Tithe an Oireachtais
Houses of the Oireachtas

An Comhchoiste um Úsáid Drugaí

An Tuarascáil Deiridh

Meitheamh 2026

Joint Committee on Drugs Use

Final Report

June 2026

34/JCDU/01

Contents

Related information

Publications

All publications for this Committee are available on the Oireachtas website.

Committee videos

Footage of Committee proceedings can be found on the Committee videos page.

Committee debates

Transcripts of Committee debates can be found on the Committee debates page.

Contact details

The contact details for the Committee can be found on the Committee page.

Terms of reference

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Committee membership

Cathaoirleach

Gary Gannon TD, Social Democrats

Leas-Chathaoirleach

Senator Mary Fitzpatrick, Fianna Fáil

Members

Tom Brabazon TD, Fianna Fáil

Colm Burke TD, Fine Gael

Máire Devine TD, Sinn Féin

Ann Graves TD, Sinn Féin

James O'Connor TD, Fianna Fáil

Willie O'Dea TD, Fianna Fáil

John Paul O'Shea TD, Fine Gael

Marie Sherlock TD, Labour Party

Senator Teresa Costello, Fianna Fáil

Senator Evanne Ní Chuilinn, Fine Gael

Senator Lynn Ruane, Independent

Senator Nicole Ryan, Sinn Féin

Membership notes

- Deputy Gary Gannon TD was appointed Cathaoirleach of the Committee on 7 May 2025 by order of the First Report of the Committee of Selection and Appointment of Cathaoirligh;
- Senator Mary Fitzpatrick was elected Leas-Chathaoirleach of the Committee in private session on 17 June 2025.

Remit

The Oireachtas Joint Committee on Drugs Use was established to consider the Report of the Citizens' Assembly on Drugs Use and to provide a response to the subject matter of the Report, including a reasoned response to each of the 36 recommendations contained in the Report.

The Joint Committee was established by a motion agreed by Dáil Éireann on 7 May 2025 and by Seanad Éireann on 8 May 2025. The actions of the Committee are governed by its terms of reference.

Cathaoirleach's Foreword

I am pleased, as Cathaoirleach of the Joint Committee on Drugs Use, to introduce the Committee's final report.

This report has its origin in the Report of the Citizens' Assembly on Drugs Use, which set out thirty-six recommendations in January 2024. The Assembly's work was the most comprehensive examination of drug use ever undertaken in the history of the State. Over many months, a representative cross-section of the public heard the evidence, considered the arguments, and concluded that drug use in Ireland should be approached primarily as a public health issue.

That finding has guided this Committee's work from the outset, and it is the frame within which this report should be read.

The Committee was established to consider the Assembly's Report and to provide a reasoned response to each of its recommendations. We have done so. Having examined the evidence ourselves, we endorse the direction the Assembly set. A health-led response is not a softening of the State's resolve on drugs; it is a more honest and more effective use of it. Central to that response, the Committee has concluded that the personal possession of drugs for one's own use should cease to be treated as a criminal matter and should instead be met with a health-led approach. This is not a marginal adjustment. It is a recognition that criminalising people for their own drug use has not reduced harm, and that a different approach is both possible and overdue.

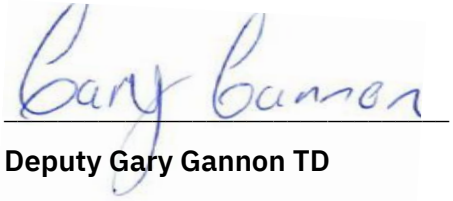
The Committee's conclusions were shaped by an extensive programme of engagement. We heard from policymakers, legal and medical experts, service providers, academics, community organisations, and, most importantly, from individuals with lived experience of drug use and recovery, and from families affected by addiction. Their testimony grounded our deliberations in reality rather than abstraction, and I want to acknowledge their generosity and openness in coming before us. While it has not been possible to capture every issue raised in these pages, I would encourage readers to consult the meeting transcripts and recordings for the fuller picture of the evidence considered.

I want to say a word about how this Committee worked, because it matters. Members came to this question from different parties and different starting points, and there was strong and genuine debate among us. But we listened to the evidence and we let it lead. The

conclusions in this report are agreed conclusions, reached not by avoiding disagreement but by working through it. On an issue that is too often reduced to a political dividing line, I am proud that this Committee found common ground in the facts. I thank every member for the seriousness and good faith they brought to the work.

I also wish to thank the Committee Secretariat for their professionalism, diligence and support throughout this process.

The Joint Committee on Drugs Use recommends that this report be considered by the Department of Health, the Department of Justice, Home Affairs and Migration, and the Department of the Taoiseach, and that the matters arising from it be debated in both Houses of the Oireachtas.



Deputy Gary Gannon TD

Cathaoirleach of the Committee
June 2026

Message from the Leas-Chathaoirleach

I want to begin by thanking everyone who contributed to this report.

To the witnesses who came before the Committee and shared their experience, expertise and personal stories – thank you. Your contributions shaped this work in a real and meaningful way. I also want to acknowledge the Oireachtas Committee Secretariat for their dedication and support, and to thank my fellow Committee members for the serious, respectful approach taken throughout.

I previously served on the Interim Oireachtas Committee on Drugs, and I have seen first-hand how this conversation has developed. The task given to this Joint Committee was a clear one – to take the recommendations of the Citizens' Assembly on Drugs Use and set out how Ireland can move from a criminal justice-led approach to a health-led approach. That was a significant challenge, but an important one.

Over the past twenty years, the nature of drug use in Ireland has changed completely. Where once it was often associated with heroin use in disadvantaged and marginalised communities, today we are dealing with widespread poly substance use. Cocaine, cannabis, prescription drugs and new substances are now present in every county – in villages, towns and cities alike.

Addiction is no longer something that can be seen as affecting "other communities". It is present across Irish society.

We heard clearly about the impact of this. The human cost is felt by individuals and families dealing with addiction and loss. The social cost is seen in communities living with trauma, stigma and drug-related harm. The economic cost is also significant, with resources tied up in systems that are not delivering the outcomes we need.

This evidence shows that a largely criminal justice-focused approach has not worked well enough. It has not reduced harm, it has not supported people early enough, and in some cases, it has added to stigma and exclusion.

That is why this report is clear in its direction: Ireland must move to a health-led approach. This is about recognising drug use and addiction as a public health issue. It is about protecting young people, reducing risk and preventing harm, while making sure people can access the help they need when they need it.

Our report calls for a comprehensive health-led response that prioritises prevention, harm reduction and recovery. Prevention to stop problems starting, harm reduction to save lives and reduce risk, and recovery to support people to rebuild their lives.

It also recognises that addiction is often linked to wider issues – poverty, trauma, mental health and housing – and that these must be addressed together.

We now have a real opportunity to take a different approach. The Citizens' Assembly has given clear guidance, and the evidence we heard supports change.

This report sets out a practical path forward. It is focused on what works, on what people told us, and on building a more effective and humane response to drugs and addiction in Ireland.

Senator Mary Fitzpatrick

Leas-Chathaoirleach
Joint Oireachtas Committee on Drug Use

Definitions

The Committee agreed, in private session, that the following definitions would apply for the purposes of its deliberations and this report.

Word or term	Definition
Criminalisation	Criminalisation is the process by which legislation defines specified conduct as a criminal offence, rendering it subject to criminal investigation, prosecution, and sanction.
Decriminalisation	Decriminalisation refers to the removal of criminal status, in law and in practice, from specified conduct. Under a decriminalised model, possession of a controlled drug within defined thresholds for personal use does not constitute a criminal offence and does not result in a criminal conviction or record. Depending on the legal framework, and under less comprehensive approaches, such conduct may remain unlawful and subject to non-criminal (administrative) sanctions, such as fines, warnings, or referral to a dissuasion body.
Depenalisation	Depenalisation means removing or ceasing to apply criminal penalties for low-level, personal possession. A depenalised approach involves keeping the law in place but choosing not to enforce criminal punishments, or removing the penalty altogether, even though the behaviour technically remains prohibited in law.
Diversion	Diversion refers to non-punitive mechanisms that redirect individuals away from the criminal justice system and towards health or social interventions, such as assessment, counselling, treatment or social reintegration.
Health-led responses	Health-led responses are policies and interventions that support and empower people to make informed, healthier choices about their drug use in a non-punitive manner. Such responses are person-centred, placing the individual at the heart of decisions regarding their care and ensuring they have autonomy to make choices that support their own wellbeing. Health-led responses are

	underpinned by the principles of prevention and harm reduction, and should facilitate access to treatment where it is necessary and desired by the individual.
Legalisation	Legalisation refers to the process of replacing prohibition with a regulated legal framework, under which a previously prohibited activity becomes lawful subject to specified conditions.
Prohibition	Prohibition refers to the restriction of an activity through criminal law. In Ireland, the cultivation, possession, sale or supply of controlled drugs are criminal offences under the Misuse of Drugs Act 1977. Possession is prohibited under section 3, sale or supply under section 15, and the cultivation of opium poppy or cannabis plants under section 17. In addition to controlled drugs, the sale of other psychoactive substances for human consumption is prohibited under section 3 of the Criminal Justice (Psychoactive Substances) Act 2010.

Introduction

The Joint Committee on Drugs Use was established by both Houses of the Oireachtas to consider the recommendations set out in the Report of the Citizens' Assembly on Drugs Use and to provide a reasoned response to each recommendation. In accordance with its Orders of Reference, the Committee is required to report to both Houses of the Oireachtas within nine months of its first public meeting, although it may report sooner where appropriate. The establishment of the Committee reflects the significance of the Citizens' Assembly process and the recognition that drug use, addiction and substance-related harm represent major public health, social and community challenges requiring sustained and coordinated policy responses.

The Citizens' Assembly on Drugs Use represented one of the most significant public deliberative exercises undertaken in Ireland in relation to drugs policy. The Assembly heard from a broad range of experts, service providers, academics, policymakers, advocacy organisations, affected family members, and individuals with lived experience of addiction and recovery. Its recommendations reflect the growing national and international recognition that problematic substance use is intricately connected to wider issues including trauma, poverty, social exclusion, mental health difficulties, homelessness, family breakdown and community disadvantage. The recommendations also reflect the increasing evidence that punitive, enforcement-led approaches are limited in their ability to reduce harm and may, in some circumstances, contribute to further marginalisation and stigma.

The recommendations of the Citizens' Assembly span a wide range of interconnected policy areas. These include the prioritisation of drugs policy across Government, the development of a comprehensive health-led approach to drug use, reform of the State's response to possession of drugs for personal use, expansion of harm reduction measures, increased access to treatment and recovery supports, improved prevention and early intervention services, enhanced family and community supports, and the development of a new and more effective National Drugs Strategy. The Assembly also highlighted the importance of addressing the broader social determinants of addiction and ensuring that policy responses are grounded in human rights, dignity, evidence and public health principles.

In advance of commencing its public work, the Committee met in private session to agree its work programme, methodology and approach. The Committee subsequently undertook an extensive programme of public hearings structured around thematic modules. These

included: prevention and education; substance use among children and young people; harm reduction; treatment and recovery; family and community supports; women, drug use and addiction; neurodiversity and substance use; legal and policy issues; international perspectives on drugs policy; and the experiences of marginalised groups and communities disproportionately affected by addiction and drug-related harms.

Throughout its deliberations, the Committee heard from a broad range of stakeholders including Government Departments, State agencies, academics, clinicians, researchers, youth workers, community organisations, family support groups, legal experts, representatives of An Garda Síochána, international experts, and individuals with lived experience of substance use and recovery. The Committee also engaged with evidence and policy developments from other jurisdictions. A delegation of the Committee attended a sitting of the Drug Treatment Court. A delegation of the Committee also attended the 2026 Planet Youth Conference in Reykjavik, Iceland, to examine evidence-based, data-driven community prevention approaches to reducing substance-related harms among young people.

A consistent theme emerging throughout the Committee's work has been the need for a more integrated, person-centred and genuinely health-led approach to drugs policy, supported by adequate resourcing, long-term planning and stronger coordination across Government and public services. Witnesses repeatedly highlighted that addiction is rarely an isolated issue and is often linked to trauma, adverse childhood experiences, poverty, mental health difficulties, housing instability, family difficulties and social exclusion. The Committee also heard significant evidence regarding the importance of prevention, early intervention, youth work, education, sport, arts, and family and community supports as protective factors against problematic substance use.

Recommendation 17 of the Citizens' Assembly, which calls for the introduction of a comprehensive health-led response to the possession of drugs for personal use, was a central focus of the Committee's work. Members considered the legal, operational and societal implications of such an approach, including its interaction with policing and criminal justice systems, treatment services, harm reduction initiatives, community safety and public confidence. The Committee also examined a range of international models and heard differing perspectives regarding diversion, decriminalisation and wider legislative reform. There were differing views expressed, and alternative perspectives considered, before the

Committee ultimately reached the conclusions and recommendations contained in this report.

The Committee's deliberations highlighted the importance of ensuring that policy responses are inclusive of the experiences of those most affected by addiction and substance use. Witnesses stressed the need for services and policies that respond appropriately to the needs of women, children, LGBTQI+ people, neurodivergent individuals, people experiencing homelessness, those involved in the criminal justice system, and communities disproportionately affected by poverty, adverse childhood experiences and intergenerational trauma. The Committee also heard repeated concerns regarding fragmented service provision, regional inequalities in access to treatment and supports, and the need for greater integration between addiction, mental health, housing and social care services.

This report sets out the Committee's consideration of the recommendations of the Citizens' Assembly on Drugs Use, informed by the extensive evidence gathered throughout its deliberations. In doing so, the Committee seeks to contribute to the development of an effective, evidence-informed and sustainable national response to drug use in Ireland that prioritises health, dignity, prevention, recovery and community wellbeing, while also addressing the harms caused by organised criminal activity and drug-related exploitation.

Reasoned Responses

Table 1: Reasoned responses to the recommendations of the Citizens' Assembly

No.	Citizens' Assembly Recommendation	Committee's Reasoned Response
1.	The State should take urgent, decisive, and ambitious action to improve its response to the harmful impacts of drugs use, including implementing necessary legislative changes.	**Agree** **The Committee emphasises that both drug use and drug policy can cause distinct harms, and that this recommendation seeks to address both as a matter of urgency.** **The State should address these harms through a whole-of-government approach, incorporating health, education and justice-based strategies.** **The Committee reiterates** that action taken should not involve a punitive approach to personal drug use, or the treatment of misuse. The State must ensure that people have access to appropriate health options, but they are not mandatory. The Committee recommends further scrutiny of legal and policy approaches to drug use in public spaces. We believe that decisive and urgent actions are crucial to ending the harmful impacts of drugs use in Ireland.
2.	Government should prioritise drugs misuse as a policy priority, as part of an overall socio-economic strategy.	**Agree** **The Committee agrees with the reasoned response set out by the previous Committee in its interim report and reaffirms that position:** The Committee agrees with this recommendation.

		The Committee hopes there would be a strong emphasis on the relationship between socio-economic status, poverty, trauma and drugs misuse. The Committee recommends that those in the prison service settings also have access to adequate support and services.
3.	Government should give greater political priority and prominence to drugs policy and related issues. A dedicated Cabinet Committee chaired by the Taoiseach, supported by a Senior Officials Group, should consider, and publish a detailed annual report on drug trends and emerging risks. The Department of Health must be supported in providing effective leadership and coordination of the work of the National Oversight Committee for the National Drugs Strategy.	**Agree** **The Committee acknowledges that this Recommendation is outdated due to the imminent publication of the new National Drugs Strategy.** **However, it remains important that the recommendations of this Committee are incorporated into that strategy, and that the strategy's implementation is adequately funded and its outcomes are monitored on an ongoing basis.**
4.	Government should recognise that an effective national response to drugs-related issues requires whole of government policy coherence, operational cohesion, and effective leadership.	**Agree** The Committee recommends a cohesive approach with other Government Departments and recommends further insight and research into how other jurisdictions deal with the issues at a governmental level. **The Committee further recommends that those responsible for the monitoring and implementation of the new National Drugs Strategy, and policies relating to drug use and those affected by drug use report regularly to a new, permanent Joint Oireachtas Committee on Drugs Use.**

5.	The Government must assign accountability, at the highest level, for the State's response to problematic drug use, including for the implementation and tracking of the progress of the Citizens' Assembly recommendations.	**Agree** The Committee recommends that the role of the National Oversight Committee should be scrutinised by the inter-departmental group. The Committee recommends **that a review of the implementation and outcomes be published** on a quarterly basis. The Committee emphasises the importance of evidence-based policy and accountability.
6.	The Government should introduce a 'Health in all Policies' approach to policy development.	**Agree** The Committee strongly agrees that all policy should be evidence based; including prevention, improving the quality of one's conditions, ending poverty and advancing a positive social environment that supports recovery and upholds the right to health and wellbeing. **This principle is reflected in the Committee's work and recommendations, including those relating to family and community supports, and to the legal framework governing drug use**. The Committee **acknowledges the change in terminology since the Citizens' Assembly** but agrees that that 'Health in all Policies' must recognise the intersection of health socioeconomic circumstances and social justice issues. **The Committee emphasises that a health-led approach means that health considerations, above all other factors, should determining both the prevention**

		of, and the response to, drug use among individuals, families and communities.
7.	Government should publish a new iteration of the National Drugs Strategy as a matter of urgency. A first draft should be published by June 2024 for consultation, with the recommendations of the Citizens' Assembly as a key input. The Strategy should contain annual action plans with measurable targets and objectives, clear designation of responsibilities, and regular reporting on implementation and expenditure.	**Agree** **The Committee acknowledges that, at the time of publication of this Report, the draft National Drugs Strategy has been published. The final strategy should take into account the work and recommendations of both the Citizens' Assembly and of this Committee, and should incorporate those recommendations into the strategy.**
8.	Government should ensure effective stakeholder involvement in implementing the National Drugs Strategy.	**Agree** The Committee recommends that the widest possible definition of a stakeholder be taken into account when defining a stakeholder, the Committee's work and assembly contributors. **The Committee also acknowledges both its own and the Government's power as 'gatekeepers' of stakeholder status, and emphasises the importance of empowering those affected by drug policy, rather than limiting their involvement to consultative roles in policy design and delivery**.
9.	Government should work with key stakeholders to build an effective whole of society response to drugs-related issues.	**Agree** The Committee recommends **ongoing** discussion on the definition of a stakeholder to ensure all voices are included. **This should extend to soliciting submissions for future Committee work and National Drugs Strategy drafting, to**

		allow for contributions from stakeholders who may have been marginalised or excluded from previous policymaking processes.
10.	Drugs policy design and implementation should be informed by service users and people who use drugs as well as family members of people affected by drugs, with provision of appropriate supports to enable this involvement.	**Agree** The Committee **re-emphasises** the need to engage with all those affected by drug **use and misuse** in order to develop **an effective policy approach.** **The Committee has adapted the terminology used since the Citizens' Assembly and the previous iteration of the Committee from a 'Health in all Policies' approach to a more actionable 'health-led' approach. This reflects the Committee's view that health should not simply be one consideration among many, but should be the primary driver in policy design and the first, and most prominent, aspect of policy implementation that those affected by drug use will experience in practice.** **In order to achieve this, the Committee calls for a health-led approach to be adopted in the finalisation of the National Drugs Strategy. The Committee also calls for the establishment of a Standing Joint Oireachtas Committee on Drugs Use with an assigned Super Junior Minister.**
11.	The State should formalise, adopt, and resource alternative, health-led options for people with a drug addiction within the criminal justice system.	**Agree** The Committee recognises that treatment and support works best when someone is willing and ready to engage. We must

		ensure that the health-led option is always available, when it is requested or offered, and as many times as it is requested or offered **with no cap on the number of times a health diversion can be offered.** **The Committee also calls for the mainstreaming and resourcing of the Drug Treatment Court at a national level.** **In addition to this, we must also consider congregated settings within the prison system. Access to health services in those contexts is entirely reliant on State funded treatment, with long waiting lists and limited-service availability**.
12.	The Government should allocate additional resources to fund community-based and residential treatment and recovery services as an alternative to custodial sentences for people with problematic drugs use.	**Agree** The Committee recommends significantly improving funding for community-based services, sufficiently resourced residential treatment, and access to recovery at the level required. The Committee recommends that engagement with such services is not on a mandatory basis **and that there will not be a limit placed on the number of times that the option to engage with such services will be offered**.
13.	The Department of Justice and the Irish Prison Service should develop and fund enhanced prison-based addiction treatment services.	**Agree** The Committee recommends that best practice treatment should be accessible if serving a custodial sentence. **This includes the expansion of programmes such as the Treatment and Recovery Programme (TARP) throughout the Irish**

		prison system, particularly women's prisons. The Committee acknowledges that prisoners serving short sentences often face difficulties in accessing appropriate supports. This should be addressed through better coordination with community-based services to ensure continuity of care and support, **and by replacing short custodial sentences with alternative measures, including restorative justice approaches, where appropriate**.
14.	The Government should develop and expand the use of alternative pathways for young people engaged in low-level sale and distribution of drugs. The Assembly recommends that the criminal justice system adopts the widespread use of restorative justice and diversion initiatives in these cases, with enhanced investment in community-based youth work and community development projects and initiatives.	**Agree** The Committee recommends supporting and expanding community-based initiatives, youth work and youth justice projects to divert young people from this path. **Youth diversion should be supported through a whole-of-government approach with a coordinated response across justice, health, education, arts and other relevant sectors, informed by international best practice. Promoting restorative justice and community sanctions as alternatives to custodial sentencing is important in preventing cycles of criminality and recidivism among young people.** **The Committee further recommends that its proposed Irish Primary Prevention System form a central component of this approach. By investing in evidence-based, community-led prevention**

		initiatives that strengthen protective factors and support early intervention, the State can better protect and improve youth outcomes.
15.	Drugs policy should prioritise the needs of vulnerable and marginalised groups and disadvantaged communities.	**Agree** **The Committee agrees with the reasoned response set out by the previous Committee in its interim report and reaffirms that position**: The Committee noted that the application of drugs policy and its implementation can vary from community to community and should be consistent across all communities. The Committee recommends that access to treatment is equitable and based on needs. The Committee is deeply concerned that service provision inadequately addresses current service user needs and differs geographically and there is not uniform access to treatment and supports. The Committee further recommends that service provision and improving people's conditions and environment should be addressed with a targeted strategic response that is person centred. The Committee recommends noting that the nature of marginalised groups in Ireland is changing as we experience significant demographic shifts.
16.	The National Drugs Strategy should seek to optimise services to ensure continuity of care and joined-up care for all service	**Agree** **The Committee supports the recognition and treatment of co-occurring conditions**

