



Rialtas na hÉireann
Government of Ireland



Action Plan 2026-2028 *National Drugs Strategy*

An integrated, equitable, and evidence-based
response to the harms of drug and alcohol use



Published by the Department of Health, October 2026.

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Introduction

This is the first action plan under the National Drugs Strategy 2026–2030. It sets out the priority actions to be progressed during 2026–2028 to commence implementation of the strategy’s vision, principles, strategic pillars and enabling measures. The plan provides a framework for coordinated delivery across Government, the Health Regions, statutory agencies, community and voluntary partners including Drug and Alcohol Task Forces, people with lived and living experience, families, and affected communities.

Delivery of the strategy requires a whole of government and whole of society response. While the Department of Health and the Health Service Executive will lead key health actions, effective implementation will depend on sustained collaboration across Government Departments, statutory agencies, and regional structures, the community and voluntary sector, education, justice, housing, social protection, research partners, people with lived and living experience, families, and affected communities.

Implementation will be managed through the governance arrangements for the National Drugs Strategy. A review of this initial action plan will take place in 2028, and the findings will inform the development of a second two-year action plan. The RE-AIM Framework, used to develop this action plan, will provide a structured approach to the review.

The priorities in this first action plan were selected to support early progress across the five strategic pillars and four enabling measures. They were informed by the available evidence base, stakeholder engagement, implementation learning from previous strategies, and the needs of people who use drugs and alcohol, families, and communities.

Priority has been given to actions that can strengthen prevention, treatment, harm reduction, recovery and health-led responses; improve equity of access; address known service gaps; and build the governance, workforce, data and partnership arrangements needed for sustained delivery. Thirty-three (33) actions have been identified under the five strategic pillars for this first action plan and are presented in the following section.

Implementation of this Action Plan

The implementation of this action plan will be supported by the governance structures established under the National Drugs Strategy 2026–2030, operating across government, national and regional levels. These structures will provide strategic oversight, facilitate cross-government coordination, ensure accountability for delivery, enable regular reporting on progress, and provide a mechanism for monitoring risks, dependencies and resource requirements.

A central feature of the strategy is the contribution of statutory partners in establishing the policies, governance structures and service conditions needed to support change. The Department of Health, the Health Service Executive (HSE), the Health Research Board (HRB) and other national agencies will provide leadership and oversight through service planning, commissioning, quality assurance, monitoring and evaluation.

In addition, other Government Departments and agencies, including those responsible for children and youth affairs, education, justice, housing, social protection, higher education, community development, sport and culture, will play a vital role in tackling the broader social determinants that contribute to drug and alcohol related harm for individuals, families, and communities.

The strategy also places a strong emphasis on local and regional implementation. Drug and Alcohol Task Forces, local authorities, HSE Health Regions, Tusla, An Garda Síochána, the Probation Service, the Irish Prison Service, youth services, schools, Higher Education Institutions, sporting bodies and community networks will all be important in translating national priorities into practical action. Their role will include identifying local needs, supporting integrated care pathways, strengthening referral arrangements, promoting prevention and early intervention, and ensuring that responses are adapted to the realities of different communities and population groups.

Community and voluntary organisations are central to the credibility, reach and effectiveness of the strategy. Many of the actions rely on organisations that already have trusted relationships with people who use drugs, families, young people, communities affected by drug-related intimidation, people experiencing homelessness, people in recovery, and groups who may not readily engage with statutory services. These organisations bring specialist practice knowledge, local intelligence, flexible models of support and the capacity to reach people who are often underserved by mainstream services.

The inclusion of people with lived and living experience, including peer-led organisations, is also critical to the adoption and implementation of the National Drugs Strategy. The action plan envisages a more embedded role for people with lived and living experience in service design, delivery, review, quality improvement and governance. This is particularly important for recovery supports, harm reduction, regional service user networks, family support, gender-responsive services, prison-to-community pathways and responses for people experiencing multiple forms of exclusion.

The RE-AIM framework is used in this action plan to support implementation planning, monitoring and review of the National Drugs Strategy. It provides a practical structure for considering how each action will be delivered, who it is intended to benefit, how progress will be assessed, which organisations need to be involved, and how implementation can be sustained over time.

Applying the RE-AIM framework to the National Drugs Strategy helps to keep attention on implementation as well as ambition. It asks whether the strategy is reaching the people and communities most affected by the harms of drug and alcohol; whether actions are making a measurable difference; whether the right organisations are adopting the actions; whether delivery is consistent with evidence and agreed standards; and whether successful approaches can be maintained and scaled over time. This provides a practical structure for strengthening accountability while also allowing for adaptation to local and emerging needs.

The action plan therefore depends on a partnership model that combines national leadership with regional and local ownership. Statutory organisations will continue to align policy, funding, governance, data and quality systems with the objectives of the strategy. Community and voluntary organisations including organisations led by people with lived and living experience will be essential partners in shaping and delivering responses that are accessible, trauma-informed, culturally appropriate and grounded in lived reality. Together, these roles provide the foundation for a strategy that can be adopted across the system, implemented in practice, and sustained over the lifetime of the plan.

Strategic Pillar One: Protect individuals, children, families, and communities from the harmful effects of drug and alcohol use

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
1.1 Develop a coherent, coordinated and quality-based national drug prevention system, building on existing strengths and supporting new measures where gaps exist. 1.1.1. Prepare a national prevention strategy. 1.1.2 Support national and local evaluations of prevention initiatives and promote a culture of collaboration with frontline services and universities nationally to inform, strengthen, and advance this work. 1.1.3 Establish cohesive and rigorous structures that develop collaborative working by all prevention stakeholders.	Whole population	Mechanism for the periodic review of the national prevention systems in place. Conduct a comparative assessment of Ireland's national prevention system, in consultation with European Union Drugs Agency (EUDA) and United Nations Office on Drugs and Crime (UNODC), benchmarked against peer countries, and implement recommendations.	Department of Health, Health Service Executive, Department of Rural and Community Development and the Gaeltacht, Department of Children, Disability and Equality, Department of Education and Youth, Department of Justice, Home Affairs and Migration, Department of Culture, Communications and Sport, Department of Further and Higher Education, Research, Innovation and Science, Higher Education Institutes.	Clear roles and responsibilities for stakeholders across the sectors to deliver on universal and selective prevention strategy and interventions. Specialised prevention training for decision, opinion and policymakers (DOPs). All DOPs in prevention to undertake European Union Prevention Curriculum (EUPC) training. Deliver specialised prevention training for practitioners and support reflective implementation practice.	Update of systems analysis from Review of Prevention Systems (RePS).

