had placed a greater emphasis on supporting a health-led response to drug and alcohol use than earlier strategies covering the periods 2001-2008 and 2009-2016.

This successor strategy marks a further evolution in the health-led response. It recognises that the problems that individuals and communities face because of drugs and harmful alcohol use are complex. These problems don't exist in isolation but are inextricably linked with other critical health and social challenges. This means that this successor strategy, to be effective, must be equally complex with actions that work together to create a responsive and needs-driven system of care and support. Prevention, treatment, harm reduction and support for long term recovery are all important elements of this approach.

It is critical that the new strategy creates synergies with policies and actions across the health domain as well as other public policies, like housing, education, employment support and the criminal justice system. It contains an integrated mix of interventions, services and supports, that is both complementary and responsive to differing needs and conditions and encompass a comprehensive set of policy measures that respond effectively to the contemporary challenge of drug and harmful alcohol use.

Policy background to the Strategy

This national drugs strategy has been developed for the period 2026-2029 in line with the commitment in the **Programme for Government: Securing Ireland's Future 2025** to assess the outcomes of *Reducing Harm, Supporting, Recovery, 2017-2025* and to publish a successor strategy. The evaluation report provided the evidence to support the design of an integrated, equitable and outcomes-focused responses to drug and harmful alcohol use, that is both person-centred and recovery-orientated.

The Programme for Government commits to a health-led approach to drug use. It includes specific actions to divert those found in possession of drugs for personal use to health services, to increased funding for drug addiction services to improve their effectiveness; launch an awareness campaign on impact of drugs, particularly cannabis; explore the establishment of additional supervised injection facilities; and increase the availability of naloxone.

[2]Harmful alcohol use refers to patterns of alcohol use that result in adverse physical or psychological harm or lead to dependency on alcohol, including alcohol use disorder

Key inputs into the development of the strategy

Extensive stakeholder engagement and collation of evidence has been undertaken to inform the development of the successor national drugs strategy. In particular the strategy has drawn from evidence from the following sources::

- the *independent evaluation of the national drugs strategy Reducing Harm, Supporting Recovery* 2017 -2025 ;*independent evaluation of the national drugs strategy Reducing Harm, Supporting Recovery* 2017 -2025 ;*independent evaluation of the national drugs strategy Reducing Harm, Supporting Recovery* 2017 -2025 ;*independent evaluation of the national drugs strategy Reducing Harm, Supporting Recovery* 2017 -2025 ;
- the report of the Citizens' Assembly on Drug Use; the summary report on consultations undertaken with stakeholders, including those with lived and living experience;
- analysis of trends in drug and harmful alcohol use.

The strategy is also informed by and aligned with the EU Drugs Strategy.

Independent Evaluation of Reducing Harm, Supporting Recovery

The Department of Health commissioned an independent evaluation of the national drugs strategy Reducing Harm, Supporting Recovery *(2017-2025)*. The evaluation aimed to capture a broad spectrum of perspectives, including service providers, statutory bodies, civil society organisations, and individuals with lived experience.[4]

The evaluation produced a thorough examination of four domains, including the

- impact of the strategy;
- effectiveness of the governance and coordination structures that underpin the strategy;
- performance of the strategy in relation to key outcome indicators; and
- coherence and synergies between the national strategy and relevant international responses.

In regard to **impact**, the evaluation found the NDS had 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.

In regard to **governance**, the evaluation reports the introduction of strategic implementation groups and strengthened interagency collaboration at the local level as

[4] 68 stakeholders participated in consultation sessions, with an additional five formal written submissions received.

key achievements. These developments facilitate more responsive and context-sensitive service delivery.

In regard to **performance**, the evaluation states that the strategy contributed to improved data collection and monitoring. The drug landscape is characterised by increasing cocaine use, polydrug use and shifting demographics in drug-induced deaths.

In regard to **international cooperation**, the evaluation concludes that the NDS is well-aligned with international frameworks, particularly the EU Drugs Strategy and Action Plan on Drugs 2021–2025 and demonstrates strong engagement in multilateral drug forums. Ireland's contributions to early warning systems and international research initiatives are commended.

The independent evaluation of the strategy also noted some challenges, including fragmented delivery of prevention and early intervention initiatives, and the need for alternatives to coercive sanctions. It included ten strategic recommendations with the aim of guiding the next phase of strategic development, ensuring a coordinated, equitable, and outcomes-focused response to drug use in Ireland. The recommendations covering themes such as health equity, community engagement, regional service planning, coordination and communication, alternatives to coercive sanctions, prevention and early intervention initiatives, integration of alcohol, and monitoring, evaluation and research. [5]

Citizens' Assembly on Drug Use

In early 2023, the Oireachtas agreed to set up a Citizens' Assembly on Drugs Use, and asked it to consider the legislative, policy and operational changes Ireland could make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities and wider Irish society. The report of the Citizens' Assembly in 2024 makes 36 recommendations[6], across the following themes:

- address the harms arising from drug use are a government priority;
- health led approach to drug use;
- provision of prevention, health, wellbeing and recovery;
- stakeholder involvement in planning and delivery of services;
- meet the needs of disadvantaged communities; and harm reduction funding;
- research and evidence;
- justice and security.

[5] The report and full suite of recommendations are available at https://www.gov.ie/en/department-of-health/publications/reducing-harm-supporting-recovery-2017-2025/

[6] CADU Report and recommendations are published at Citizens' Assembly on Drug Use

Ireland's *Pledge 4 Action*, given at high-level segment of the 67th Session of the Commission on Narcotic Drugs in 2024, committed to carefully consider and respond with urgency to the assembly's recommendations for reform of the legislative, policy and operational approach to drug use, and to indicate the timeframe for implementing the recommendations which it accepts.

The interim report of the Joint Committee on Drug Use accepted 35 of the 36 recommendations and made a further 58 recommendations. The Department of Health is finalising the Government response to the Citizens' Assembly recommendations, in conjunction with the development of the national drugs strategy.

Stakeholder Consultations

In early 2025, the Department of Health held a number of stakeholder consultation events, led by independent facilitators, and involving over 240 people who came together to share their experiences, insights, and ideas to help shape the next national drugs strategy. The consultations involved the organisation of seven workshops (six in person, and one conducted online), along with a number of individual interviews.

The consultations covered a range of themes including the strategic priorities for the new strategy, the planning and delivery of drug services in the HSE health regions, the lived and living experience of people who use drugs and their families, the development of the drugs workforce, and drug prevention. Issues raised included a perceived insufficient focus on prevention and a lack of appropriately-skilled prevention workers to deliver prevention initiatives. Stakeholders also highlighted gaps in services in certain areas, financial barriers to accessing some treatment centres and clinics, long waiting lists, as well as gaps in services for children and young people.

In considering the requirements under the successor strategy, participants highlighted the need for those with lived and living experience to be involved in both its development and its implementation and called for a national framework to support this involvement. The report[7] also includes recommendations for an increased focus on prevention, enhanced services and supports for young people and their parents, increased digitalisation of services and an increased focus on alcohol.

European Commission communication on the EU Drugs Strategy[8]

The European Commission issued a communication to the European Parliament and the Council on the EU Drugs Strategy in December 2025. The communication sets out a

[7] Summary Report on Consultations undertaken with Stakeholders
[8] Proposed EU Drugs Strategy

coordinated EU response to current and future drug-related challenges, based on a multi-dimensional and whole-of-society approach across five pillars:

- Enhancing EU and national preparedness to anticipate and respond to drug related threats;
- Protecting public health through evidence-based prevention, treatment and reintegration;
- Improving security and protecting society by addressing drug production and trafficking;
- Addressing drug-related harm through harm reduction interventions and mitigation of social and environmental impacts;
- Building strong partnerships to address the drug situation through international cooperation and dialogues with third countries and regions.

Ireland has sought to align with the EU drug strategy in developing its national strategy. In particular, the national strategy reflects the actions proposed for member states:

- Developing national preparedness and response measures;
- Stepping up universal and environmental health prevention;
- Strengthening the availability of evidence-based treatment options integrated in a continuum of care;
- Promoting the integration of people who use drugs and the availability of alternatives to coercive sanctions;
- Increasing the availability of harm reduction interventions;
- Enhancing EU coordination and engagement with civil society.

Ireland is also supportive of the proposed measures to tackle drug trafficking and to combat the production of synthetic drugs, which are the responsibility of the Department of Justice, Home Affairs & Migration.

Ireland will assume a leadership role in the development of an implementation framework for the EU drugs strategy in 2026, as it prepares to take over as chair of the horizontal working party on drugs under the Irish Presidency of the Council of the European Union.

Role of Alcohol in the National Drugs Strategy

Alcohol has a key role in the National Drugs Strategy in two main ways. First, the strategy will enhance treatment services for harmful alcohol use and ensure equity of access across health regions and social groups. It will also respond to co-occurring harmful alcohol and problem drug use in an integrated and coordinated manner. Second, the strategy will seek to prevent or delay the initiation of alcohol use by

children and young people through school and community programmes. There are strong proven links between early initiation of alcohol use and drug use. The strategy will support the development develop of digital interventions that support people concerned about their alcohol and drug use. The focus on alcohol treatment and prevention in the strategy will be complemented by public health alcohol policy - regulations, health promotion and low-risk guidelines - to reduce the harmful consumption of alcohol across the population.

Overview of drug and harmful alcohol use

The distribution and consumption of illicit drugs present significant health and security risks for all European countries. Patterns of importation, production and distribution adapt rapidly to geopolitical and technological changes. Shifts in traditional drug trafficking routes and increasing sophistication in the operations of organised crime groups presents challenges that require an increasingly integrated response from law enforcement and judicial systems.