	users, including people with complex and/or specific needs.	**alongside addiction and substance use disorders across all public services, and services in receipt of public funding.** **This dual diagnosis approach should be integrated into the forthcoming National Drugs Strategy.** **The most appropriate models of service provision should continue to evolve and be informed by relevant stakeholders and service users.**
17.	The State should introduce a comprehensive health-led response to possession of drugs for personal use.	**Agree** **The Committee agrees with the reasoned response set out by the previous Committee in its interim report and reaffirms that position**: The Committee calls for the Minister to implement and make operational a health-led response. The Committee recommends decriminalisation of the person in relation to possession for personal use. The Committee believes that healthcare must be voluntary and does not support mandated healthcare.
18.	Government should allocate significant additional funding on a multi-annual basis to drugs services across the statutory, community and voluntary sectors, to address existing service gaps, including in the provision of community-based and residential treatment services, to support the implementation of the recommendations of the Citizens' Assembly. This funding should ensure	**Agree** **The Committee agrees with the reasoned response set out by the previous Committee in its interim report and reaffirms that position**: The Committee has heard from numerous witnesses and strongly agrees for funding to be provided on a multi annual basis. In order to address the recruitment and retention challenges, the Committee

	geographic equitability in terms of access to statutory services, as well as providing for accountability, transparency, and traceability of allocations.	recommends improved pay and conditions for those who work in this essential sector.
19.	The Government should examine the potential of novel funding sources to support increased drug services within the health and criminal justice systems, and in the community and voluntary sectors. Any novel funding should be secured, tracked and ringfenced for drug services expenditure	**Agree** **The Committee notes the distinction between novel funding, meaning new sources of funding that may or may not be permanent, and pilot funding, which comes from an existing source but should not be considered permanent. Neither is a substitute for increases to core budgets.** **Many successful pilot schemes require sufficient, multi-annual, ring-fenced funding in order to be mainstreamed and expanded nationally.** **Local and regional Drug and Alcohol Task Forces should be systemically empowered to make decisions about funding allocation, rather than all funding decisions being made in a top-down manner at Health Service Executive (HSE) level, in order to respond effectively to community needs.** The Committee recommends a review of the administrative burden associated with annual funding applications in the community and voluntary sectors.
20.	Key stakeholders should publish a joint report on an annual basis detailing total and disaggregated expenditure and channels of funding provided for drug-	**The Committee recognises the importance of good governance, transparency and financial accountability among stakeholders providing drug-related services.**

	related services in Ireland, audited by the Comptroller and Auditor General.	**However, the Committee does not consider it practical or proportionate to require key stakeholders to jointly publish an annual report detailing total and disaggregated expenditure and funding streams, audited by the Comptroller and Auditor General.** **The Committee believes that appropriate mechanisms for financial oversight and accountability should be maintained, while avoiding unnecessary administrative burdens that could divert resources from service delivery.**
21.	The Government should recognise, value, and adequately resource the role of family members and extended support network in supporting people affected by drugs use, and their children. Kinship carers and children should have the same rights as foster carers and foster children, and this should include legal rights and monetary rights on a non-means-tested basis.	**Agree** The Committee recognises and supports the role of family and communities in supporting persons with addiction and their families. **The Committee endorses the provision of funding and resources for kinship carers in recognition and support of the valuable role they play, while also respecting the legal rights of parents and children.**
22.	The National Drugs Strategy should include a strategic workforce development plan.	**Agree** **The Committee agrees with the reasoned response set out by the previous Committee in its interim report and reaffirms that position:** The Committee recognises the highly skilled nature of the workforce within the sector, and it is important that professional development options should

		be available across the sector and ensure pay and conditions parity.
23.	A minimum, mandatory basic training should be implemented for personnel across education, health, criminal justice, prison, and social care services on trauma-informed and problem-solving responses to addiction, and health led response options for those presenting with problematic drug use or addiction.	**Agree** **The Committee agrees with the reasoned response set out by the previous Committee in its interim report and reaffirms that position:** The Committee agrees with the value and provision of trauma informed training. It suggests that is resourced and available to all those who work in this area.
24.	The National Drugs Strategy should continue to prioritise the objective of reducing illicit drugs supply and associated structures, at international, national, and local level within communities.	**Agree** **The Committee agrees with the reasoned response set out by the previous Committee in its interim report and reaffirms that position:** The Committee recommends that a cross governmental strategy should be developed when tackling the illicit drug supply chain and their effect on our communities. The Committee heard of the detrimental effect of synthetics drugs, particularly new and emerging variations, and the need to prioritise prevention, education, and testing.
25.	The National Drugs Strategy should focus on building resilient, sustainable communities though local partnerships in both urban and rural settings, and stronger community policing.	**Agree** **The Committee agrees with the reasoned response set out by the previous Committee in its interim report and reaffirms that position:** The Committee recommends that the National Drugs Strategy be rooted in the

		work of all community projects, partnerships and Drug and Alcohol Taskforces.
26.	The National Drugs Strategy should continue to prioritise the objective of tackling the source and impact of drugs-related intimidation and violence and take a zero-tolerance approach.	**Agree** **The Committee agrees with the reasoned response set out by the previous Committee in its interim report and reaffirms that position:** The Committee strongly supports this recommendation and further recommends supporting the need to resource communities to develop long term responses that focus on violence prevention, reducing the harm and increased personal, public and community safety.
27.	The National Drugs Strategy should include a detailed action plan to enhance Ireland's approach to prevention of drugs use.	**Agree** The Committee agrees and advocates for the continued pursuit of evidence-based prevention methods and continual review against international best practice. **Accordingly, the Committee calls for the development and implementation of its proposed Irish Primary Prevention System to reduce substance use among young people through early intervention, the strengthening of protective factors, and sustained investment in evidence-based community prevention initiatives.**
28.	The Departments of Health and Education, in conjunction with the HSE, should design and implement a comprehensive, age-appropriate school-based drug prevention strategy for primary school children, junior	**Agree** **The Committee supports age-appropriate prevention and education measures for children, including the**

	and senior cycle secondary students, and wider community settings, as well as their parents/guardians and teachers. Prevention programmes should utilise external experts to deliver to classrooms, supporting teachers, with regular updating by the experts to the schools.	**development and implementation of its proposed Irish Primary Prevention System.** **Suitable training should be available and accessible to teachers, and resources should be made available to facilitate age-appropriate drug education where necessary. Youth clubs and community organisations should also be supported as sites of drug misuse prevention and diversion.** **Information campaigns should be designed by the HSE to provide harm reduction information to young people without inadvertently encouraging interest among those who are not already using drugs.** **Large-scale data collection projects should be carried out on a cross-departmental basis in order to capture comprehensive information on existing and emerging trends in drug use among young people and the wider population.**
29.	The Department of Health should roll out regular national public health information campaigns, focusing on reducing shame and stigmatisation of people who use drugs, prevention, risk mitigation and advertising services.	**Agree** **The Committee calls for the HSE to lead a health-led response as part of a comprehensive public health policy. Such policies should include campaigns with a two-pronged approach: promoting harm-reduction for existing drug users and preventing drug misuse among potential drug users, without encouraging non-drug users to experiment with substances in an unsafe manner.**

		The Committee also acknowledges the importance of campaigns that provide information about recovery from harmful substance use, the supports available to drug users, and the promotion of supportive and inclusive attitudes of families and communities towards those in recovery.
30.	The National Drugs Strategy should prioritise a systemic approach to recovery.	**Agree** The Committee recognises that recovery looks different for each person **and that the State is not in a position to dictate the definition of recovery for any individual. Recovery and rehabilitation exist on a spectrum, ranging from harm reduction to sobriety, with quality of life being a key metric that individuals can define for themselves.** **The Committee calls for the mainstreaming of the Drug Treatment Court on a national scale, while acknowledging the importance of not requiring total abstinence as a condition of recovery for participants.**
31.	The Department of Health should develop a strategy to enhance resilience, mental health, well-being, and prevention capital across the population, including a focus on providing therapeutic supports for children and young people, and for people dealing with trauma and adverse childhood experiences and dual diagnosis.	**Agree** The Committee recommends that such a strategy **is designed and delivered on a cross-departmental basis, and** is well resourced and evidence based. It is important to note the lived experience of people who have used drugs and the input they can provide to developing this strategy.

32.	The National Drugs Strategy should incentivise and promote evidence-based innovations in service design and delivery, prioritise the evaluation of pilot projects and emphasise the timely mainstreaming of best practice nationally and internationally.	**Agree** The Committee recognises the difficulties services experience and recommends additional resources and supports to create accessible ways for services to implement their work. The Committee recognises the value of pilot projects and calls for the accelerated mainstreaming of successful pilot programs. **Pilot projects should be provided with adequate funding and be of sufficient duration to accurately demonstrate their effectiveness and viability.**
33.	The National Drugs Strategy should include a plan to strengthen the national research and data collection systems for drugs to inform evidence-based decision-making.	**Agree** The Committee recognises the value of data and evidence-based resources and suggests the administrative burden associated with data collection should be streamlined and minimised. The Committee notes that this approach should extend across all health service provision, not solely addiction services. Data collection must be designed to include marginalised and minority groups, such as members of the Traveller community and people experiencing homelessness, in order to capture comprehensive and representative data.
34.	Referral of submissions received by the Citizens Assembly from the general public and stakeholders on Drugs Use to inform the development and implementation of the National Drugs Strategy.	**The Committee notes the recommendation that submissions received by the Citizens' Assembly from members of the public and stakeholders on drug use be considered in the**

		development and implementation of the National Drugs Strategy.
35.	Referral of certain submissions received by the Citizens' Assembly on Drugs Use, in relation to the potential therapeutic benefits of certain substances, to the appropriate authorities for consideration.	**The Committee did not undertake a detailed examination of the potential therapeutic benefits of certain substances as part of its work. However, the Committee recognises the importance of continued evidence-based scrutiny in this area and supports its inclusion within the remit of a Standing Joint Oireachtas Committee on Drugs Use.**
36.	The National Drugs Strategy should use evidence-based approaches to harm reduction and take measures to reduce the barriers to implementing harm-reduction approaches without undue delay.	**Agree** **The Committee agrees with the reasoned response set out by the previous Committee in its interim report and reaffirms that position**: The Committee emphasise the capacity of underfunded services and support all efforts to ensure effective, successful measures.

Recommendations

Preface

In preparing this Final Report, the Committee has, in accordance with its Terms of Reference, also reviewed the recommendations set out in the Interim Report of the previous Joint Committee on Drugs Use, published in October 2024. Those interim recommendations are reproduced in full in Appendix 2 for ease of reference.

Since the publication of the Interim Report, the Committee has received additional evidence, expertise, and insights from stakeholders across the clinical, community, enforcement, and research sectors. Having considered this additional evidence, the Committee has concluded that a number of those recommendations should be strengthened, refined or expanded to ensure they reflect current policy priorities, operational challenges and the broader strategic direction of national drug policy.

The recommendations set out in this chapter are those of the present Committee. They include recommendations that build on the interim recommendations, together with new recommendations arising from this Committee's consideration of the Report of the Citizens' Assembly on Drugs Use and the evidence received during its deliberations.

Building on interim recommendations

1. Having had regard to Interim Recommendation 2, the Committee recommends that the Government introduce a **comprehensive** health-led approach to the use and misuse of substances.

2. The Committee reaffirms the importance of strong, constructive relationships between community, voluntary and statutory services, and An Garda Síochána to support the provision of compassionate and person-centred interventions where required, as set out in Interim Recommendation 7. **The Committee further recommends that all such interventions be grounded in the informed and voluntary consent of the individual concerned, and that any Memorandum of Understanding explicitly reflects this requirement.**

3. The Committee concludes, having regard to Interim Recommendation 8, and on the basis of the vast body of evidence it has consulted, that decriminalisation for personal possession is not likely to result in an increase in consumption. **However, a small**

sample of jurisdictions where decriminalisation has been implemented have reported an increase in drug consumption in public areas. Therefore, the Committee recommends that local authorities are required to discourage and reduce consumption in public areas, including through the use of local authority byelaws, similar to those governing the consumption of alcohol in public.

4. Having regard to Interim Recommendation 9, the Committee recommends that specific trauma and harm reduction training be provided to An Garda Síochána and local authorities, **that acknowledges the harms that may stem from policy decisions as well as drug use, and is grounded in a public-health approach to policing**, to inform their work with individuals and communities affected by drug misuse and addiction.

5. Having regard to Interim Recommendation 27, the Committee recommends that the provisions of the Misuse of Drugs (Supervised Injecting Facilities) Act 2017 be updated, to allow these facilities to cater to broader drug consumption, and to provide for the delivery of mobile consumption facilities and consumption sites, **primarily as a harm-reduction measure for people who use drugs, but also to reduce the prevalence of street use.**

6. Having regard to Interim Recommendation 30, the Committee notes that the number of pharmacies that offer needle exchange **and other consumption paraphernalia** is insufficient and therefore recommends an expansion of needle exchange **and other consumption paraphernalia** nationally.

7. Having regard to Interim Recommendation 35, the Committee recommends that **evidence-informed** education and prevention programmes be appropriately resourced and supported at all levels of the education system, including adult education nationwide.

8. Having regard to Interim Recommendation 36, the Committee recommends that the Government run national prevention and harm-reduction campaigns on sensible drug use **that reduces harm and saves lives**.

9. Having regard to Interim Recommendation 39, the Committee calls on the Government to undertake targeted investment in areas that are known to impact the

development of substance dependency including poverty, social exclusion, **being care experienced**, low levels of educational attainment, the dearth of housing supply and the prevalence of homelessness, incorporating, amongst other things, significant investment in Family Resource Centres, local and regional Drug and Alcohol Task Forces and Community Development.

10. Having regard to Interim Recommendation 48, the Committee recommends that naloxone be readily available in all Irish prisons, **and that both naloxone and training in its administration should be available to the prison population, who are often the first responders in overdose situations**.

11. Having regard to Interim Recommendation 52, the Committee recommends a creative approach to testing at a community level where there is increased drug use. For example, if a supply of 'fake benzos' is potentially harmful, these can be tested through community service without fear of arrest **or surveillance, or without any expectation that those availing of community testing would act as informants for law enforcement.**

Family supports

12. The Committee acknowledges the emotional toll that addiction can have on family members, and stresses the importance of family support services in helping family members to navigate the impacts of their loved one's addiction. Recognising the fragmented and inconsistent delivery of family support services at present, the Committee recommends that a national family support system is established, recognising the essential value of local community-based organisations and embedding them within such a model, supported by ring-fenced, multi-annual budgets, to deliver a coordinated and equitable system of support services across Ireland that can empower families.

13. The Committee recommends that family support is integrated into all stages of addiction services, including treatment, recovery and aftercare pathways.

14. The Committee recognises the positive role played by the community, voluntary and non-profit sectors in providing support to the family members impacted by a loved one's addiction. These services require increased investment so that they can continue to maintain and expand the individualised interventions that they offer to

families. The Committee calls for the establishment of mechanisms to allow partnerships between treatment providers, primary care networks and community organisations to ensure seamless referrals and holistic care that better meets the needs of people in addiction and their families.

15. The Committee recommends the adoption of a whole-family, trauma-informed model of care, with clear service standards and implementation guidelines to ensure that families are recognised and supported as service users in their own right.

16. The Committee recommends that the Department of Health recognises and embeds lived and living experience by formalising the participation of families and people who use drugs in policy design, service planning and governance structures.

17. The Committee recommends the establishment of a national, independent advocacy service for people who use drugs and their affected family members, to safeguard rights, challenge systemic discrimination, and ensure that families – of all structures and complexities – are supported to access the interventions they require.

18. The Committee recommends the implementation of national anti-stigma initiatives and cross-sector training to reduce stigma and ensure equitable, non-discriminatory access to services including both public private sector services, and public, community and cultural infrastructure.

19. The Committee recommends the expansion data collection and evidence on family impacts by enhancing national drug data systems (e.g. the National Drug Treatment Reporting System (NDTRS)) to capture and track service demand and outcomes, and to guide evidence-based policy and funding decisions.

20. The Committee recommends investment in and scaling up of peer-led, community-based family support networks through sustainable funding, training, and recognition.

21. The Committee recommends allowing kinship carers to give consent in lieu of parents or legal guardians for children accessing mental health services such as Child and Adolescent Mental Health Services (CAMHS) or Pieta House.

22. The Committee recommends amending succession rules to allow kinship carers to take over a tenancy or to move into a family home in cases of parental death.

23. The Committee calls on the Government to address the broader social determinants of addiction by adopting a whole-of-government approach, integrating housing, social protection, health, and justice policies to tackle the wider social harms affecting families impacted by drug use.

24. The Committee calls on the Government to ensure that a parent's participation in opioid agonist treatment (OAT), including methadone, buprenorphine and long-acting injectable buprenorphine (LAIB), is not used as a justification to prevent access to a child, or the return of a child under their care.

25. The Committee calls on the Government to recognise the significant disruption and difficulties that arise when living with a family member in active addiction by ensuring that the Department of Housing, Local Government and Heritage and local authorities work to ensure that their scheme of housing allocation supports adult children and spouses within the social housing system to leave the household where there is active and chaotic addiction on a priority basis, such as through exceptional social grounds schemes.

Community supports

26. The Committee recommends that the Department of Health ensures the role of community organisations and local and regional Drug and Alcohol Task Forces in governance through their inclusion on national steering groups and decision-making structures, and at all levels within National Drug Strategy oversight structures.

27. In order to ensure that locally identified priorities are adequately funded and delivered effectively, the Committee recommends that local and regional Drug and Alcohol Task Forces are co-decision-makers in all relevant budgetary decisions.

28. The Committee recommends that the Government prioritises sustained multi-annual investment meaningfully in youth and community infrastructure, and recognises the importance of youth and community work as preventative measures, with additional funding in areas experiencing high levels of drug and policy-related harm. The Government should fund and scale locally developed, evidence-based and peer-led interventions, such as targeted youth programmes and women's services, reflecting the capacity of communities to respond quickly to emerging needs.

29. The Committee recommends the development of targeted, accessible and culturally appropriate supports for marginalised groups, including members of the Traveller community, migrants, and the LGBTQI+ community, and ensuring their inclusion in policy and service design. The Committee further recommends strengthening interagency coordination at local level to deliver holistic, person-centred supports across addiction, housing, domestic violence, and mental health supports.

30. The Committee recommends ensuring that funding and policy frameworks are responsive to emerging harms that are not captured in existing allocation models, including crack cocaine, synthetic opioids and drug-related intimidation.

31. The Committee calls for the new National Drug Strategy to continue to be underpinned by community development, and for local and regional Drug and Alcohol Task Forces to be adequately and sustainably funded nationwide so that they are better positioned to respond to local needs.

32. Recognising the social determinants of addiction, the Committee understands that people who use drugs may not have a private, safe, or stable environment in which to consume, and street use generally occurs in this context. The Committee stresses the importance of fixed and mobile safe consumption spaces being provided in reducing street use, but, where local authorities are or the Gardaí are empowered to address public consumption, this should be done in a non-punitive, appropriate and sensitive manner, which takes into account the complex interrelationship between problematic street drug use and poverty, deprivation, mental health difficulties, adverse childhood experiences and homelessness.

Kinship care

33. The Committee recommends that the Government establishes a national body for kinship care providing monitoring, financial support, access to family services and mental health services.

34. The Committee recommends that the Government allows kinship carers to access guardianship payments and other financial supports for children in their full-time care at an amount appropriate to the age of the child(ren), and to ensure access to home renovation grants to allow kinship carers with accessibility needs to make homes accessible.

35. The Committee recommends that the Government safeguards the rights of children to be cared for by their parents and calls for the ending of short prison sentences for nonviolent and drug-related offences that break up families, replacing them instead with community sanctions and/or restorative justice-based sentencing measures, where appropriate.

36. The Committee recommends that the Government implements a special guardianship order based on those implemented in the United Kingdom, reduces court costs and delays, and implements 'Valerie's law' (Guardianship of Infants (Amendment) Bill 2026).

37. The Committee calls on the Government to uphold Citizens' Assembly Recommendation 21 through a health-led response, and enhanced collaboration between the Department of Health and the Department of Justice, Home Affairs and Migration.

38. The Committee calls on the Department of Education and Youth to create pathways toward fair Student Universal Support Ireland (SUSI) grant assessment for those in informal kinship care.

39. The Committee calls on the Health Service Executive (HSE) to remove means testing for medical cards in order to allow medical cards to be provided to kinship carers and those in kinship care.

40. The Committee recommends the removal of the requirement to prove abandonment or estrangement in order for children in kinship care to access certain grants and services.

Intergenerational trauma

41. The Committee recommends the promotion of the use of dual diagnosis for trauma/post-traumatic stress disorder (PTSD) and addiction within public health services.

42. The Committee calls on the HSE to ensure the consistent implementation of the National Drug Rehabilitation Framework across all public health services.

43. The Committee calls for the redirection of funding for incarceration for non-violent drug offenders towards holistic, trauma-informed rehabilitation and support services.

Addiction, sports and wellbeing

44. The Committee recommends that the Government and the Department of Health recognises and embeds sport and physical activity as a core component of a health-led response to drug use, spanning prevention, treatment, recovery, and reintegration.

45. The Committee calls for the expansion of early intervention and prevention initiatives within sports settings, particularly targeting young people and addressing harmful cultural norms around substance use.

46. The Committee recommends that the Government strengthens interdepartmental coordination to align health, sport, education, justice and community sectors in delivering a joined-up Government response to addiction.

47. The Committee recommends that the Government addresses inequalities in access to sport and recovery supports by investing in disadvantaged communities and supporting local capacity to deliver programmes.

48. The Committee calls for the expansion of rehabilitation and reintegration supports through sport, including structured pathways linking prisons and community-based services.

49. The Committee recommends that the Government and the Department of Health reduces stigma and barriers to seeking help by supporting awareness initiatives, including initiatives led by people with lived experience.

50. The Committee calls for investment in research and data collection on the relationship between sport and substance use to inform evidence-based policy and interventions.

51. The Committee recommends the provision of training and guidance to sports organisations and volunteers, to support early identification, intervention and referral for substance use issues.