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
1.2. Prevent and delay the onset of drug and alcohol use among children and young people through interventions delivered in educational, youth and community settings. 1.2.1. Enhance prevention systems informed by the findings of the Health Service Executive Public Health-led needs assessment for the prevention for drugs and alcohol in Ireland. 1.2.2. Increase community resilience through evidence-informed community action programmes supported through well-coordinated targeted funding for individuals, families, and communities to delay and minimise the impact of drug use. 1.2.3. Guided by the Review of Prevention Study (RePS), ensure that the delivery of age appropriate and evidence-based education through the Social, Personal and Health Education (SPHE) curriculum is appropriately supported including through classroom resources and teacher professional learning.	All children and young people particularly those in marginalised communities and groups. Schools and Youth Services. Young people at risk who are not engaged in education settings.	Baseline the number of prevention programmes demonstrating measured outcomes aligned with the European Drug Prevention Quality Standard and the UNODC International Standards on Drug Use Prevention. Ensure the effectiveness of prevention programmes reflect delivery in the context of the European Drug Prevention Quality Standards and the UNODC International Standards on Drug Use Prevention. Number of decision opinion and policymakers (DOPs) working in prevention receiving European Union Prevention Curriculum training. Number of staff receiving specialised prevention training. Increase in proportion of evidence-based and evidence-informed interventions from RePS baseline. All children by age of 15 have received drug and alcohol prevention interventions catering to their individual needs. Monitoring and evaluation metrics for state-delivered youth justice interventions in place. Funded programmes will be monitored against an agreed set of indicators.	Department of Health, Health Service Executive, Department of Education and Youth, Department of Rural and Community Development and the Gaeltacht, Department of Children, Disability and Equality, Department of Justice, Home Affairs and Migration, Department of Culture, Communications and Sport, Department of Further and Higher Education, Research, Innovation and Science, An Garda Síochána, Parents Associations, schools, boards of management, principals, teachers, Drug and Alcohol Task Forces, Youth services, community and voluntary sector.	Development of appropriate fora for stakeholders including youth services, young people, children and families. Ensure strong reach and effectiveness by implementing digitally accessible, language-inclusive platforms that enable young people and students to engage with prevention interventions. Ensure adequate training and practice support for implementation for educators to ensure delivery of the prevention interventions in education and youth settings. Establish and ensure the adoption of an appropriate quality assurance framework for prevention programmes.	Embed evidence-based monitoring and evaluation of prevention programmes within the curriculum to ensure appropriate resourcing and effective implementation in response to evolving and emerging needs. Ensure ring-fenced annual funding for community-based prevention interventions and programmes, supported by robust quality assurance frameworks and ongoing evaluation.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
1.3 Deliver interventions that enable psychosocial wellbeing and healthy behaviours among groups at risk of drug and alcohol use. 1.3.1 Enhance targeted interventions for people at risk of drug use informed by evidence-based interventions such as those contained in the European Union Drug Agency Xchange registry of prevention interventions. 1.3.2 Continue and enhance the roll out of brief interventions.	At risk children, young people, and where appropriate, families and local communities.	Targeted work will monitor participation and ensure interventions are effective. Funded programmes will be monitored against an agreed suite of indicators.	Department of Health, Health Service Executive, Department of Justice, Home Affairs and Migration, Department of Children, Disability and Equality, Youth Justice services, Education and Youth services, community and voluntary sector, Drug and Alcohol Task Forces.	Enhance the coordination of needs assessments to ensure timely, consistent, and effective identification of needs. Improve service commissioning to deliver more effective, responsive, and impactful supports for at-risk children and young people. Continue the roll out of existing brief interventions such as Make Every Contact Count (MECC), Support, Ask/Assess, Offer Assistance, and Refer (SAOR); SAOR Extended Brief Intervention (SAOR EBI) and Adolescent Community Reinforcement Approach (ACRA).	Ensure dedicated funding for prevention and early intervention services, supported by strong quality assurance frameworks and continuous monitoring and evaluation.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
1.4 Enhance services to address hidden harm for children, young people and families impacted by parental and familial drug and alcohol use. 1.4.1 Embed Hidden Harm awareness in all health, family and children and social support services. 1.4.2 Promote the Hidden Harm eLearning programme in services and across sectors. 1.4.3 Enhance services across the spectrum including education and prevention, parent support programmes, and intensive case management support. 1.4.4 Ensure services are culturally appropriate and accessible. 1.4.5 Ensure services respond appropriately and collaboratively to provide the right care at the right time and in the right place for children, young people and families at risk of hidden harm from drug and alcohol use.	Children and young people impacted by hidden harm, as a result of drug and alcohol use. Families impacted by Hidden Harm from drug use. Services for children, young people, parents, and families.	Targeted work will be undertaken to monitor participation and to ensure effectiveness of these interventions. Funded programmes will be monitored against a suite of agreed indicators aligned with the National Pilot Hidden Harm outcomes.	Department of Health, Department of Children, Disability and Equality, Department of Justice, Home Affairs and Migration, An Garda Síochána, Tusla, Health Service Executive, community and voluntary sector, Drug and Alcohol Task Forces.	Promotion of the Hidden Harm eLearning on HSeLanD. Implementation of the Hidden Harm Training Programme. Deliver evidence-based interventions including Parents Under Pressure (PuP), Steps to Cope, 5-Step-Method. Embed practice including referral process, case management systems, and programme engagement within the Hidden Harm guidance across health, family, children, and social support services.	Resource appropriate responses for these population groups. Stronger multi-agency collaboration and consistent practice standards.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
1.5 Develop and deliver a digital platform as a tool to engage with individuals about their drug and alcohol use. 1.5.1 Undertake an evidence-based review of existing platforms to inform development of the digital platform. 1.5.2 Support the rollout and evaluation phase of the HSE online tool in 2026 and 2027.	General public and at-risk populations.	Number of engagements. Number of downloads. Better informed public. Service users' evaluation of the impact of these resources. Ensure any digital platform meets accessibility needs of general population and those at risk.	Department of Health, Health Service Executive	Strategy to develop and deliver appropriate campaigns. Readily available, accessible education, training supports and resources.	Informed by the evidence from the evaluations undertaken ensure sufficient resourcing including personnel and funding across the agencies.
1.6 Develop drug and alcohol prevention strategies in Higher Education Institutions (HEI), sporting and recreational settings. 1.6.1 Enhance and expand current targeted prevention interventions. 1.6.2 Strengthen policies and environmental supports.	Sporting, youth, and third-level education organisations.	Develop evidence-based awareness campaigns in, and policy guidance for, institutional and sporting organisations. Develop evidence-based interventions including peer education, skills workshops and safe event guidelines tailored to students, athletes, and recreational participants in specific settings. Assess impact through ongoing studies, including Drug Use in Higher Education and Growing Up in Ireland. Assess effectiveness of existing strategies and initiatives.	Department of Health, Department of Culture, Communications and Sport, Health Service Executive, An Garda Síochána, Gaelic Athletic Association, Football Association of Ireland, Irish Rugby Football Union, Athletics Ireland and other sporting organisations, community, youth and third level education organisations, Drug and Alcohol Task Forces.	Baseline evaluation of the effectiveness of existing strategies and initiatives completed. Based on the evaluation further develop existing interventions, such as eSHEILD, Healthy Clubs as appropriate. Identify scope for additional targeted interventions as part of the overall framework of responses in HEI, sporting and recreational settings. Build partnerships and training capacity.	Regular engagement with relevant institutions, agencies, and bodies to drive and sustain effective policy, strategy, and responses for these population groups.

