National Drugs Strategy 2001-2008

Critical Implementation Path

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Foreword

As we all know, drug misuse is one of the most serious challenges facing society today, threatening the very core of communities and affecting individuals and families alike. It is a complex problem requiring a multi-disciplinary response across a range of agencies, professionals and communities.

Noel Ahern T.D., Minister of State with responsibility for the National Drugs Strategy

In this regard, the National Drugs Strategy 2001-2008 brings together all those involved in drug misuse policy in Ireland and is addressing the problem in a comprehensive and integrated way. In particular, the Government continues to work in partnership with areas most affected by the problem.

Departments and Agencies continue to make progress in implementing the actions set out for them in the Strategy. In this regard, a key objective of the National Drugs Strategy is to have in place an efficient and effective framework for its implementation. The Critical Implementation Path acts as a roadmap outlining how these actions are being delivered and the timeframes for delivery. Through the CIP, we can gain important insights into the strengths and obstacles within the Strategy and refocus our efforts, if necessary.

Finally, can I say we are all aware that the nature of the drugs problem is ever changing and the Strategy must be flexible enough to tackle any new challenges facing it.

Critical Implementation Path
Introduction

A key aim of the National Drugs Strategy 2001-2008, 'Building on Experience' is to have in place an efficient and effective framework for monitoring and implementing the Strategy. The Drugs Strategy Unit of the Department of Community, Rural and Gaeltacht Affairs (D/CRGA) has responsibility for co-ordinating the implementation of the Strategy, which contains four pillars - supply reduction, prevention, treatment and research. The objectives under these pillars are being progressed through 100 actions which are designed to drive the Strategy forward.

The purpose of the Critical Implementation Path (CIP) is to map out how these actions are being delivered and the timeframes for delivery. The CIP is laid out with the relevant action and Department/Agency on the left of the page and the expected outcome and completion date on the right. The columns in between contain the steps needed to progress the action and, as far as possible, the timeframe for completing those steps.

The CIP also shows the obstacles which Departments/Agencies have identified as they move forward. In this way, it is possible to identify potential problems in advance and, thus, endeavour to resolve them. These projections should also be set in the context of resources being available to deliver these actions.

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Measures to implement actions under the strategy

No.	Agency	Action	Step 1	Step 2	Step 3	Step 4	Step 5	Target
1	**D/CRGA**	The Department, through the IDG and the NDST to co-ordinate the implementation of the National Drugs Strategy in partnership with Government Departments, State Agencies and the community and voluntary sectors and to bring to the attention of the Cabinet Committee on Social Inclusion any identified issues which have a detrimental effect on the implementation of policy.	Ongoing through the monthly meetings of the IDG and the Cabinet Committee on Social Inclusion and the co-ordination work of the NDST and the Drugs Strategy Unit of the Department of Community, Rural and Gaeltacht Affairs. Ongoing					**Ongoing task for the life of the Strategy.**
2	**D/CRGA**	The IDG, in conjunction with the NDST, to establish an evaluation framework for the Strategy, incorporating the performance indicators against which progress under the four pillars will be assessed. Annual reports and mid-term evaluations would facilitate progression towards key strategic goals. The cost effectiveness of the various elements of each pillar of the new Strategy should be established to enable priorities to be established and a re-focusing, if necessary, of strategic objectives from the mid-term evaluation stage at 2004.	The monthly meetings of the IDG and the Cabinet Committee on Social Inclusion regularly monitor and assess progress under the Strategy with specific reference to the targets and the performance indicators set out in the Strategy. Ongoing	Six monthly reports to the Cabinet Committee on Social Inclusion on progress in achieving the targets set out in the Strategy. Every six months	Publish an annual report on the nature and extent of the drug problem in Ireland and on progress being made in achieving the objectives set out in the Strategy. Annually	Conduct a mid-term evaluation of the Strategy which will measure its impact and effectiveness and facilitate a re-focusing of the Strategy, if necessary. Late 2004		**Ongoing task with regular targets set throughout the life of the Strategy.**
3	**D/CRGA ISC, D/AST**	Continued provision of accessible, positive alternatives to drug misuse in areas where such misuse is most prevalent through the YPFSF and more generally, through arts and culture youth programmes, the schemes run by the Irish Sports Council and the facilities provided through funding under the Sports Capital Programme. These should be accessible and attractive to those most at risk of drug misuse and those from socially, educationally and culturally diverse backgrounds. In this regard, the LDTF areas should be prioritised. Specific efforts should also be made to ensure that the groups who are most at risk of drug misuse are actively engaged in recreational activities at local level.	The Sports Capital Programme will give extra weighting to areas of disadvantage and in particular areas of high drug misuse. The YPFSF will continue to prioritise areas of high drug misuse. Ongoing	The second round of funding for the YPFSF will be finalised. Early 2004	Round II allocations will be made. Mid 2004	Overall operation of the YPFSF will be monitored to ensure its ongoing effectiveness. Ongoing		**Ongoing task for the life of the Strategy.**
4	**D/JELR**	To oversee the establishment of a framework to monitor numbers of successful prosecutions, arrests and the nature of the sentences passed.	Develop an integrated system which would allow information sharing and tracking capability between the Garda Pulse System, the Courts Criminal Case Tracking System and the Prison Service's Prisoner Record System. This matter is interalia, one of the issues currently under consideration by the Expert Group on Crime Statistics which is due to report to the Minister for Justice, Equality and Law Reform. Commence Mid 2002	Initiate a manual pilot study linked in with the Garda Pulse system to progress this action in the short term. Preliminary work to determine the feasibility and the commissioning of such a study during 2003. Mid 2003	Analysis from the pilot study will inform the discussions of the Expert Group on Crime Statistics. Outcomes and issues arising from the study should also assist in policy formation in relation to drug law enforcement. Results from the pilot study and the progress made in relation to the development of an integrated system will inform the appropriate future development of this Action over the lifetime of the study. During 2004	Integrated IT system in place to facilitate information sharing/tracking in relation to the drugs issue across the Criminal Justice system. Late 2005		**Framework established in the form of an integrated IT system to monitor numbers of successful prosecutions, arrests and the nature of the sentences passed. Late 2005.**