Young people

52. The Committee recommends that the Department of Education and Youth utilise data generated through the Irish Primary Prevention System (Recommendation 88) to

inform the strategic allocation of resources, ensuring the adequate and equitable funding of youth services, including youth work, youth hubs and school-based supports, particularly in areas of greatest need.

53. The Committee recommends that all frontline agencies adhere to the Hidden Harm Practice Guide for safeguarding, protecting and supporting children affected by parental substance abuse.

54. The Committee is concerned about the resource silos that may occur between the Department of Health, the Department of Children, Disability and Equality, and the Department of Education and Youth. To ensure that this does not negatively impact children affected by familial drug use, the Committee calls for a consistent cross-departmental approach to ensure a coherent, rights-based response and to avoid fragmentation of services across health and child and social protection systems.

55. The Committee calls for increased investment in public afterschool and breakfast clubs for children and adolescents for childcare, activities, and meal provision to ensure that all children and adolescents, regardless of catchment area or income, have access to high-quality, affordable, and reliable out-of-school supports that promote their wellbeing and development.

56. The Committee calls for an increase in the number of home-school liaison officers and guidance counsellors, school completion programmes and workers, and education welfare officers; and for the development and expansion of alternatives to mainstream educational pathways, pre-apprenticeship programmes for young people at junior certificate level and below, and vocational models of education.

57. The Committee calls on the Department of Education and Youth to redevelop the Walk Tall programme for primary schools and to provide a spiral age-appropriate curriculum to be built on as the children get older.

58. The Committee recommends the strengthening of youth work as a cornerstone of prevention and early intervention through increased ringfenced, and multi-annual funding, ensuring that restorative justice and diversion initiatives are supported by

accessible community-based services and inclusive youth spaces in line with Recommendation 14 of the Citizens' Assembly.

59. The Committee calls for increased resources to enable the youth work sector to strengthen its role in education and prevention, complementing Recommendation 28 of the Citizens' Assembly on Drugs Use which calls for a comprehensive, age-appropriate, school-based drug prevention strategy, led by the Departments of Health and Education and Youth, in conjunction with the HSE.

60. In line with Recommendation 31 of the Citizens' Assembly, the Committee recommends that the Department of Health develop a strategy to enhance resilience, mental health and well-being, and to improve access to therapeutic and psycho-social supports for children and young people across the country.

61. The Committee recognises the relationship between drug use and addiction in adulthood, and the experience of adverse childhood experiences, trauma, poverty, violence, exclusion, and mental-health difficulties. In light of this, the Committee calls for significant investment in the youth, community and voluntary sector, recognising the critical role that youth and community services play in prevention and early intervention. These organisations should have clear referral pathways to specialist mental health services to ensure that young people have access to the additional, specialised support that a young person may require.

62. The Committee recommends that the Department of Education and Youth increases the opportunities for those working in the school community to access continuing professional development to better understand, support and respond to the evolving needs of young people.

63. The Committee recommends that the Government includes a digital strategy in the State's approach to youth drug use.

64. The Committee calls for clear operational guidance and sufficient resourcing for An Garda Síochána to support the effective enforcement of the Criminal Justice (Engagement of Children in Criminal Activity) Act 2024, with particular emphasis on safeguarding children and young people in vulnerable circumstances from being

groomed into criminal activity, and on the investigation and prosecution of those who exploit them.

65. The Committee calls for the provision of multi-annual funding for youth services to ensure that such services can plan for service expansion and to improve retention of essential youth work staff.

Neurodiversity

66. The Committee calls for the establishment of a consultative forum to develop guidelines for neuroaffiramtive approaches and inclusive practice in service design, delivery, and communications in the public service. The forum should consist of members who are neurodivergent, members with lived and living experience of service provision, Disabled Persons' Organisations, and non-profit organisations that work with, and for, people with disabilities.

67. The Committee calls on the Government to mandate an explicitly neuroaffiramtive action approach in all public service design and delivery.

68. Attention deficit hyperactivity disorder (ADHD) and other neurodivergence awareness campaigns should acknowledge and educate on increased vulnerability to drug use and misuse, and should take a multidimensional approach that reflects the individual's specific needs. This should include recognition of gender-related factors – such as later diagnosis among girls and women, masking behaviours, and higher rates of self-medication – as well as the particular risks faced by LGBTQI+ young people, who experience higher levels of stigma, minority stress, and unmet mental-health needs. Campaigns should also address the differing types and patterns of drug use associated with ADHD, including the misuse of prescription drugs, poly-drug use, and the use of drugs for emotional regulation or coping.

69. The Committee calls for the modification of service processes and practices to ensure appropriate culturally informed communication regarding neurodivergence.

70. The Committee calls on the Government to provide non-stigmatising, strengths-based services for neurodivergent people.

71. The Committee recommends the expansion of existing training to include a whole-service approach to immediate and long-term sustainable neurodiversity education for those working in public services directly interacting with neurodivergent people.

72. The Committee recommends embedding specialist expertise in the development of integrated care pathways for neurodiversity and addiction.

73. The Committee recommends that the Government disseminate the Irish evidence and international consensus statements to all substance use services to promote human rights and access to evidence-based processes.

74. The Committee recommends a review of the HSE's ADHD guidelines that is co-designed by individuals with lived and living experience of neurodiversity, drug use and addiction, and informed by the 2018 international consensus statement on treating ADHD alongside a substance-use disorder.

75. The Committee recognises the growing body of research on neurodiversity and substance use, and calls on the Government to support and adequately resource existing service providers in neurodiversity and in substance-use services, as well as those who rely on these supports, to co-design responses that meet the needs of this group.

Women, drug use and addiction

76. The Committee calls on the Government to end short prison sentences for nonviolent drug-related offenses, instead taking a health-led approach to helping drug users, particularly primary caregivers, to allow them to recover and provide adequate care for their dependent children.

77. The Committee calls of the Government to ensure that addiction is not a barrier to women seeking State-funded refuge for domestic abuse or violence.

78. The Committee calls for the investment in both refuge and residential addiction services to shorten the wait times for those in need, including mother-and-child places.

79. The Committee recommends that the Department of Health develop guiding principles for treatment and supports for women experiencing addiction and for

women who use substances. These principles should be grounded in an intersectional framework that recognises gender-based differences in care needs and service provision.

80. Under no circumstances should a woman's participation in treatment or addiction services provide justification to prevent access to a child or the return of a child under their care. The Committee recommends that a review be carried out on the systems and processes that pose barriers to access and family reunification for women who use or have a history of using substances. Family reunification services should include trauma-informed parenting supports and safeguarding measures to support family reunification and reduce intergenerational addiction harms. The Committee recommends urgent investment in service provision and infrastructure for women in Irish prisons, including funding to develop a programme equivalent to the Treatment and Recovery Programme (TARP) in Mountjoy Men's Prison.

81. The Committee recognises that women who have child-minding or other family responsibilities face distinct barriers to accessing treatment. The Committee recommends that the Department of Health should set out specific targets to address those barriers including:

- Ensuring community organisations have the resources to introduce and expand tailored services for women who use or misuse drugs;
- Expansion of long-term residential programmes for women impacted by substance use to address geographical disparities in service provision; and
- Scaling up services models that provide mother-and-baby placements and on-site childcare for women in addiction.

82. The Committee recommends urgent investment in service provision and infrastructure for women in Irish prisons, including funding to develop a programme equivalent to the TARP programme in Mountjoy Men's Prison.

83. The Department of Health should introduce targeted supports and non-judgemental health warning campaigns regarding the risks associated with harmful substance use during pregnancy, including impacts on maternal health, foetal development and infant wellbeing.

National Drugs Strategy

84. The new National Drugs Strategy should remain open to amendment following this Committee's work, and the Committee's findings should be incorporated before finalisation.

85. The Committee recommends that the Department of Health adopts a definition of a "health-led approach" in the forthcoming National Drugs Strategy that is informed by international best practice.

86. The Committee calls on the Department of Health to set out explicitly how the National Drugs Strategy aligns with the relevant recommendations of the Citizens' Assembly.

87. The Committee recommends that the Department of Health integrates the findings of the HSE and Health Research Board (HRB) needs assessment on Irish drug and alcohol prevention into the forthcoming National Drugs Strategy.

88. The Committee calls for the Department of Health to prioritise the reduction of substance use among young people by recognising it as a child protection issue, and by funding evidence-based, data-driven community prevention models aligned with international best practice that emphasise early intervention and the strengthening of protective factors according, the Department should set out an implementation plan with defined timelines, resourcing commitments, and measurable outcomes for an Irish Primary Prevention System to protect and improve youth outcomes in Ireland.

89. The health diversion scheme should be subject to independent evaluation within 12 months of implementation, including consistency of application, outcomes, and impacts.

90. The Department of Health in conjunction with the Department of Justice, Home Affairs and Migration and An Garda Síochána should implement clear, transparent safeguards and monitoring mechanisms to ensure equitable and consistent application of discretionary health diversion.

91. Pending any future reform of section 3 of the Misuse of Drugs Act 1977, and, without prejudice to the case for decriminalising the possession of drugs for personal use, the Committee recommends that any health diversion scheme pursued by the

Government operates as a genuinely, comprehensive health-led response. The Committee further recommends that any such scheme should be voluntary in nature, should reflect the principles of depenalisation in its application, should not impose an arbitrary limit on the number of health referrals a person may receive, and its operation and outcomes should be independently evaluated.

92. The Committee notes that, in relation to referrals made under the Government's proposed health diversion scheme, the current staffing levels within the HSE are likely to be insufficient to meet service demand. The Committee calls for significant investment to be made to facilitate the HSE creating additional posts in health areas across the country, to ensure that referrals for health diversion can be processed in a timely manner.

93. The Committee recognises the role service providers can play in designing and delivering effective responses to drug use and misuse. With that in mind, the Committee recommends strengthening provision for cross-departmental coordination through collaboration with community organisations whose models have proven successful, as well as individuals with lived and living experience of substance use. In addition to embracing a no-wrong-door policy for people who are affected by co-occurring disorders, the Committee calls for significant investment and resourcing in addiction and mental health services, so that those services are better able to meet the needs of those with a dual diagnosis.

94. The Committee calls on the Department of Health to un-pause the National Drugs Strategy Oversight Committee and to include representatives of civil society, and community and voluntary sector organisations in its membership.

95. The Committee calls on the Department of Health to commit to a comprehensive health-led approach in the National Drugs Strategy, meaning diversion, dissuasion, and decriminalisation, in line with the recommendations of the Citizens' Assembly.

96. The Committee calls for a stronger role in the National Drugs Strategy for the Department of Education and Youth, particularly around prevention and youth vulnerability.

97. The Committee recommends the development and implementation of a national framework under the National Drugs Strategy to support and protect the rights of children whose parents who use drugs, ensuring responses are proportionate, rights-based and family-centred.

98. With regard to dual diagnosis, the Committee recommends that the Department of Health and the National Drugs Strategy operates a "no-wrong-door" policy across all relevant services, supports and structures.

99. The Committee calls for the new National Drugs Strategy to have local and regional Drug and Alcohol Task Forces at the centre of decision making and responses, and to be represented in all appropriate oversight structures.

100. The Committee calls for a renewed focus in the National Drugs Strategy on empowering, enhancing and supporting local and regional Drug and Alcohol Task Forces to respond to the ever-changing natures of drug use.

101. Recognising the essential and fundamental role of the State's network of local and regional Drug and Alcohol Task Forces in addressing drug use in our communities and the social determinants of problem drug use and addiction, the Committee calls for the role of community development to be embedded and protected in the forthcoming, and any future, National Drugs Strategy.

Emerging trends

102. The Committee recognises that recovery from addiction is an individual experience and process, and understands that recovery does not always equate to abstinence. The Committee concludes that recovery is part of the continuum-of-care, and that abstinence-based recovery is one part of a multi-tier approach to improving quality of life for people who use drugs, including the understanding that some people may not be, or may never become substance free. Recognising this, the Committee recommends that recovery should not be separated from the continuum-of-care as a standalone pillar in the forthcoming National Drugs Strategy.

103. The Committee calls for the introduction of mandatory, standardised and highly visible health warnings on aerosol deodorants and other inhalant products, including warnings that solvent abuse can cause instant death.

104. The Committee calls on the Government to examine the introduction of age restrictions on the sale of aerosol products and other inhalants.

105. The Committee recommends the introduction of a licensing or invoice-only purchasing system for nitrous oxide products intended for legitimate catering and industrial use.

106. The Committee recommends a prohibition on the sale of large-volume nitrous oxide canisters intended for recreational use.

107. The Committee recommends prohibiting the marketing, branding, and packaging of nitrous oxide products in a manner designed to increase consumer appeal, especially to young people, or that may minimise the visual impact of health and safety warnings.

108. The Committee calls on the Government to examine implementing restrictions on the online sale and social media marketing of nitrous oxide products.

109. The Committee recommends that the Department of Health and the HSE expand evidence-based education initiatives relating to emerging drug trends and inhalant abuse, providing guidance on behavioural warning signs, online drug culture, concealed inhalant abuse and emergency response measures. To support this, the Department and the HSE should provide freely available accessible training and education materials on inhalants, nitrous oxide and emerging drug trends.

110. The Committee recommends that public awareness campaigns relating to inhalants and nitrous oxide should utilise social media platforms commonly used by young people.

111. The Committee recommends that future public health campaigns should be carefully designed to avoid unintentionally increasing interest in, or experimentation with, substances among young people.

112. The Committee calls for the expansion of school surveys and youth research programmes to improve understanding of emerging substance use trends among children and adolescents and develop a national early warning system capable of rapidly identifying and responding to emerging drug and inhalant trends.

113. The Committee calls for the development of more real-time data collection systems relating to emerging substances.

114. The Committee calls on the Government to ensure that future drug policy frameworks are sufficiently flexible and agile to respond rapidly to emerging substances.

115. The Committee recommends that the Government adopts a whole-system approach to prevention involving schools, youth services, healthcare providers, local authorities, sporting organisations and community groups.

116. The Committee recommends that the HSE and relevant agencies strengthen engagement with young people and frontline youth organisations in identifying emerging trends and designing prevention responses.

117. The Committee recommends that the Government support further research into the potential long-term neurological, mental health, psychosocial and physical health impacts associated with nitrous oxide and inhalant use, and develop harm-reduction informed responses to emerging substances and drug trends in line with international best practice.

118. The Committee recommends that the Government continue to support wastewater analysis and other innovative monitoring tools to improve the understanding of substance use trends.

119. The Committee recommends that prevention programmes recognise the role of social media algorithms and online environments in promoting and normalising substance use among young people.

120. The Committee recommends that the Government work with social media companies to address the promotion and sale of substances through online platforms.

121. The Committee recognises the importance of lived experience testimony, including that of the Maguire family, in informing future prevention, education and policy responses relating to inhalants and emerging substances.

122. The Committee recommends that funding opportunities should be made available for transformative research and pilot initiatives that test and inform innovative approaches to drug control.

123. Recognising the prevalence of drug use and addiction in Ireland, and the pace of emerging trends in both substance use and international best practice responses, the Committee calls for the establishment of a standing Joint Oireachtas Committee on Drug Use and Related Issues, to ensure that drug policy is under continual consideration, review and scrutiny by the Oireachtas.

124. Recognising that dissenting voices are a valuable part of the democratic process, which should be expected and respected by the State, the Committee stresses the need for the autonomy and the right to dissent of civil society and departmentally-funded, community-based organisations in the drug policy arena to be protected, acknowledging the essential and integral nature of their work in the policy-making process, and in service design and delivery.

125. The Committee notes the narrow division within the Citizens' Assembly on Drugs Use regarding the treatment of cannabinoids, with a single vote separating support for a comprehensive, health-led response from support for regulation and legalisation. In this context, the Committee calls for continued discussion and debate on the Government's policy response to the possession of cannabinoids.

Legal and policy issues

126. The Committee recommends the repeal of section 3 of the Misuse of Drugs Act 1977 in order to fully decriminalise the possession of drugs for personal use. The Committee also supports legislative reforms to strengthen and extend the spent convictions regime, to reduce the long-term impacts of criminal records on rehabilitation, recovery, social inclusion and access to employment.

127. The Committee recognises that the misuse of drugs is a nationwide issue and is clearly, but not exclusively, related to socioeconomic factors including poverty and homelessness, and that further measures to address the root causes of drugs misuse must be implemented.

128. The Committee calls on the Government to ensure that decriminalisation applies to all substances rather than limiting reform to cannabis or selected drugs, reflecting the Citizens' Assembly recommendation and international evidence presented to the committee.

129. The Committee recommends that the Department of Justice, Home Affairs and Migration place the Dublin Drug Treatment Court on a statutory, national footing and expand its availability to all regions, ensuring that every county has access to a Drug Treatment Court as an effective alternative to custodial sentencing and as a structured pathway to treatment and recovery.

130. The Committee calls for the publication of the independent evaluation of the Dublin Drug Treatment Court undertaken by the Centre for Justice Innovation and for the findings be implemented as a matter of urgency.

131. The Committee recommends that all alternatives to coercive sanctions, including the Dublin Drug Treatment Court, adopt a broad and person-centred definition of success, recognising a range of health, social and behavioural outcomes. These should include stabilisation, abstinence where desired by the person, reduced use, improved physical and mental health, sustained engagement with services, reduced offending, housing stability, and family reconciliation.

132. The Committee recommends maintaining strong criminal sanctions against organised crime, drug trafficking, coercion of children, and commercial supply networks, while separating these offences clearly from personal possession offences.

133. The Committee recommends that the Government clarify, in legislation if needed, that the repeal of section 3 would not undermine Garda powers relating to sale or supply offences, search powers, or organised crime investigations.

134. The Committee calls on the Government to ensure that any health diversion or referral scheme is voluntary rather than coercive and that the individual should be provided with clear information about, and has practical access to, alternative interventions and supports, with particular regard to the available options they identify as most suitable for their own needs.

135. The Committee calls on the Government to ensure that refusal to engage with treatment or diversion programmes does not result in imprisonment or any other form of criminal sanction.

136. The Committee recognises the fundamental importance of sustained, ring-fenced, and multi-annual investment across drug services, treatment, harm reduction

initiatives, mental health, housing, and community services in effectively responding to problem drug use and the social determinants of addiction. The Committee calls for meaningful, sustained, ring-fenced, and multi-annual investment in addiction and health services across the country, to ensure equitable access, eliminate existing service gaps, and support the effective implementation of a health-led model in practice.

137. The Committee calls on the Government to ensure that any legislative reforms are accompanied by detailed operational guidance for An Garda Síochána, prosecutors and the courts.

138. The Committee calls on the Government to embed human rights principles explicitly into Irish drugs legislation and policy frameworks.

139. The Committee calls on the Government to recognise "policy harm" as a distinct factor in drug-related harms, including harms arising from criminalisation, stigma, stop-and-search practices, and exclusion from services.

140. The Committee calls on the Government to strengthen the implementation of the Public Sector Equality and Human Rights Duty (contained in section 42 of the Irish Human Rights and Equality Commission Act 2014) in all areas of substance use policy and service provision.

141. The Committee calls on the Government to ensure reforms are explicitly anti-stigmatising and person-centred, shifting the policy focus from "the behaviour" to "the person and their context of life".

142. The Committee calls on the Government to recognise that drug policy disproportionately impacts marginalised communities, including members of the Traveller community, migrants and other minorities, people experiencing homelessness, people experiencing poverty, and people with a history of trauma.

143. The Committee call for Garda priorities to be reoriented away from possession offences and towards organised criminal supply networks and drug-related intimidation.

144. The Committee call for the expansion of non-custodial and therapeutic responses within the criminal justice system, including restorative justice, referral programmes and health-oriented interventions.

145. The Committee acknowledges and commends the success of the TARP programme that operates in Mountjoy Prison, and calls for this programme to be expanded and mainstreamed in all Irish prisons, with particular emphasis on the absence of an equivalent service for women in custody in Ireland.

146. Building on the success of the TARP programme in Mountjoy, the Committee calls for programme participants not to be returned to the mainstream prison population, where the risk of relapse increases significantly.

147. The Committee recommends the development of formal partnerships between policing, health, and social services.

148. The Committee recommends that legislation be introduced to permit the operation of drug-checking services, and that appropriate policing arrangements be put in place to ensure individuals can access these services without risk of arrest, prosecution, or other criminal sanction.

149. The Committee recommends that naloxone be rescheduled under legislation to allow it to be made available over the counter, rather than on prescription only, and that the Department of Health and the HSE develop training materials and public awareness campaigns to familiarise the public with the use of naloxone.

150. The Committee calls for the expansion of low-threshold treatment access, including nurse prescribing of methadone.

151. The Committee calls for the expansion of access to alternative treatment options nationwide, such as Opioid Substitution Therapy (OST) and Heroin Assisted Treatment (HAT), to reduce harm, address significant gaps which exist in the availability of methadone services and OST, and to increase the choice of treatment pathways for people who use drugs.

152. The Committee calls on the Government to ensure all treatment services are voluntary, evidence-based, culturally responsive and low-barrier.

153. The Committee calls on the Government to recognise that treatment alone cannot resolve drug harms without parallel investment in housing, poverty reduction, social inclusion and community supports.

154. The Committee calls on the Government and Department of Health to ensure the meaningful participation of people who use drugs in all policymaking, implementation and oversight structures.

155. The Committee recommends the creation of independent oversight or inspection mechanisms for addiction and harm reduction services to protect service users' rights.

156. The Committee calls on the Government to conduct ongoing monitoring, research and evaluation of reforms, drawing on evidence from other jurisdictions.

157. The Committee calls on the Government to ensure that public communication around reform is accurate, evidence-based and proactive.

158. The Committee calls on the Government to expand access to buprenorphine, including long-acting injectable buprenorphine, within Ireland’s OAMT system by enabling wider prescribing through general practice, and addressing existing funding and service delivery barriers, to support informed patient choice.

159. The Committee recommends ensuring access to naloxone for people at heightened risk of overdose, including those leaving prison, rehabilitation or treatment centres, and supervised injecting facilities, with such provision supported by clear pathways for training and continuity of supply.

160. The Committee recognises the need for an adequate number of addiction-specific nurses across the Irish prison campus and calls on the Department of Justice, Home Affairs and Migration to invest in and respond to this need.