While large scale interdictions receive public attention, the impact of drug markets is felt most keenly at the local level through undermining of public safety and the recruitment of children and young people into criminal networks. While traditional plant-based drugs continue to harm individuals and communities, the EU Drugs Agency now monitors over 1,000 new psychoactive substances, many with high potency and purity which both eases transportation and increases risks for those who consume them.

These changes in the international drug landscape have accelerated during the period of *Reducing Harm, Supporting Recovery*, and are apparent in Ireland as both the demographics of drug use and drug use patterns, such as polydrug use conform to European trends. Ireland has emerged from a lengthy period dominated by problematic opioid use and the need to provide effective interventions to deal with high levels of opioid dependency and chronic use.

While the number of opioid users has remained stable since 2014, this group is particularly vulnerable to risks from new drugs, including synthetic opioids, such as nitazenes, and diverted or illegally produced benzodiazepines. The increased use of crack cocaine among opioid users is also a cause of concern.

Drug use now occurs across all strands of Irish society as is evident from population prevalence studies. Many new user groups have emerged that are more broadly representative of Irish social demographics. Patterns of drug use behaviour are rapidly changing, and the problems associated with high levels of stimulant consumption, cocaine in particular, polydrug use including alcohol, and greater prevalence in the use of dissociative substances presents a new set of challenges for policy makers and service planners (Hanrahan et al. 2022).

The dangers posed by newer patterns of drug use and the emergence of new synthetic drugs means that Ireland will need to develop more timely sources of information, linked to risk communication systems, more responsive prevention and harm reduction strategies, particularly in recreational settings, and effective treatment and reintegration.

There is a growing concern about the overprescribing of controlled drugs. Benzodiazepines, z-drugs, and gabapentinoids, which are all medications commonly prescribed to alleviate symptoms associated with various neurological and psychological conditions, can improve the quality of life for patients. These drugs are primarily used for short periods of time. The overprescribing of benzodiazepines, z-drugs, and gabapentinoids is a critical issue that affects patient safety and has significant implications for public health.[9] Prescribing patterns of benzodiazepines, z-drugs, and gabapentinoids are significantly influenced by wider societal issues, leading to substantial consequences in healthcare. While the majority of the drugs examined are on the controlled drugs list, Pregabalin and Gabapentin are not.

Further information on trends and developments in relation to psychoactive substances, cannabis, cocaine, and other emerging trends including ketamine, polydrug use and misuse of prescribed drugs , can be found at **Appendix 2.**

In 2024, there were 8,745 cases treated for problem alcohol use, the highest annual total in over a decade and an increase of seven percent compared with 2023. Over half of cases were classified as alcohol dependent. The number of drinks consumed on a typical day was more than the weekly low-risk guidelines. Polydrug use - where problem alcohol use is combined with another drug - was reported in 30 per cent of cases. Cocaine was the most common additional drug used, followed by cannabis, benzodiazepines and opioids.[10]

Also in 2024, there were 13,300 cases treated for problem drug use. This is a 50 per cent increase on the number of cases treated in 2017. Cocaine was the most common drug report, accounting for 40 percent of all cases. Opioids and cannabis were the next most common drugs. Polydrug use was reported in 60 percent of cases. Problem alcohol use co-occurred in a third of cases with polydrug use.[11]

Combining data on all treatment cases, there were 5,500 cases reporting problematic use of alcohol and drugs together, a quarter of the combined total of 22,000 cases. The number of cases with both problematic alcohol and drug use has increased by one third since 2016.

---

[9] *Multiagency Working Group on Over Prescribing. (2025) Examining the overprescribing of benzodiazepines, z drugs and gabapentinoids in Ireland. Dublin: Medical Council.*
[10] HRB Bulletin (2025), *2024 alcohol treatment demand*
[11] HRB Bulletin (2025), *2024 drug treatment demand*

Reducing drug-related deaths is a strategic focus of the national drug strategy. The Health Research Board compiles the national drug-related deaths index. The purpose of the index is to provide the evidence base for policy and other measures to reduce drug poisoning deaths and to monitor their implementation and impact.

In 2022, 243 drug poisoning deaths were recorded, a decrease of 30 from 2021 (-8 per cent). The main drugs implicated in the poisoning deaths were opioids (65 per cent), benzodiazepines (48 per cent) and cocaine (34 per cent). This figure included 65 deaths where alcohol was part of polysubstance poisoning. The median age at death was 45 years. The total number of alcohol-related poisoning deaths recorded was 132, including 65 deaths where alcohol was used with other drugs and 67 alcohol-only deaths. The median age of the those who died due to alcohol-related poisoning was 50 years.[12]

In 2023, per capita alcohol use per person aged 15 years and over in Ireland was 9.9 litres of pure alcohol. Survey data indicates that approximately one-third of the population of Ireland abstains from alcohol completely, and that those who drink alcohol are consuming even greater quantities than what is indicated by per capita estimates. Ireland's per capita alcohol use has dropped from the 9th highest to the 16th highest among the OECD. Approximately one-half of drinkers can be classified as hazardous drinkers (65.7% of males and 36.5% of females). [13]

There has been a delay in the initiation of alcohol use among children, from 15.6 years of age to 16.6 years, between 2002 and 2019. A decline in the share of young people who drink has also been observed during this period: in 2002, 17.7% of 15–24-year-olds were non-drinkers compared with 28.2% in 2019, and not drinking was more common among females (31.5%) than males (25.0%) in this age group.

A high percentage (64%) of young people drink in a hazardous manner (a pattern of alcohol use that places the individual at risk of adverse health events), and 46% reported heavy episodic drinking (HED) on a typical drinking occasion. Among a sample of adolescents aged 14–16 years, 29% reported that they had been drunk in their lifetime and 13% reported being drunk in the previous month. Of those aged 15–24 years, 37.5% can be classified as having an alcohol use disorder (AUD).

Alcohol-related harm can be caused not only by the volume of alcohol consumed, but also by patterns of drinking, and can include harms to health, violence, and social harms.

[12] HRB Bulletin (2025), *Drug poisoning deaths in Ireland in 2022*
[13] A Doyle, D Mongan, B Galvin (2024), *Alcohol: availability, affordability, related harm, and policy in Ireland*

Drug-related public expenditure

The total labelled public expenditure on drug-related actions in 2024 was €338m.[14] Of this, half is attributable to the health system, including €167m to the HSE. A further €63m is spend by the Revenue Commissioners and €48m on youth services. Since 2017, drug-related public expenditure has increased by 40 per cent from €241m. Expenditure by the HSE grew by 44 per cent in this period.

Monitoring of Emerging Trends

A series of emerging trend projects were developed under 'Reducing Harm Supporting Recovery' and a number of epidemiological monitoring techniques, public health reporting and communications initiatives piloted. There have been several important analytical developments. These have included: analysis of syringe residues; estimates of community drug use through analysis of municipal wastewater systems; the HSE's 'back of house' drug checking service at selected festivals, which has newly identified NPS in circulation in Ireland; and web surveys of people who use drugs, providing insight into current drug trends and markets. An Garda Síochána[15], Revenue Commissions[16], and the Health Products Regulatory Authority[17] all play crucial roles in preventing the smuggling of illicit drugs, enforcing laws against illicit drug trafficking and organised crime, and in safeguarding public health from the harmful effects of drug use. Further information on seizures can be found at Appendix 4.

An Garda Síochána's continued support, and cooperation is vital to initiatives under the national drugs strategy such as the Supervised Injection Facility, the HSE Safer Nightlife Programme, the DRIVE Project, the Early Warning Emerging Trends Committee and in the national response to nitazene overdoses in 2023-24.

[14] Labelled expenditure on drugs is reported by each Government Department or agency to Department of Health and supplied to the Health Research Board for inclusion in its national focal point report to the EUDA. Appendix X provides details on Ireland's labelled drug-related expenditure between 2014 and 2024. It also includes a breakdown of expenditure in 2024 using the COFOG classification system.
[15] The functions of An Garda Síochána are as set out at Section 9 of the Policing, Security and Community Safety Act 2024.

[16]

[17] The functions of the HPRA are set out in the Irish Medicines Board Acts 1995 and 2006 and in the Irish Statutory Instruments which govern its operations.

Developing the Strategy

The Department of Health is the lead Government Department responsible for the development of the successor national drugs strategy. The Department's *Statement of Strategy 2025-2028* sets out its mission to improve the health and wellbeing of the population by supporting people to lead healthy and independent lives and ensuring the delivery of high quality, safe, integrated and people-centred health and social care. Under its remit to promote and protect public health, the Department commits to implementing a successor national drugs strategy that reduces the harms associated with drug and alcohol use and promotes measures to improve life expectancy for high-risk drug and alcohol users. It seeks to enhance access and delivery of treatment services that respond to changing patterns of problem drug and alcohol use across the HSE health regions and to established a fair and equitable approach to funding of services. The health policy approach to the development the national drugs strategy is also shaped by Sláintecare.[18]

Steering Group and Reference Group

The drafting of the national drugs strategy was overseen by an expert steering group established by the Minister for Public Health, Wellbeing and the National Drugs Strategy, Jennifer Murnane O'Connor, T.D. The group was independently chaired by Dr Sarah Morton, and had a membership drawn from civil society, including people with lived and living experience, Government Departments, the Health Service Executive, the Health Research Board and two international experts.[19]

---

[18] The Path to Universal Healthcare Sláintecare 2025+ outlines the roadmap towards a high-quality universal healthcare system. It promotes health equity and wellbeing for all, including for those who use drugs or alcohol. Through Healthy Ireland it supports initiatives to tackle health inequalities and to address the social determinants of health. It also seeks to address barriers in. accessing healthcare services for socially excluded groups.Path to Universal Healthcare Sláintecare 2025+ outlines the roadmap towards a high-quality universal healthcare system. It promotes health equity and wellbeing for all, including for those who use drugs or alcohol. Through Healthy Ireland it supports initiatives to tackle health inequalities and to address the social determinants of health. It also seeks to address barriers in. accessing healthcare services for socially excluded groups.Path to Universal Healthcare Sláintecare 2025+ outlines the roadmap towards a high-quality universal healthcare system. It promotes health equity and wellbeing for all, including for those who use drugs or alcohol. Through Healthy Ireland it supports initiatives to tackle health inequalities and to address the social determinants of health. It also seeks to address barriers in. accessing healthcare services for socially excluded groups.Path to Universal Healthcare Sláintecare 2025+ outlines the roadmap towards a high-quality universal healthcare system. It promotes health equity and wellbeing for all, including for those who use drugs or alcohol. Through Healthy Ireland it supports initiatives to tackle health inequalities and to address the social determinants of health. It also seeks to address barriers in. accessing healthcare services for socially excluded groups.