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5	**D/JELR**	To establish, in consultation with the Gardaí and the community sector, best practice guidelines and approaches for community involvement in supply control activities with the law enforcement agencies.	The National Crime Council to develop a discussion paper on tackling the underlying causes of crime via a partnership approach. The Council to develop this paper through a wide consultation process involving the relevant statutory agencies and appropriate community/ voluntary representation. During 2002	The National Crime Council to publish and circulate an initial consultation paper for further consideration and submissions from interested parties. Early 2003	Publish a final paper by the Crime Council setting out its recommendations regarding the future development of partnership approaches in tackling crime. During 2003 work towards the development of a policy framework to ensure that the overall delivery of the Garda service takes place in formal, accountable and inclusive partnerships with appropriate local community representation. During 2003	Preparation of a Memorandum for Government for the Minister for Justice, Equality and Law Reform to bring the recommendations of the Crime Council before Government. Late 2003/Early 2004	Put in place policy framework and structures which facilitate formal partnership arrangements on policing issues between the Garda Síochána and the communities it serves. Late 2005	**Late 2005**
6	**D/JELR, NACD, Garda Síochána**	To review the ongoing effectiveness of crime legislation, in tackling drug-related activity.	Assessment of Ireland's drug related crime legislation carried out during the European Union's mutual evaluation report on Ireland's law enforcement response to drug trafficking. Assess report. During 2002/03	Sections of Criminal Justice (Drug Trafficking) Act 1996, reviewed by D/JELR & An Garda Síochána. During 2002	Commission research on the utilisation of provisions in relation to drug trafficking offences which were introduced under Part 2 of the Criminal Justice Act 1999. During 2003	Ongoing assessment of the need to review particular elements of drug related legislation over the lifetime of the Strategy. Ongoing		**Ensure that effective drug related crime legislation is in place. Ongoing during life-time of the Strategy.**
7	**Garda Síochána**	To increase the level of Garda resources in LDTF areas by end 2001 and build on lessons emanating from the Community Policing Forum (CPF) model.	Determine level of Garda resources in LDTF areas at Sergeant/Garda Rank. Early 2002	Consider Evaluation Reports on S.I.C & N.I.C. Policing Fora. Early 2003	Submit Recommendations to Garda Commissioner on Policing fora (Linked to Action 11). Mid 2003	Commence review of resource requirements in line with G.E.R.M. Model Review. Early 2004	Allocate resources on basis of G.E.R.M. Review scheduled for late 2004 onwards. Late 2004	**Resources will be allocated in line with review of overall Garda strength from late 2004.**
8	**Garda Síochána**	To establish a co-ordinating framework for drugs policy in each Garda District, to liaise with the community on drug-related matters and act as a source of information for parents and members of the public. Each Garda District and Sub-District be required to produce a Drug Policing Plan to include multi-agency participation in targeting drug dealers.	Establish Review Group and Terms of Reference. Mid 2002	Develop a framework for multi-agency participation in an appropriate Divisional Drug Policing mechanism, where District Plans link into National Policing Plans and establish Strategies. Early 2003	Submit proposed framework to Garda Commissioner for approval. Mid 2003	Commence Implementation in line with Policing Plan and Action 11. Early 2004		**Co-ordinating framework in place from early 2004.**
9	**Garda Síochána**	To target the assets of middle-ranking criminals involved in drug dealing.	Establish Review Group and Terms of Reference. Mid 2002	Examine existing procedures and devise proposed adjustments. Early 2003	Regional Briefings & Seminars held. Mid 2003	Submit proposals to Garda Commissioner for approval. Late 2003	Commence implementation of recommendations based on Commissioner's approval. Early 2004	**Asset targeting in place as per recommendations from early 2004 onwards.**
10	**Garda Síochána**	To continue to target dealers at local level by making additional resources available to existing drugs units and for the establishment of similar units in areas where they do not currently exist.	Establish Working Group and Terms of Reference. Early 2003	Working Group to examine prevalence levels and distribution networks in line with Policing Plans and Garda Drug/Crime Survey. Mid 2003	Examine existing divisional resources and deployment to combat drug distribution. Mid 2003	Submit proposals to Commissioner setting out appropriate resource requirements. Late 2003	Review resource requirements in line with G.E.R.M. Review. Late 2004	**Resources will be allocated in line with review of overall Garda strength from late 2004.**