Strategic Pillar Two: Provide equitable access to high-quality drug and alcohol services across Health Regions and population groups

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
2.1 Establish structures under the HSE Health Regions to coordinate and fund the provision and delivery of high-quality drug and alcohol treatment services, based on population need and geographic equity, and inclusive of the needs of families. 2.1.1 Ensure service delivery and planning are data informed in line with Sláintecare. 2.1.2 Identify models of service which are effective in delivering outcomes to meet population needs. 2.1.3 Align services with evidence-based models across the continuum of care.	People within the Health Regions requiring drug and alcohol treatment services.	Finalise regional addiction structures, governance and funding arrangements for service delivery and communicate to stakeholders. Based on service mapping and identified gaps, develop a 3-year plan, per Health Region to meet presenting needs. Engage frontline staff and community partners in service planning. Identify interventions with high success through quantitative and qualitative data including time in treatment, treatment completion rates, and Quality of Life indicators. Develop an annual service plan to track progress.	Department of Health, Health Service Executive, Health Regions, Drug and Alcohol Task Forces, community and voluntary sector, people with lived and living experience.	Strengthen governance and management after achieving an agreement on structure. Improve IT systems for data collection and communication regionally. Provide leadership and project management training for lead change management roles. Ensure clinical leadership is embedded in the process. Develop and support services across the voluntary, community, and family sectors, in partnership with people who bring lived and living experience.	Embed monitoring and evaluation systems into annual Service Level Agreements (SLA). Update needs analysis annually. Maintain alignment with national prevalence data through annual review process. Continuous quality improvement and stakeholder feedback mechanisms embedded. Annual staff training & development plan delivery.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
2.2 Expand treatment services, taking into account changing patterns of drug use, the ageing profile of OAT service users, the needs of underserved communities, prior experiences of trauma and adverse childhood events, and integrated models of service delivery based on partnership & co-design. 2.2.1 Utilise monitoring systems to provide information on service demand and requirements. 2.2.2 Ensure existing and new services meet the broader needs of those accessing treatment in line with changing patterns of drug use.	Percentage increase in new service users accessing treatment compared with baseline. Waiting times for assessment and entry to treatment monitored. Equity of access indicators continuously reviewed regionally including service engagement by gender, age, ethnicity, including Traveller community, new communities, and migrant populations.	Monitored by KPIs that are reviewed annually. Number of new service sites or partners delivering expanded treatment options. Percentage of existing providers adopting new or enhanced treatment pathways. Number of staff trained to understand emerging drug use patterns and evolving service-user demographics. Expansion of Health Service Executive delivered and funded services to meet demand and changing patterns of drug use.	Department of Health, Health Service Executive, Health Regions, Drug and Alcohol Task Forces, community and voluntary sector, and people with lived and living experience.	Fidelity to evidence-based interventions measured through audits and KPIs. Staffing levels audit. Regular Unit Cost Analysis studies to inform resource allocation. Monitor time from identification of new drug trends to service adaptation and response.	Sustained service capacity, measured by caseload levels held over 12–24 months. Long-term follow-up outcome study. Ongoing funding stability. Continuous improvement action plans monitored through Service Level Agreement (SLA) meetings.
2.3 Establish a national framework based on quality standards to monitor treatment services as to demand, quality, and effectiveness. 2.3.1 Support services to be fully compliant with national quality framework Safer Better Healthcare. 2.3.2 Engage with relevant regulatory authority to progress Tier 4 services accreditation.	Engagement with the relevant Quality Assurance bodies including Health Information and Quality Authority.	Improved quality and safety of care in drug and alcohol service provision. Service alignment and evidence of implementation to Safer Better Healthcare standards. Annual service audits, client satisfaction rates, treatment retention rates, reduction in adverse events.	Department of Health, Health Service Executive, Quality Assurance Bodies, community and voluntary sector, and people with lived and living experience.	Develop guidance, training, and support tools for services. Pilot testing in selected sites before national rollout. Monitor fidelity to the standards and identify barriers to implementation. Identify champions or policy levers to support adoption.	Embed into regulatory and funding requirements. Establish review cycles and feedback mechanisms. Support continuous quality improvement and updates aligned with evolving healthcare standards.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
2.4 Embed an active role for those with lived and living experience of drug and harmful alcohol use, including families, in the planning, delivery, and review of services. 2.4.1 Develop and resource a network of service users aligned to health regions. 2.4.2 Increase awareness, challenge stigma, and strengthen opportunities for meaningful service user and family participation through the principles of PPI and co-production.	Ensure representation from people with lived experience as well as from diverse populations (gender, age, ethnicity, homeless, dual diagnosis) and families are included in all health regions planning, delivery and review of services.	Measure improvements in service responses, service access, and user satisfaction. Track service improvement plans developed with user input. Monitor peer worker contribution to engagement and retention.	Health Service Executive, Health Regions, Addiction Recovery Network Ireland, community and voluntary sector, Drug and Alcohol Task Forces.	Improve complaints and feedback systems. Ensure service users are part of co-designing new services. Align to existing peer support training programmes. Utilise Health Service Executive's Partnering with Patients and Better Together Patient Engagement Roadmap https://hsepartnershiphub.ie/media/q1cl0lqu/hse-better-together-roadmap.pdf	Formalise regional service user networks' structure and governance. Develop and roll out Regional Service User Strategy. Create training and support plan for peer workers. Provide resources and supervision for peer roles. Embed Service User satisfaction surveys in all new and existing services.
2.5 Expand evidence-based harm reduction responses for all types of drugs and explore the establishment of additional supervised injection facilities in areas of need. 2.5.1 Map, review, and enhance harm reduction service provision and engagement across the Health Regions. 2.5.2 Review and enhance Opioid Agonist Treatment (OAT). 2.5.3 Evaluate harm reduction interventions for non-opiate drugs. 2.5.4 Continue Blood Borne Virus (BBV) testing, diagnosis, treatment, prevention for all at-risk groups. 2.5.5 Review the pilot Supervised Injecting Facility (SIF) and consider recommendations.	People experiencing harm from drug use, populations where drug use is known to occur and underserved populations.	Monitor OAT retention and treatment success. Track Hep C cure rates and reduction in new infections. Monitor needle and syringe exchange provision. Evaluate the SIF, with particular consideration of the associated public health gains.	Department of Health, Health Service Executive, Health Regions, Health Research Board, Drug and Alcohol Task Forces, community and voluntary sector, and people with lived and living experience.	Standardise OAT service enhancements across HSE Health Regions. Maintain Hepatitis C strategy integration with addiction services. Implement and evaluate harm reduction programmes and peer-led harm reduction services. Review pilot SIF and develop expansion options.	Embed OAT and Hep C services in regional plans. Monitor SIF outcomes and integrate into long-term harm reduction strategy. Continuous evaluation and adaptation based on emerging trends.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