[19] Membership of the Steering Group and its Terms of Reference are available in Appendix 1.   The Steering Group formally met on ten occasions (half day meetings) to consider draft documentation, discuss and debate relevant documentation, including reports from the Reference Group. Further online meetings were held to support development of the action plan. Regular meetings were held between the Chair and Secretariat to progress the work of the Steering Group over the drafting period. The Chair briefed the Minister and senior management in the Department to apprise them of progress and ensure that Ministerial and departmental priorities were addressed.

A Reference Group was established to support the Steering Group in drafting the strategy. The Reference Group brought together a broad range of community-based services, including people with lived experience of drug and alcohol use, those with experience of the criminal justice system and homelessness services. It also had representatives from the Traveller community, new communities, third-level education family support, drug prevention, recovery and drug task forces.[20]

The deliberations of the steering group were further supported by a cross divisional group within the Department of Health and meetings with health and justice professionals.[21][22][23] Separately, the Steering Group met with a range of health

[20] Further information on the work of the Reference Group is available in **Appendix 1.** The Reference Group refined, debated, achieved consensus positions and made recommendations on the draft documents referred by the Steering Group. Four meetings were held (two half-day and two full-day sessions). Priorities raised by the reference group included equitable regional services, family and community supports, gender-specific care, destigmatisation, inclusion of lived experience, and recovery-oriented systems of care.

[21] The meeting included members of An Garda Síochana, Courts Service, Irish Prison Service and the Probation Service, the Health Protection and Regulation Authority and Revenue Commissioners.
The meeting identified the impact that drug use is having on those who interact with the criminal justice system. Noting that drugs are illegal, the participants emphasised the need for greater collaboration at national and international level to stem drug-related criminality and for better early warning systems in relation to new and emerging drug types. The need for proper care pathways for prisoners on release was emphasised for those in the prison system or under post-release supervision. Access to appropriate care within the prison system was also identified. Strong emphasis was placed on diversion from custodial sentences and greater use of alternatives to coercive sanctions such as the Drug Treatment Court.

[22] These included representatives from Medical Council of Ireland, Nursing and Midwifery Board of Ireland, Pharmaceutical Society of Ireland, Royal Irish College of Psychiatrists, Addiction Counsellors of Ireland, the Irish Council of General Practitioners and CORU.
Key issues that arose included the need for a focus on prevention in the new strategy and the need for equitable access to high quality treatment delivered to agreed standards. A strong need to engage effectively with Mental Health and the Dual Diagnosis Clinical Programme was noted and that the corresponding strategies align. The professional bodies raised concerns about the impact that cannabis is having on young people and on their mental health in particular.

Training and education for all healthcare professionals was an issue across the board both at undergraduate and postgraduate level. The important role that primary care can play in the identification and treatment of alcohol related problems was highlighted. Review of legislation was suggested in two areas - naloxone availability and control of psychoactive substances. Counselling provision was seen as essential particularly with the rise in new psychoactive substances and support for people in prison with dual diagnosis issues was required. Another topic highlighted was neurodiversity.

[23] Terms of Reference and Membership of the cross-divisional group is available in Appendix 1. The Cross Divisional Group was convened to ensure that the new strategy reflects the Department's health and social care policies and to facilitate communication and coordination between divisions. The group explored synergies with other strategies and policies and agreed a number of actions, particularly in

professionals working with drug and harmful alcohol use. Finally, the Department had a number of engagements with the Oireachtas, including the Joint Committee on Drug Use and the Joint Committee on Health, with regard to the development of the national drugs strategy.

controlled drugs and workforce planning. It highlighted the importance of equity and innovation within and between the health regions.

Vision, Principles & Strategic Pillars

Vision

The vision for the national drugs strategy is set out below. It has two components: reducing the harm from drug and alcohol use and providing high quality treatment services. Reducing the harm of drugs was a core message from the Citizens' Assembly on Drug Use. This approach can also apply to the harms from alcohol use. The focus on high-quality health and social care reflects the strategic priorities in Sláintecare 2025+.

A society where the harms from drug and alcohol use are minimised for individuals, children, families and communities and where health and social care for those affected is high quality, accessible, equitable, person-centred, integrated and recovery-oriented.

Strategic Pillars

1. Protect individuals, children, families and communities from the harmful effects of drug and alcohol use
2. Provide equitable access to high quality drug and alcohol services across health regions and population groups
3. Champion recovery in drug and harmful alcohol treatment, community services and in public policies
4. Prioritise health supports for people in contact with the criminal justice system due to drugs or harmful alcohol use
5. Prepare for and respond effectively to a more dynamic and global drugs market

Principles

The strategic pillars are underpinned by the following principles:

- Respond to drug use from a health perspective, with an emphasis on prevention, harm reduction and treatment;
- Commitment to health equity, including the right to health for people who use drugs and the right of the child to be protected from the harmful effects of drug and alcohol use;
- Engagement with people with lived and living experience in the design and delivery of services, including measures to reduce stigma;
- Collaborative working within Government and between Government, state agencies, civil society and impacted communities to address both the causes and consequences of drug use;
- Recognition of the diverse social and cultural needs of women and minority groups impacted by drug and harmful alcohol use and for mainstreaming of gender-sensitive responses and interventions;
- Integrated responses to the harms of alcohol and drug use, with a particular focus on the treatment of polydrug use.

1. Protect individuals, children, families and communities from the harmful effects of drug and alcohol use

Rationale

Drug and alcohol have harmful effects on individuals, children, families and communities. Prevention is critical at all stages, beginning with universal prevention for children and young people. Selective prevention is required to reduce the harm for people actively using drugs and alcohol.

Actions

1.1. Prevent and delay the onset of the use of drugs and alcohol among children and young people through interventions delivered in educational, youth and community settings.
1.2. Deliver interventions that enable psychosocial wellbeing and healthy behaviours among groups at risk of drug and alcohol use.
1.3. Enhance services and hidden harm programmes for children, young people and families impacted by parental and familial drug and harmful alcohol use.
1.4. Deliver a digital platform as a tool to engage with the individuals around their drug and alcohol use.
1.5. Develop drug and alcohol prevention strategies in Higher Education Institutes, sporting, recreational and nighttime settings.
1.6. Develop a coherent, coordinated and quality-based national drug prevention system, building on existing strengths and supporting new measures where gaps exist.

2. Provide equitable access to high quality drug and alcohol services across health regions and population groups

Rationale

Health services are critical to support people with problem drug and alcohol use. In line with Sláintecare, HSE health regions are responsible for the planning, funding and delivery of treatment and harm reduction services, which reflect the changing demographics of people who use drugs including those with harmful alcohol use and avoid inequities in access. This strategy aims to ensure that services are gender-sensitive, meet agreed standards and develop care plans based on individual needs, with appropriate links and referral options between specialist and community level responses.

Actions

2.1. Establish regional structures to coordinate and fund the provision and delivery of high-quality drug and alcohol treatment services, based on population need, including youth and gender-specific services:
2.2. Expand treatment services for problem drug and alcohol use in line with growing demand, taking into account changing patterns of drug use and available resources.
2.3. Establish a national framework based on quality standards to monitor treatment services as to demand, quality and effectiveness.
2.4. Embed an active role for those with lived and living experience of drug and harmful alcohol use in the planning, delivery and review of services.
2.5. Expand evidence-based harm reduction responses for all types of drugs and explore the establishment of additional supervised injection facilities in areas of need;
2.6. Increase the availability of Naloxone and review prescription controls on this drug;
2.7. Expand supports for individuals and families affected by drug-related violence and intimidation;
2.8. Provide tailored services for people with dual diagnosis led from a Mental Health perspective, and for those who experience homelessness, domestic or sexual violence, and gambling addiction.

3. Champion recovery in drug and alcohol treatment, community services and in public policies

Rationale

Recovery is an integral component of the continuum of care for problem drug and alcohol use. Recovery-oriented interventions build recovery capital, which can sustain treatment benefits, avoid relapse, address the social determinants of drug and harmful alcohol use, and create the opportunity for a better life. This strategy recognises that recovery will mean different things for different people and is best thought of as a journey towards better improved health and social functioning. Lived experience is an essential part of recovery, as are peer and family support, recovery networks, continuing care, and pro-recovery employment, housing and education policies.

Actions

3.1. Embed recovery-orientated and user-led interventions across all treatment services;
3.2. Strengthen and develop recovery community service networks and actively incorporate family support, including commencing recovery initiatives in prison setting and develop pathways to community-based services for people who are released from prison;
3.3. Ensure access to good quality accommodation to support recovery and reduce the risk of homelessness;
3.4. Develop coherent and multi-faceted community services and public policies that build social integration and recovery capital.
3.5. Explore the development of a national network of lived experience recovery organisations.

4. Prioritise health supports for people in contact with the criminal justice system due to drugs

Rationale

People who use drugs are at risk of coming in contact with the criminal justice system, The criminal justice system is not designed however to deal with personal drug issues. It also consumes a lot of public resources often without addressing the underlying causes that may drive drug or alcohol related offending. Therefore, other policy options may be both appropriate and cost effective. Policy alternatives for personal possession offences include diversion to treatment and other support services, probation with treatment options, and other non-custodial schemes that address drug-related issues. For those incarcerated, interventions to treat drug use are needed; these are likely to be more effective when linked with post-release programmes.