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11	**Garda Síochána**	To extend the Community Policing Fora (CPF) initiative to all LDTF areas, if the evaluation of the pilot proves positive. The proposed RDTFs should be consulted in assessing whether CPFs should be in regional areas of particular need. Where CPFs do not exist, CPF methods should be adopted as best practice for mainstream policing policy.	Establish Working Group and Terms of Reference. Mid 2002	Examine evaluation reports from S.I.C. and N.I.C. Policing Fora. Mid 2002	Draft Community Consultation Policy Proposals and submit to Garda Commissioner for approval. Late 2002	Implement policy in line with organisational capacity and the establishment of RDTFs. Late 2002 onwards	Monitor and review. Ongoing from 2003	**Ongoing task from late 2003.** ***Implementation of Community Policing Fora to take account of provisions outlined in the Garda Síochána Bill 2003.***
12	**Garda Síochána**	To ensure that operations similar to Dóchas, Nightcap and Cleanstreet are implemented in urban centres throughout Ireland, where drug dealing is ongoing.	Establish Working Group and Terms of Reference. Establish and prioritise the resource requirements for such operations. Mid 2002	Examine existing policies in conjunction with Working Group on Covert Operations and organisational requirements to extend operations. Late 2002/Early 2003	Revise framework for implementation of operations nationally and submit to Garda Commissioner for approval. Mid 2003	Training of relevant personnel required before implementation. Early 2004	Commence implementation. Mid 2004	**Broader implementation of these operations from mid 2004.**
13	**Garda Síochána**	To monitor the efficacy of the existing arrest referral schemes and expand them, as appropriate.	Establish Working Group and Terms of Reference. Mid 2002	Examine national and international practices. Late 2002	Pilot research on existing Arrest Referral Schemes. During 2003	Devise proposals based on research and submit to Garda Commissioner for approval. Early 2004	Submit proposals to the relevant Departments for approval and necessary resourcing. Mid 2004	**Examination of existing schemes with ongoing monitoring and expansion as appropriate from mid 2004 onwards.**
14	**Garda Síochána and Customs & Excise**	To continue to work more closely together in accordance with the principles of their Memorandum of Understanding. They should also co-operate and collaborate fully with law enforcement and intelligence agencies in Europe and internationally in reducing the amount of drugs coming into Ireland.	Working Group has been established to progress this Action. Ongoing					**In place. Ongoing task.**
15	**Garda Síochána and Customs & Excise**	To strengthen and consolidate existing coastal watch and other ports of entry measures designed to restrict the importation of illicit drugs by end 2002.	Customs Drug Watch Programme reviewed and relaunched. Early 2003	C&E have implemented a number of measures to enhance drug detection capability at points of entry. Early 2003	C&E will consider the acquisition of additional technical and other equipment to assist drug detection on an ongoing basis. Ongoing from early 2003			**Customs Drug Watch Programme reviewed and relaunched Jan 2003. Further enhancement is an ongoing task from early 2003.**
16	**Garda Síochána and Customs & Excise**	To develop benchmarks against which seizures of heroin and other drugs can be evaluated under the EU Action Plan in order to establish progress on a yearly basis.	Establish benchmarks. Completed	Monitor progress. Ongoing	Review progress. Ongoing	Prepare Annual Report on progress in accordance with requirements under EU Action Plan. Annually		**Benchmarks developed. Progress monitored on an ongoing basis.**
17	**Garda Síochána and Customs & Excise**	To ensure greater integration of Customs and Excise within a European context, an Officer of the Customs and Excise Division should be appointed to the Europol National Unit.	Customs Officer appointed to Europol National Unit. Mid 2001					**Completed mid 2001.**