2.6 Increase the availability of naloxone and review prescription controls on this drug. 2.6.1 Convene a group of relevant stakeholders in the short term to review prescription controls.	People experiencing harm from drug use Health Products Regulatory Authority, Department of Health, Health Service Executive, Pre-Hospital Emergency Care Council, An Garda Síochána, Drug and Alcohol Task Forces, voluntary and community services, families, individuals who use drugs.	Measure naloxone distribution and overdose reversals (fatal & non-fatal). Engage service providers for naloxone rollout.	Department of Health, Department of Justice, Home Affairs & Migration, Health Service Executive, Pre-Hospital Emergency Care Council, Health Products Regulatory Authority, An Garda Síochána, Drug and Alcohol Task Forces, community and voluntary sector, people with lived and living experience.	Train staff, peers and family members for naloxone distribution and overdose response.	Ensure ongoing naloxone supply and training remain to the forefront of responses. Keep up to date on developments in relation to synthetic opioids as they relate to naloxone.
2.7 Provide tailored services for people with dual diagnosis led from a mental health perspective, and for those who experience homelessness, gender, domestic or sexual violence, gambling addiction and ensure services are sensitive to emerging evidence on the links between neurodiversity and substance use. 2.7.1 Support Mental Health services in developing interventions for dual diagnosis, in line with the Health Service Executive Dual Diagnosis National Clinical Programme and Health Service Executive National Clinical Programme for Early Intervention in Psychosis (EIP) programme. 2.7.2 Identify and implement evidence-based treatment pathways for people experiencing addiction who are also affected by homelessness, domestic or sexual violence, gambling-related harm, neurodiversity and expand service provision in line with relevant national strategies, policies, and developments across these sectors.	People affected by mental health, neurodiversity, homelessness, gender and domestic sexual violence, gambling, and with addiction.	Secure multi-sectoral buy-in across relevant services of the Health Service Executive including mental health, addiction and primary care. Identify best practice in supporting people experiencing homelessness, domestic and gender-based violence, gambling, neurodiversity, in the community and voluntary sector. Provide training, supervision, and practice support to staff. Define clear outcome measures aligned to national programmes. Incorporate patient-reported outcome and experience measures (PROMs). Evaluate integrated care pathways.	Department of Health, Department of Housing, Local Government and Heritage, Department of Justice, Home Affairs and Migration, CUAN (The Domestic, Sexual and Gender Based Violence Agency), Health Service Executive, Health Regions, Health Research Board, Addiction Recovery Network, Drug and Alcohol Task Forces, community and voluntary sector, people with lived and living experience.	Standardise care pathways and protocols. Evaluate implementation of established integrated care models. Ensure fidelity to evidence-based models.	Support and scale interventions over time. Secure resources long term in annual budget process. Fund innovation.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
2.8 Develop and implement youth specific service pathways across all regions. 2.8.1 Design and roll out standardised youth-focused service model across all health regions. 2.8.2 Recognising statutory obligations, examine appropriate interventions for under-18s. 2.8.3 Address gaps in access for marginalised groups of young people. 2.8.4 Youth friendly referral and engagement protocols.	Young Person defined as 10 to 18 years, and Young Adult defined as 19 to 24 years with special focus on underserved and hard to reach groups.	Increased reduction of young people's substance use in European School Survey Project on Alcohol and Other Drugs (ESPAD), Health Behaviour in School Aged Children (HBSC) and Higher Education Institutions annual surveys. Increased engagement in education and training. Improvement in clinical and psychosocial indicators at 6- and 12-month intervals.	Department of Health, Health Service Executive, Health Regions, Health Research Board, Drug and Alcohol Task Forces, Community and Voluntary sector, young people with lived and living experience.	Develop, expand, and sustain evidence-based interventions specific to young people. Develop clear protocols for the delivery of an integrated care pathway for young people.	Ensure health region uptake. Ongoing annual funding.
2.9 Integrate gender-responsive and gender-transformative approaches in drug policy and across integrated service pathways 2.9.1 Establish a working group to plan and deliver gender responsive policy and service responses that acknowledge and address structural inequalities based on existing and emerging research recommendations and action frameworks. 2.9.2 Adopt a trauma-informed, gender-responsive, and integrated service model for women's substance use that recognises the cumulative impact of abuse, trauma, and exploitation. 2.9.3 Deliver coordinated, multidisciplinary supports, including family support, strengthening collaboration across community, voluntary and statutory services.	Women across the life course, attending to those who experience multiple forms of exclusion, aspects of inter-sectionality or are hard to reach.	Safety-first, trauma-informed, gender-specific service responses in place nationally. Improved physical and emotional safety through tailored interventions. Robust risk assessment and safety planning. Clear guidelines for mixed-gender settings. Compassionate, holistic care that addresses underlying trauma and supports sustainable wellbeing for women and families.	Department of Health, Department of Children and Youth Affairs, Health Service Executive, Tusla, community and voluntary sector, women with lived and living experience, Women's Health Task Force.	Embed early, gender-responsive intervention pathways within criminal justice and child protection systems that leverage initial service contact as a critical opportunity to support positive change for women, through coordinated, supportive, and recovery-oriented responses. Clear roles and responsibilities for stakeholders across the sectors to deliver on universal and selective prevention strategy and interventions. Deliver specialised trauma informed training for practitioners and support reflective implementation practice.	Ensure health region implementation Fund innovation.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
2.10 Ensure services are accessible and culturally appropriate for marginalised groups, including the Traveller community, migrants and the LGBTQI+ community, ensuring their inclusion in service design and delivery.	Marginalised groups accessing or requiring drug and alcohol services, including Traveller and Roma communities, migrants, refugees and asylum seekers, LGBTQI+ people, and people experiencing multiple forms of exclusion.	Improved access, engagement and retention for marginalised groups across HSE Health Regions. Culturally appropriate, inclusive and trauma-informed service responses in place. Service user experience and satisfaction monitored by population group where appropriate. Evidence of co-design with marginalised communities informing service planning, delivery and review.	Department of Health, Health Service Executive, Health Regions, Drug and Alcohol Task Forces, community and voluntary sector, Traveller and Roma organisations, migrant support organisations, LGBTQI+ organisations, cultural mediators, and people with lived and living experience.	Map barriers to access and identify service gaps for marginalised groups in each Health Region. Develop inclusive referral, assessment and engagement protocols. Provide cultural competence, anti-racism, LGBTQI+ inclusion and trauma-informed training for staff and partner organisations. Embed community outreach, interpretation supports and peer/community navigator roles where appropriate. Ensure marginalised groups are included in service design, delivery, governance and review processes.	Embed inclusive practice standards into regional service plans, Service Level Agreements and quality assurance processes. Maintain ongoing engagement with representative organisations and people with lived and living experience. Review access, outcomes and service user feedback annually to support continuous improvement. Secure sustainable funding for outreach, interpretation, training and community partnership supports.