Actions

4.1. Commence the health diversion scheme for people found in possession of drugs for personal use and expand the Adult Caution Scheme to include all drugs;
4.2. Increase access to Treatment services for people in contact with the Criminal Justice System including on remand or probation;
4.3. Increase availability of treatment and recovery options for people in prison and provide continuity of care post release;
4.4. Implement an integrated package of reforms to strengthen the drug treatment court as a progressive multi-agency, health-led response to drug related offending;
4.5. Expand Assertive Care and Case Management for people who use drugs in public places in contact with the criminal justice system;
4.6. Disrupt child criminal exploitation in the drugs trade and expand alternative pathways.

5. Prepare for and respond effectively to a more dynamic and global drugs market

Rationale

The Irish and European drug markets are becoming more complex, more dynamic and more digitally enabled. They are also increasingly globally connected. Synthetic drugs are more common, often with great potency or with unknown health implications. The use of multiple substances in combination and the use of drugs and alcohol together are becoming more important vectors for harm. Greater effort is required to mitigate the impact of drugs on local communities. To respond to the growing challenges, health and law enforcement systems must be both agile and forward looking. The capability to identify and respond to new emerging threats and challenges has become critical.

Actions

5.1. Expand drug monitoring and drug checking;
5.2. Develop a comprehensive and timely early warning system, identify emerging threats and responsive risk communication system;
5.3. Implement timely and effective strategies and legislation to control illicit drug use including psychoactive substances;
5.4. Support interventions which reduce the availability and impact of illicit drugs in communities;
5.5. Respond to the diversion and mis-use of prescribable and over the counter drugs.

Enabling measures

The strategic pillars are supported by three enabling measures, set out below. These create the conditions necessary for the effective delivery of the strategy.

- Provide Leadership and investment to implement the national drugs strategy;
- Use evidence to inform, monitor and evaluate drug policies and practices;
- Develop collaborative and enabling partnerships to address the global drugs challenge.

A. Provide leadership and investment to implement the national drugs strategy

Rationale

The multiple stakeholders needed to implement the national drugs strategy will only be able act effectively if they are adequately resourced, well led, and supported by appropriate structures and processes. Sustained investment in the drug and alcohol services workforce, including in the community and voluntary sector, is a key requirement to ensure the capacity is available to deliver high quality services.

Actions

A.1 Ensure strong political leadership and cross-departmental support for the implementation of national drugs strategy;

A.2 Recognise and support the role of civil society, including people with lived and living experience, to contribute to the national drugs strategy;

A.3 Increase public funding for the implementation of the national drugs strategy in a planned and sustainable way, including funding from novel sources;

A. 4 Establish and resource a national implementation and monitoring committee;

A.5 Develop and resource a strategic workforce plan for drug and related services;

A.6 Provide training and support for continuous career and professional development, including trauma-informed and problem-solving responses and interventions that support families and build recovery capital;

A.7 Implement robust monitoring of the national drugs strategy.

B. Use evidence to inform, monitor and evaluate drug policies and practices

Rationale

Drug policies and practices should be informed by a robust evidence base. Evidence gathering should be objective, systematic and consistent, and should incorporate participatory methods. An ongoing review of service provision is needed to ensure that

services are effective and remain in line with the evolving needs of people who use drugs. A dedicated research programme can support comparative understanding of problems, share evidence of effective interventions and assist with early identification of new threats and challenges. It can also assess patterns of use and inform policy responses.

Actions

B.1 Ensure a robust system of monitoring of the drugs situation using indicators of prevalence, harms and responses;
B.2 Support research on drug policies and services, making use of existing data sources;
B.3 Promote best practice in evidence and knowledge exchange on drugs policy and services;
B.4 Support standards and public patient involvement in drugs research;
B.5 Undertake research on early warning systems.

C. Develop collaborative and enabling partnerships to address the global drugs challenge

Rationale

Drugs are an all-island, a European and a global issue. Cooperation and shared learning with governments and international institutions are essential. Ireland is well placed to be an active contributor to the global drug challenge through all-island structures, multilateral bodies such as the British-Irish Council, the European Union and the Council of Europe, and international organisations such as the European Union Drugs Agency, the UN Commission on Narcotic Drugs and the World Health Organisation.

Actions

C.1 Ensure a leadership role during the Irish Presidency of the EU in conjunction with other stakeholders;
C.2 Strengthen links with early warning and emerging trends on an All-Island basis and in conjunction with BIC administrations;
C.3 Contribute to and Implement the EU Drugs Strategy and Action Plan on health-led response to drugs;
C.4 Strengthen cooperation with EUDA including early warning and competency.

Governance, coordination and implementation

The successful implementation of the national drugs strategy depends on effective governance and coordination. There is a direct link between governance, leadership and culture, and how well the strategy is implemented and achieves its objectives. As noted by the chairperson of the Citizens' Assembly on Drug Use, implementation will require a 'major step-change in how the state responds to drug use'. To achieve this step-change, it is proposed to strengthen the governance of the national drugs strategy across three tiers of government – Government oversight and coordination; national implementation and monitoring; and regional service planning and delivery.

At the first tier, the **Cabinet Committee on Health** will be responsible for overseeing the implementation of the national drugs strategy.[2627] The remit of the Cabinet Committee on Health is to oversee implementation of Programme for Government commitments in relation to health, receive detailed on reports on identified policy areas and consider health reforms including Sláintecare, the reform of Public Health and health system preparedness for future health threats. It will also receive reports in relation to Programme for Government commitments in mental health and drugs policy. The Minister for Justice and the Minister of State for the National Drugs Strategy should participate in Committee discussions relating to the national drugs strategy.

Ministerial leadership of the national drugs strategy is provided by the dedicated post of **Minister of State for the National Drugs Strategy**. The Minister of State is accountable for the delivery of the national drugs strategy. While based in the Department of Health, the role encompasses work across Government to ensure that there is ministerial support for the strategy. An example of this engagement is the agreement between the Minister of State and the Minister for Justice, Home Affairs & Migration to implement the health diversion scheme with the support of An Garda Síochána, the Office of the Director of Public Prosecutions and the HSE. The Minister of State would be invited to attend the Cabinet Committee on Health to provide updates on the national drugs strategy.

Also at the Government tier, it is proposed to establish an **Inter-Departmental Committee**, comprised of senior officials from Government Departments involved in implementing the strategy – Health, Education & Youth, Children, Disability and Equality, Social Protection, Rural and Community Development and the Gaeltacht, Justice, Home Affairs and Migration. The Health Service Executive, An Garda Síochána and other State agencies would be invited to attend the committee, as required.

---

[26] The Cabinet Committee on Health is chaired by the Taoiseach and is attended by the Tánaiste and Minister for Finance, the Minister for Health and the Minister for Public Expenditure and Reform. The committee is supported by a senior officials' group.

[27] See recommendations #3 of the Citizens' Assembly on Drug Use

Figure 1: Tiers of governance, coordination and implementation

The remit of the committee would be to promote interdepartmental collaboration on cross-sectoral issues impacting on drugs policy, such as housing, criminal justice or social protection. The committee would be chaired by the Minister of State for the National Drugs Strategy and would meet on a periodic basis.[29]

The second tier of governance is the monitoring and implementation of the national drugs strategy. A **National Implementation and Monitoring Committee (NIMC)** would be established with responsibility to ensure the effective and timely implementation of the two-year action plan.[30] The NIMC will give leadership and direction to drive the implementation of the action plan. The committee will have an independent chairperson appointed by the Minister for a four-year term. This is to ensure continuity over the period of the strategy, to be a bridge with the diverse membership of the

[29] See recommendation #4 &#5 of the Citizens' Assembly on Drug Use and #5 of independent evaluation report

[30] The NIMC would replace the national oversight committee under the previous strategy. The NIMC would be similar to the National Implementation and Monitoring Committee for Sharing the Vision: A Mental Health Policy for Everyone

committee and to be a point of contact with the Minister of State. The committee would meet on a quarterly basis.

The remit of the NIMC will include the publication of annual report detailing progress in the implementation of the action plan and identifying emerging issues or risks. This would include progress on individual departmental actions. An annual report would be submitted to the senior officials' group for the Cabinet Committee on Health, prior to its publication.[31] The membership will consist of Government Departments, the HSE (national lead and health regions) and An Garda Síochána, civil society, and clinical and academic experts (covering drugs and alcohol).