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No.	Agency	Action	Step 1	Step 2	Step 3	Step 4	Step 5	Target
18	**Garda Síochána and Customs & Excise**	To have available to the enforcement agencies detection dogs and other resources to restrict the importation of illicit drugs.	Increased number of Customs drug detection dog teams now deployed. Mid 2002	Examine case for Mobile Container Scanner and X-Ray machine. Ongoing	Consider future requirements for additional technical support. Ongoing			**Additional detection dogs put in place. Additional needs reviewed on an ongoing basis.** **Ongoing task.**
19	**Garda Síochána and Health Boards**	Incidences of early use of alcohol or drugs by young people coming to Garda attention to be followed up by the Community Police and/or the health and social services, in order that problem drug misuse may be diagnosed/ halted early on through appropriate early intervention.	Initiate contact between Agencies to establish appropriate mechanisms and procedures. Mid 2002	Establish a Working Group with appropriate representation from relevant agencies. Mid 2003	Working Group to develop proposals in relation to young people accessing appropriate intervention. Submit proposals to appropriate authorities for approval. Late 2003/Early 2004	Identify areas and implement pilot projects. Mid 2004	Evaluate pilot projects & develop guidelines for broader implementation. Mid 2005	**Guidelines for implementation in place – mid 2005**
20	**Courts Services**	To have in all LDTF areas an early intervention system, based on the Drug Court model, if the evaluation in the North Inner City of Dublin is positive. This should be accompanied by appropriate familiarisation for the judiciary on the role of the Drug Court.	Conduct evaluation of pilot Drug Court initiative. During 2003	Publish the Evaluation Report and present its findings to the Minister for Justice, Equality and Law Reform. Examine the feasibility of extending Drug Courts based on the findings of the evaluation including determining appropriate training for the judiciary. During 2003	Expand current pilot area to Dublin 7 catchment area. Mid 2003	Further test and refine the emerging model to address difficulties which have been identified in the evaluation. During 2003/2004	Determine and implement the appropriate development and begin roll-out of the Drug Court initiative as per resources available. During 2004/2005	**Roll-out of an appropriate Drug Court Programme.** **From 2005**
21	**Prison Service**	To continue to implement the recommendations of the Steering Group on Prison-Based Drug Treatment Services as a priority and to implement proposals designed to end heroin use in prisons during the period of the Strategy. **Subsections to implement Action 21** Implement recommendations re increased staffing levels.						
		Recruit Prison Nurse Officers.	Advertise by mid 2001. Conduct interviews.	First group of 10 to commence training in May 2002.	Place ten trained nurses in Mountjoy Prisons (male and female) and Cloverhill.	Second group of eight nurses to commence training for assignments and placement in prisons in October 2002.	Third group of eight nurses to commence training for assignments and placements in March 2003.	**Late 2003**
		Recruit Addiction Counsellors.	Define role and reporting arrangements – Mid 2002.	Participate in the recruitment process with ERHA – Late 2002.	Prepare for multidisciplinary team working through seminars and in-service training – no less than 4 months prior to ERHA-recruited Addiction Counsellors taking up their posts.	Commence induction within 1 month of appointment.	Fully integrate Addiction Counsellors with prison-based multidisciplinary teams within 18 months of appointment of Addiction Counsellors.	**Late 2005**
		The Irish Prison Service to recruit Psychologists and Nurse Managers. The Health Board to recruit Nurse Psychiatrists.	Identify system obstacles to recruiting. – Mid 2003.	Address system obstacles to recruiting – Late 2003.	Recruit Psychologists, Nurse Managers and participate in recruitment process for Psychiatrists. – Late 2004.	Induction & ongoing review – Late 2005.		**Late 2005**