Strategic Pillar Three: Champion recovery and social integration in drug and alcohol treatment, community services and public policies

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
3.1 Embed recovery-oriented and user-led interventions across all treatment services. 3.1.1 Assist the development and implementation of an individual Health Identifier. 3.1.2 Conduct a baseline audit of the implementation of the Common Assessment Tool (CAT) and the Integrated Care and Case Management Framework (ICMF) across all services. 3.1.3 Mandate the consistent implementation of the CAT and ICMF as standardised measure of treatment engagement and immediate treatment gains. 3.1.4 Agree a national Patient Recovery Outcome Measurement (PROM) such as REC-CAP or SURE to baseline recovery-oriented practice as reported by the service user. 3.1.5 Develop an implementation plan to integrate the PROM measure and establish recovery-oriented practice across all services. 3.1.6 Report annually on the level of recovery-oriented practice per HSE Health Region.	All treatment and recovery services supporting people and families in their local community.	Standardised implementation of recovery oriented integrated care across all addiction treatment services nationally. Health identifier progressed to enable service user tracking. Addiction services implementation of CAT, ICMF. Recovery Outcome Measurement (PROM) in place and routinely administered. Recovery oriented practice reporting in place and published annually.	Department of Health, Health Service Executive, Health Regions, Health Research Board, Addiction Recovery Network, Drug and Alcohol Task Forces, community and voluntary sector, people with lived and living experience.	Embed recovery-oriented interventions into all treatment pathways consistently. Review standardised protocols, allocate resources to services based on compliance, and monitor fidelity to integrated approaches.	Sustain practices long-term within treatment services. Establish continuous quality improvement processes.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
3.2 Strengthen and develop recovery in community service networks and actively incorporate family support. 3.2.1 Establish a national Health Service Executive lead on recovery. 3.2.2 Map existing peer and recovery community services including those supporting individuals, families, diverse communities, marginalised communities and identify underserved areas per HSE Health Region. 3.2.3 Establish National Standards for peer support delivery. 3.2.4 Resource expansion in underserved regions. 3.2.5 Integrate peer support into formal care pathways.	All individuals accessing or engaged in addiction services and underserved communities per HSE Health Region.	Health Service Executive national recovery lead in place. Peer and recovery community service map in place and underserved regions identified. National standards for peer support developed and rolled out. Established partnerships in place between funded addiction services and local peer support groups.	Department of Health, Health Service Executive National Recovery Lead, Health Regions, Addiction Research Network Ireland, Drug and Alcohol Task Forces community and voluntary sector.	Deliver peer support consistently and sustainably across regions and services. National standards and clear protocols for peer-led groups operational. National standards Implementation report focused on the fidelity to recovery-oriented principles in place. Annual progress report on recovery and community service networks in place with action plan for further development.	Embed peer support networks into Integrated Healthcare Area and HSE Health Region strategies. Secure ongoing funding. Build partnerships across services, in local communities and create data outcome reports for continuous improvement.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
3.3 Ensure access to good quality accommodation to support recovery and reduce the risk of homelessness. 3.3.1 Identify the level of Recovery Housing in place per region. 3.3.2 Conduct a national mapping exercise of Recovery Housing across Ireland to identify demand and unmet need. 3.3.3. Audit available Recovery Housing units by type, intensity, duration and model to identify best practice. 3.3.4 Develop national standards for Recovery Housing. 3.3.5 Pilot and scale evidence-based Recovery Housing models.	Individuals in recovery experiencing homelessness or housing instability.	Standardised protocols for Recovery Housing Model in place. National standards for Recovery Housing in place. Annual target in place per HSE Health Region to increase prevalence and access to recovery housing.	Department of Health, Department of Housing, Local Government and Heritage, Addiction Recovery Network Ireland, Health Research Board, Health Service Executive Recovery Lead, Health Regions, Local Authorities, Task Forces community and voluntary sector.	Standardised protocols for Recovery Housing Model operational. Identify the role of transitional housing and Housing First. National standards for Recovery Housing monitored. Annual increase in recovery housing delivered per HSE Health Region. Regular audits and feedback to ensure adherence to evidence-based models.	Long-term funding, policy support, community partnerships. Ongoing evaluation of housing outcomes and service quality. Adjust models based on emerging needs and feedback.
3.4 Develop coherent, multi-faceted community services and public policies that reduce stigma, build recovery capital and promote social integration. 3.4.1 Design and deliver a Recovery-Oriented Community Integration Framework (ROCIF) focused on social, economic and community participation pathways. 3.4.2 Map existing recovery initiatives per region. 3.4.3 Expand and resource the availability of recovery and social integration supports.	Individuals and communities who can benefit from: Mutual aid groups Social activities Peer support roles Peer support groups Training and education opportunities Community Employment Schemes, Social Enterprises Business community social inclusion champions.	Nationally agreed ROCIF and regional map of recovery community integration initiatives developed. Increased coordination, identification of service gaps, and more equitable recovery integration support nationally. Expand access to education, training, Community Employment Schemes, and social enterprise pathways. Identify and research established partnerships with business community social inclusion representatives. Increase availability of structured prosocial activities.	Department of Health, Department of Housing, Local Government and Heritage, Department of Social Protection, Department of Enterprise, Tourism and Employment, Local Authorities, Health Service Executive National Recovery Lead, Probation Service, Addiction Recovery Network, community and voluntary sector.	Develop further community recovery supports and services. Enhanced prosocial activities. Structured training and education programmes. Develop employment pathways through Community Employment Schemes and partnerships with social enterprises and businesses. Ensure resources and community integration services are provided within the ROCIF.	Continuous funding and support regionally. Ongoing collaboration with social enterprises and business partners. Regular evaluation to assess ROCIF enhancement. Building capacity within communities for self-sustaining peer support networks.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
3.5 Explore the development of a national network of recovery support services. 3.5.1 Embed lived experience as a core component of recovery policy and service design.	People with lived and living experience of drug use. Organisations providing Recovery services.	Conduct a national consultation to develop a network of recovery support services. Develop a governance model for the national recovery network promoting shared ownership. Establish and pilot the national network. Utilising the network members integrate lived experience into policy and service planning and design regionally.	Department of Health, Health Service Executive Recovery Coordinator, Addiction Recovery Network Ireland, community and voluntary sector, people with lived and living experience.	Lived experience representatives integrated into regional policy and service planning forums. Provide support, training, and accreditation for peer workers. Clear referral pathways from treatment services established. Safe, inclusive physical and digital recovery spaces in place nationally. Ensure consistent delivery while allowing flexibility for local needs.	Embedded peer networks into routine service pathways. Secure continuous funding and policy support. Build leadership capacity within recovery communities. Encourage continuous improvement through feedback and evaluation. Ongoing support from the Department of Health, Health Service Executive and community and voluntary sector.