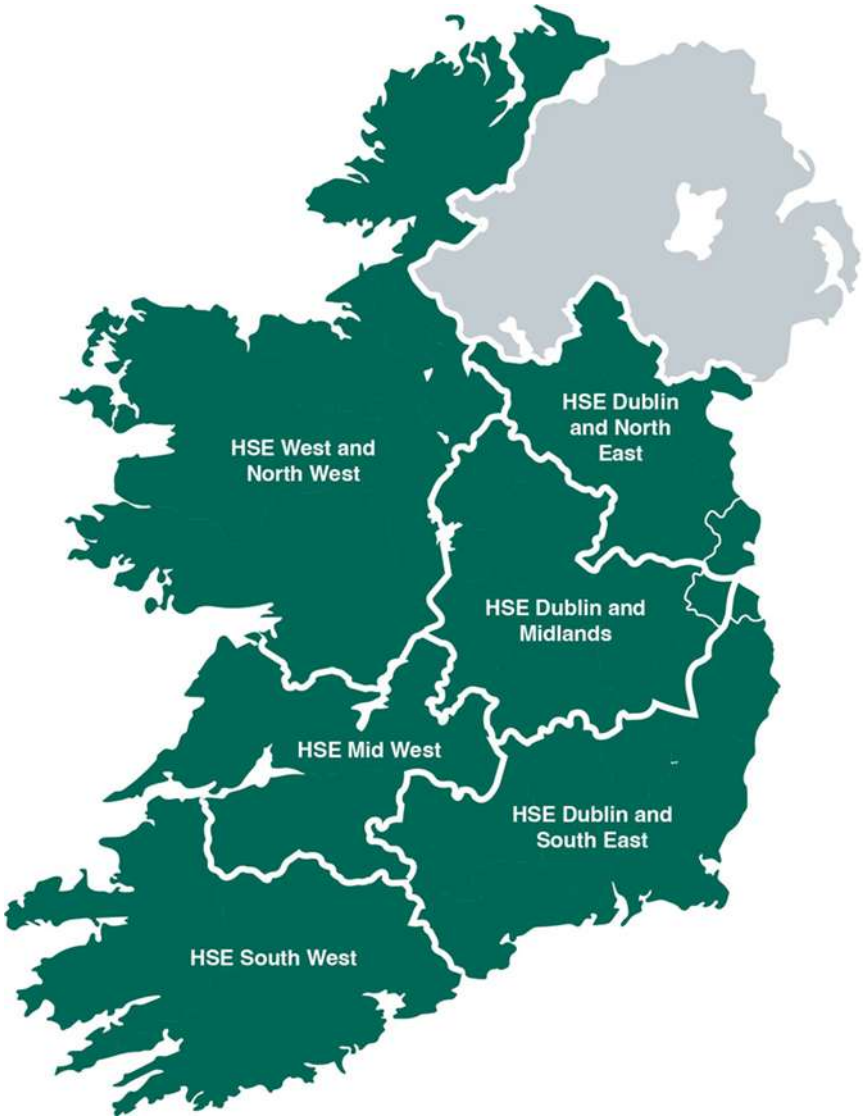
An enhanced **early warning and emerging trends committee** should be established under the auspices of the NIMC and led by the Department of Health. Other subgroups can be established to address specific issues relating to the strategy. The NIMC will have a role in the annual national drugs forum, convened by the HRB, and in supporting coordination between the HRB national focal point and the EUDA. The Department of Health will provide the secretariat support to the NIMC (NIMC Secretariat) and will prepare draft reports for approval by the committee.

The third tier of governance will be the **HSE health regions**. The Government has approved the establishment of six health regions within the HSE to enable the equitable delivery of health and social care, in line with Sláintecare.[32] The health regions integrate hospital and community services to deliver care closer to home, and work in partnership with patients and stakeholders. They support a population-based approach to service planning and delivery that addresses health inequalities. They have delegated budgets and local autonomy and decision-making.[33]

The Department of Health has mandated the HSE health regions to create regional structures to coordinate the planning, funding and delivery of drug services – HSE and community-based – in order to address disparities in treatment prevalence and to support the national drugs strategy.[34][35] The health regions therefore have a critical role to play to ensure that the planning and delivery of drug services are aligned with population need and allocation of resources.[36]

Figure 2 Map of the HSE Health Regions

[31] See recommendation #8 of the Citizens' Assembly on Drug Use
[32] See Government decision to establish health regions
[33] *Sláintecare 2025+ Path to universal healthcare*
[34] Letter of determination issued by Minister of Health to the HSE
[35] Research by the Department based on HRB drug treatment data demonstrate significant disparities in the prevalence rates (per 100,000 population) between regions and, even more so, within regions.
[36] See recommendation #1 of the independent evaluation



A core requirement is to embed an equity lens into service planning, to address geographic or social barriers to accessing services and to support peer-led and community-based services that reflect the lived experience and cultural contact of local communities.[40] Leadership of the provision of drug services in the health regions should be provided by a senior HSE manager and a clinical lead.

The responsibilities of the HSE health regions for the planning, funding and delivery of drug services should include:

- Bring together all public funding for drug services in a single pot, including funding for community-based drug services;
- Identify opportunities for synergy and integration;
- Ensure clinical governance for all services and quality standards;

[40] See recommendation #3 of the independent evaluation

- Support medium-term funding and planning;
- Implement a strategic workforce plan for staff employed in drug services;
- Embed an equity lens into service planning and delivery;
- Encourage service redesign and digital transformation;
- Commission new services based on an assessment of population needs and available resources;
- Develop regional dashboards to monitor trends service uptake and outcomes.

To support the mandate of the health regions, the Department has commissioned an audit of drug services, conducted by the HRB and Pobal. The audit examines the relationship between the demand for drug & alcohol treatment and area-based deprivation, taking into account rural-urban and gender factors. It also explores the distance travelled to access services and the time between referral and treatment.

The governance remit of the HSE health regions should be supported by **engagement with stakeholders, including community-based services and drug task forces**. A process should be put in place whereby the Department of Health, the HSE health regions and drug task forces would review existing structures with a view to strengthen the input into health service planning, enhance the integration of community-based services within primary care and involve people with lived and living experience. [42]

[42] See recommendation #2 of the independent evaluation

Monitoring and Evaluation

A review of implementation of the initial action plan for 2026-2027 will be undertaken following which a second two-year Action Plan will be developed. Evaluation of implementation of this four-year strategy will be undertaken in 2029 with a view to informing development of a successor strategy. Monitoring of EU and national indicators based on national trend data will be undertaken on an annual basis. See the proposed list of indicators below.

EU indicators

The EUDA has chosen five epidemiological indicators to achieve its goal of providing factual, objective, reliable and comparable information on drugs and drug addiction at European level. These indicators underpin the EUDA reporting on trends and developments in the EU drug situation. They are also a necessary component of any analysis of the coverage of responses or the assessment of the impact of policies and actions. The five indicators are:

- Prevalence and patterns of drug use in last year (various drugs);
- Problem drug use (injecting drug use or long duration / regular use of opioids);
- Drug treatment demand;
- Drug-induced deaths;
- Prevalence of drug-related infectious diseases among people who inject drugs.

National/regional Indicators

A complementary set of national indicators are drawn from existing health reporting and have the capacity to be analysed at a regional level. The proposed indicators are:

- Prevalence of cannabis and cocaine use among young people aged 16-25;
- Prevalence of heavy episodic drinking (6 or more standard drinks in a single drinking occasion);
- Prevalence rate for treatment of problem drug and/or problem alcohol use (per 100,000 population);
- Individuals who have experienced drug-related violence or intimidation.
- Annual number of poisoning deaths due to the toxic effect of a drug, or combination of drugs (including prescribable drugs and alcohol);
- Annual number of people in possession of drugs for personal use who have been diverted to a health intervention;
- Annual number of people who are in or have completed treatment and are in recovery housing.

Resourcing the strategy

Currently, the Government provides in the region of €340m per annum for drug-related activities. In Budget 2025 and Budget 2026, significant additional resources were allocated to implement the national drugs strategy. It is important that existing resources are used to the maximum effect. Further resources will be required to implement the national drugs strategy and associated action plans for the period 2026-2029. Within the health system, HSE health regions will be responsible for the planning, funding and delivery of treatment and harm reduction services, to reflect the changing demographics of people who use drugs and harmful alcohol use and to avoid inequities in access.

The health regions together with key stakeholders will develop an evidence-based benchmark of a high quality, integrated, accessible, equitable and evidence-based response to drug and harmful alcohol use. This will include establishing the resourcing requirements associated with such a gold standard service. A Health Technology Assessment of the proposed model of care will be completed in line with best practice to support its adoption.

A workforce planning coordinator role has been created for each health regions, and a baseline assessment of existing drug and alcohol workforce across public, voluntary and private bodies shall be completed in order to inform the development of a workforce plan. Individual government departments and agencies will be responsible for identifying and sourcing the additional resources required to implement actions relevant to their remit.

Action Plan

A plan of action has been developed to guide and ensure delivery of the strategy for the two years 2026-2027. A second plan will be developed in 2027 reflecting progress made during the initial period of the new strategy and responding to the emerging trends and challenges in an agile manner.

The RE-AIM framework has been identified in literature as an agile and practical approach for addressing failures or delays in translating scientific evidence into policy and as effective for both planning and evaluating public health initiatives[43]

The framework has five dimensions; Reach, effectiveness, adoption, implementation, maintenance[44]. In terms of public health impact, the RE-AIM framework has been found useful in estimating public health impact, comparing different health policies, planning policies designed for increased likelihood of success, and identifying areas for integration of policies with other health promotion strategies[45].

In addition, it has been found effective in assisting strategy development, with the five-dimension structure also providing an inbuilt basis for evaluating actions[46] and applicable to both clinical and community settings[47].

It has been applied within the drug and alcohol intervention field, and found to be pragmatic[48], can be applied across different settings and treatment approaches[49] for single programmes[50] and for drug education programmes[51].

The action plan developed using the RE-AIM Framework for 2026-2027 available insert hyperlink to published Action Plan for 2026-2027.