161. The Committee recommends that urgent attention and resourcing be given to prison-based addiction counselling supports to address the large waiting lists in prisons across Ireland; and to consider developing prison-based rehabilitation units or programmes in coordination with community-based rehabilitation services.

Overview of modules, meetings and witnesses

Witnesses were proposed by members of the Committee, with support from the Committee Secretariat. As part of its work programme, the Committee met in private to agree a series of thematic modules, each comprising a number of public meetings. These modules examined the Citizens' Assembly's recommendations across key themes, as set out below. The Committee also held a number of standalone meetings to examine certain specific issues in detail.

Thematic modules

- Module 1: Family and community supports;
- Module 2: Education, youth and prevention;
- Module 3: Treatment, recovery and rehabilitation;
- Module 4: Legal and policy issues.

Standalone public meetings

- National Drugs Strategy;
- Nitrous oxide and other inhalants;
- Women, drug use and addiction.

Module 1: Family and community supports

Examining parts of recommendations 2, 4, 6, 10, 12, 15, 16, 25, and 27–31.

These five meetings explored the vital role of families, communities and wider social supports, including participation in sports, in responding to drug use in Ireland. The Committee examined the impact of drug use on families and children, including kinship care, and the role of intergenerational trauma and social disadvantage. Discussions also considered the role of community organisations and local and regional Drug and Alcohol Task Forces in delivering supports, as well as the importance of sport and well-being in prevention and recovery.

Table 2: Public meetings on family and community supports

Date	Topic	Witnesses
25 Sep 2025	Family supports • Read transcript / view debate video	• Mr Andy O'Hara, Coordinator, UISCE Drug Support; • Mr Patrick McCann, Representative, UISCE Drug Support; • Senator Frances Black, RISE Foundation; • Ms Cindy Barry, Family Support Worker, Family Addiction Support Network; • Ms Gwen McKenna, Director and Co-Founder, Family Addiction Support Network; • Ms Yvonne Lyones, Participant/Peer Researcher, Northstar Family Support Project; • Mr Joe Slattery, Coordinator, Northstar Family Support Project; • Ms Anita Harris, Deputy Head of Services, Coolmine Therapeutic Community; • Ms Suzanne Tackaberry, Recovery Intern, Coolmine Therapeutic Community; • Ms Aileen Malone, Steering Committee, Family Addiction Recovery Ireland; • Mr Michael Mason, Steering Committee, Family Addiction Recovery Ireland.

2 Oct 2025	Community supports • Read transcript / view debate video	• Fearghal Connolly, Coordinator, Donore Community Drug and Alcohol Team; • Aoife Bairéad, Chairperson, Local Drug and Alcohol Taskforce Coordinators Network; • Anna Quigley, Coordinator, Citywide Drug Crisis Campaign; • John Paul Collins, Community Development Worker, Pavee Point.
9 Oct 2025	Kinship care • Read transcript / view debate video	• Mr Wayne Stanley, CEO, Empowering People in Care; • Ms Fiona Murray, Advocacy Manager, Empowering People in Care; • Ms Fiona Kearney, CEO, FamiliBase; • Mr Brendan Cummins, Deputy CEO, FamiliBase; • Ms Shaunie Kelly, Child and Family Manager, FamiliBase; • Ms Laura Dunleavy, Coordinator, Kinship Care Ireland; • Ms Anna Rice, Kinship Carer, Lived Experience Expert and Advocate, Kinship Care Ireland; • Mr Damien Peelo, CEO, Treoir (Charity that hosts Kinship Care Ireland Programme); • Mr Gary Broderick, CEO, SAOL; • Ms Réidin Dunne, Head of Services, SAOL.
16 Oct 2025	Intergenerational trauma • Read transcript / view debate video	• Dr Sharon Lambert, Academic; • Ms Caroline O'Reilly, Specialist; • Mr Jay Collins, Company Secretary, Addiction Counsellors of Ireland; • Dr Laura O'Reilly, Vice Chairperson, Addiction Counsellors of Ireland;

		• Dr James O'Shea, Chairperson, Addiction Counsellors of Ireland.
6 Nov 2025	Addiction, sports and well-being • Read transcript / view debate video	• Ms Jennifer Rogers, Head of Player Development and Wellbeing, Gaelic Players Association; • Mr Luke Loughlin, GPA Member, Westmeath football player, Gaelic Players Association; • Mr Kevin Leavy, Board member, Irish Homeless Street Leagues; • Ms Frances Kavanagh, Director, Irish Homeless Street Leagues; • Ms Mary Van Lieshout, Director of Participation, Ethics, Integrity and Research, Sport Ireland; • Mr Phelim Macken, Manager, Limerick Sports Partnership, Sport Ireland; • Mr Karl O'Brien, Co-Ordinator Access & Intervention Brace Community Response, Coordinator Boxing Clever Ballymun, Joint Chair Boxing Clever National Network, BRACE Community Response CLG. • Ms Triona Byrne, Recovery Community Development Officer, Coordinator Boxing Clever Recovery Academy, Joint Chair Boxing Clever National Network, BRACE Community Response CLG.

Module 2: Education, youth and prevention

Examining parts of recommendations 2, 4, 6, 8, 9, 15, 16, 22, 23, 27-29, and 31-33.

This series of five meetings examined education, youth engagement and prevention from a range of perspectives, with a particular focus on how young people encounter and respond to substance use in different settings. The Committee considered the effectiveness, and limitations, of school-based programmes, the need to better support teachers and educators and the critical role of youth work in reaching those not fully engaged in formal education. Discussions also highlighted the effect of issues such as identity, neurodiversity and social environment on risk and behaviours, and the need to ensure that supports are responsive to the diverse needs and lived experiences of young people.

Table 3: Public meetings on education, youth and prevention

Date	Topic	Witnesses
20 Nov 2025	Education, awareness and addiction prevention in schools • Read transcript / view debate video	• Ms Celeste O'Callaghan, Principal Officer, Department of Education and Youth; • Ms Grainne Egan, Principal Officer, Department of Education and Youth • Ms Maria O'Brien, Principal Officer, Department of Further and Higher Education, Research, Innovation and Science; • Mr Rob O'Toole, Principal Officer, Department of Further and Higher Education, Research, Innovation and Science; • Ms Rachel O'Connor, Deputy Director, National Association of Principals and Deputy Principals (NAPD); • Dr Sarah Craig, Director of Health Information and Evidence, Health Research Board (HRB); • Mr Brian Galvin, Programme Manager for Drug and Alcohol Research, HRB Evidence Centre, Health Research Board (HRB);

		• Professor Bobby Smyth, Consultant Child and Adolescent Psychiatrist, Adolescent Addiction Service, Health Service Executive; • Dr Aisling Sheehan, Programme Lead Alcohol, Mental Health & Wellbeing, Health Service Executive.
27 Nov 2025	Substance use and young people • Read transcript / view debate video	• Ms Brenda Kelly, Drug and Alcohol Senior Youth Worker, Belong To; • Ms Carmel Walsh, Director of Youth Services, Belong To; • Mr Mick Ferron, CEO, National Youth Council of Ireland; • Ms Rachael Treanor, National Youth Health Programme Manager, National Youth Council of Ireland; • Ms Leanne Maher, Drug Education Worker, Canal Communities Local Drug and Alcohol Task Force.
4 Dec 2025	Youth harm reduction, prevention and diversion • Read transcript / view debate video	• Mr John Fitzgerald, Area Manager Dublin City, Foróige; • Mr Darren Shanahan, Senior Youth Officer, Drug Prevention & Education Initiative, Foróige; • Ms Margaret Flanagan, Manager, Waterford and South Tipperary Community Youth Service, Youth Work Ireland; • Ms Christina Fogarty, CEO, Waterford and South Tipperary Community Youth Service, Youth Work Ireland; • Ms Jenny Courtney, CEO, Diamond Project; • Mr Dwyane Horace, Senior Project Worker, Diamond Project.

11 Dec 2025	Substance use and neurodiversity • Read transcript / view debate video	• Mr Ken Kilbride, CEO, ADHD Ireland; • Dr Sonia Morris, Board member, ADHD Ireland; • Professor Catherine Comiskey, Academic; • Mr Philip David James, Academic.
18 Dec 2025	Supporting teachers in youth drug education and prevention in schools • Read transcript / view debate video	• Mr John Conneely, Assistant General Secretary, Education & Research, Association of Secondary Teachers, Ireland (ASTI); • Mr Richard Bell, President, Association of Secondary Teachers, Ireland (ASTI); • Mr David Duffy, Education and Research Officer, Teachers' Union of Ireland (TUI); • Mr Anthony Quinn, President, Teachers' Union of Ireland (TUI); • Mr John Boyle, General Secretary, Irish National Teachers' Organisation (INTO); • Ms Anne Horan, President Irish National Teachers' Organisation (INTO).

Module 3: Treatment, recovery and rehabilitation

Examining parts of recommendations 1-5, 10, 15-21, 24, 25, 30-32, 34, and 35.

These three meetings examined the provision of treatment, recovery and rehabilitation services, with a focus on how individuals engage with and progress through the system. The Committee considered the range of supports available, including residential treatment, community-based programmes and prison-based interventions, as well as the challenges in ensuring timely access and continuity of care.

Table 4: Public meetings on treatment, recovery and rehabilitation

Date	Topic	Witnesses
29 Jan 2026	Treatment, recovery and rehabilitation • Read transcript / view debate video	• Ms Sara Cassidy, Head of Clinical Services, Aiséirí Treatment Centre; • Ms Mary Hennessey, Chief Executive Officer, Aiséirí Treatment Centre; • Mr Gerry McElroy, Chief Executive Officer, Cluain Mhuire; • Ms Nicola Kelly, Manager, Cluain Mhuire Athy; • Mr Noel Murphy, Manager, HSE Social Inclusion Addiction Service, Soilse; • Mr Brian Kirwan, General Manager, HSE Social Inclusion Addiction Service, Soilse; • Dr Garrett McGovern; • Mr Tony Keogh, Project Manager, After Care Recovery Group.
5 Feb 2026	Recovery pathways for drug users in Irish prisons • Read transcript / view debate video	• Ms Niamh McGuinness, Deputy Head of Operations, Prisons and Regional Addiction Services, Merchants Quay Ireland; • Mr Karl Ducque, Coordinator, Treatment and Recovery Programme (TARP), Merchants Quay Ireland; • Mr Damien Quinn, Founder, Spéire Nua;

		• Ms Noelle Woods, Director of Nursing, Addiction, IPAS and Housing First Services, Peter McVerry Trust; • Ms Stephanie Kirwan, Head of Services, Health, Mental Health and Standards, Peter McVerry Trust.
12 Feb 2026	Treatment, recovery and rehabilitation (resumed) • Read transcript / view debate video	• Ms Kirsten Horsburgh, CEO, Scottish Drugs Forum; • Mr Alan Duff, Clinical Manager, Turas Counselling; • Ms Nicki Jordan, Manager, Turas Counselling; • Mr Peter McKevitt, Chairperson, Board of Management, Turas Counselling; • Leo Jefferys, Acting Executive Director, European Network of People who Use Drugs (EuroNPUD); • Dr Richard Healy, Board Secretary, European Network of People who Use Drugs (EuroNPUD), and Lead Researcher with Service Users Rights in Action (SURIA); • Ms Nina Brennan, Assistant Secretary, Head of Circuit and District Court Operations, Drug Treatment Court; • Ms Fiona Wright, Principal Officer, Head of Dublin Civil and Family Law Combined Office, Drug Treatment Court.

Module 4: Legal and policy issues

Examining parts of recommendations: 1-14, 17, 24, 25, 30-32, and 34-36.

The Committee's series of meetings on legal issues explored the role of legislation, policy and practice in shaping responses to drugs use, with a particular reference to Recommendation 17 of the Citizens' Assembly. Across national, European and wider international perspectives, discussions focussed on the merits of criminal justice- and health-led approaches. A recurring theme was the importance of ensuring that legal responses do not undermine public health objectives.

Table 5: Public meetings on legal and policy issues

Date	Topic	Witnesses
26 Feb 2026	Legal, policy and operational responses • Read transcript / view debate video	• Ms Rachel Woods, Assistant Secretary, Head of Criminal Justice Policy, Department of Justice, Home Affairs and Migration; • Ms Mary O'Regan, Principal Officer, Criminal Justice Policy, Department of Justice, Home Affairs and Migration; • Assistant Commissioner Angela Willis, Organised and Serious Crime, An Garda Síochána; • Detective Chief Superintendent Séamus Boland, Head of The Garda National Drugs and Organised Crime Bureau; An Garda Síochána; • Mr David Leach, Assistant Secretary, Department of Health; • Dr Eamon Keenan, National Clinical Lead for HSE Addiction Services, Department of Health.
5 Mar 2026	European perspectives • Read transcript / view debate video	• Dr Marta Pinto, Assistant Professor and Researcher in the Faculty of Psychology and Education Sciences at the University of Porto

		and a Researcher Specialising in Drug Use, Social Vulnerability and Public Policy; • Mr Brendan Hughes; Principal Scientist on Drug Legislation at The European Union Drugs Agency (EUDA).
19 Mar 2026	Civil society perspectives • Read transcript / view debate video	• Mr Andy O'Hara, Coordinator, UISCE Drug Support; • Mr Mick Mason, Family Addiction Recovery Ireland (FARI); • Ms Aileen Malone, Member of Steering Group, Family Addiction Recovery Ireland (FARI); • Ms Ruby Lawlor, Executive Director, Youth RISE.
26 Mar 2026	International perspectives • Read transcript / view debate video	• Dr Mariam Jashi, Global Board Member, Chapter Chair for Eastern Europe and Central Asia, CEO of Global Sepsis Alliance, UNITE Parliamentarians Network for Global Health); • Mr António Manuel Leitão da Silva, National Head of Policing in North Portugal.
16 Apr 2026	Legal and academic perspectives • Read transcript / view debate video	• Dr Cian Ó Concubhair, Assistant Professor in Criminal Justice, Maynooth University School of Law and Criminology; • Dr Ian Marder, Associate Professor in Criminology at Maynooth University School of Law and Criminology; • Ms Fenella Sentance, Release.
21 Apr 2026	Pan-American perspectives • Read transcript / view debate video	• Ms Nicole Luongo, Policy and Systems Change Analyst, Canadian Drug Policy Coalition; • Mr Kellen Russoniello, Director of Public Health, Drug Policy Alliance; • Mr Jack Farrell, PhD candidate in Criminology, Simon Fraser University;

		• DJ Larkin, Executive Director of the Canadian Drug Policy Coalition; • Ms Isabel Pereira, Senior Coordinator for Drug Policy, Dejusticia.
30 Apr 2026	Legal and academic perspectives (resumed) • Read transcript / view debate video	• Julia Buxton, British Academy Global Professor; • Julie Hannah, Essex Law School; • Professor Alex Stevens, University of Sheffield; • Ms Marie Nougier, International Drug Policy Consortium; • Dr Bisi Akintoye, Lecturer in Criminology and Criminal Justice and Solicitor, University of Roehampton.

Overview of standalone public meetings and witnesses

National Drugs Strategy

Examining parts of recommendations: 1-5, 7-10, 15-19, 21, 24-27, 29-33, 36.

This meeting focussed on the development of the forthcoming National Drugs Strategy, reflecting significant change in patterns of use, demand for services, emerging public health challenges, and the Government's commitment to a health-led approach.

Nitrous oxide and other inhalants

Examining parts of recommendations: 8-10, 15-18, 24, 25, 27, 29-33, 36.

The Committee also examined the growing concern around the use of nitrous oxide and other inhalants, highlighting their increasing use – particularly among young people – and the serious, and in some cases fatal, health risks associated with them.

Women, drug use and addiction

Examining parts of recommendations: 8-10, 15-18, 20, 21, 23-25, 27, 29-33, 36.

This meeting examined women's experiences of drug use, which is shaped by distinct and intersecting factors. Women's pathways into addiction, their experiences within it, and their routes to recovery differ from those of men meaning a gender-neutral approach is insufficient.

Table 5: Standalone public meetings

Date	Topic	Witnesses
13 Nov 2025	National Drugs Strategy • Read transcript / view debate video	• Minister of State Jennifer Murnane O'Connor; • Mr David Leach, Assistant Secretary, Department of Health; • Mr Jim Walsh, Principal Officer, Department of Health; • Professor Bobby Smyth, Youth Drug and Alcohol Service (HSE);

		• Ms Mellany McLoone, Integrated Health Area Manager, Dublin and Northeast Region, (HSE); • Ms Sarah Morton, Chair of the National Drugs Strategy Steering Group; • Mr Joe O'Neill, Chair of the National Drugs Strategy Reference Group.
22 Jan 2026	Nitrous oxide and other inhalants • Read transcript / view debate video	• Professor Bobby Smyth, Consultant Child and Adolescent Psychiatrist, Adolescent Addiction Service (HSE); • Mr Joe Doyle, National Lead for Social Inclusion Services (HSE); • Ms Mary O'Kelly, Integrated Healthcare Area Manager (HSE); • Dr Suzi Lyons, Head of National Health Information Systems with responsibility for the National Drug-Related Deaths Index and the National Drug Treatment Reporting System (Health Research Board); • Dr Deirdre Mongan, Research Officer with responsibility for the National Drugs Strategy and Early Warning System for drugs (Health Research Board); • Mr Dermot Maguire; • Ms Yvonne Maguire.
19 Feb 2026	Women, drug use and addiction • Read transcript / view debate video	• Ms Jennifer Doyle, Senior Residential Services Manager, NOVAS; • Ms Julie McKenna, Senior Health and Recovery Services Manager, NOVAS; • Ms Susan Diffney, Women's Service Coordinator, Jane's Place;

	• Mr Przemek Kluczenko, Deputy Head of Operations and Service Delivery, Jane's Place; • Mr Gary Broderick, CEO, SAOL; • Ms Jacqueline Kelly, Community Employment Supervisor, SAOL; • Ms Anita Harris, Deputy Head of Services, Coolmine Ashleigh House; • Ms Aoife Marshall, Team Leader, Coolmine Ashleigh House; • Ms Nikki Hayes.

Detailed consideration and summary of evidence

Preamble

1. A wide range of witnesses appeared before the Committee to outline patterns of drug use in Ireland and assess current policy responses. They also identified areas for improvement, particularly in the context of the Citizens' Assembly on Drugs Use and the forthcoming National Drugs Strategy. A clear understanding of who uses drugs, how they are used and the impact on individuals, families and communities is essential for developing effective policies that prioritise health, wellbeing and public safety.

2. Researchers from University College Dublin (UCD) highlighted findings from the Health Research Board (HRB) showing that drug use occurs at similar levels across both the highest and lowest socioeconomic groups. However, people from lower socioeconomic backgrounds experience a greater range of harms associated with that use. Long waiting times for addiction treatment and mental health services can worsen these outcomes, particularly for those who depend on the public health system.

3. The same researchers also noted that only 1% of the health budget is allocated to addiction services and 5.8% to mental health services. By contrast, it costs approximately €100,000 per year to keep one person in custody in Ireland. For roughly half that amount, residential addiction treatment and related supports could be provided. The evidence gathered by the Committee should be seen as a foundation for reform. It points to the need for a more balanced and effective approach to addiction – one that emphasises early intervention, accessible treatment, and coordinated support for those at risk of, or experiencing, addiction.

Family supports

4. The importance of family support for those with loved ones affected by addiction and substance use was consistently highlighted to the Committee. Addiction affects not only the individual but also those around them, including parents, caregivers, partners, and dependents. Families may experience significant trauma due to the substance use of a loved one. They may also face financial hardship and challenges such as intimidation linked to drug-related debt.

5. To address these issues, the Family Addiction Support Network (FASN) called for several measures. These include dedicated funding for family support services under the National Drugs Strategy and full integration of family support across treatment services. FASN also recommended a trauma-informed, whole-family approach at national level, aligned with Sláintecare and Healthy Ireland. In addition, it called for formal recognition of family members as key stakeholders, and improved data collection through the NDTRS including data on affected family members.

6. Coolmine Therapeutic Community highlighted the risks for children where parental care is affected by substance use. It noted the need for targeted family support in these cases. Substance use can also limit access to services such as emergency accommodation in situations involving housing insecurity or domestic violence. This can increase risks for children.

7. The Recovery in a Safe Environment (RISE) Foundation presented findings from its ten-week family support and aftercare programme. Before the programme, over half of respondents reported feeling lost, traumatised and unsupported. After completing the programme, 36.8% no longer identified with those feelings.

8. Witnesses also referred to a range of family support programmes delivered by non-governmental organisations (NGOs) These include Parents Under Pressure (PUP), the Community Reinforcement and Family Training (CRAFT) programme and the Northstar Family Support Project in Limerick. These programmes were identified as examples of good practice; however, they operate independently and are not part of any coordinated national system. As a result, access to family support varies by location and awareness. This means that some families are unable to access support when they most need it.

Community supports

9. Addiction, drug dealing, and substance misuse affect whole communities, not just individuals. Witnesses highlighted that the most severe harms are concentrated in those communities most affected by poverty, inequality and social exclusion. They emphasised the importance of community-based responses, noting that a one-size-fits-all approach does not reflect the diverse ways in which addiction and substance misuse affects individual local communities.

10. The Canal Communities Local Drug and Alcohol Task Force (CCLDATF) described how local and regional Drug and Alcohol Task Forces previously developed plans for their respective areas, submitted them to a national Committee for approval, and received funding based on identified needs. This approach allowed services to respond quickly and flexibly to local circumstances. Witnesses stated that the HSE now controls this funding centrally, and that mechanisms for allocating resources at a local level have been reduced. This has limited the ability of local task forces to identify and respond to specific community needs and may undermine and hamper community-based interventions.

Kinship care

11. Kinship care refers to the full-time care of children by relatives or close family friends. This often includes grandparents, older siblings, aunts, uncles, or other trusted adults. Treoir's Kinship Care Ireland (KCI) programme estimates that between 10,000 and 12,000 children in Ireland are currently in kinship care. Kinship care often arises where parents or guardians are unable, or unavailable to care for their child due to substance use, addiction or related issues such as imprisonment, drug-related intimidation, abuse, ill health or the death of a parent. Arrangements may be formal, such as foster care, or informal. In both cases, kinship care plays a vital role in supporting children affected by addiction.