Strategic Pillar Four: Prioritise health supports for people in contact with the criminal justice system due to drug use

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
4.1 Monitor and evaluate the Health Referral Scheme (HRS) for people found in possession of drugs for personal use and review the Adult Caution Scheme to consider the inclusion of other drugs. 4.1.1 Review parameters of Adult Caution Scheme in relation to compatibility with HRS. 4.1.2 Monitor and evaluate HRS.	People in possession of drugs for personal use.	Monitor and evaluate at the end of year 1.	Department of Health, Department of Justice, Home Affairs and Migration, Health Research Board, An Garda Síochána, Office of the Director of Public Prosecutions (ODPP), Health Service Executive, community and voluntary sector.	Clear referral protocol and pathways for progression if required. Provision of brief health intervention to target population.	Adequate resourcing of the pilot to ensure its success. Evaluation will inform next steps.
4.2 Increase access to treatment services for people in contact with the Criminal Justice System, including those on remand or probation. 4.2.1 Establish effective fora to increase access to appropriate treatment and harm reduction services. 4.2.2 Map existing services for those in contact with Criminal Justice System including in the community.	People who use drugs who are in contact with the Criminal Justice system, including those in prison, on remand or under Probation supervision.	Increased numbers of people in treatment and recovery.	Department of Justice, Home Affairs and Migration, Department of Health, Irish Prison Service, Health Service Executive, The Probation Service, community and voluntary sector.	Establish a forum for effective dialogue to action harm reduction interventions and treatment and recovery service access.	Commitment from Government to provide ongoing resources. Evaluation to inform ongoing development of services. Appropriate and timely provision of resources to enable and sustain delivery.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
4.3 Increase availability of treatment and recovery options for people in prison and provide continuity of care post release. 4.3.1 Map existing services. 4.3.2 Establish a standardised addiction referral process across the prison estate to ensure equity of access to treatment and recovery services for all prisoners. 4.3.3 Ensure Opioid Agonist Treatment oral and injectable is available throughout the prison estate, in close collaboration with Health Service Executive. 4.3.4 Increase therapeutic supports including therapeutic community options for persons in prison by expanding evidence-based addiction service modalities. 4.3.5 Irish Prison Service to work with Health Service Executive, community and voluntary services to provide education on naloxone to those in prison, and the provision of naloxone on and post release. 4.3.6 Develop and implement prison to community recovery pathways.	People who use drugs across all prisons to include prisoners on remand or serving short sentences.	Greater accessibility of services for prisoners on admission, during their sentence and post release. Baseline number of prisoners engaged in treatment and recovery services in prison by intervention modality. Increased numbers of prisoners during sentence accessing treatment and recovery services. Increased number of prisoners post release accessing treatment and recovery services.	Department of Justice, Home Affairs and Migration, Department of Health, Irish Prison Service, Probation Service, Health Service Executive, community and voluntary sector.	Map and analyse existing services which provide supports and services for prisoners who use drugs both in prisons and in the community post release. Progress cross departmental and cross-agency protocols that support post-release treatment pathways for people presenting with dual diagnosis. Develop inter-agency protocols that support access to treatment in the community post-release including for people with multiple needs, people assessed at risk of harm and people with a history of violence. Build interoperability and data-sharing mechanisms between the Department of Justice and the Department of Health to support continuity of care as people transition from prison into the community.	Appropriate and timely provision of resources to sustain good practice, support development and safeguard service delivery.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
4.4 Strengthen the drug treatment court as a progressive multi-agency, health-led response to drug-related offending and explore access for people living outside of Dublin. 4.4.1 Enhance service provision in a recovery context in line with the recommendations of the evaluation of the Dublin Drug Treatment Court (DDTC).	People who come before the Dublin Drug Treatment Court.	More people participating in the Dublin Drug Treatment Court.	Department of Justice, Home Affairs and Migration, Judiciary, Courts Service, Health Service Executive, Probation Service, Legal Practitioners and Department of Health.	Communications campaign with Courts and legal profession in relation to the recommendations of the DDTC report. Educational campaign for the public on potential to avail of the scheme.	Next steps informed by DDTC evaluation report.
4.5 Expand assertive case management for people who use drugs in public places in contact with the criminal justice system. 4.5.1 Informed by evaluation of their operation, support the greater use of assertive case management for people at risk of contact with the criminal justice system.	People who use drugs in public places and are in contact with the Criminal Justice system. People experiencing mental health crisis and/or trauma.	Implementation of the relevant recommendations of the High-Level Task Force (HLTF) on mental health and addiction.	Department of Health, Health Service Executive, An Garda Síochána, Community and Voluntary sector.	Completion of evaluation to inform next steps. Informed by the evaluation expand the use of assertive case management interventions for people at risk of contact with the criminal justice system such as Law Engagement & Assisted Recovery (LEAR) and Community Access Support Team (CAST).	Informed by the findings of the evaluation of these programmes allocate appropriate resourcing to underpin activity going forward.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
4.6 Disrupt child criminal exploitation in the drugs trade and expand the availability of alternative pathways for young people at risk. 4.6.1 Support and develop community-based youth diversion projects and youth crime prevention initiatives that aim to divert young people who are involved in, or at risk of becoming involved in, criminal behaviour. 4.6.2 Deliver targeted interventions to raise awareness of issues such as illicit drug use and work collaboratively with relevant services and organisations to provide appropriate support for young people.	Young people who have been, or are at risk of becoming, involved in criminal behaviour. Families of young people who have been, or are at risk of becoming, involved in criminal behaviour.	Greater accessibility of evidence based and specialist intervention services for young people who have been, or are at risk of becoming, involved in criminal behaviour. Reduction in the number of young people receiving custodial sentences. Reduction in demand placed on Oberstown capacity. Increased levels of real and perceived community safety.	Department of Justice, Home Affairs and Migration, An Garda Síochána, National Youth Diversion Bureau, Probation Service, Oberstown Children Detention Campus.	Enhanced access of evidence-based specialist intervention services for young people who have been, or are at risk of becoming, involved in criminal behaviour particularly for early intervention, family, support, youth offender court accompaniment. Work with schools to retain children within the education system and support prolific offenders with multiple needs.	Commitment from government to provide ongoing resources. Ongoing development and provision of specialist training to youth justice workers across the Youth Diversion Programmes (YDP) network. Ongoing research and evaluation of good practice youth justice interventions to inform ongoing development of services.
4.7 Expand supports for individuals and families affected by drug-related intimidation and violence. 4.7.1 Continue to support the Drug Related Intimidation & Violence Engagement (DRIVE) project to reduce stigma for individuals and families affected by drug related intimidation and violence. 4.7.2 Continue to collect and publish data on Drug Related Intimidation (DRI) to inform responses. 4.7.3 Prioritise further interagency responses for underserved communities and those reluctant to engage with formal services.	Individuals, families, and communities affected by drug-related intimidation and violence.	Increased safety and wellbeing of affected individuals and families. Numbers trained to recognise and respond to DRI. Improved trust in services evidenced by increased presentations for support. Reduction in the impact and prevalence of intimidation. Feedback from service users. Reduction in reported incidents or fear levels in communities.	Department of Health, Department of Justice, Home Affairs & Migration, DRIVE Oversight Committee, An Garda Síochána, Health Research Board, Health Regions, Drug and Alcohol Task Forces, community and voluntary sector.	Expansion of DRIVE programme across all Health Regions. DRIVE frontline worker and brief advisor training rolled out for professionals and people with lived and living experience. Evidence of impact from existing implementation sites. Clear protocols for referral, confidentiality, and safeguarding. Coordination across sectors. Policy endorsement, funding, and interagency collaboration.	Ongoing funding training and policy support. Embedding DRIVE into national strategy and service standards. Continuous evaluation and adaptation based on feedback and emerging needs.