[43,44] Holtrop, J. S., Estabrooks, P. A., Gaglio, B., Harden, S. M., Kessler, R. S., King, D. K., ... Glasgow, R. E. (2021). Understanding and applying the RE-AIM framework: Clarifications and resources. Journal of Clinical and Translational Science, 5(1), e126. doi:10.1017/cts.2021.789

[45] Jilcott, S., Ammerman, A., Sommers, J., & Glasgow, R. E. (2007). Applying the RE-AIM framework to assess the public health impact of policy change. Annals of Behavioral Medicine, 34(2), 105–114. https://doi.org/10.1007/bf02872666

[46] King, D. K., Glasgow, R. E., & Leeman-Castillo, B. (2010). Reaiming RE-AIM: Using the model to plan, implement, and evaluate the effects of environmental change approaches to enhancing population health. American Journal of Public Health (1971), 100(11), 2076-2084. https://doi.org/10.2105/AJPH.2009.190959

[47] Kwan, B. M., McGinnes, H. L., Ory, M. G., Estabrooks, P. A., Waxmonsky, J. A., & Glasgow, R. E. (2019). RE-AIM in the Real World: Use of the RE-AIM Framework for Program Planning and Evaluation in Clinical and Community Settings. Frontiers in Public Health, 7. https://doi.org/10.3389/fpubh.2019.00345

[48] D'Angelo et al., 2020,

[49] Novacek, L. (2018). Measuring the Impact: A RE-AIM Framework for Evaluation of a Needle Exchange Program. University of Massachusetts Amherst. https://doi.org/10.7275/11936323

[50,51] Strand, M. A., Eukel, H., Frenzel, O., Skoy, E., Steig, J., & Werremeyer, A. (2020). Program evaluation of the Opioid and Naloxone Education (ONE Rx) program using the RE-AIM model. Research in Social and Administrative Pharmacy, 16(9), 1248–1254. https://doi.org/10.1016/j.sapharm.2019.11.016

Appendices

Appendix 1 Membership and Terms of Reference

Steering Group

Membership of the SG is as follows:

- Dr Sarah Morton (independent chair), University College Dublin
- Cliodhna Power, Civil Society
- Pauline McKeown, Civil Society, CEO, Coolmine Therapeutic Services
- Prof. Eamon Keenan, HSE (Clinical Lead & RHA representative)
- Brian Kirwan, HSE (General Manager *Social Inclusion, Addiction Services Integrated Health Area, Dublin North County & Dublin North City & West*.
- Brian Galvin, Health Research Board (HRB)
- Prof. Paul Griffiths, National Drug Research Institute, Curtin University, Perth.
- Prof. Edward Day, University of Birmingham & National Recovery Champion UK
- Máire Flanagan, Department of An Taoiseach
- Mary O'Regan, Department of Justice, Home Affairs & Migration
- Jim Walsh, Department of Health

The Steering Group will be established for a period of six months to provide expert opinion and oversee the drafting of the new National Drugs Strategy. The Steering Group will provide a forum in which key stakeholder representatives from government, civil society and persons with lived experience can collaborate to prepare and recommend the vision of a whole of society approach to prevent and mitigate illicit drug use and its impact on individuals, their families and communities.

The Steering Group will be supported in its work by a Reference Group of stakeholders (also established for a limited time period) who will provide opinion on draft proposals for the Strategic Pillars and Action Plan of the new National Drugs Strategy. In addition, engagement with internal Department of Health and other Government stakeholders such as the Department of Social Protection, Department of Education and Youth, Department of Rural and Community Development and the Gaeltacht, and the Department of Children, Disability and Equality, amongst others will be undertaken where appropriate.

Scope of the National Drugs Strategy (NDS)

The new National Drugs Strategy (NDS) will consider cross sectoral issues pertaining to the prevalence and use of drugs to include the services for problematic alcohol use and prevention of alcohol use. Public Health Alcohol Policy is not within the scope of the NDS.

Objective

Develop a draft National Drugs Strategy for the approval of the Minister for State for Public Health, Wellbeing and National Drugs Strategy which will set out the vision and implementation of a cross sectoral plan to address issues pertaining to the prevalence and use of drugs, which also includes problematic alcohol use.

- Having regard to the Programme for Government Securing Ireland's Future 2025, the Interim Report of the Oireachtas Committee on Drug Use, the report of the Citizens' Assembly, Sláintecare, and The Path to Universal Healthcare Sláintecare 2025+, prepare a finalised draft national drugs strategy that will ensure people with illicit drug and problematic alcohol use, receive the right healthcare at the right time in the right place.
- Develop a suite of Strategic Pillars to provide a framework for the National Drugs Strategy.
- Develop a timebound, task orientated action plan of key priorities, milestones, associated costs, and owners.
- Agree and detail structures to ensure implementation of the new strategy including arrangements for review and evaluation.
- Develop appropriate outcome measures and key performance indicators to assess the future effectiveness of the new strategy.
- Reflect best available evidence and incorporate the relevant learnings from:
    - The Independent Evaluation of Reducing Harm, Supporting Recovery, national drugs strategy 2017;
    - Independent Stakeholder Consultations conducted on behalf of the Department of Health on the effectiveness of the current strategy and considerations for the new National Drugs Strategy;
    - HRB reports on drug and alcohol use, data analysis and learnings from other jurisdictions, including on early warning systems for emergent drug challenges.
    - The Citizens' Assembly on Drug Use; and
    - Developments in the EU drugs strategy and action plan.

Reference Group

The Reference Group brought together individuals from frontline drug and alcohol services, community and voluntary organisations, and representatives from across the country. Its purpose was to share ideas, experiences, and advice to help shape a strategy that better addresses the harms associated with drug use and problematic alcohol use.

Chaired by a member of the Steering Group, the Reference Group was supported by other Steering Group members, including civil society representatives with lived and living experience. Membership of the Reference Group reflected a wide range of perspectives, including:

· People with lived or living experience of drug and alcohol use.
· Individuals with experience of the criminal justice system.
· Individuals with experience of homeless services provision.
· Members of the Traveller community and new communities.
· Representation from educational institutions, with an emphasis on third-level settings.
· Professionals working in family support, community drug projects, harm reduction, safer nightlife, prevention, treatment, and recovery services.
- Representatives from Drug and Alcohol Task Forces nationally.

Membership of the Reference Group is as follows:

- Pauline McKeown (Chair) Coolmine TC
- Catriona Kirwan, Carlow Family Support Group and Lá Nua
- Julie McKenna, NOVAS
- Anne Marie Sweeney, New Communities and Traveller Outreach Service, Coolmine Therapeutic Community
- Joe O'Neill, Western Region Drug & Alcohol Task Force
- Antoinette Kinsella, DRIVE Project
- Gordon Kinsley, Irish Community Action on Alcohol (ICAAN Network)
- Riona Greene, South East Region Family Support Network
- Paul Delaney, Cornmarket Community Drug Project
- Prof. Samantha Dockray eSHIELD, University College Cork,
- Laura O'Reilly, Ballyfermot Star
- Richard Healy, Service User Rights in Action (SURIA)
- Damien Quinn, Spéire Nua
- Barbara Ozga, CKU Centre for Counselling and Therapy
- Aisling Egan, Focus Ireland

The Reference Group will be established to support the work of Steering Group, established by Minister of State Jennifer Murnane O'Connor, to develop the new National Drugs Strategy, to make sure decisions are informed by real-world knowledge and lived experience.

The reference group shall be established for a period of four months and brings together people from different organisations and communities to share ideas, experiences, and advice to help shape a new drugs strategy to better address the harms arising from drug use, including problematic alcohol use.

The Task of the Reference Group work is to respond to the draft documents which will form part of the new national drugs strategy provided to it by the Steering Group.

The group provided feedback on draft documents referred by the Steering Group, drawing on real-world experience. Four immersive meetings were held (two half-day and two full-day sessions), during which draft elements of the strategy—such as the Vision, Principles (formerly Values), Strategic Pillars, proposed Governance Structure, and draft Action Plan—were presented, debated, and refined. Consensus positions were reached through the Chair.

The Reference Group endorsed the overall approach and language of the strategy, ensuring it was comprehensive and responsive to current drug and alcohol use in Ireland. Key insights included:

· Provision of services and supports for families and communities;

· Fair and balanced regional services and interventions for both urban and rural areas;

· Gender-specific services for women;

· Destigmatisation of people who use drugs or experience problematic alcohol use;

· Inclusion of people with lived/living experience in the design and delivery of drug and alcohol interventions;

· Recovery orientated systems of care.

Cross Divisional Group

The Cross Divisional Group (CDG) group will support the development of a new NDS that advances a health-led approach to drug use by contributing expertise, insights, and recommendations from across the Department of Health.

The CDG will ensure the new strategy reflects the Department's health and social care policies, including:

- the right to health for people who use drugs;
- promotes integrated, person-centred care across health and social services; whilst also
- providing for education, prevention and support for individuals, their families and communities affected by drug and alcohol addiction.

The CDG will also identify potential risks and mitigating actions, ensuring the draft strategy is robust, sustainable and deliverable.

The CDG will facilitate communication and coordination between different Units and Divisions within the Department of Health, promoting a cohesive approach to development of the new drugs strategy.

Appendix 2 Psychoactive Substances, cannabis, cocaine, and other emerging trends

New Psychoactive Substances (NPS)

An NPS is a new narcotic drugs its pure form or in a preparation, many of which mimic the most common illegal drugs, namely cocaine, ecstasy, amphetamine, and cannabis. Ireland monitors these drugs through the Early Warning and Emerging Trends network, which has reported 30 new NPS to EUDA since 2025. In 2025, 34 NPS were identified in Europe in 2025, 12 of which were semi-synthetic cannabinoids. These drugs are often found with plant-based drugs in seizures and there is no clear separation between them in the market. From the mid-2000s, the quantity, type, and availability of novel substances increased dramatically in Europe. Synthetic opioids, such as nitazenes, are often sold as falsified medicines or mixed with heroin and represent a particularly dangerous threat to public health, such as occurred during the overdose clusters in Dublin in 2023 and 2024. These drugs can be manufactured relatively easily and are easier to transport than heroin because of their high potency. They are likely to become a prominent feature in the drugs market as poppy cultivation in Afghanistan continues to decline and heroin becomes scarcer. Restrictions on nitazene production in China, agreed in 2024, have been a factor in the emergence of new opioid families, such as 'orphines', which have been detected in five European countries.