12. Witnesses highlighted that children are impacted by parental substance use in different ways, some of which are not immediately visible. SAOL (an addiction rehabilitation day service for women only) described this as "hidden harm" and stressed the need for social workers and relevant services to be able to recognise and respond to it. SAOL also noted that while kinship care is often preferable to State care, it can place significant emotional and financial strain on children and carers. This underlines the need for targeted supports. Witnesses further highlighted that the rights of children in kinship care – particularly their right to family life under Article 8 of the European Convention on Human Rights, and Article 9 of the United Nations Convention on the Rights of the Child – may be at risk in the absence of adequate support. Consideration must also be given to the rights of parents and guardians in kinship care arrangements.

13. Kinship care can offer stability, as children are often placed quickly, with people they know and trust, and in familiar environments. However, some arrangements arise due to avoidable policy choices. For example, the short-term imprisonment of mothers often results in children entering kinship care. Research from the Irish Penal Reform Trust (IRPT) and international studies highlight that this can be particularly destabilising, as mothers are often the primary caregivers. This sudden separation may lead to grief, anxiety, trauma, and disrupted attachment for children. While it is preferable for mothers not to receive short custodial sentences, it is important that, where custodial sentences are handed down by the courts, mothers are provided with an opportunity by the courts to make arrangements for the temporary care of their children whilst in custody.

14. Family Addiction Recovery Ireland (FARI) noted that the formal recognition and publicly funded support of kinship care in Ireland are relatively recent developments. As a result, informal arrangements are not always adequately supported by legislation or funding.

15. FamiliBase referred to the UK Hidden Harm report (2003), which highlighted the role of kinship care in sustaining the care system by accommodating children for whom states have not allocated adequate resources. KCI estimated that if all children currently in kinship care were placed in State residential care, the cost would exceed €3.6 billion per year. Even at foster care allowance rates, the cost would be approximately €249 million. Despite this, KCI reported that only around one quarter of kinship carers received guardian payments in 2024.

16. Witnesses also raised concerns about children with their own substance use issues. Empowering People in Care (EPIC) noted that there is a lack of appropriate detoxification and rehabilitation services for young people. As a result, facilities such as Oberstown are sometimes used to meet these needs, despite not being designed or resourced for this purpose. Where such options are unavailable, kinship care often becomes the default arrangement.

Intergenerational trauma

17. Witnesses highlighted the relationship between trauma and addiction. They noted that trauma can both contribute to, and result from, addiction. Without appropriate

mental health and therapeutic supports, this can lead to intergenerational cycles of addiction, with long-term impacts on children and families, and is part of the public health crisis associated with drugs.

18. Researchers from UCD told the Committee that between 60% and 80% of people with a substance use disorder have experienced trauma. While not all addiction is trauma-related, the evidence points to a strong association. It is accepted that addiction can be challenging to treat, however, the Addiction Counsellors of Ireland (ACI) stated that trauma and PTSD can be effectively treated where appropriate services are available. These include trauma-focused cognitive behavioural therapy (CBT) and eye-movement desensitization and reprocessing (EMDR).

19. Coolmine Therapeutic Community emphasised the need for targeted programmes to support both parents with substance use disorder and their children. While some services are in place, witnesses noted that access is often limited by cost and long waiting times. The services that do exist are effective, but many witnesses before the Committee highlighted that they are often prohibitively expensive and have long waiting lists. This can reduce the effectiveness of early intervention and increase the risk of ongoing harm.

20. Witnesses further highlighted the importance of a health-led approach that recognises trauma as both a cause and consequence of addiction. They emphasised the role of prevention and early intervention, including education in schools, public awareness initiatives, and access to appropriate mental health and therapeutic supports. Expanding these services may help to reduce the long-term impacts of trauma, and break cycles of addiction across generations.

Addiction, sports and wellbeing

21. Sports can be one aspect of a lifestyle that steers people away from substance misuse. According to Sport Ireland, group-based physical activity can play a distinct role in social recovery, by enabling individuals expand their support networks and reduce exposure to drug-use triggers. Witnesses highlighted the importance of embedding sport and physical activity within public health and addiction strategies, not only as a tool for treatment and prevention, but also as a foundation for longer-term personal and community resilience.

22. Irish Homeless Street Leagues (IHSL) stated that sport plays a crucial role in supporting socially isolated individuals to build social capital by providing a platform for personal development and social connection. Participation in team sports can help to build confidence, foster a sense of community and teamwork, and support the development of communication, life and leadership skills. It can also contribute to improved physical and mental health, encourage the development of structure and routine, and support the development of resilience, empathy and respect.

23. Sports-based recovery programmes, such as Boxing Clever, can also enable individuals to engage in treatment, recovery and education while remaining connected to their families, communities and local support networks.

24. Available evidence suggests that drug use is not any more prevalent within sport compared to the general population. The Gaelic Players Association (GPA) indicated that performance-enhancing or recreational drug use are not considered significant issues within Gaelic games, while Sport Ireland acknowledged the importance of targeted education and awareness programmes for relevant groups.

25. However, some drug use does occur in sporting contexts, including both performance-enhancing and recreational use. A recent GPA survey found that approximately 20% of players believed that teammates used recreational drugs. Research from Planet Youth, as presented by Sport Ireland, also points to a relationship between participation in sport and positive wellbeing outcomes, while also indicating an association with higher levels of alcohol consumption. Considering this association, policymakers may wish to consider supporting and funding a broader range of structured activities for young people, including areas such as music, art, debating, and theatre.

Young people

Children affected by parental substance use

26. According to data from Coolmine Therapeutic Community, many people in treatment are parents. The data shows that 38% of service users' children lived with the parent in treatment, 39% lived with the other parent, 14% were in State care and 7% lived with extended family – mainly grandparents. Despite this, service design often

neglects parenting supports and may not fully meet children's emotional, developmental and safety needs.

27. The current National Drugs Strategy, in place during the work of this Committee, makes limited reference to children. Responsibility for children affected by parental substances use issues is shared between the Department of Children, Disability and Equality, and the Department of Health. In practice, this can often lead to gaps in support and unclear accountability.

Schools

28. Witnesses from the Teachers' Union of Ireland (TUI), the Irish National Teachers' Organisation (INTO) and the Association of Secondary Teachers Ireland (ASTI), along with school leaders stressed that schools should not be the main, or only line, of defence against addiction. Schools are often expected to respond to a wide range of social issues. This can be challenging, as their core resources for education are already under significant pressure. However, schools are a central part of most children's daily lives. Issues such as drug misuse often manifest in the school setting, creating an opportunity for early prevention and support.

29. The INTO warned that "any programme that is simply added to an overloaded system is unlikely to achieve the outcomes that national policy intends." It also noted that teachers and students cannot take on the roles of social workers, counsellors or therapists. TUI called for more home-school liaison officers and guidance counsellors to support students effectively.

30. Donore Community Drug and Alcohol Service stated that schools often provide strong education programmes on drug awareness. These programmes should continue; however, many communities lack social infrastructure such as youth centres, children's facilities and targeted outreach for at-risk young people.

31. The National Educational Psychological Service (NEPS) supports schools through the provision of assigned psychologists and an advisory support line. This support line ensures that schools without a dedicated psychologist can still access advice. NEPS also provides national and regional support and development services for all school staff. Access to NEPS support is regularly constrained by lengthy waiting lists, and increased investment is required to remedy this.

32. The HRB referred to findings from the Growing Up in Ireland study and international research. These show that a good attendance and strong positive engagement in school can reduce the risk of drug misuse. When students feel comfortable, safe and included, they are more likely to attend and take part.

33. Around 2,400 teachers are trained in Social, Personal and Health Education (SPHE) at either junior or senior cycle level. The Department of Education and Youth encourage schools to have a core SPHE team. SPHE is the main way schools deliver drug and alcohol awareness education. SPHE also supports the development of soft skills that help prevent drug misuse. These include managing emotions, developing coping strategies, including for social situations, building a sense of self and improving self-esteem.

Drugs used by children and adolescents

34. The misuse of legal substances, including alcohol, inhalants and over the counter or prescription drugs, is a concern among young people, particularly among those experiencing trauma or mental health difficulties. Underage drinking remains the most visible example of this, however, the CCLDATF also reported awareness of people as young as 14 using ketamine, and witnesses also raised concerns about a variety of newer substances. These include nicotine vapes, "spice" vapes (which contain synthetic, lab-made cannabinoids) and Hexahydrocannabinol (HHC) vapes. The sale of HHC was already prohibited under the Criminal Justice (Psychoactive Substances) Act 2010 – which makes it an offence to sell, import or export unregulated psychoactive substances. Since 29 July 2025, however, HHC and several related substances are also classified as Schedule 1 drugs under the Misuse of Drugs Act 1977. This means that the law now covers possession, production, importation, and exportation, in addition to sale or supply. As a result, HHC now comes within the same enforcement framework as other controlled drugs.

35. Survey data from the European School Survey Project on Alcohol and Other Drugs (ESPAD) and the Health Behaviour in School-aged Children (HBSC), mentioned by the HRB, shows that cannabis is the most used illegal drug among 15- to 16-year-olds, while alcohol consumption has fallen slightly in this age group. Young people in this age group usually get drugs from friends rather than directly from dealers.

36. However, as the CCLDATF pointed out, when a substance such as HHC is banned, users often switch to newer alternatives. These are often less understood and not yet regulated. Examples include semi-synthetic cannabinoid derivatives, such as Hexahydrocannabiphorol (HHCP) and Hexahydrocannabinol acetate (HHCO). This pattern of use can increase risk, as users may take substances with unknown strength or effects.

Targeted responses

37. The UBU Your Place Your Space programme targets marginalised young people and their families. It focuses on those who have come to the attention of An Garda Síochána, often through the Garda Youth Diversion Programme. While some children may face a higher risk of substance misuse due to family circumstances, trauma or socioeconomic background, preventative interventions should avoid seeing these children as future offenders or people with addiction. Witnesses from University College Cork (UCC) noted that children involved in a Garda Youth Diversion project were sometimes called "the Garda kids" in their communities and often faced hostility when arriving at activities in a Garda van, which reinforced stigma and perceptions of criminal behaviour.

38. Youth Work Ireland described its integrated service model. This model incorporates UBU community-based youth projects, youth diversion projects, outreach and community-based drug initiatives, mainstream youth clubs, LGBTQI+ supports, and youth information services. This "wraparound" approach has proven highly successful in supporting young people, their families and communities over 20 years.

39. Witnesses from Trinity College Dublin referred to findings from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). These finding show that children attending CAMHS are at higher risk of developing substance use disorders and recommends that they should be screened appropriately. However, CAMHS, and adolescent addiction and substance use services are often delivered separately, making it difficult for young people to access joined up and effective support.

Service provision

40. The Committee heard that the HRB is mapping prevention initiatives across the country from a needs assessment perspective. This work aims to identify gaps and

support more effective planning. Several programmes were identified as effective. For example, Let's Learn about Drugs and Alcohol Together in the mid-west has shown positive outcomes for both students and parents. Other initiatives, such as Know the Score and Check and Connect were also highlighted by witnesses as working well in the communities where they operate. The Area Based Childhood (ABC) programme is a strong example of prevention and early intervention. According to the HSE, this programme could deliver greater impact if expanded at a national level.

Young adults

41. While socioeconomic background can increase the risk of drug use in childhood, the HSE noted that by age 20 it is not a reliable predictor of cocaine use. The cost and culture linked to certain drugs shows that people from all backgrounds in Irish society use drugs. Policy responses should reflect this reality and avoid relying on stereotypes of people who use drugs, while also recognising that drug related harms are felt most acutely in underserved and marginalised communities.

42. Witnesses also noted that young people do not simply stop needing support when they turn 18, with the National Youth Council of Ireland (NYCI) supporting people up to the age of 24, while BelongTo provides parental support services to LGBTQI+ young people of all ages.

Awareness campaigns

43. Public information campaigns can be an effective way to raise awareness about the facts and the risks linked to substance use. The HSE runs a range of awareness campaigns and is currently developing a new vaping prevention campaign for young people. The Drugs.ie website is less focused on prevention, focussing more on harm reduction for people who are already use drugs.

44. The HSE aims to balance two approaches. It seeks to avoid inadvertently increasing interest in new substances, while also providing clear information on drugs people who are already using to reduce harm as much as possible. The Committee criticised the HSE for its delayed response to the rise in popularity of HHC vapes. It noted that the HSE waited until the substance became illegal before raising awareness of the risks.

45. The HSE has received funding from the Department of Health for a 2026 vaping prevention campaign, informed by focus group testing. The HSE is also designing a national survey which will be delivered in conjunction with Ipsos, to examine community perspectives on drug and alcohol use. In addition, the HSE is carrying out in-depth community needs assessments in one urban and one rural area in collaboration with the Royal College of Surgeons in Ireland (RCSI). These research initiatives will feed into the HRB's national needs assessment mentioned previously.

46. The NYCI also noted the growing influence of the online environment. Social influencers can shape attitudes and behaviour, and online platforms make it easier to access drugs by removing traditional barriers to supply.

LGBTQI+ young people

47. According to BelongTo, LGBTQI+ young people are more likely to use drugs or engage in binge drinking. A 2024 study, Being LGBTQI in Ireland, found that 54% of LGBTQI respondents had used drugs in their lifetime and half of this group had used drugs in the past year. This compares to about 27% of the general youth population. Earlier studies show a similar pattern. A 2016 LGBTIreland report found that almost half of LGBTQI+ young people aged 14 to 25 had used drugs recreationally. This was almost twice the rate of their non-LGBTQI+ peers. Research by BelongTo in 2006 reported even higher levels. It found that 65% of LGBTQI+ young people had used drugs, with 21% using them regularly.

48. Higher rates of substance abuse among LGBTQI+ people can be linked to experiences of discrimination and bullying. These experiences can affect mental health and increase exposure to trauma. Among LGBTQI+ young people who have used drugs, 74% reported that their identity was not accepted at home. Those who had experienced homelessness in the past year were twice as likely to have used drugs than those in stable housing.

49. BelongTo collaborates with other LGBTQI+ organisations such as Outhouse and the Gay Men's Health Service, and has established an LGBTQI+ drug and alcohol advisory group with partners including Merchants Quay Ireland (MQI), SAOL Project, Rialto Drug Community Team (RDCT) and the Ana Liffey Drug Project. This group works to identify training needs within drug services. Witness noted that both public services

and NGOs may lack LGBTQI+ inclusive approaches. This can limit access to appropriates support.

Youth work

50. Youth work organisations provide valuable supports for at-risk young people, including those involved in substance misuse. However, long waiting lists can limit access to counselling and therapeutic supports. Foróige highlighted Bronfenbrenner's Ecological Systems Theory, which recognises that behaviour is shaped by environments such as a person's home life, peer groups and wider social norms. Youth work is uniquely positioned to operate across several of these areas, putting it in a strong position to act as a key protective factor.

51. The NYCI proposed investing in co-located youth hubs that could bring together youth work programmes, mental health supports, education and career guidance, and creative opportunities such as music, arts, coding and gaming under one roof. This model could provide meaningful alternatives to substance abuse and risky behaviours. It would also create safe spaces where young people can engage with trusted youth workers about their experiences.

52. BelongTo noted the challenge of measuring the impact of youth work and preventative programmes. It is difficult to quantify how many young people avoid substance misuse or use substances more safely. Instead, the organisation aims to focus on improving knowledge, decision making, and emotional resilience.

53. The Committee recognised the importance of youth work, particularly as an alternative to punitive or carceral responses to drug use among young people. The European Prevention Curriculum also supports evidence-based prevention. It highlights the importance of protective environments, including safe and welcoming spaces like youth and community centres. However, witnesses and Committee members noted ongoing challenges. Many youth work organisations are under-resourced. They rely on temporary funding and face difficulties attracting and retaining staff due to limited pay and investment.

Drug dealing and distribution among young people

54. Young people can be at risk of being targeted and groomed into drug distribution and other criminal activity. This can happen for several reasons, including vulnerability

linked to age, family background, socioeconomic standing, experience of poverty and deprivation, or social environment. Witnesses from the Diamond Project, who work with children as young as 12, reported that many begin using drugs at an early age, affecting their development, decision-making, and exposure to risk.

55. In cases reviewed by the Diamond Project, where there was a suspected link between substance use and offending, two-thirds confirmed a clear connection. Many of these young people are outside the school system. They may also have additional learning or developmental needs. Many come from families and communities affected by long term, intergenerational drug-related trauma, poverty and social exclusion.

56. Youth Work Ireland noted that alternative organisations can support young people who are excluded from school. However, the behaviours linked to substance abuse can lead to repeated absences. This increases the risk of involvement in drug-related activity. These patterns can reinforce each other and are difficult to break without coordinated support.

57. Several witnesses highlighted the value of working with Tusla to offer children a 'Meitheal', an early intervention model designed to ensure that the strengths and needs of children and their families are effectively identified, understood and responded to in a timely way. However, Youth Work Ireland noted that services across the State and NGOs are often fragmented, meaning there is no consistent standard of care or support for young people.

Substance use and neurodiversity

58. Neurodiversity recognises that people's brains work in different ways. It views these differences as part of the normal range of human variation. People whose brains work differently from what is considered typical are often described as neurodivergent. According to the HSE, some neurodivergent people may be at higher risk of substance use and addiction. Services should reflect this when designing treatment and support.

59. For example, some people with autism may feel overwhelmed by the world around them. Without the right support, they may use substances to cope. Early support can help them develop safer ways to manage stress.

60. Foróige noted that it can be difficult to support neurodivergent young people. This includes those with dyspraxia, ADHD and autism. These conditions are often diagnosed late in life. Reasons for this include stigma, limited awareness, and long waiting lists. Some people experience both neurodivergence and addiction at the same time. This can make it harder to access the right supports. Many addiction services are not designed for neurodivergent people. At the same time, many neurodiversity services do not address substance use. Some projects are trying to address this gap. For example, the Diamond Project works with the autism charity AsIAM to make service more accessible for people with autism.

61. Researchers from Trinity College Dublin highlighted the value of a neuroaffiramtive approach that can support diverse ways of thinking and learning. It can help reduce stigma and improve self-esteem, particularly for people with ADHD.

62. They also noted gender differences in substance use patterns. Among people in treatment, women with ADHD had higher rates of benzodiazepine use. In contrast, the use of alcohol, cocaine and cannabis was higher among men with ADHD. These patterns may reflect self-medication behaviours, as well as the differences in how ADHD is recognised and treated across genders. The researchers noted that recreational drugs would benefit from regulation similar to alcohol rather than their current illegal status.

63. Witnesses advocated for a move away from the 2006 A Vision for Change mental health policy, under which addiction care sits mainly outside the mental health system. Witnesses called for more holistic and integrated approaches. This is particularly important for people who may be using substances to self-medicate and manage mental health conditions.

64. Witnesses also raised concerns about access to both ADHD diagnosis and treatment. Barriers include long waiting lists, prohibitive costs and stigma around perceived “drug-seeking behaviour”. This is particularly relevant for prescribed stimulant medication, such as amphetamine treatments. In addition, those who develop substance abuse issues while on waiting lists may be denied assessment according to Trinity College Dublin. This is impactful for both individuals and society, as ADHD

Ireland stated that the estimated socioeconomic costs of untreated ADHD in Ireland each year are around €17,000 per person, totalling approximately €2 billion annually.

65. ADHD Ireland also highlighted a new integrated plan for adults with ADHD. The plan includes three elements: training for general practitioners (GPs) to recognise and understand ADHD; enabling GPs to prescribe ADHD medication; and supporting ADHD diagnosis in primary care settings. This approach aims to reduce waiting times and address gaps in specialist services.

Women, drug use and addiction

66. Women experience substance use in different ways due to their social roles and position in society. As a result, they often need tailored supports. Witnesses highlighted the experiences of both women who use drugs themselves and women affected by the substance use of partners, children, or other family members.

67. NOVAS (a voluntary organisation working with people across Ireland who are homeless, or at risk of homelessness, and experiencing addiction or social marginalisation) highlighted that women often follow different pathways into addiction. These are linked to trauma, violence, coercive relationships, and separation from children. Witnesses also raised concerns about crack cocaine use among women. NOVAS identified this as a major driver of harm, increasing the risk of exploitation and poor health outcomes. Jane's Place stated that women face multiple overlapping barriers such as violence and abuse, stigma, caregiving responsibilities, fear of child removal, and unsafe mixed-gender services. SAOL argued that addiction among women is rooted in these structural issues. It noted that current strategies refer to women but often lack specific actions and dedicated funding.

68. Coolmine Therapeutic Community reported a growing demand for women's services. In 2025, women made up 42% of its service users, the highest level recorded. It also highlighted the importance of mother-and-child residential programmes. There are only two such services in Ireland, with about 40 beds in total.

69. Nikki Hayes shared her lived experience. She described a pathway from early trauma and mental health issues to addiction and homelessness. She spoke about the lack of integration between services and the lack of dual diagnosis recognition. She also

highlighted the fear of losing her child as a barrier to seeking treatment and noted limited support for family reunification following treatment.

70. Donore Community Drug and Alcohol Service noted that women in abusive relationships linked to drug use often face major barriers to leaving. Limited access to appropriate supports means many remain in these situations due to fear. Evidence shows that women may attempt to leave abusive relationships several times before managing to do so permanently.

71. Access to housing is also a key challenge for women leaving these situations. Emergency accommodation, refuges, and addiction services often have long waiting lists or only provide short-term placements. This creates instability at a critical point.

72. Addiction can also prevent women from accessing refuge services, as many refuges are not equipped to support women in active addiction. This can restrict women's ability to seek safety. SAOL noted that women who enter refuge or recovery may also struggle with daily living skills. These can include planning meals and managing routines, as well as rebuilding independence.

73. Mothers face additional barriers. Many are the main caregivers for their children. Fear of stigma and concern about losing custody can prevent them from seeking help. SAOL questioned why social work involvement often begins late in pregnancy for women in active addiction when earlier engagement could improve outcomes for both mother and child.

74. The HSE was also asked about the availability of supports for mothers outside hospital settings. At present, support is often linked to maternity services, such as specialist midwives. Witnesses suggested that more community-based and outpatient supports are needed.

National Drugs Strategy

75. The Committee considered the development of the forthcoming National Drugs Strategy as part of its remit to respond to the report of the Citizens' Assembly on Drugs Use. Evidence from the Minister of State, Department of Health and HSE officials, and stakeholders across multiple hearings indicates that the strategy presents a key opportunity to shape Ireland's future approach to drug use. However,

the evidence also highlights tensions between policy direction, legislation, stakeholder engagement, and system capacity. A central issue is the precise meaning of a "health-led approach" and whether the proposed strategy fully reflects the intent of the Citizens' Assembly.