Strategic Pillar Five: Prepare for and respond effectively to a more volatile and dynamic global drugs market

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
5.1 Expand drug monitoring and drug checking mechanisms. 5.1.1 Continue to expand existing drug monitoring projects, including the development of a hospital monitoring system to identify emerging trends in a timely fashion. 5.1.2 Conduct research and policy review to identify benefits and barriers to expanding drug checking services including piloting approaches that increase access to drug samples for analysis. 5.1.3 Review the evaluation of the wastewater pilot to inform further expansion 5.1.4 Establish a laboratory network for testing drug samples.	People who use drugs, individuals at risk of drug-related harms, healthcare services, policymakers, and communities who will benefit from enhanced monitoring, early warning systems, and improved access to drug checking and testing services.	Improved ability to detect new psychoactive substances and emerging drug trends. Reduced time between emergence of drug threats and public health response. Increased access to reliable drug intelligence data. Greater use of monitoring data in policy, service planning and harm reduction initiatives.	Department of Children, Disability and Equality, Department leads in Higher Education Institutions, youth groups, student representative bodies, Forensic Science Ireland, State Laboratory, National Drug Treatment Centre, Laboratories participating in EUDA Laboratories Network (FSI, SL, NDTC), Health Research Board, Health Service Executive, An Garda Síochána, community and voluntary sector.	Improved communication including notifications of emerging drugs to national and international platforms. Establish hospital monitoring system for drugs including emerging drugs. Evaluate the effectiveness of current harm reduction strategies including drug checking at festivals.	Informed by the evidence from the evaluations undertaken ensure sufficient resourcing including personnel and funding across the agencies in annual budget process.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
5.2 Respond to emerging drug trends and communicate effectively on drug related threats to public health. 5.2.1 Adapt harm reduction interventions in response to a new drug landscape. 5.2.2 Resource the development and delivery of the Early Warning Systems for adverse events and develop a responsive risk communication system. 5.2.3 European Union Drugs Agency (EUDA) and United Nations Office on Drugs and Crime (UNODC) on drug monitoring, as part of Ireland's new public health and early warning system. 5.2.4 Develop an early warning platform to coordinate the collection, analysis and reporting of data.	Drug using population including those not currently accessing treatment, harm reduction, or prevention services.	Identify substances posing high level of risk to public health. Facilitate timely information sharing between members of forum, including compendium to be delivered by each member at quarterly meetings. Communicate risk appropriate to level of presenting threat and based on the information needs of target audience. Establish route for submission of data from all monitoring or administrative systems managing relevant data, analyse signals and support system of risk communication.	Department of Health, Department of Foreign Affairs, Department of Justice Home Affairs & Migration. Health Research Board Focal Point, Health Service Executive, An Garda Síochána.	Develop early warning infrastructure at national and regional level, prepare strategies and guidelines for members of early warning forum. Resource early warning platform and adapt to changing requirements in drug landscape and technological developments. Hold regular meetings with representatives from England & Wales, Scotland, and Northern Ireland early warning systems. Strengthen links between early warning system and early warning unit in EUDA.	Ensure sufficient resourcing including personnel and funding across the agencies through annual budget processes.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
5.3 Implement timely and effective strategies and legislation to control the availability and use of psychoactive drugs, in particular nitrous oxide and synthetic cannabinoids. 5.3.1 Review current legislation to respond in an agile manner to new substances. 5.3.2 Examine legislative options aimed at reducing access to nitrous oxide for use as a psychoactive substance.	General population, particularly individuals at risk of using illicit drugs and psychoactive substances, who will benefit from strengthened legislation and regulatory measures designed to reduce the availability of emerging substances, including nitrous oxide, and minimise associated harms.	Agility in responding to emerging harmful substances Increase timeliness of introduction of controls of emerging harmful substances.	Department of Health, Department of Justice, Home Affairs & Migration, Attorney General, Health Products Regulatory Authority, Health Service Executive, Health Research Board, An Garda Síochána, and Office of the Revenue Commissioners.	Establish a working group to strengthen responses to emerging substances of concern notably nitrous oxide and synthetic cannabinoids. Consider review of the Psychoactive Substances Act 2010.	Keep legislation under active review to measure effectiveness.
5.4 Support interventions which reduce the supply of illicit drugs and mitigate their impact in communities. 5.4.1 Enhance law enforcement and stakeholder cooperation. 5.4.2 Support place-based interventions to increase community resilience to the impact of illicit drugs.	Individuals, families, and communities affected by illicit drug use, particularly those living in areas experiencing higher levels of drug-related harm.	Secure buy in and support through governance structures of the national drugs strategy. Place-based interventions and support services delivered by key stakeholders to individuals within the justice system, with the aim of reducing both the availability and impact of illicit drugs in communities.	Department of Justice, Home Affairs & Migration, Department of Health, Health Service Executive, An Garda Síochána, Office of the Revenue Commissioners, Health Products Regulatory Authority, Drug and Alcohol Task Forces, community and voluntary sector, local community safety partnerships.	Secure strategic oversight, cross-sector commitment, and ongoing support for justice-focused drug intervention initiatives. Coordinate place-based drug and support services and targeted interventions. Continued support from stakeholders beyond the justice sector, particularly through Local Community Safety Partnerships.	Monitor innovative approaches to community resilience and desistance work in Ireland and other jurisdictions.