Cannabis

Stability of cannabis, in prevalence, but increase in hospital admissions / mental health issues

Cannabis is Europe's most commonly consumed illicit drug. The potency of both its herb and resin forms have increased substantially over the past number few years, and the drug is widely available in high-potency extracts and edibles presenting particular response challenges. Findings from the 2023 Health Ireland survey revealed that 24.1% of the population (aged 15–64 years) had used cannabis at some point in their lives; 7.4% reported use in the year prior to the survey and 3.4% in the preceding month. Treatment demand figures show that cannabis was the third most common main problem drug (reported by 17%) in 2024. Among cases aged 19 years or under, cannabis was the main drug (Mongan et al. 2025).

Semi-synthetic cannabinoids

The rate of increase in new synthetic cannabinoids detected in Europe began to decrease following controls in production in China in 2021. However, new semi-synthetic cannabinoids, such as hexahydrocannabinol (HHC) have emerged since then. HHC was formally identified in Ireland in 2023. In 2024, one-third of drug users aged 18 and older had used HHC in the last year, and 169 treatments were reported to the

NDTRS where HHC was recorded as main or additional problem drug. In July 2025 HHC was formally controlled with an amendment to the MDA.

Cocaine

Cocaine is Europe's most commonly consumed illicit stimulant drug, used by around 1.6 % (4.6 million) of European adults in the last year (EUDA 2025). Between 2023 and 2024, cocaine residues in municipal wastewater increased in over half of European cities participating in the Europe-wide network SCORE (EUDA 2025). Cocaine is the most frequently reported substance by those presenting to hospital emergency departments.

Prevalence of cocaine use in Ireland increased from 2010 to 2020 but appears to have stabilised. However, Ireland has the second highest prevalence of cocaine use among 15-34-year-olds in Europe (Mongan et al. 2025). Analysis of data from the Growing up in Ireland showed that 4% of 17-year-olds and 23% of 20-year-olds used cocaine in the last year (Brennan et al. 2025). In 2024, cocaine was the most common drug reported by treatment entrants accounting for 40% of all cases (Lynch et al. 2025). Cocaine-related hospitalisations, deaths and treatment entrants have increased significantly in Ireland since 2013. (Mongan et al. 2025). Ireland's wastewater data from 2025 showed that cocaine was the most commonly detected substance

Crack cocaine; rise in prevalence

Between 2023 and 2024, the treatment demand for crack cocaine in Ireland increased by 11%. Treatment demand trends also indicate that crack use among people who use opioids is increasing. Crack cocaine use among opioid users can contribute to persistent opioid use and worsen the health and social consequences of opioid addiction. Both cocaine injection and the use of crack cocaine is reported in a growing number of countries. In 2023, there were an estimated 9 800 crack-related treatment entries (8 100 in 2022).

Opioids

In 2022, there was an estimated 19,460 problematic opioid users in Ireland, and this has remained stable since 2014 (Hanrahan 2025). There was a significant decrease between 2014 and 2022 in the estimated number of problematic opioid users aged 15–24 years and aged 25–34 years while the number of those aged 35 years and over has increased. The majority of problematic opioid users live in County Dublin, are male, and are aged 35–64 years. The proportion of treatment demand attributable to opioids has decreased year-on-year since 2017 (from 45% in 2017 to 25% in 2024).

Drug use among children and adolescence

Alcohol and cannabis are the substances most commonly used by children in Ireland (under 18s). The 2022 Health Behaviour in School-Children (HBSC) survey of

9,071children aged 10-17 years found that 13% of 15-17-year-olds had used cannabis in the last year while 42% of 15-year-olds had started to drink alcohol and 24% had ever been drunk. Other drug use does not typically commence until adulthood. Data from the Growing up in Ireland cohort shows that among 17/18-year-olds, 30% have used cannabis, while just 4% have used cocaine and 4% have used ecstasy.

In Ireland, age at first alcohol is an important predictor of substance use in early adulthood. Early alcohol use in Ireland is common, with 27% reporting use aged 14 or younger. Of those who started drinking by the age or 14, 35% were using cannabis at age 20 and 50% were using other drugs. In comparison, among those who didn't commence drinking until age 17 or who did not drink alcohol at all, just 10% used cannabis at age 20 and 8% used other drugs. By age 20, 14% reported high-risk alcohol, 38% tobacco, 24% cannabis and 28% other drug use.

Appendix 4 Drug markets and seizures

In 2023, the United Nations Office for Drugs and Crime (UNODC) reported that the global cocaine supply was at a record high, cultivation of cocaine doubled between 2013 and 2017, peaked in 2018, and rose sharply again in 2021 (UNODC 2023). In 2023, 419 tonnes of cocaine were seized in the European Union (EU); the 7th consecutive year that seizures exceeded previous records (EUDA 2025) In 2024, cannabis herb was the most prominent drug analysed by Forensic Science Ireland (n=6118), followed by cocaine (n=3085), alprazolam (n=799) and diamorphine (n=719). Cannabis type seizures (n=6807) accounted for over 48% of all drug seizures in 2024

The number of heroin seizures analysed decreased annually, between 2022 and 2023 (47%) and a smaller decrease between 2023 and 2024 (17%). Similarly, the number of cocaine seizures analysed decreased annually, between 2022 and 2023 (22%) and a very small decrease evident between 2023 and 2024 (1.6%). There has been a 620% increase in the number of cocaine seizures between 2003 and 2022 (from 566 to 4,020) (HRB 2024)

The most important stimulant analysed other than cocaine was MDMA (n=543), followed by amphetamine (n=161) and methylamphetamines (n=56). Ketamine was the most prominent hallucinogen accounting for approximately 73% of seizures analysed in this category.

NPS have been decreasing since 2022 (n=636). In 2024, the number of NPS substances analysed was 62% lower than 2022 figures. The most prominent NPS figure in 2024 was Bromazolam (n=57), accounting for nearly 24% of seizures analysed in this category.

Appendix 5. Drug-related public expenditure 2014-24

Labelled and unlabelled drug-related expenditure

Table 1 provides a summary of Ireland's labelled drug-related expenditure since 2014. Labelled expenditure is reported by each Government Department or agency to the Drugs Policy and Social Inclusion Unit, Department of Health and supplied to the Health Research Board for inclusion in its national report on the drugs situation to EUDA. The total labelled expenditure in for 2024 was €338,056,069. In 2021, IGEES staff based in the Department of Health, completed a focused policy assessment which attempted to estimate unlabelled drug expenditure[51]. The report used a special technique to identify the proportion of prison and acute hospital costs that attributable to drugs, as well as social costs from premature drug related deaths. The authors described the work as an effort to characterise, rather than precisely estimate unlabelled expenditure and productivity costs.

There are limitations in the reporting of expenditure data which prevent it from being a more definitive account of changes in labelled expenditure over the period. For example, changes in the parameters of what is reported year on year by some sources makes it difficult to make comparisons across the period. Since 2018, AGS has only reported on the cost of expenditure at the Garda National Drugs and Organised Crime Bureau, rather than all the organisation's drug enforcement activity. Drugs may account for just part of certain activities, such as DCDE's UBU Your Place Your Space youth programme, which are included in drug-related labelled expenditure.

The complexity of the data can be illustrated by the context provided by the HSE for its figure for 2024. The 2024 full year spend is based on consolidated financial information available through the HSE general ledgers for Social Inclusion. Where the funding covered more than one target group (e.g. addiction, homelessness, migrant health, etc), 'best fit' was applied and expenditure aligned to one specific area. It includes treatment and rehabilitation services provided to drug users recommended through RDATF/LDATF. Not included is expenditure in the other areas of the HSE that provide services in relation to addiction including acute hospital services and emergency departments, health and wellbeing, mental health, primary care services, and GPs providing frontline services. Attributed budgets are not available for addiction within these areas.

[51] IGESS, Department of Health available at https://www.gov.ie/en/irish-government-economic-and-evaluation-service-igees/igees-publication/focused-policy-assessment-of-reducing-harm-supporting-recovery-an-analysis-of-expenditure-and-performance-in-the-area-of-drug-and-alcohol-misuse/

Table 1 Public Expenditure directly attributable to drug programmes (labelled), (2017-2024)

Government Department/ Agency[1]	2017 € million	2018 € million	2019 € million	2020 € million	2021 € million	2022 € million	2023 € million	2024 € million
HRB	0.756	0.786	0.786	0.883	1.058	1.087	1.515	1.852
HSE Addiction Services	97.87	99.828	103.419	105.653	116.833	141.427	154.788	166.561
HSE DATF	22.140	22.630	22.920	22.436	23.092	-	-	-
AGS[2]	47.000	14.250	13.170	13.218	12.557	12.262	13.598	14.742
Department of Children, Disability, and Equality	20.040	20.460	20.460	39.400	39.609	42.997	46.194	47.591
Department of Justice, Home Affairs and Migration	7.300	6.950	-	7.688	-	9.775	10.312	13.329
Revenue Customs Service	17.36	19.600	-	16.554	19.103	20.668	51.5	62.777
Department of Social Protection (former FÁS area)	17.980	17.220	20.070	20.789	20.261	19.526	20.718	23.292
Department of Health	5.540	6.015	5.955	5.974	4.746	4.989	5.434	5.370
Irish Prison Service	4.200	-	-	-	-	1.507	1.504	1.986
Department of	0.760	0.760	0.720	0.319	0.187	0.193	0.154	0.145

Government Department/ Agency[1]	2017 € million	2018 € million	2019 € million	2020 € million	2021 € million	2022 € million	2023 € million	2024 € million
Education and Youth								
Department of Further and Higher Education, Research, Innovation and Science	-	-	-	0.289	0.250	0.269	0.338	0.411
Total[3]	**240.95**	**208.499**	**187.500**	**233.203**	**237.696**	**254.700**	**306.055**	**338.056**

[1] The Government Department or agency's name in September 2025 is listed here.

[2] After 2017, AGS moved from reporting on 'policing/investigation costs' to 'policing/investigation costs of Garda National Drugs and Organised Crime Bureau' only.