76. The forthcoming strategy was referenced across many areas of the Committee's work. Some Committee members criticised the decision to pause the oversight group during drafting. Members noted the effect this may have on meaningful participation. Officials confirmed that national oversight structures were paused but would resume after completion. FARI also noted the lack of input from people with lived experience and their families. Stakeholders also highlighted a gap between consultation and the extent to which input shapes policy outcomes.

77. The Minister of State indicated that the new strategy is intended to "deepen the health-led approach" in response to significant changes in drug use patterns since 2016. The Minister highlighted a 50% increase in treatment demand since 2017, the growth in cocaine use, increased polydrug use, and the emergence of new psychoactive substances as key drivers for policy reform. The Minister also outlined that the strategy is informed by stakeholder consultation, including engagement with individuals and families with lived experience. Officials outlined a governance structure with a steering group, providing expert oversight, and a reference group intended to reflect grassroots perspectives. It was stated that over 240 stakeholders participated in the consultation process.

78. The Minister of State further outlined key measures, including the expansion of harm reduction services, continued operation of the supervised injection facility, increased funding for drug services, and new community-based initiatives. Public spending in drug-related services was reported at €338 million in 2024, including €174 million on health services.

79. The Committee was informed that a draft strategy would be available by late 2025 or early 2026, with publication planned for July 2026. While the Minister of State committed to taking account of the Committee's report, some members questioned whether this timeline allows for full consideration of the Committee's findings.

80. The Minister of State confirmed that the strategy will be based on a health-led approach. However, she clarified that this approach is centred on diversion to health services within the existing legal framework, stating that it is "just health diversion". Officials explained that this model does not remove criminal penalties but may reduce their use in practice. Possession remains a criminal offence. This position was presented as consistent with the Government's interpretation of the Citizens' Assembly recommendations. Some Committee members and stakeholders disagreed. They noted that the Citizens' Assembly called for a broader, comprehensive health-led approach.

81. The health diversion scheme is a central element of the strategy. It has been developed by the Department of Health in conjunction with the Department of Justice, Home Affairs and Migration, An Garda Síochána and the HSE. The scheme will operate on an administrative basis, with Garda discretion guiding referrals to health services. It will be monitored and formally evaluated after 12 months.

82. Some stakeholders raised concerns regarding this approach. UISCE stated that criminalisation contributes to stigma and limits access to healthcare, and argued that legislative reform, including decriminalisation, is necessary to support a health-led model. Similarly, Dr Cian Ó Concubhair (Maynooth University) argued that retaining criminal penalties is not compatible with a fully health-led approach. Concerns were also raised about reliance on Garda discretion, which may lead to inconsistent outcomes. The Committee notes that the effectiveness of the scheme will depend on consistency, transparency, and access to appropriate services.

83. The Minister of State outlined the scale of current services, including over 610 drug and family support services and 280 projects supported through drug and alcohol task forces. The Minister also referred to additional funding and initiatives to support underserved groups. However, Committee members raised concerns about service capacity, regional gaps, and funding levels. These concerns reflect evidence from other hearings, which identified barriers to treatment, recovery, and integrated care.

84. Stakeholders also highlighted the role of wider social factors. UISCE pointed to poverty, homelessness, stigma, and barriers to healthcare as key drivers of harm. Members stressed the need for coordinated action across health, housing, justice, and

children's services. The Minister of State acknowledged the need for a whole-of-government approach. The Committee notes that effective delivery will depend on coordination across Government Departments and sufficient service capacity.

85. The Committee finds that the strategy reflects a clear move towards a health-led approach. This is supported by the planned health diversion scheme and continued investment in services. However, the evidence shows a difference between the Government's interpretation of a health-led approach and that of several stakeholders and experts, particularly on the issue of criminalisation. The Committee also notes concerns about stakeholder engagement, governance arrangements, and service capacity. The effectiveness of the strategy will depend on how these issues are addressed.

Nitrous oxide and other inhalants

86. The Committee held a dedicated public meeting on the rising use of nitrous oxide and other inhalants among young people and the associated public health risks. Evidence was provided by representatives of the HRB, the HSE, and by Dermot and Yvonne Maguire, whose 14-year-old son Daniel died in 2025 following the inhalation of aerosol deodorant. The Committee heard that inhalants, including aerosols, nitrous oxide, glue, correction fluids and other volatile substances, remain readily accessible in homes and communities and can result in severe injury, neurological harm or death.

87. The testimony of Dermot and Yvonne Maguire was among the most impactful evidence heard by the Committee. The Maguires described Daniel as a healthy, active and well-liked young person who enjoyed football, going to the gym and spending time with his friends and family. They explained that Daniel died suddenly in September 2025 after inhaling aerosol deodorant in the family home. Mr Maguire described the traumatic circumstances surrounding Daniel's collapse and the prolonged efforts by family members and emergency personnel to resuscitate him.

88. The Committee heard that the Maguire family had no prior awareness of the extent of the dangers associated with aerosol abuse. The family emphasised that aerosol deodorants and related products are present in almost every household and are generally viewed as ordinary everyday items rather than potentially lethal substances. Witnesses stated that children do not need to seek out illicit drug markets or criminal

networks to access inhalants, as these products are inexpensive, legal and widely available in homes and shops.

89. Mr and Mrs Maguire also highlighted the hidden nature of inhalant use among young people. Following Daniel's death, schools in the local area informed students about the circumstances involved and subsequently reported that several children disclosed previous inhalant use and indicated that they had stopped after becoming aware of the associated risks. The Committee heard that this suggests that aerosol abuse may be considerably more widespread than is generally recognised by parents, schools or policymakers.

90. The Maguires stated that after speaking publicly about Daniel's death they were contacted by numerous families from Ireland and abroad who had experienced similar tragedies involving aerosols and other inhalants. Witnesses noted that many families affected by inhalant-related deaths may not publicly discuss these experiences due to trauma, stigma or feelings of shame. Members observed that this may contribute to a lack of public awareness regarding the prevalence and seriousness of inhalant-related harms.

91. The Committee also heard concerns from the Maguire family regarding the adequacy of warning labels on aerosol products. Mr Maguire stated that existing warnings relating to inhalation abuse are often difficult to locate, printed in small text and unlikely to be noticed by either children or adults. The family called for significantly stronger and more visible warning labels, including clearer messaging regarding the risk of sudden death associated with inhalant misuse.

92. In addition to stronger product warnings, the Maguires advocated for restrictions on the sale of aerosol products to minors and for significantly increased education and awareness programmes in schools and communities. Witnesses stressed that aerosol abuse is often absent from school-based prevention programmes, despite the serious and potentially fatal consequences involved. Members also noted that many teachers and parents may not currently receive adequate guidance regarding inhalant misuse and emerging substances.

93. Witnesses repeatedly stressed that prevention and education are particularly important in the context of inhalants because products such as aerosols, deodorants

and solvents are ordinary household items that cannot realistically be removed entirely from circulation. The Committee heard that unlike many illicit drugs, inhalants leave little visible evidence and may be used opportunistically by young people experimenting with substances. Members noted concerns that many parents may not recognise the warning signs associated with inhalant misuse or appreciate the speed with which fatal consequences can occur.

94. The HRB outlined that inhalants are volatile substances that produce psychoactive vapours when inhaled, and include aerosols, glues, correction fluids, petroleum products and gases such as nitrous oxide. Nitrous oxide, commonly referred to as "laughing gas", was identified as an emerging recreational substance internationally due to its low cost, accessibility and difficulty of detection through routine drug testing.

95. The Committee heard that inhalants were the third most used substance among Irish schoolchildren aged 15 to 16 after alcohol and cannabis. According to the ESPAD, 6.3% of Irish schoolchildren reported lifetime inhalant use in 2024. Nitrous oxide questions were included in the survey for the first time in 2024, with 2.1% of respondents reporting use. Witnesses also noted that some studies involving young adults indicate substantially higher rates of nitrous oxide use among people aged 18 to 24.

96. Witnesses highlighted significant health risks associated with both inhalants and nitrous oxide. The Committee heard that inhalants can cause hallucinations, nausea, confusion, loss of coordination, organ damage, asphyxiation and sudden death. Nitrous oxide use was linked to neurological injury, vitamin B12 deficiency, spinal nerve damage, frostbite injuries and psychiatric symptoms including psychosis. Witnesses noted that some harms may arise after relatively short periods of intensive use.

97. The HRB outlined evidence of increasing treatment demand relating to inhalants and nitrous oxide. The NDTRS recorded an increase in inhalant-related treatment cases from 28 cases in 2021 to 108 in 2024, while nitrous oxide-related treatment presentations increased from zero to 54 over the same period. A sizeable proportion of these treatment cases involved children and adolescents under 18.

98. The Committee also heard evidence regarding the increasing visibility of nitrous oxide canisters in communities, parks and public spaces. Members referred to reports from local authorities and community groups regarding large numbers of discarded canisters being collected in urban areas. Witnesses raised concerns that nitrous oxide products are increasingly marketed in colourful packaging and sold online in ways that appear designed to appeal to young people.

99. The Maguire family and several members highlighted concerns regarding the role of social media in facilitating access to substances. Witnesses stated that young people can purchase nitrous oxide products through social media platforms, often with rapid home delivery. Members also noted wider concerns regarding the online promotion and the normalisation of substance use among young people and the speed at which trends can spread through digital platforms.

100. The HSE emphasised that patterns of substance use among young people have become increasingly dynamic and difficult to predict. Witnesses stated that newer substances and methods of use can emerge rapidly and spread widely through online platforms and peer networks. The Committee heard that prevention systems must therefore become more adaptable, coordinated and capable of responding quickly to emerging trends.

101. Witnesses repeatedly stressed the importance of prevention and early intervention. The HSE outlined existing prevention initiatives including the Know the Score programme, Drugs.ie educational materials, parents' information webinars and school-based awareness programmes. However, members questioned whether current prevention efforts are sufficiently scaled to reflect the widespread and evolving nature of substance use among young people.

102. The Committee heard differing perspectives regarding public awareness campaigns. The HSE cautioned that large-scale campaigns can sometimes unintentionally increase awareness or curiosity regarding substances among young people. Witnesses therefore emphasised the need for evidence-based prevention approaches that strengthen protective factors, support parents and promote informed decision-making among young people.

103. The role of schools and youth services was also highlighted throughout the meeting. Members and witnesses stressed the importance of integrating education regarding inhalants, nitrous oxide and emerging substances into SPHE and wider youth work initiatives. The Committee heard concerns that teachers may not currently receive sufficient training regarding aerosol abuse despite the serious risks involved.

104. Witnesses also discussed the need for more agile systems capable of identifying and responding to emerging substances before harms become widespread. The HRB outlined ongoing efforts to improve early warning systems and real-time monitoring of drug trends, while acknowledging that many existing datasets involve delays associated with treatment reporting and coronial processes. Members stressed the importance of engaging with frontline services, youth workers, schools and communities in identifying emerging patterns of use at an earlier stage.

105. The Committee further heard that frontline organisations, local and regional Drug and Alcohol Task Forces, schools, youth workers and homeless services are often among the first to observe new trends in substance use. Witnesses highlighted the importance of stronger inter-agency coordination and more effective information sharing between public services, community organisations and policymakers.

106. Members also discussed possible legislative and regulatory responses. Suggestions included stronger product labelling requirements, restrictions on the sale of aerosol products and nitrous oxide to minors, controls on larger nitrous oxide canisters, and tighter regulation of online sales and marketing practices. Witnesses acknowledged, however, that enforcement alone would not eliminate misuse given the widespread household availability of many inhalant products.

107. The Committee also considered the wider societal context surrounding inhalant use and emerging substances. Witnesses noted that experimentation and risk-taking behaviours among young people are influenced by peer relationships, online content, commercial marketing and wider cultural attitudes towards substances. The HSE highlighted the importance of broader prevention strategies that reduce overall substance use and strengthen resilience among children and young people.

108. The Committee recognises the devastating impact that inhalants and nitrous oxide can have on individuals, families and communities. The evidence of Dermot and

Yvonne Maguire highlighted the sudden and catastrophic consequences that can arise from products commonly found in ordinary households. The Committee further recognises the need for stronger prevention, education and awareness initiatives, improved monitoring of emerging drug trends, more agile public health responses, and greater coordination across schools, families, youth services, healthcare providers and communities in responding to inhalants and other emerging substances.

Legal and policy issues

Overview

109. Over the course of seven hearings in this module, the Committee heard evidence from representatives of Government Departments, An Garda Síochána, civil society organisations, academics, legal experts, international practitioners, human rights specialists and representatives of international drug policy organisations. Witnesses addressed a broad range of issues relating to legal and policy responses to drug use, including diversion and dissuasion schemes, decriminalisation, organised crime, harm reduction, treatment systems, policing practices, human rights considerations and comparative international approaches.

110. A significant degree of consensus emerged across many hearings that problematic substance use and addiction are complex public health and social issues that cannot be effectively addressed through punitive criminal justice responses. Witnesses from a wide range of perspectives emphasised the importance of prevention, early intervention, treatment, mental health supports, housing, harm reduction measures and wider social inclusion policies. At the same time, differences emerged regarding the appropriate continuing role of the criminal law in relation to possession for personal use. While State agencies generally favoured retaining criminal sanctions alongside expanded diversion pathways, the overwhelming majority of civil society organisations, academics, legal experts and international witnesses argued that criminalisation itself contributes to harm, stigma and exclusion and that a genuinely health-led approach requires decriminalisation.

Government and State agency perspectives

111. Representatives of the Department of Justice, Home Affairs and Migration outlined the Government's proposed health diversion scheme, which is intended to operate within the existing legislative framework. Officials stated that under the proposed model, the possession of controlled drugs for personal use would remain unlawful; however, individuals deemed suitable could be diverted by An Garda Síochána away from criminal sanctions and towards health and support services. The Department stated that the objective of the scheme is to reduce the criminalisation of vulnerable individuals while maintaining strong enforcement responses against trafficking and organised criminality. Witnesses from the Department noted that the diversion scheme forms part of a broader health-led approach envisaged under the forthcoming National Drugs Strategy and referred to a number of related initiatives, including the review of the Dublin Drug Treatment Court, implementation of recommendations arising from the high-level task force examining mental health and addiction challenges within the criminal justice system, and the Community Access Support Team (CAST) pilot involving Gardaí and healthcare services. Departmental officials also referred to efforts to strengthen referral pathways between law enforcement agencies and treatment and support services.

112. Representatives of the Department of Health similarly emphasised the importance of integrated care pathways, interagency cooperation and increased access to treatment and support services as part of a wider public health response to problematic substance use and addiction. State agency witnesses consistently stressed that a health-led approach must operate alongside continued enforcement activity directed at organised criminal networks involved in the illicit drugs trade.

113. Representatives of An Garda Síochána placed particular emphasis on the harms associated with organised criminal networks involved in drug trafficking. Garda witnesses described the violence, intimidation, coercion, drug debt and organised crime-related murders associated with the illicit drugs trade and stated that drug trafficking is not a "victimless crime". Witnesses outlined the Garda focus on disrupting and dismantling organised criminal organisations involved in importation, trafficking and supply and referred to increasing emphasis on organised crime investigations, network disruption, asset seizure and multi-agency cooperation

involving Revenue, the Criminal Assets Bureau and international policing bodies. Garda representatives also referred to Operation Tara as the organisation's national strategy for disrupting and dismantling drug trafficking networks.

114. At the same time, Garda witnesses stated that the organisation supports diversion from the criminal justice system where appropriate and already participates in a range of preventative and harm reduction initiatives, including supervised injecting facilities, health referral schemes, the Drug Related Intimidation and Violence Engagement (DRIVE) programme addressing drug-related intimidation, the Garda Youth Diversion Programme and the Adult Caution Scheme for certain minor offences. Garda representatives stated that the organisation's primary operational focus is on organised crime and trafficking networks rather than vulnerable individuals experiencing addiction.

115. The Committee notes, however, that some witnesses questioned whether operational practice fully reflects the stated emphasis on prioritising organised crime over possession offences. Dr Cian Ó Concubhair disputed claims that possession offences are not routinely prosecuted and argued that criminalisation continues in practice to be disproportionately directed at individuals in possession of drugs for personal use. He referred to prosecution practices in the District Court and challenged suggestions that the repeal of section 3 of the Misuse of Drugs Act 1977 would undermine Garda powers relating to trafficking and supply offences.

116. The annual number of charges created citing the offence of "Possession of Drugs, Contrary to section 3 of the Misuse of Drugs Act" has risen year on year from 6,618 in 2021 to 8,287 in 2025, indicating an increase in prosecutions for the possession of drugs for personal use.[1] The Committee also notes that, contrary to claims made by An Garda Síochána, the search power contained in section 23 of the 1997 Misuse of Drugs Act 1977 does not appear to be dependent on section 3 of that Act, and instead arises where there is reasonable cause to suspect possession of a controlled drug "in contravention of this Act" including, presumably, possession of a controlled drug for the purpose of sale or supply under section 15.

[1] Information from An Garda Síochána, provided by the Minister for Justice, Home Affairs and Migration in response to a Parliamentary Question posed by the Cathaoirleach, Deputy Gary Gannon TD: https://www.oireachtas.ie/en/debates/question/2026-03-19/52/

Diversion, decriminalisation and health-led responses

117. The Committee heard differing perspectives regarding the distinction between diversion and decriminalisation and regarding the extent to which the proposed diversion scheme could properly be characterised as fully health led. State agencies generally presented diversion as an essential element of a health-led approach capable of reducing criminalisation while retaining the legislative framework prohibiting possession. Departmental and Garda witnesses stated that diversion can redirect vulnerable individuals towards treatment and support pathways without fundamentally altering enforcement powers against trafficking and organised crime.

118. However, a number of civil society, academic and international witnesses questioned whether a framework retaining criminal penalties for possession can properly be described as fully health led. Dr Cian Ó Concubhair argued that diversion schemes continue to operate within a criminal justice framework and therefore retain elements of stigma, coercion, and unequal treatment. He stated that the repeal of section 3 of the Misuse of Drugs Act 1977 would be necessary to fully implement the recommendations of the Citizens' Assembly on Drugs Use. Dr Ó Concubhair also expressed concerns regarding the possibility of coerced engagement with treatment services under diversion schemes and argued that diversion is not equivalent to decriminalisation because criminal penalties and Garda discretion remain in place.

119. Dr Ian Marder similarly referred to international evidence suggesting that criminalisation can worsen health and social outcomes by increasing stigma, undermining police-community relations and discouraging engagement with healthcare and support services. Dr Marder stated that alternative approaches can reduce harms without increasing overall drug use or associated criminality, and emphasised the importance of ensuring coherence between public health objectives and operational policing practices.

120. Several witnesses distinguished between diversion, depenalisation, administrative sanctions, and full decriminalisation. The Committee heard evidence that some jurisdictions continue to retain sanctions or compulsory interventions despite formally decriminalising possession, while others have moved towards more comprehensive removal of criminal penalties.

121. The Committee heard of the potential for mandatory health referrals to perpetuate the stigmatisation of people who use drugs, and the negative impact that mandatory health referrals can have on access to health-led interventions for those who need them the most. The Committee learned of the distinction between mandated assessments and health referrals. Assessments may serve as an administrative point of contact and be required, providing a diversion from the courts or the traditional criminal justice system. However, assessments do not guarantee an automatic pathway to treatment. To ensure a truly health-led approach, people should be offered all necessary support and health resources, but no person should be criminalised for electing not to avail of an intervention.

Civil society and lived experience perspectives

122. Representatives of UISCE, FARI and Youth RISE emphasised the importance of including the experiences of people who use drugs, family members and affected communities in policymaking processes. UISCE argued that many harms commonly associated with drugs are in fact consequences of poverty, homelessness, stigma, criminalisation, discrimination, and barriers to healthcare, rather than the pharmacological effects of substances alone. Witnesses described these harms as forms of "policy harm", whereby laws, institutional practices, and enforcement frameworks themselves generate additional risks and exclusion.

123. UISCE advocated for the decriminalisation of possession for personal use alongside the expansion of supervised consumption facilities, drug checking services, low-barrier treatment pathways and wider naloxone access. The organisation also emphasised the importance of embedding equality and human rights principles within substance use policy and ensuring meaningful participation of people who use drugs in policy development and service design.

124. FARI focused particularly on the impacts of criminalisation and imprisonment on families. Witnesses described the emotional, psychological, and financial consequences experienced by children, partners and kinship carers where a loved one becomes criminalised or imprisoned due to substance use. The Committee heard evidence regarding poverty, deprivation, stigma, social exclusion, and family instability associated with imprisonment, together with the long-term effects on children and wider family networks.

125. FARI also questioned the effectiveness of criminalisation as a deterrent and argued that substantial public resources are directed towards prosecuting possession offences that could instead be invested in mental health services, treatment, prevention initiatives and family supports.

126. Witnesses from civil society organisations repeatedly emphasised that people who use drugs should be regarded as active participants in policy development rather than solely as subjects of policy interventions. The Committee heard calls for greater investment in community-based supports, peer-led services and participatory approaches grounded in social justice, dignity, and human rights.

Legal, academic and human rights perspectives

127. Academics, legal experts, and human rights witnesses addressed the operation of existing legislative frameworks, the implications of criminalisation and the relationship between public health and human rights principles.

128. Dr Cian Ó Concubhair argued that repeal of section 3 of the Misuse of Drugs Act 1977 would not undermine Garda powers to investigate trafficking and supply offences because the offences relating to sale and supply, together with associated search and enforcement powers, would remain in place. He further argued that the criminal law currently functions primarily as a mechanism for imposing stigma upon people who use drugs and stated that decriminalisation does not equate to endorsement or normalisation of drug use.

129. Dr Ian Marder referred to evidence from Portugal and other jurisdictions suggesting that reducing criminal penalties for possession can improve engagement with treatment services, reduce imprisonment and improve broader health outcomes without increasing problematic drug use. He also highlighted evidence regarding the effects of stop-and-search powers and criminalisation on police legitimacy and community trust.

130. Dr Bisi Akintoye highlighted evidence from the United Kingdom concerning the disproportionate impact of drug policing and stop-and-search practices on marginalised communities. She argued that enforcement-led approaches can intensify social exclusion and inequality and stated that drug policy frameworks often operate in ways that disproportionately affect already disadvantaged populations.