Actions and sub-actions	Reach	Effectiveness	Adoption	Implementation	Maintenance
5.5 Respond to the diversion and misuse of prescribable and over-the-counter drugs. 5.5.1 Government including Department of Health, to review and implement the recommendations of the 2025 Medical Council report.	General population, with particular impact on individuals at risk of dependence on prescribed or over-the-counter medicines. Healthcare professionals, and affected families and communities, through measures designed to improve safe use, reduce diversion and misuse, and strengthen treatment and support services.	More oversight of prescribing practices. Less availability of counterfeit medicines. Education campaign around the dangers of the non-therapeutic use of prescribed drugs.	Department of Health, Regulatory Bodies, Medical Council, Pharmaceutical Society of Ireland Health Products Regulatory Authority and Health Service Executive. Law enforcement Bodies, Customs, An Garda Síochána, Health Products Regulatory Authority, Laboratory Network	Examine the overprescribing of Benzodiazepines, Z-Drugs and Gabapentinoids in Ireland, through the establishment of a working group to implement key recommendations including improved service delivery, education initiatives and advancing transparency in prescribing practices. Increase resources for Primary Care counselling supports and for addiction services targeted to addressing benzodiazepine, z-drug, gabapentinoid and OTC codeine dependence. Develop educational initiatives for doctors, pharmacists, and the public to increase awareness of the risks associated with benzodiazepine, z-drug, gabapentinoid and OTC codeine use with a focus on developing resources for patients through a public education campaign. Advance transparency in prescribing practices including visibility of private prescribing of controlled drugs through the creation of a central repository for data accessible as appropriate to different bodies and consider the scheduling of pregabalin and gabapentin as controlled drugs. Respond to the diversion and misuse of prescribable and OTC medications, including counterfeit medications that appear on the illicit market, through implementing measures to tighten controls on availability.	Ensure sufficient resourcing including personnel and funding across the agencies is in place annually.

Glossary

RE-AIM Framework

The RE-AIM Framework has five dimensions: **Reach, Effectiveness, Adoption, Implementation and Maintenance**. In this action plan:

- **Reach** identifies the population groups, communities, services or systems that an action is intended to serve or support.
- **Effectiveness** sets out the outputs, indicators and outcomes that will be used to monitor progress and assess impact.
- **Adoption** identifies the organisations, sectors and partners that need to take up, support or embed the action.
- **Implementation** describes the practical steps required to deliver the action.
- **Maintenance** identifies the arrangements needed to sustain progress, including resourcing, integration into routine systems, ongoing monitoring and review.

Acronyms and abbreviations

Acronym	Meaning
ACRA	Adolescent Community Reinforcement Approach
ARNI	Addiction Research Network Ireland
BBV	Blood-borne virus
BIC	British-Irish Council
CBO	Community-based organisation
CAT	Common Assessment Tool
CHKS	CHKS accreditation and quality improvement body
DCDE	Department of Children, Disability and Equality
DEY	Department of Education and Youth
DFHERIS	Department of Further and Higher Education, Research, Innovation and Science
DHLGH	Department of Housing, Local Government and Heritage
DHR	Drug harm reduction
DRCDG	Department of Rural and Community Development and the Gaeltacht
DATF	Drug and Alcohol Task Force
DOPs	Decision, opinion and policymakers
DRI	Drug-related intimidation
DRIVE	Drug-related intimidation and violence engagement
DTC	Drug Treatment Court
EC	European Commission
ECDC	European Centre for Disease Prevention and Control
EDAS	European Drug Alert System
EDSS	European Drug-related Support System
EIP	Early Intervention in Psychosis
EU	European Union
EUDA	European Union Drugs Agency
EUPC	European Prevention Curriculum
EWET	Early Warning and Emerging Trends
FBO	Faith-based organisation

Acronym	Meaning
GAA	Gaelic Athletic Association
GNDOCB	Garda National Drugs and Organised Crime Bureau
HDS	Health Diversion Scheme
HEI	Higher Education Institutions
HPRA	Health Products Regulatory Authority
HRB	Health Research Board
HR	Human resources
HSE	Health Service Executive
HSeLanD	Health Service Executive learning and development platform
ICMF	Integrated Care and Case Management Framework
IHA	Integrated Healthcare Area
IT	Information technology
LGBTQ+	Lesbian, gay, bisexual, transgender, queer or questioning, and other identities
LGMA	Local Government Management Agency
NDTMS	National Drug Treatment Monitoring System
KPI	Key performance indicator
MECC	Making Every Contact Count
NDS	National Drugs Strategy
NDTRS	National Drug Treatment Reporting System
NFP	National Focal Point
OAT	Opioid agonist treatment
ODPP	Office of the Director of Public Prosecutions
OTC	Over-the-counter
PHECC	Pre-Hospital Emergency Care Council
PPI	Public and patient involvement
PQ	Parliamentary Question
PROM	Patient-reported outcome measure
PuP	Parents under Pressure
RCN	Recovery community network

Acronym	Meaning
QA	Quality assurance
REC-CAP	Recovery Capital
RE-AIM	Reach, Effectiveness, Adoption, Implementation and Maintenance
RePS	Review of Prevention Systems
SIF	Supervised injecting facility
ROCIF	Recovery-Oriented Community Integration Framework
SAOR	Support, Ask and Assess, Offer Assistance, Refer
SAOR EBI	SAOR evidence-based intervention
SPHE	Social, Personal and Health Education
SURE	Substance Use Recovery Evaluator
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation







Rialtas na hÉireann
Government of Ireland