[3] Changes in year totals may be attributed to changes in reporting methods of expenditure data by some agencies/departments, rather than changes in expenditure per se. Figures are rounded up to three decimals.

Glossary

Throughout the strategy document terminology used is aligned with the European Union Drug Agency, Multilingual Glossary of Drug-Related….the European Union Drug Agency, Multilingual Glossary of Drug-Related. However, in the context of this strategy's vision and intent the definitions below were used for the following specific terms:

Term	Definition
Alternatives to incarceration	Non-custodial strategies that emphasize community-based, rehabilitative, or restorative justice approaches instead of imprisonment.
Cannabinoids	Cannabinoids are chemical compounds that interact with the cannabinoid receptors in the body's endocannabinoid system. They can be: ▪ Naturally occurring in the cannabis plant (phytocannabinoids), such as THC (tetrahydrocannabinol) and CBD (cannabidiol). ▪ Produced by the body (endocannabinoids), like anandamide and 2-AG. ▪ Synthetic cannabinoids, which are man-made and designed to mimic natural cannabinoids.
Client	Service User - Any individual or group who uses, or is affected by, health and social care services
Diversion	The alternative approach taken with an individual caught in possession of illicit drugs for personal use is for An Garda Siochana to divert the person from a criminal justice approach to a health intervention approach
Drug checking	The testing and chemical analysis of illicit drug samples.
Recovery	The process of recovery from problematic drug and alcohol use is characterised by voluntarily-sustained control over substance use which maximises health

	and wellbeing and participation in the rights, roles and responsibilities of society[52].
Residential treatment	Residential treatment programmes provide residential services on the same site as treatment services. The programmes generally strive to provide an environment free of substance abuse, with an expectation for compliance in a number of activities such as detoxification, assessment, information/education, counselling, group work, vocational training, and the development or recovery of social and life skills. Two main types of residential treatment are available: shorter term residential therapy (less than six months, including detoxification) and residential therapeutic community treatment (typically six to 12 months post-detoxification). Therapeutic communities are highly structured programmes focusing on the resocialization of the patient to a drug-free lifestyle, using the programme's community as an active ingredient of treatment [53].
Semi Synthetic Cannabinoids (SSC)	are derived from the cannabis plant but altered so that they end up being chemicals that do not occur naturally. Semi-synthetic cannabinoids are mostly produced from cannabidiol (CBD) extracted from low-THC cannabis (hemp) which is similar in chemical structure of THC. An example of a typical SSC is Hexahydrocannabinol or HHC
Therapeutic community	a specialised residential treatment approach where the community itself is the primary method of change. Through shared responsibility, peer support, purposeful social interactions, and a structured group process, it drives psychological growth and recovery from drug and related problems[54].

[52] Adapted from The UK Drug Policy Commission Recovery Consensus Group, A vision of recovery, .Policy Report July 2008. https://www.ukdpc.org.uk/wp-content/uploads/Policy%20report%20-%20A%20vision%20of%20recovery_%20UKDPC%20recovery%20consensus%20group.pd,

[53] UNODC.

[54] **De Leon, G. (2000).** *The Therapeutic Community: Theory, Model, and Method*.

Acronyms

AGS	An Garda Síochána
BIC	British Irish Council
CADU	Citizens' Assembly on Drug Use
DATF	Drug and Alcohol Task Force
DCDE	Department of Children, Disability and Equality
DRIVE	Drug Related Intimidation and Violence Engagement
DUHEI	Drug Use in Higher Education in Ireland
EU	European Union
EUDA	European Union Drug Agency
GP	General Practitioner
HBSC	Health Behaviour in School aged Children
HED	Heavy Episodic Drinking
HRB	Health Research Board
IGEES	Irish Government Economic and Evaluation Service
MDA	Misuse of Drugs Act 1977
NDRDI	National Drug-Related Deaths Index
NDTRS	National Drug Treatment Reporting System
NDS	National Drug Strategy
NIMC	National Implementation & Oversight Committee
NOC	National Oversight Committee
OST	Opioid Substitution Therapy
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation

References

Byrne M, Dick S, Ryan L, Dockray S, Davoren M, Heavin C, et al. (2022) The Drug Use in Higher Education in Ireland (DUHEI) Survey 2021: main findings. Cork: University College Cork. www.drugsandalcohol.ie/35515/

Brennan MM, Cavallaro M, Mongan D, Doyle A, Millar SR, Zgaga L, Smyth BP, Nixon E, Ivers JH, Galvin B, Walsh C. Factors associated with cocaine use at 17 and 20 years old: A longitudinal analysis of a nationally representative cohort. Journal of Adolescent Health. 2025 Mar 1;76(3):488-98. www.drugsandalcohol.ie/42555

Brennan MM, Mongan D, Doyle A, Millar SR, Cavallaro M, Zgaga L, Smyth BP, Nixon E, Ivers JH, Galvin B, Walsh C, McCrory C, & McCarthy ND. (2025). Polysubstance use in early adulthood and associated factors in the Republic of Ireland: An analysis of a nationally representative cohort. Addiction, 10.1111/add.70182. www.drugsandalcohol.ie/44132

European Union Drugs Agency (2025). European drug report 2025: trends and developments. Luxembourg: Publications Office of the European Union www.drugsandalcohol.ie/43337/

European Union Drug Agency, n.d. Multilingual Glossary of Drug-Related Terms, s.l.: s.n.

Hanrahan MT, Millar SR, Mongan D, Lyons S and Galvin B (2025). Prevalence of problematic opioid use in Ireland, 2020–2022. Dublin: Health Research Board www.drugsandalcohol.ie/42700/

Health Research Board. Ireland: National report for 2023 - drug markets and crime. Report. Dublin: Health Research Board; 2024. www.drugsandalcohol.ie/25286/

Holtrop, J. S., Estabrooks, P. A., Gaglio, B., Harden, S. M., Kessler, R. S., King, D. K., ... Glasgow, R. E. (2021). Understanding and applying the RE-AIM framework: Clarifications and resources. Journal of Clinical and Translational Science, 5(1), e126. doi:10.1017/cts.2021.789

Jilcott, S., Ammerman, A., Sommers, J., & Glasgow, R. E. (2007). Applying the RE-AIM framework to assess the public health impact of policy change. Annals of Behavioral Medicine, 34(2), 105–114. https://doi.org/10.1007/bf02872666

Kelleher, Cathy, Riordan, Fiona and Lyons, Suzi (2024) Drug poisoning deaths in Ireland in 2021: data from the National Drug-Related Deaths Index (NDRDI). Dublin: Health Research Board. HRB StatLink Series 20. www.drugsandalcohol.ie/41601/

King, D. K., Glasgow, R. E., & Leeman-Castillo, B. (2010). Reaiming RE-AIM: Using the model to plan, implement, and evaluate the effects of environmental change

approaches to enhancing population health. *American Journal of Public Health (1971), 100*(11), 2076-2084. https://doi.org/10.2105/AJPH.2009.190959

Kwan, B. M., McGinnes, H. L., Ory, M. G., Estabrooks, P. A., Waxmonsky, J. A., & Glasgow, R. E. (2019). RE-AIM in the Real World: Use of the RE-AIM Framework for Program Planning and Evaluation in Clinical and Community Settings. Frontiers in Public Health, 7. https://doi.org/10.3389/fpubh.2019.00345

Lynch, T Tierney P and Lyons S (2025) National drug treatment reporting system, 2024 drug treatment demand. Dublin: Health Research Board. www.drugsandalcohol.ie/43052/

Mongan D., Millar SR, Carew AM, Kelleher C, Daly A, Lyons S, Galvin B, & Smyth B P (2025). Trends in cocaine use and cocaine-related harms in Ireland: a retrospective, multi-source database study. BMC public health, 25(1), 2285. www.drugsandalcohol.ie/43633/

Mongan D, Millar SR and Galvin B (2025) Drug use in Ireland 2023: Findings from the Healthy Ireland Survey. Dublin: Health Research Board. www.drugsandalcohol.ie/43420/

Mongan D, Killeen N, Millar SR, Matias J, Keenan E and Galvin B (2025) Hexahydrocannabinol (HHC) use and harms in Ireland: new findings from the 2024 European Web Survey on Drugs. International Journal of Drug Policy , Early online www.drugsandalcohol.ie/44244/

Morton S, Gallagher B & McLoughlin E (2023) 'You can't fix this in six months': Exploring the intersectionality of women's substance use in the Irish context. University College Dublin/ Merchants Quay Ireland: Dublin, Ireland. www.drugsandalcohol.ie/38492

Merchants Quay Ireland (2021) A space of her own: the need for gender specific services for women experiencing homelessness and addiction. Dublin: Merchants Quay Ireland. www.drugsandalcohol.ie/34831/

Novacek, L. (2018). Measuring the Impact: A RE-AIM Framework for Evaluation of a Needle Exchange Program. University of Massachusetts Amherst. https://doi.org/10.7275/11936323

O'Mahony B, Lanigan S, Lally N, O'Malley A, Smyth B, McDonald C, Hallahan B. (2025) Novel substance, same old problems: admissions of psychosis precipitated by hexahydrocannabinol, a widely available semi-synthetic cannabinoid. BJPsych Bull. 2025 Jul 10:1-6. doi: 10.1192/bjb.2025.85. Epub ahead of print. PMID: 40637199. www.drugsandalcohol.ie/43779/

Strand, M. A., Eukel, H., Frenzel, O., Skoy, E., Steig, J., & Werremeyer, A. (2020). Program evaluation of the Opioid and Naloxone Education (ONE Rx) program using the RE-AIM model. Research in Social and Administrative Pharmacy, 16(9), 1248–1254. https://doi.org/10.1016/j.sapharm.2019.11.016

UNODC. Global report on cocaine 2023 – Local dynamics, global challenges. Vienna: United Nations; 2023. www.drugsandalcohol.ie/38396/