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No.	Agency	Action	Step 1	Step 2	Step 3	Step 4	Step 5	Target
21 *cont'd*	**Prison Service**	Training of Prisons' Discipline Staff in Drug Treatment.	Appointment of an Assistant Governor with responsibility for the training of staff in drug treatment – Late 2001.	Form Subgroup to review education & training needs. Hold Seminars for Prison & Health Board Management. Report to be submitted to National Steering Group – Mid 2002.	Include staff training requirements in drugs policy in the Irish Prison Service – Late 2003.	Identify and secure resources for training needs within 3 months of Minister's approval of policy.	Deliver training. Start training within 6 months of publication of policy.	**Late 2005**
22	**Prison Service**	To expand prison-based programmes with the aim of having treatment and rehabilitation services available to those who need them including drug treatment programmes, which specifically deal with the reintegration of the drug using offender into the family/community. **Subactions to implement Action 22**						
		Establish Drug Free Units in Prisons.	Drug Free Wing opened in St. Patrick's Institution in November 2000.	Drug Free areas opened in Dóchas Centre in 2002. Two Drug-Free Environment Units opened in Wheatfield Prison in May 2002 and November 2002	Arrangements in place to deliver a Drug-Free Area in Limerick Prison and Mountjoy Prison by end 2004. The National Steering Group to issue a template and guidelines to all closed institutions by late 2005	National Steering Group to review progress in achieving target and identify what remains to be done to fully implement by late 2005	Arrangements for Drug-Free areas in all closed institutions by late 2005.	**Late 2005**
		Define and implement National Policy.	Set up a Subgroup to draft a National Drug Policy – Late 2002.	Draft policy submitted to Minister for approval – Early 2003.	Implementation plan agreed within 3 months of Minister's approval.	Begin the implementation within three months of drawing up implementation plan.	National Policy for Drug Treatment in the Irish Prison Service fully implemented by late 2008.	**Late 2008**
		Review Drug Treatment/Detox Programme in Mountjoy Prison.	Set up group and seek submissions by October 2002 – Late 2002.	Group to meet & review submissions by November 2002. Stakeholders to be invited to attend Review Group – Early 2003.	Group to meet and collate information – Early 2003.	Written report, with recommendations to be sent to Director of Regimes – Early 2003.	Considering implementation of recommendations – Early 2004.	**Early 2004**
23	**Prison Service**	To commission and carry out an independent evaluation of the overall effectiveness of the Prison Strategy by mid 2004. The review should cover all aspects of drug services in prisons including research on levels and routes of supply of drugs in prisons.	Appoint Subgroup to oversee the review. Mid 2007	Identify resource needs and seek financial sanction for review. Mid 2007	Define evaluation criteria. Mid 2007	Select evaluator to carry out the review. Late 2007	Review to be completed. Mid 2008	**Mid 2008**
24	**Prison Service**	To expand the involvement of the community and voluntary sectors in prison drug policy via the ongoing development of the Local Prison Liaison Groups and the formal meetings between the sectors and the Steering Group on Prison-Based Drug Treatment Services. **Sub actions to implement Action 24**						**Late 2004**
		Establish effective consultation mechanisms between the Community and Voluntary sectors and the National Steering Group on Prison-Based Drug Treatment Services.	The National Steering Group invited written submissions regarding drug treatment in Prisons by 31 March 2000.	The National Steering Group invited representatives of the Voluntary Groups to attend a meeting for the first time in May 2000.	Representatives of the Voluntary Groups invited to attend occasional subsequent National Steering Group meetings. During 2000-2002	Meeting between representatives of the National Steering Group and Voluntary and Community representatives to review progress. Early 2003	Effective consultation mechanism established with formal review mechanism built in. Late 2004	**Late 2004**

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24 *cont'd*	**Prison Service**	Establish Prison & Community Drugs Liaison Group	Liaison Group established in eastern region with agreed terms of reference. During 2001	The Governors of Dublin Prisons hold quarterly meetings with the Voluntary and Community Drug Treatment Groups. These meetings are held in Cloverhill Prison and are chaired by a Governor on a rotational basis. Ongoing				**Ongoing from 2001.**
25	**D/EHLG**	To commission an external evaluation of the impact of enforcement activity under the Housing Acts (evictions, excluding orders) on homelessness by end 2001.	A Research Report was published in 2001 on people evicted from Dublin City Council (DCC) housing units for anti-social behaviour. During 2001	This research was commissioned by DCC and ERHA. Guidelines to be finalised as a result of the report. During 2002-2003	Housing Unit to adapt these guidelines when finalised as best practice for all Local Authorities. Mid 2004	Guidelines will issue to all Local Authorities. Late 2004		**Guidelines will issue to all Local Authorities.** **Late 2004**
26	**D/EHLG**	To monitor and evaluate homelessness initiatives in relation to drugs issues in the context of the Homeless Strategy and particularly, in relation to the Dublin Action Plan.	Included in NACD research regarding Homeless and Drugs.	As per Homeless element of NACD timetable (Action 98). Mid 2004				**Mid 2004** **(As per NACD Action 98).**
27	**Gardaí, HBs and VFI, LVA IHF**	Representative bodies including the Vintner's Federation of Ireland (VFI), the Licensed Vintner's Association (LVA) and the Irish Hotel Federation (IHF) to prepare guidelines, in association with the Garda authorities and the Health Boards, for publicans and night-club owners regarding drug dealing on, or in the vicinity of their premises. These guidelines should set out clearly the actions which the owner of the premises should take in response to drug-dealing e.g. co-operation with the Gardaí etc.	Establish Working Group with stakeholders to develop guidelines and draft Terms of Reference. Late 2002	Conduct review of practices nationally and internationally. Early 2003	Draft proposals for approval by all the Agencies. Mid 2003	Establish a mechanism through which such guidelines can be adopted. Late 2003	Commence implementation of guidelines nationally. Early 2004	**Guidelines in place from early 2004.**
28	**Gardaí, HBs and VFI, LVA IHF**	Gardaí to object to the renewal of licences for publicans and night-club owners where there has been a history of drug dealing on the premises.	Identify any additional requirements, taking into account Action 12 and 27 and ongoing activities. Mid 2003	Develop appropriate reporting framework and implement in line with Action 12 and 27. Late 2003	Hold Briefings and regional Seminars. Late 2003			**Action ongoing from late 2003.**
29	**D/E&S**	To publish and implement a policy statement on education supports in LDTFs, including an audit of the level of current supports by end 2001 and nominate an official to serve as a member of each Task Force. Department's representatives on the Task Force will meet to discuss crosscutting issues, chaired by a senior official. This will be done in the context of structure and service delivery reforms which will be considered by Government.	Undertake a trawl of initiatives/ programmes/grant schemes of Department. Nominate officials to attend Task Forces. Late 2001/Early 2002 First meeting of group held in November 2001.	Collate the information/data relevant to LDTF areas. LDTFs & NDST notified of attendees at LDTFs. Officials to attend LDTF meetings on an ongoing basis. Ongoing from Early 2002 Meetings held regularly.	Prepare policy statement on education supports. Late 2003	Results of the audit and policy statement to be issued. Early 2004		**Policy statement to be issued early 2004.** **Ongoing task.**