131. Ms Julie Hannah framed drug policy primarily as a human rights issue and argued that drug policy should be assessed against principles including dignity, autonomy, equality, accountability, non-discrimination and proportionality. Ms Hannah stated that human rights standards should act as the primary framework guiding policymaking rather than punitive drug control frameworks. Ms Hannah further argued that attaching public health language to criminal justice structures may simply relocate punishment rather than eliminate it, and cautioned against coercive or mandatory approaches to treatment and service engagement.

132. The Committee also heard evidence regarding the broader human rights implications of criminalisation, including surveillance, privacy concerns, discriminatory enforcement practices and the disproportionate impacts of criminal justice interventions on marginalised communities.

International and comparative evidence

133. The Committee heard extensive comparative evidence from witnesses with experience in Portugal, Switzerland, Canada, the United States, and wider European jurisdictions. Dr Marta Pinto outlined the Portuguese model of decriminalisation and referred to international evidence suggesting that decriminalisation does not significantly increase rates of drug use. She stated that evidence generally indicates reductions in incarceration, stigma, and infectious disease transmission together with increased treatment engagement and improved public health outcomes. Dr Pinto stressed, however, that legal reform alone is insufficient without strong treatment systems, housing and employment supports, and wider psychosocial supports. She further stated that coercive treatment approaches have not demonstrated clear advantages over voluntary pathways to care.

134. Mr Brendan Hughes of the European Union Drugs Agency (EUDA) stated that many European jurisdictions have moved away from severe penalties for minor possession offences and towards more proportionate and rehabilitative responses. Mr Hughes described a range of approaches involving warnings, counselling, treatment pathways and administrative responses while emphasising that no single model is suitable for all jurisdictions and that responses must reflect national legal frameworks, policy objectives and social contexts.

135. Dr António Manuel Leitão da Silva described how decriminalisation in Portugal altered the role of policing by shifting the emphasis away from punitive enforcement and towards referral, engagement, and support. He stated that the Portuguese model seeks to address addiction through a biopsychosocial framework rather than solely as criminal behaviour and argued that the post-decriminalisation framework had produced more positive outcomes both for society and for policing institutions.

136. Dr Mariam Jashi referred to Portugal and Switzerland as examples of balanced approaches combining prevention, treatment, harm reduction and continued enforcement against organised criminal markets. She emphasised the importance of evidence-informed policymaking grounded in public health and human rights principles and cautioned against overreliance on punitive responses.

137. Witnesses from Canada and the United States similarly argued that many harms associated with drugs are consequences of prohibition and criminalisation rather than drug use itself. Representatives of the Canadian Drug Policy Coalition stressed the importance of public communication, transparency and community engagement in implementing reform measures and stated that treatment services should be voluntary, accessible, culturally responsive and evidence based.

138. Representatives of the Drug Policy Alliance described harm reduction measures used in the United States, including overdose prevention centres, syringe programmes, naloxone distribution and medication-assisted treatment. Witnesses stated that these interventions reduce overdose deaths and infectious disease transmission while increasing engagement with healthcare and treatment services.

Harm reduction, treatment and social supports

139. Across all seven hearings, witnesses repeatedly emphasised that legislative reform alone would not be sufficient to reduce the harms associated with addiction and problematic substance use. The Committee heard broad support for increased investment in treatment services, mental health supports, prevention initiatives, harm reduction measures, housing supports, family supports and community development initiatives.

140. Witnesses consistently stressed that recovery outcomes are strongly influenced by wider social determinants including housing, poverty, employment, stigma, and social

exclusion. Several witnesses cautioned against coercive treatment models and argued that treatment pathways should remain voluntary, accessible, evidence based and integrated with wider health and social supports.

141. The Committee also heard repeated calls for stronger cross-departmental coordination, evidence-informed policymaking, and greater involvement of people with lived experience in the design and implementation of policy and services.

142. The Committee heard of the importance of alternative treatment options in reducing harm and displacing the black-market for illicit substances, including Opioid Substitution Treatment (OST) and Heroin Assisted Treatment (HAT). International evidence has demonstrated that alternative treatment options like OST and HAT have been effective in increasing engagement with health services and reducing consumption.

Committee observations

143. The Committee notes that substantial areas of consensus emerged across the hearings, including recognition that addiction is a complex health and social issue requiring prevention, treatment, mental health supports and broader social interventions. Witnesses from a wide range of perspectives also recognised the harms caused by organised criminal networks involved in drug trafficking and acknowledged the continuing need for enforcement activity directed at organised crime and large-scale supply networks.

144. However, disagreement remained regarding the appropriate role of the criminal law in relation to possession for personal use, and regarding whether diversion schemes operating within a criminal justice framework constitute a genuinely health-led approach. State agencies generally supported retaining criminal sanctions alongside expanded diversion and treatment pathways. In contrast, many civil society organisations, academics, legal experts, and international witnesses argued that criminalisation itself contributes to stigma, exclusion and poorer health outcomes and that a genuinely health-led approach requires decriminalisation of possession for personal use.

145. The Committee further notes that witnesses consistently emphasised that the effectiveness of any future approach will depend not only on legislative reform, but

also on the availability, accessibility, quality and coordination of the treatment, health, housing, prevention, and social support services accompanying such reforms.

Committee travel episodes

Drug Treatment Court

146. On 11 February 2026, a delegation of three Committee members – the Leas-Chathaoirleach Senator Mary Fitzpatrick, and Deputies Ann Graves TD and Ruairí Ó Murchú TD (in substitution for Deputy Máire Devine TD) – attended a sitting of the Drug Treatment Court in Green Street courthouse in Dublin. The Drug Treatment Court takes a multidisciplinary approach to supporting people whose non-violent offending behaviour is linked to substance dependence, and who may otherwise have received a custodial sentence. The visit formed part of the Committee's consideration of treatment, recovery and rehabilitation services and provided members with an opportunity to observe a long-established therapeutic justice initiative operating within the criminal justice system.

147. Prior to the commencement of proceedings, the delegation met with members of the Drug Treatment Court team, including Fiona Carolan (City of Dublin Education and Training Board (CDETB)), Derek Nichol (Probation Service), Garda Jamie Cruise (An Garda Síochána), Lorraine Fagan (Drug Treatment Court Co-ordinator), and Louise Dwyer (Court Registrar and Office Manager), along with senior officials from the Courts Service. The Committee heard that the court operates through close collaboration between the Courts Service, An Garda Síochána, the HSE, the Probation Service and the CDETB, with the presiding District Court Judge leading a multidisciplinary team focused on rehabilitation and recovery. Members discussed the eligibility criteria for participation, the structure of the programme and the supports available to participants at different stages of their recovery journey.

148. The delegation subsequently observed the court in session and witnessed the interaction between the Judge, participants and the multidisciplinary team. Members noted the supportive and problem-solving nature of the proceedings, which differed from traditional adversarial court processes. The court's approach emphasised accountability, engagement with treatment, education, training and personal development, with participants progressing through a number of structured phases before becoming eligible for graduation from the programme. The Committee observed how progress was regularly reviewed by the court and how achievements were recognised as part of the recovery process.

149. Following the sitting of the court, Committee members had a further discussion with the Drug Treatment Court team. The delegation explored issues including participant engagement, programme outcomes, barriers to successful completion and the role of education, employment and treatment supports in sustaining recovery. Members also discussed the evolution of the Drug Treatment Court since its establishment as a pilot initiative in 2001 and considered its contribution to reducing reoffending and supporting long-term rehabilitation among participants whose offending is linked to problematic drug use. The visit provided valuable insight into the practical operation of a recovery-oriented and multidisciplinary response to drug-related offending within the criminal justice system.

2026 Planet Youth Conference

150. A delegation of three Committee members – Leas-Chathaoirleach Senator Mary Fitzpatrick, and Deputies Tom Brabazon TD and Ann Graves TD – also attended the 2026 Planet Youth Conference in Reykjavík, Iceland, from 6 to 8 May 2026. The conference brought together policymakers, researchers, practitioners, and community leaders to discuss evidence-based approaches to youth prevention, wellbeing and substance use. Across the three days, speakers repeatedly emphasised the importance of upstream prevention, strong family and community relationships, youth participation and early intervention.

Day 1 - Building the framework

151. The opening sessions examined parental influence, prevention policy and the social determinants of youth wellbeing. Minister Mireille Wenger of the Western Cape Government outlined the implementation of the Planet Youth approach in South Africa and highlighted the relationship between alcohol misuse, violence, and wider social harms. Dr Olubusayo Akinola of the African Union discussed projected increases in substance use across Africa and stressed the importance of adapting prevention approaches to local cultural and social contexts. Professor Ilona Kickbusch examined the digital determinants of adolescent health and highlighted concerns regarding digital environments and the commercial targeting of young people online.

152. Dr Simona Bieliūnė spoke about the adaptation of the Icelandic Prevention Model in Vilnius, Lithuania, where survey data is used to identify local risk and protective

factors and to inform school and municipal prevention planning. Dr Páll Ríkharðsson, CEO of Planet Youth, described the Icelandic Prevention Model as a proactive, community-focused and data-driven approach centred on improving the social environments and living conditions of children and young people.

153. Further presentations examined early prevention systems, healthy child development and community-based prevention approaches. Dr Wadih Maalouf of the United Nations Office on Drugs and Crime highlighted prevention as an investment in child protection and development, while Professor Harvey Milkman stressed the importance of resilience, supportive environments, and participation in structured activities during adolescence.

Day 2 - Communities leading sustainable change

154. The second day of the conference focused on implementation challenges and community-led prevention systems. Matej Košir of the Institute for Research and Development (UTRIP) in Slovenia discussed what was described as the "global prevention paradox", arguing that governments often invest more heavily in responding to harms than in preventing them. Dr Danica Love Brown examined Indigenous approaches to prevention and highlighted the impact of historical trauma, cultural connectedness and community resilience on wellbeing and recovery.

155. Representatives from the Icelandic municipality of Kópavogur presented on child-friendly municipal initiatives designed to safeguard children's rights and wellbeing. Measures discussed included child impact assessments, annual action plans based on child surveys and digital child protection reporting tools within schools. The presentations also examined the use of indicators and data systems to support child-friendly governance and local planning.

156. Further presentations examined implementation of Planet Youth approaches in Scotland, Canada, and South Africa. Speakers discussed barriers to long-term prevention work, including funding instability, short political cycles and difficulties sustaining community engagement. Dr Álfgeir Logi Kristjánsson stressed the importance of long-term evaluation and measuring prevention outcomes across multiple domains, including family, school, peer, and leisure environments. Other

presentations highlighted the importance of resilience, local leadership, and youth participation in shifting social norms relating to substance use.

Day 3 – The Icelandic experience

157. The final day focused on practical elements of the Icelandic prevention system, including youth sport, youth centres, policing, and child-friendly governance. Presentations examined the role of structured extracurricular activities and youth centres in promoting belonging, participation, and positive development among adolescents. Marta Kristín Heiðarsdóttir of the Reykjavík Metropolitan Police discussed the role of policing within prevention systems and emphasised cooperation between police, schools, families, and community organisations. UNICEF Iceland also presented on child-friendly governance and the importance of incorporating children's rights into local decision-making structures.

158. The conference concluded with a number of study visits to municipalities in and around Reykjavík, where delegates observed how the Icelandic Prevention Model operates in practice through coordinated local prevention structures, municipal leadership and community-based approaches to youth wellbeing and substance use prevention.

Appendix 1

Opening statements

Published on 30 Apr 2026

- Opening statement, Professor Alex Stevens, Professor of Criminology, School of Law, University of Sheffield (pdf)
- Opening statement, Professor Julia Buxton, Professor of Justice Studies, Liverpool John Moores University (pdf)
- Opening statement, Dr. Bisi Akintoye, Solicitor Lecturer in Criminology and Criminal Justice, University of Roehampton, London (pdf)
- Opening statement, Marie Nougier, Head of Research and Communications, International Drug Policy Consortium (pdf)
- Opening statement, Julie Hannah, Lecturer, Essex Law School (pdf)

Published on 21 Apr 2026

- Opening statement, Jack Farrell, PhD Candidate, Simon Fraser University, Canada (pdf)
- Opening statement, Kellen Russoniello, Director of Public Health, Drug Policy Alliance USA (pdf)
- Opening statement, Isabel Pereira, Senior Coordinator for Drug Policy, Dejusticia, Colombia (pdf)
- Opening statement, Nicole Luongo, Policy and Systems Change Analyst, Canadian Drug Policy Coalition (CDPC) (pdf)
- Opening statement, DJ Larkin, Executive Director, Canadian Drug Policy Coalition (CDPC) (pdf)

Published on 16 Apr 2026

- Opening statement, Fenella Sentance, Solicitor Apprentice, Release UK (pdf)
- Opening statement, Dr. Cian Ó Concubhair, Assistant Professor in Criminal Justice, School of Law and Criminology, Maynooth University, NUI Maynooth (pdf)

- Opening statement, Dr. Ian Marder, Associate Professor in Criminology, School of Law and Criminology, Maynooth University, NUI Maynooth (pdf)

Published on 26 Mar 2026

- Opening statement, Dr. Mariam Jashi, Global Board Member, Chapter Chair for Eastern Europe and Central Asia, CEO of Global Sepsis Alliance, UNITE (pdf)
- Opening statement, Antonio Manuel Leitao Da Silva, National Head of Policing in North Portugal, Portugal Police Force (pdf)

Published on 19 Mar 2026

- Opening statement, Michael Mason, Spokesperson, Family Addiction Recovery Ireland (FARI) (pdf)
- Opening statement, Andy O'Hara, Co-ordinator, UISCE (pdf)
- Opening statement, Ruby Lawlor, Executive Director, Youth RISE (pdf)

Published on 5 Mar 2026

- Opening statement, Brendan Hughes, Principal Scientist on Drug Legislation, European Union Drugs Agency (EUDA) (pdf)
- Opening statement, Dr. Martha Pinto, Assistant Professor and Researcher, Faculty of Psychology and Education Sciences, University of Porto (pdf)

Published on 26 Feb 2026

- Opening statement, Angela Willis, Assistant Commissioner Organised and Serious Crime, An Garda Síochána (pdf)
- Opening statement, Rachel Woods, Assistant Secretary, Department of Justice, Home Affairs and Migration (pdf)
- Opening statement, David Leach, Assistant Secretary, Department of Health (pdf)

Published on 19 Feb 2026

- Opening statement, Susan Diffney, Women's Services Co-ordinator, Jane's Place (pdf)
- Opening statement, Julie McKenna, Senior Health and Recovery Services Manager, NOVAS (pdf)

- Opening statement, Nikkie Hayes, Individual (pdf)
- Opening statement, Anita Harris, Deputy Head of Services, Coolmine Therapeutic Community (pdf)
- Opening statement, Gary Broderick, CEO, SAOL (pdf)

Published on 12 Feb 2026

- Opening statement, Kirsten Horsbugh, CEO, Scottish Drugs Forum (pdf)
- Opening statement, Alan Duff, Clinical Manager, Turas Counselling (pdf)
- Opening statement, Nina Brennan, Assistant Secretary, Head of Circuit and District Court Operations, Drug Treatment Court (pdf)
- Opening statement, Leo Jefferys, Acting Executive Director, European Network of People who Use Drugs (EuroNPUD) (pdf)

Published on 5 Feb 2026

- Opening statement, Niamh McGuinness, Deputy Head of Operations, Prisons & Regional Addiction Services, Merchant's Quay Ireland (pdf)
- Opening statement, Damien Quinn, Founder, Spéire Nua (pdf)
- Opening statement, Stephanie Kirwan, Head of Services, Health, Mental Health and Standards, Peter McVerry Trust (pdf)
- Opening statement, Karl Ducque, Coordinator, Treatment and Recovery Programme (TARP), Merchant's Quay Ireland (pdf)

Published on 29 Jan 2026

- Opening statement, Noel Murphy, Oilse manager, HSE Social Inclusion Addiction Service, IHA Dublin North City & & Dublin North County., Soilse (pdf)
- Opening statement, Dr. Garrett McGovern, Medical Director, Priority Medical Clinic GP Specialising in Addiction Medicine & Clinical Lead HSE Addiction Services CHO8, Priority Medical Clinic (pdf)
- Opening statement, Tony Keogh, Project Manager, After Care Recovery Group (pdf)

- Opening statement, Sara Cassidy, Head of Clinical Services, Aiséirí Treatment Centre (pdf)
- Opening statement, Gerry McElroy, CEO, Cuan Mhuire (pdf)

Published on 22 Jan 2026

- Opening statement, Professor Bobby Smyth, Consultant Child and Adolescent Psychiatrist, Adolescent Addiction Service, Health Service Executive (pdf)
- Opening statement, Dr Deirdre Mongan, Research Officer with responsibility for National Drugs Strategy and Early Warning system for drugs, Health Research Board (pdf)

Published on 18 Dec 2025

- Opening statement, John Conneely, Assistant General Secretary/ Education and Research, Association of Secondary Teachers, Ireland (pdf)
- Opening statement, David Duffy, Education and Research Officer, Teachers' Union of Ireland (pdf)
- Opening statement, John Boyle, General Secretary, Irish National Teachers' Organisation (pdf)

Published on 11 Dec 2025

- Opening statement, Ken Kilbride, CEO, ADHD Ireland (pdf)
- Opening statement, Professor Catherine Comiskey, Professor of Healthcare Modelling (School of Nursing and Midwifery), Trinity College Dublin (pdf)
- Opening statement, Philip David James, Assistant Professor, Mental Health Nursing, School of Nursing and Midwifery, Trinity College Dublin (pdf)

Published on 4 Dec 2025

- Opening statement, Darren Shanahan, Senior Youth Officer, Drug Prevention and Education Initiative, Foróige (pdf)
- Opening statement, Margaret Flanagan, Manager, Waterford and South Tipperary Community Youth Service, Youth Work Ireland (pdf)
- Opening statement, Jenny Courtney, CEO, Diamond Project (pdf)

Published on 27 Nov 2025

- Opening statement, Mick Ferron, CEO, National Youth Council of Ireland (pdf)
- Opening statement, Brenda Kelly, Drug and Alcohol Senior Youth Worker, BeLong To LGBTQI+ (pdf)
- Opening statement, Leanne Maher, Drug Education Worker, Canal Communities Local Drug and Alcohol Task Force (pdf)

Published on 20 Nov 2025

- Opening statement, Aisling Sheehan, Programme Lead Alcohol, Mental Health & Wellbeing, Health Service Executive (pdf)
- Opening statement, Rachel O'Connor, Deputy Director, National Association of Principals and Deputy Principals (NAPD) (pdf)
- Opening statement, Sarah Craig, Director of Health Information and Evidence, Health Research Board (pdf)
- Opening statement, Grainne Egan, Principal Officer, Department of Education and Youth (pdf)
- Opening statement, Maria O'Brien, Principal Officer, Department of Further and Higher Education, Research, Innovation and Science (pdf)

Published on 13 Nov 2025

- Opening Statement, Minister of State with responsibly for Public Health, Wellbeing and the National Drugs Strategy, Jennifer Murnane O'Connor (pdf)

Published on 6 Nov 2025

- Opening statement, Jennifer Rogers, Head of Player Development and Wellbeing, Gaelic Players Association (pdf)
- Opening statement, Kevin Leavy, Board Member, Irish Homeless Street Leagues (pdf)
- Opening statement, Mary Van Lieshout, Director of Participation, Ethics, Integrity and Research, Sport Ireland (pdf)

- Opening statement, Karl O'Brien, BRACE Community Response CLG, Co-Ordinator Access and Intervention Brace Community Response, Coordinator Boxing Clever Ballymun, Joint Chair Boxing Clever National Network (pdf)

Published on 16 Oct 2025

- Opening statement, Dr. Sharon Lambert, School of Applied Psychology, UCC, Psychological Society of Ireland (pdf)
- Opening statement, Caroline O'Reilly, Addiction Counsellor and Psychotherapist (pdf)
- Opening statement, Dr. James O'Shea, Chairperson, Addiction Counsellors of Ireland (pdf)

Published on 9 Oct 2025

- Opening statement, Wayne Stanley, CEO, Empowering People in Care (EPIC) (pdf)
- Opening statement, Fiona Kearney, CEO, Familibase (pdf)
- Opening statement, Laura Dunleavy, Co-ordinator, Kinship Care Ireland (pdf)
- Opening statement, Gary Broderick, CEO, SAOL (pdf)

Published on 2 Oct 2025

- Opening statement, Fearghal Connolly, Co-ordinator, Donore Community Drug and Alcohol Team (pdf)
- Opening statement, Aoife Bairéad, Chairperson, Local Drug and Alcohol Taskforce Co-ordinators Network (pdf)
- Opening statement, Anna Quigley, Co-ordinator, Citywide Drug Crisis Campaign (pdf)
- Opening statement, John Paul Collins, Community Development Worker, Pavee Point (pdf)

Published on 25 Sep 2025

- Opening statement, Anita Harris, Deputy Head of Services, Coolmine Therapeutic Community (pdf)
- Opening statement, Aileen Malone, Steering Committee, FARI (pdf)
- Opening statement, Andy O'Hara, Co-ordinator, UISCE Drug Support (pdf)

- Opening statement, Senator Frances Black, Founder and CEO, RISE Foundation (pdf)
- Opening statement, Cindy Barry, Family Support Worker, FASN (pdf)
- Opening statement, Joe Slattery, Co-ordinator, Northstar Family Support Project (pdf)

Appendix 2

Interim recommendations of the previous Joint Committee on Drugs Use

1. The Committee recognises that the stigmatisation of drug use and the shaming of drug users are a source of significant harm.

2. The Committee recommends that the Government introduce a health-led approach to the use and misuse of substances.

3. The Committee calls for the decriminalisation of the person in relation to the possession of all substances for personal use, in line with the recommendations of the Citizens' Assembly, and this highlights that the goal of drug policy should be to reduce harm and eliminate stigma, both, in large part, caused and exacerbated by the criminalisation of people who use drugs.

4. The Committee recommends that Section 3 of the Misuse of Drugs Act 1997 be repealed, to give effect to a comprehensive health-led approach.

5. The Committee recommends, in line with the recommendations of the Citizens' Assembly on Drugs Use, that the decriminalisation of possession for personal use should apply equally to all illicit drugs.