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30	**D/E&S**	To prioritise LDTF areas during the establishment of the services of the National Educational Welfare Board (NEWB).	The NEWB has been established on an interim basis.	Recruit and appoint a CEO. Mid 2002	NEWB to prepare an initial work plan taking account of action 30 to commence a phased implementation of the new service from early 2003. Early 2003			**Ongoing task during the expansion of the NEWB from early 2003.**
31	**D/E&S, HPU, HBs**	To put in place by end 2001 mechanisms which will support, enhance and ensure the delivery of school-based education and prevention programmes in all schools nationwide over the next three years. The ultimate aim of these programmes should be to ensure that every child has the necessary knowledge and life-skills to resist drugs or make informed choices about their health, personal lives and social development.	Identify the mechanisms needed to implement the Social, Personal and Health Education (SPHE) programme in Primary and Post Primary Schools. Late 2001	Recruit staff as soon as possible who will be dedicated to the implementation of the SPHE Programmes. Late 2002	Support services in place to provide assistance to schools to implement the SPHE Programmes. Late 2002			**Ongoing task from early 2002. Support Services in place. SPHE on curricula of all schools, since Sept 2003. Support being provided on an ongoing basis.**
32	**D/E&S, HPU, HBs**	To implement 'Walk Tall' and 'On My Own Two Feet' Programmes in all schools in the LDTF areas, in the context of the SPHE Programme during the academic year 2001/02.	Undertake and analyse survey of all LDTF area schools to determine current position regarding implementation of SPHE programmes. Late 2001/Early 2002	Identify barriers/obstacles to implementation of SPHE in remaining schools. Early 2002	Meet LDTF co-ordinators to resolve barriers/obstacles. Mid 2002	Hold information seminars to facilitate delivery. Mid 2002		**Completed and in place from Academic Year 2001/02.**
33	**D/E&S, HPU, HBs**	To deliver the SPHE Programme in all second-level schools by September 2003.	Design rolling programme for D/E&S to achieve implementation of SPHE by September 2003 in all second level schools. Work is on target.	SPHE Programmes timetabled up to Junior Cert in all schools from September 2003. Late 2003				**The SPHE Programme has been a compulsory subject on the curriculum of Primary and Post Primary schools since September 2003.**
34 (A)	**D/E&S, HPU, HBs**	To complete the evaluation of the 'Walk Tall' and 'On My Own Two Feet' Programmes by end 2002 and to continue to evaluate the programmes in order to establish whether they need to be augmented or whether there is a need for alternative programmes to address key gaps.	Original evaluation reports on Walk Tall and On My Own Two Feet resources have been completed and published.	An evaluation will commence in early 2002 of the Primary School Curriculum of which the SPHE is one element. University of Limerick has been appointed to carry out a survey of the SPHE Programme in Post Primary Schools. Consultants have been appointed to evaluate the operation of the resources to 31 Dec 2002.	An evaluation will commence of the 'Walk Tall' and 'On My Own Two Feet' resources by late 2002. Publish evaluation reports late 2003 – early 2004.			**Early 2004**
34 (B)		Schools should encourage the participation of parents on such programmes where appropriate. In particular, mechanisms for engaging the parents of at-risk children in programmes should be examined with a view to establishing models of best practice.	To explore the scope for the Home School Liaison Scheme (HSLS) to develop its role in this area including models of best practice. Early 2002	The non-HSLS schools will be the subject of discussions involving the HBs, D/E&S and the D/H&C. Early 2003	Implement recommendations arising out of discussions. Mid 2004			**Ongoing from mid 2004.**

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35	**D/E&S, HPU, HBs**	To ensure that parents have access to factual preventative materials which encourage them to discuss the issues of coping with drug misuse with their children.	One of the aims of the HSLS of D/E&S is to raise awareness in parents of their capacities to enhance their children's educational progress and to assist them in developing. 278 primary and 188 second level schools are involved in the Scheme. In place and Ongoing	The second phase of the National Awareness Campaign which was launched in May 2003, is aimed at parents. The Campaign distributes an information booklet and maintains a website. The proposed meeting at Action 34 above will also address the issue of factual preventative materials for parents. Ongoing from Mid 2003	Raising the awareness of parents in schools not involved in the HSLS will be the subject of discussions between the Health Boards, the D/E&S and D/H&C. Discussions to take place involving D/E&S, D/H&C and HBs on the provision of access to such materials. Late 2003/Early 2004	Implement results of these discussions to raise awareness of non-HSLS parents. Mid 2004		**Mid 2004**
36	**D/E&S**	To ensure that every second level school has an active programme to counter early school leaving with particular focus on areas with high levels of drug misuse.	117 post primary schools have an active programme to counter early school leaving. Mid 2001	Expand the School Completion Programme (SCP) to target areas of greatest need, according to resources. During 2002/2003	65 new projects involving 225 primary and 75 post-primary schools to be created by the expansion of the scheme during school year 2002/03. Late 2003	Continue to expand the programme to meet action. Late 2004	Phased expansion of the SCP subject to 2004-2006 estimates process.	**Achievement of National Retention Rate to completion of Senior Cycle of 90% by 2006.**
37	**D/E&S, HPU, HBs**	Recommendations 31-35 to apply equally to the non-school education sector. e.g. VTOS Youthreach and Community Training Workshops operated by FÁS. Such sectors often deal with people from more disadvantaged backgrounds who are more at risk of drug misuse. For this reason incorporating a drug element to the education provided, as outlined earlier, is important.	All Youthreach and Senior Traveller Training Centres have staff trained in the Substance Abuse Prevention Programme and implement it. In place	Drug Education is included in VTOS and other adult education programmes as necessary. In place	Expand Drug Education element of Community Training Workshops programme to include a substance abuse prevention programme. Mid 2002			**Work ongoing in tandem with other actions.**
38	**D/H&C**	To develop and launch an ongoing National Awareness Campaign highlighting the dangers of drugs, based on the considerations outlined in the conclusions. The campaign should promote greater awareness and understanding of the causes and consequences of drug misuse, not only to the individual, but also to his/her family and society in general. The first stage should commence before the end of 2001.	Set up Working Group. End 2001	Assess interventions currently underway and decide on approach to be taken. Early 2002	Commence tender process. Mid 2002	Develop campaign including focus testing. Late 2002/Early 2003	Launch awareness campaign and ensure ongoing monitoring. Mid 2003/Late 2003	**Awareness campaign in place from mid 2003 – second phase rolled out October 2003 – third phase January 2004.**
39	**D/H&C**	To ensure that adequate training for health care and other professionals engaged in the management of drug dependency is available, including, if necessary, arrangements with third level institutions and professional bodies.	Identify target groups who are presently trained or who require training. Early 2004	Consult with healthcare and other representatives on the adequacy of present training programmes. Late 2004	Produce report with recommendations to address any gaps that are evident in training. Mid 2005	Facilitate appropriate training. Ongoing during 2005/06		**Training in place from 2006.**
40	**D/H&C**	To consult all treatment and rehabilitation providers in order to ensure that performance indicators, used in the evaluation of services, accurately and consistently reflect the needs of specific areas i.e. performance indicators should reflect the reality of the drug problem locally.	Consult with health boards on developing performance indicators. Mid 2002	Identify what are the most relevant indicators and whether a common minimum set can be devised. Early 2003	Indicators used in service plans. During 2004	Review indicators with relevant agencies to establish if necessary information is being captured. Discuss with Health Boards Key Performance Indicators (KPIs) for voluntary sectors within their region. From early 2005	KPIs in place for all providers.	**KPIs in place from early 2005 to be developed on an ongoing basis.**