6. The Committee recognises that issuing mandatory health referrals for those found in possession of drugs risks perpetuating existing, harmful stigma, and it will likely draw limited health resources away from those who need them most. With this in mind, the Committee recommends that people should be offered all supports and health resources that are required, but that no person should be criminalised for not availing of a supportive intervention.

7. The Committee stresses the importance of there being a strong, constructive working relationship between the community, voluntary and statutory services, and An Garda Síochána, to support the provision of compassionate and person-centred interventions where required, underpinned by a robust Memorandum of Understanding.

8. The Committee believes that the decriminalisation of the person for personal possession, should not result in an increase in consumption of drugs in a public area.

Therefore, the Committee recommends that local authorities and An Garda Síochána are supported and empowered in strongly discouraging and reducing consumption in public areas. This should be done in an appropriate and sensitive way which considers the complex inter-relationship between problematic use and extreme deprivation and homelessness.

9. The Committee recommends that specific trauma and harm reduction training be provided to An Garda Síochána and local authorities, to inform their work with individuals and communities affected by drug misuse and addiction.

10. The Committee calls for the development of clear guidelines for An Garda Síochána to operate within a decriminalised model.

11. The Committee recommends that the Government expand access to spent conviction legislation for persons convicted of possession of drugs for personal use.

12. The Committee recognises the role that poverty, inequality and trauma can play in the prevalence of problem drug use and addiction, and, accordingly, recommends the implementation of a poverty and trauma-informed approach in the development and delivery of our addiction services.

13. The Committee recognises the provision of stable and secure housing as being essential for recovery with appropriate supports and recommends that barriers to accessing housing for those in recovery be addressed at a local and national level.

14. The Committee stresses that previous offences for drug possession ought not to act as a barrier to an individual accessing stable, secure, and long-term accommodation.

15. The Committee recommends addressing the manifold barriers to recovery, including, inter alia, eliminating waiting lists for treatment, increasing the availability of detox beds, and the increased provision of family support and housing supply.

16. The Committee recommends that the Government invest nationally and locally in addiction services, including in supported housing within communities for people in recovery.

17. The Committee recommends the expansion of access to Opioid Substitution Therapy (OST), to address significant gaps which exist in the availability of methadone services and OST.

18. The Committee recommends expanding access to medical detox and the availability of all treatments along the continuum of care.

19. The Committee calls for the rapid expansion of residential drug treatment, and the pursuit of treatment which is diverse and adaptable to the changing nature of substance use and misuse.

20. The Committee recommends focused and targeted funding to address drug use amongst children and to move towards age-appropriate responses, both in the community and at a societal level.

21. The Committee recommends that the Department of Health develop a follow-on, health-led national strategy to "Reducing Harm, Supporting Recovery," which runs from 2017 to 2025. The Committee stresses the importance of a detailed multi-year plan being developed, which specifies the measures that the Government intends to take, in both the health and justice systems, to reduce drug-related harms and addiction.

22. The Committee calls for any new national drugs strategy to be fully resourced and underpinned by community development to ensure its efficacy.

23. The Committee calls for investment in gender-specific drug services, namely services that cater to the bespoke needs of women who use drugs, including in relation to childcare and the impact of menopause on recovery.

24. The Committee recommends that a national strategy for benzodiazepine detox be developed, so that individuals affected by addiction to benzodiazepines have access to GP led detox.

25. The Committee calls for the funding and resourcing of community-based drug projects and initiatives, so that they can provide individualised wraparound care and support who are accessing detox in the community.

26. The Committee calls for the urgent expansion of Supervised Injecting Facilities (SIF) across the country, especially in urban areas in order to support the reduction of public consumption.

27. The Committee recommends that the provisions of the Misuse of Drugs (Supervised Injecting Facilities) Act 2017 be updated, to allow these facilities to cater to broader drug consumption, and to provide for the delivery of mobile consumption facilities and consumption sites.

28. The Committee recommends that patients have access to the full suite of Opioid Substitution Treatment (OST) and that full collaboration in the decision-making around these choices be consensual and human rights based.

29. The Committee echoes the recommendation from the 2022 report of the Oireachtas Joint Committee on Justice on an Examination of the Present Approach to Sanctions for Possession of Certain Amounts of Drugs for Personal Use and calls for support for the prescription of heroin assisted therapy (HAT) by suitably qualified medical practitioners, to reduce the risks and harms associated with the consumption of black-market heroin.

30. The Committee notes that the number of pharmacies that offer needle exchange is insufficient and therefore recommends an expansion of needle exchange nationally.

31. The Committee recommends that naloxone become available over the counter, as opposed to being available only on prescription.

32. The Committee recommends that the Department of Health fully finance and resource the naloxone programme, to include all necessary funding for level one and level two training, and the necessary CPR training.

33. The Committee stresses that there should be no burden or barrier to services, institutions, family members, or others accessing training for naloxone provision.

34. The Committee recommends that pharmacists are reimbursed for the administration of naloxone.

35. The Committee recommends that fact-based education and prevention programmes be appropriately resourced and supported at all levels of the education system, including adult education nationwide.

36. The Committee recommends that the Government run national harm-reduction campaigns on sensible drug use.

37. The Committee recommends that trauma training be integrated into the delivery of public services across society, the criminal justice system, and the development of public policy.

38. The Committee recommends an inter-departmental, all-of-Government approach to ending poverty in Ireland.

39. The Committee calls on the Government to undertake targeted investment in areas that are known to impact the development of substance dependency including poverty, social exclusion, low levels of educational attainment, the dearth of housing supply and the prevalence of homelessness, incorporating, amongst other things, significant investment in Family Resource Centres, local and regional Drug and Alcohol Task Forces and Community Development.

40. The Committee calls for the provision of suitable support for Irish Travellers and members of other minority communities, including the LGBTQI+ and migrant communities.

41. The Committee calls on the Government to undertake an analysis of adverse childhood experiences (ACE) and their impact on addiction in Ireland, with a view to developing a programme to reduce their prevalence, and to support individuals, families and communities affected by high numbers of ACEs.

42. The Committee recognises that drug-related violence and intimidation are prevalent in communities most acutely impacted by poverty and therefore recommends that the Government develop a strategy to address violence as a public health crisis.

43. The Committee calls on the Departments of Health and Justice to undertake a body of research into how a regulated drug market could operate in Ireland beginning with

cannabis, and how Ireland can incorporate and implement the learnings of other jurisdictions that have taken positive steps in this regard.

44. In line with recommendations from the 2022 report of the Oireachtas Joint Committee on Justice on an Examination of the Present Approach to Sanctions for Possession of Certain Amounts of Drugs for Personal Use, the Committee recommends that steps are taken to introduce a regulatory model for certain drugs. The Committee recommends this should be considered with particular reference to Spain, Malta, and Germany in the development of an Irish not for profit regulated cannabis market.

45. The Committee echoes the recommendation from the Joint Oireachtas Committee on Justice for the expansion of the Medical Cannabis Access Programme (MCAP), to ensure that more people affected by chronic illness can access cannabis in circumstances where other treatments have failed to relieve symptoms.

46. The Committee recommends that the Department of Justice invest more widely in support for people incarcerated in the Irish Prison System, including providing greater access to drug-free environments, reduced waiting lists for psycho-social interventions, and the provision of community drug workers and relapse intervention.

47. The Committee recognises that a regime of a health-led response to substance use and misuse, and support and prevention, is crucial to reducing stigma in prison settings, where punitive measures for drug use or relapse currently exist.

48. The Committee recommends that naloxone be readily available in all Irish prisons.

49. The Committee recommends that prisoner officers receive training in addiction, trauma, ACEs, and how they impact peoples' lives and outcomes.

50. The Committee recommends that the Irish Prison Service explore the dual roles and competency of prison officers to ensure that their training and education are in line with a rehabilitative model.

51. The Committee recommends that the Department of Justice and the Irish Prison Service, along with the Departments of Health, Education and Social Protection, develop a comprehensive approach to the underlying causes and drivers of criminal

behaviour and activity, to include trauma, poverty, intellectual disability, neurodivergence and addiction.

52. The Committee recommends a creative approach to testing at a community level where there is increased drug use. For example, if a supply of the 'fake benzos' is potentially harmful, these can be tested through community service without fear of arrest.

53. The Committee recommends swift and time-sensitive testing by statutory agencies of potent substances to save lives, especially in places of detention.

54. The Committee recommends that, in recognising drug addiction as a health issue that increased investment should be made into programmes, services and treatments which address addiction and the harms associated with it, paying particular attention to harm reduction, recovery, family support and improved social interventions and dual diagnosis services.

55. The Committee recommends that this increase and current core budgets, pilot initiatives and all new investment in addiction and community services are on a multi-annual basis.

56. The Committee recommends investing in a range of services to cover the full spectrum of needs that individuals or communities may experience, including, but not limited to, housing supply, education, employment supports, violence intervention initiatives, counselling and mental health supports, community development, drug and alcohol task forces, family support, and resource services, and psychology.

57. The Committee recommends that dual diagnosis services receive adequate funding to operate effectively across the country, to ensure that individuals who are affected by comorbidities can receive the support and interventions they require regardless of the service they choose to access.

58. The Committee recommends that the Department of Health recommit to the local and regional Drug and Alcohol Task Forces model and ensure that they are resourced and empowered in their functions, scope, and strategies. Furthermore, the Committee calls for increased investment in community and voluntary projects that support people who use drugs and their families.

59. The Committee recommends an evaluation of the State's oversight of community-based drug and addiction programmes, to support civil society participation, and to ensure that decision making, and autonomy are not undermined by overly centralised models of service delivery and community organising.

Appendix 3

Reasoned responses of the previous Joint Committee on Drugs Use

No.	Citizens' Assembly Recommendation	Committee's Interim Response
1	The State should take urgent, decisive, and ambitious action to improve its response to the harmful impacts of drugs use, including implementing necessary legislative changes.	**Agree** The Committee would like to highlight the high levels of death and harm in Ireland as a reason for urgency for this recommendation. The Committee agrees that action taken should not involve a punitive approach to personal drug use, or the treatment of misuse. The State must ensure that people have health options, but they are not mandatory. The Committee recommends further scrutiny of laws and approaches to drugs in public spaces. We believe that decisive and urgent actions are crucial to ending the harmful impacts of drugs use in Ireland.
2	Government should prioritise drugs misuse as a policy priority, as part of an overall socio-economic strategy.	**Agree** The Committee agrees with this recommendation. The Committee hope there would be a strong emphasis on the relationship between socio-economic status, poverty, trauma, and drugs misuse. The Committee recommends that those in the prison service settings also have access to adequate support and services.
3	Government should give greater political priority and prominence to drugs policy and related issues. A dedicated Cabinet	**Agree**

	Committee chaired by the Taoiseach, supported by a Senior Officials Group, should consider, and publish a detailed annual report on drug trends and emerging risks. The Department of Health must be supported in providing effective leadership and coordination of the work of the National Oversight Committee for the National Drugs Strategy.	The Committee recommends the policies to address our recommendations are overseen and implemented by a super junior minister in the Department of Taoiseach. This should include youth work, addiction, drugs policy, mental health, and community development in its brief. It should have its own Standing Oireachtas Joint Committee to deal with addiction issues. The Committee would like to see dedicated funding attached to this recommendation on a multi annual basis.
4	Government should recognise that an effective national response to drugs-related issues requires whole of government policy coherence, operational cohesion, and effective leadership.	**Agree** The Committee recommends a cohesive approach with other Government Departments and recommends further insight and research into how other jurisdictions deal with the issues at a governmental level. The Committee recommends a specific inter-departmental group be established that meets on a regular basis that reports to a Joint Oireachtas Committee.
5	The Government must assign accountability, at the highest level, for the State's response to problematic drug use, including for the implementation and tracking of the progress of the Citizens' Assembly recommendations.	**Agree** The Committee recommends that the role of the National Oversight Committee should be scrutinised by the inter-departmental group. The Committee recommends that the implementation and outcomes are reviewed on a quarterly basis.

		The Committee emphasises the importance of evidence-based policy and accountability.
6	The Government should introduce a 'Health in all Policies' approach to policy development.	**Agree** The Committee strongly agrees that all policy should be evidence based; including prevention, improving the quality of one's conditions, ending poverty and advance a positive social environment that supports recovery and upholds the right to health and wellbeing. The Committee further agrees that 'Health in all Policies' must be intersectional with socio economic status and social justice issues.
7	Government should publish a new iteration of the National Drugs Strategy as a matter of urgency. A first draft should be published by June 2024 for consultation, with the recommendations of the Citizens' Assembly as a key input. The Strategy should contain annual action plans with measurable targets and objectives, clear designation of responsibilities, and regular reporting on implementation and expenditure.	**Agree** The Committee expresses its deep concern that the timeline has passed. The Committee recommends that a new strategy should also include the work of the Citizens' Assembly and this Committee.
8	Government should ensure effective stakeholder involvement in implementing the National Drugs Strategy.	**Agree** The Committee recommends that the widest possible definition of a stakeholder be taken into account when defining a stakeholder, as done by the Committee and Assembly.

9	Government should work with key stakeholders to build an effective whole of society response to drugs-related issues.	**Agree** The Committee recommends further discussion on the definition of a stakeholder to ensure all voices are encapsulated.
10	Drugs policy design and implementation should be informed by service users and people who use drugs as well as family members of people affected by drugs, with provision of appropriate supports to enable this involvement.	**Agree** The Committee recognises the need to engage with all those affected by drugs misuse in order to develop of a 'Health in all Policies' approach.
11	The State should formalise, adopt, and resource alternative, health-led options for people with a drug addiction within the criminal justice system.	**Agree** The Committee recognises that treatment and support work best when someone is willing and ready to engage. We must ensure that the health-led option is always available when it is requested or offered and as many times as it is requested or offered. In addition to this, we must also consider congregated settings within the prison system. Access to health services in those contexts is entirely reliant on state funded treatment, with long waiting lists and limited-service availability.
12	The Government should allocate additional resources to fund community-based and residential treatment and recovery services as an alternative to custodial sentences for people with problematic drugs use.	**Agree** The Committee recommends significantly improving funding for community-based services, and sufficiently resourced residential treatment and access to recovery at the level that it is requested.

		The Committee recommends that engagement with such services is not on a mandatory basis.
13	The Department of Justice and the Irish Prison Service should develop and fund enhanced prison-based addiction treatment services.	**Agree** The Committee recommends that best practice treatment should be accessible if serving a custodial sentence. The Committee acknowledges that there are difficulties with prisoners accessing support if serving shorter sentences and this should be addressed and co-ordinated with and delivered by community-based services.
14	The Government should develop and expand the use of alternative pathways for young people engaged in low-level sale and distribution of drugs. The Assembly recommends that the criminal justice system adopts the widespread use of restorative justice and diversion initiatives in these cases, with enhanced investment in community-based youth work and community development projects and initiatives.	**Agree** The Committee recommends supporting and expanding community-based initiatives, youth work and youth justice projects to divert young people from this path.
15	Drugs policy should prioritise the needs of vulnerable and marginalised groups and disadvantaged communities.	**Agree** The Committee noted that the application of drugs policy and its implementation can vary from community to community and should be consistent across all communities. The Committee recommends that access to treatment is equitable and based on needs.

		The Committee is deeply concerned that service provision inadequately addresses current service user needs and differs geographically and there is not uniform access to treatment and supports. The Committee further recommends that service provision and improving people's conditions and environment should be addressed with a targeted strategic response that is person centred. The Committee recommends noting that the nature of marginalised groups in Ireland is changing as we experience significant demographic shifts.
16	The National Drugs Strategy should seek to optimise services to ensure continuity of care and joined-up care for all service users, including people with complex and/or specific needs.	**Agree** At this point, the Committee recognises that they have not fully scrutinised this recommendation however, it advocates for detailed continuum of care plans. The Committee further recommends for greater dual diagnosis provision and supports.
17	The State should introduce a comprehensive health-led response to possession of drugs for personal use.	**Agree** The Committee calls for the Minister to implement and make operational a health led response. The Committee recommends decriminalisation of the person in relation to possession for personal use. The Committee believes that healthcare must be voluntary and does not support mandated healthcare.

18	Government should allocate significant additional funding on a multi-annual basis to drugs services across the statutory, community and voluntary sectors, to address existing service gaps, including in the provision of community-based and residential treatment services, to support the implementation of the recommendations of the Citizens' Assembly. This funding should ensure geographic equitability in terms of access to statutory services, as well as providing for accountability, transparency, and traceability of allocations.	**Agree** The Committee has heard from numerous witnesses and strongly agrees for funding to be provided on a multi annual basis. In order to address the recruitment and retention challenges, the Committee recommends improved pay and conditions for those who work in this essential sector.
19	The Government should examine the potential of novel funding sources to support increased drug services within the health and criminal justice systems, and in the community and voluntary sectors. Any novel funding should be secured, tracked and ringfenced for drug services expenditure	**Agree** The Committee acknowledges that novel funding is not a substitute for increases to core budgets. Novel funding should only be viewed as a discretionary response that is reviewed at a six-monthly interval and incorporated into annual funding where positive outcomes are found. In the context of taskforces, the practice for obliging taskforces to compete in a tendering process against each other should be ended. The Committee recommends a review of the administrative burden of annual funding applications in community and voluntary sectors.
20	Key stakeholders should publish a joint report on an annual basis detailing total and disaggregated expenditure and	At this point, the Committee has not yet considered this recommendation and

	channels of funding provided for drug-related services in Ireland, audited by the Comptroller and Auditor General.	thinks that this recommendation should be further scrutinised.
21	The Government should recognise, value, and adequately resource the role of family members and extended support network in supporting people affected by drugs use, and their children. Kinship carers and children should have the same rights as foster carers and foster children, and this should include legal rights and monetary rights on a non-means-tested basis.	**Agree** The Committee recognises and supports the role of family and communities in supporting persons with addiction and their families. At this point, the Committee did not have time to adequately explore this but recognises the role of kinship carers and advocates for legal and monetary rights on a non-means-tested basis.
22	The National Drugs Strategy should include a strategic workforce development plan.	**Agree** The Committee recognises the highly skilled nature of the workforce within the sector, and it is important that professional development options should be available across the sector and ensure pay and conditions parity.
23	A minimum, mandatory basic training should be implemented for personnel across education, health, criminal justice, prison, and social care services on trauma-informed and problem-solving responses to addiction, and health led response options for those presenting with problematic drug use or addiction.	**Agree** The Committee agrees with the value and provision of trauma informed training. It suggests that is resourced and available to all those who work in this area.
24	The National Drugs Strategy should continue to prioritise the objective of reducing illicit drugs supply and associated structures, at international,	**Agree** The Committee recommends that a cross governmental strategy should be developed when tackling the illicit drug

	national, and local level within communities.	supply chain and their effect on our communities. The Committee heard of the detrimental effect of synthetics drugs, particularly new and emerging variations, and the need to prioritise prevention, education, and testing.
25	The National Drugs Strategy should focus on building resilient, sustainable communities though local partnerships in both urban and rural settings, and stronger community policing.	**Agree** The Committee recommends that the National Drugs Strategy be rooted in the work of all community projects, partnerships and drug and alcohol taskforces.
26	The National Drugs Strategy should continue to prioritise the objective of tackling the source and impact of drugs-related intimidation and violence and take a zero-tolerance approach.	**Agree** The Committee strongly supports this recommendation and further recommends supporting the need to resource communities to develop long term responses that focus on violence prevention, reducing the harm and increased personal, public and community safety.
27	The National Drugs Strategy should include a detailed action plan to enhance Ireland's approach to prevention of drugs use.	**Agree** The Committee agrees and advocates for the continued pursuit of evidence-based prevention methods and continual review against international best practice.
28	The Departments of Health and Education, in conjunction with the HSE, should design and implement a comprehensive, age-appropriate school-based drug prevention strategy for primary school children, junior and senior cycle secondary students, and	**Agree** The Committee has not yet fully explored what an extensive age-appropriate drug strategy would look like.

	wider community settings, as well as their parents/guardians and teachers. Prevention programmes should utilise external experts to deliver to classrooms, supporting teachers, with regular updating by the experts to the schools.	
29	The Department of Health should roll out regular national public health information campaigns, focusing on reducing shame and stigmatisation of people who use drugs, prevention, risk mitigation and advertising services.	**Agree** The Committee supports evidence-based campaigns that reduce stigma around drug use and provides education on drug related harms.
30	The National Drugs Strategy should prioritise a systemic approach to recovery.	**Agree** At this point, the Committee has not yet had the opportunity to explore this in detail. The Committee recognises that recovery looks different for each person.
31	The Department of Health should develop a strategy to enhance resilience, mental health, well-being, and prevention capital across the population, including a focus on providing therapeutic supports for children and young people, and for people dealing with trauma and adverse childhood experiences and dual diagnosis.	**Agree** The Committee recommends that such a strategy is well resourced, and evidence based. It is important to note the lived experience of people who have used drugs and the input they can provide to developing this strategy.
32	The National Drugs Strategy should incentivise and promote evidence-based innovations in service design and delivery, prioritise the evaluation of pilot projects and emphasise the timely mainstreaming of best practice nationally and internationally.	**Agree** The Committee recognises the difficulties services experience and recommend additional resources, supports to create accessible ways for services to implement their work. The Committee recognises the value of pilot projects and calls for an accelerated

		mainstreaming of successful pilot programmes
33	The National Drugs Strategy should include a plan to strengthen the national research and data collection systems for drugs to inform evidence-based decision-making.	**Agree** The Committee recognises the value of data and evidence-based resources and suggests the administrative burden for this data collection needs to be streamlined and minimised. The Committee notes that this should sit across all health service provision not just those in addiction etc.
34	Referral of submissions received by the Citizens Assembly from the general public and stakeholders on Drugs Use to inform the development and implementation of the National Drugs Strategy.	**Agree**
35	Referral of certain submissions received by the Citizens' Assembly on Drugs Use, in relation to the potential therapeutic benefits of certain substances, to the appropriate authorities for consideration.	**Agree** The Committee has not yet fully scrutinised the potential benefits of certain substances but supports the referral of all materials by the Citizen's Assembly and the Oireachtas Joint Committee on Drugs Use.
36	The National Drugs Strategy should use evidence-based approaches to harm reduction and take measures to reduce the barriers to implementing harm-reduction approaches without undue delay.	**Agree** The Committee emphasise the capacity of underfunded services and support all efforts to ensure effective, successful measures.