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No.	Agency	Action	Step 1	Step 2	Step 3	Step 4	Step 5	Target
41	**D/H&C**	To oversee implementation of the recommendations of the Benzodiazepine Working Group, which is due to complete its work by end June 2001, as part of the overall strategy of quality improvement of current services.	Circulate draft report. Mid 2001	Absorb all comments and finalise report. Late 2002	Begin process of implementation of recommendations in conjunction with relevant bodies. Ongoing from early 2003	Consistent systems of evaluation in place. Ongoing from 2004		**Recommendations implemented by early 2004.**
42 (A) 42 (B)	**D/E&S, D/H&C**	To ensure that the design and delivery of all preventative programmes is informed by ongoing research into the factors contributing to drug misuse by particular groups. The programmes should also include the development of initiatives aimed at equipping parents of at risk children with the skills to assist their children to resist drug use or make informed choices about their health, personal lives and social development.	Examine report, when published, on Education and Prevention by the National Advisory Committee on Drugs. Liaise with National Co-ordinator of HSLS and Health Boards on the development of such new initiatives.	Incorporate appropriate recommendations of the report in the drug education elements of the SPHE programmes.	The Department of Health and Children continues to link with the Review of Parenting Support currently underway within the context of Best Health for Children.	The Health Promotion Unit will carry out a review of the coverage of the Family Communication and Self-Esteem Programme and Drugs Questions Local Answers.	Parents are a key target group of the National Drugs Awareness Campaign and information material has been developed and disseminated.	**Ongoing from mid 2002.** **Early 2004**
43	**D/E&S, HEALTH BOARDS**	To develop guidelines, in co-operation with the Health Boards to assist schools in the formation of a drugs policy and ensure that all schools have policies in place by September 2002.	Work with the D/H&C in the preparation of guidelines for the Health Boards that have none in place at present. Early 2002	Guidelines issued to all schools. Mid 2002	Assist schools in the formation of a drugs policy. During 2002/03	All health and education personnel will be offered training to support them in their work with schools. Frameworks for training will be developed. During 2003	Monitor progress of schools in introducing substance abuse policies. During 2003/04	**Most schools should introduce such policies during 2003/04. D/E&S to monitor and address gaps in 2004/05.**
44	**HEALTH BOARDS**	To have immediate access for drug misusers to professional assessment and counselling by health board services, followed by commencement of treatment as deemed appropriate, not later than one month after assessment.	Waiting times for treatment vary in Boards in the ERHA although the ECAHB has very short waiting lists and are already close to fulfilling action. Assessment and counselling available on short notice in most Boards. In non-ERHA boards immediate access to assessment is already available and waiting time for treatment is less than one month. During 2002/03	Identify service gaps and expand provision. Identified areas include Tallaght, Clondalkin, Ballywaltrim and Finglas-Cabra. During 2003/04	Apply for increased funding where necessary. Expand primary care through increased GP & Pharmacy involvement. In non-ERHA Boards establish dedicated drug services where necessary. During 2004/05	Continued development of services in line with need and resources. Boards with greater demand to meet 3 month time limit by late 2004. During 2005	The Boards with greater demand (NAHB & SWAHB) plan to meet the one month target by late 2005 although some other Boards (ECAHB) meet the target already.	**Late 2005** **Varies by Health Board.**
45	**HEALTH BOARDS**	To increase the number of treatment places for opiate addiction to 6,000 by the end of 2001 and to a minimum of 6,500 by the end of 2002.	Target achieved in January 2003.					**Target achieved in January 2003.**
46	**HEALTH BOARDS**	To develop and put in place by end 2002 a service-user charter specific to treatment and rehabilitation facilities which would lead to a greater balance in the relationship between the service user and the service provider. Such a charter would be helpful to drug misusers presenting for treatment with low levels of educational attainment and/or low levels of self-esteem.	Development of Draft Charter in all Boards. During 2002	Engage with Service Users to adapt and refine Draft Charter. Consultation process. During 2002/03	Obtain final agreement and sign off. During 2003			**Charters in place in all Boards by early 2004.**

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No.	Agency	Action	Step 1	Step 2	Step 3	Step 4	Step 5	Target
47	**HEALTH BOARDS**	To base plans for treatment services on a "continuum of care" model and a "key worker" approach to provide a seamless transition between each different phase of treatment. This approach will enhance movement through various treatment and aftercare forms. In addition, the "key worker" can act as a central person for primary care providers (GPs and Pharmacists) to contact in connection with the drug misusers in their care.	Some Boards running pilot schemes on "key working" or in discussions to develop pilots. Assessment of current capability to deliver continuum of care model. Individualised nursing care plans put in place in many centres. Mid 2002/Early 2003	Recruitment of additional staff where required to develop rehabilitation services. Development of continuum of care plans. Roll out of pilots in some Board areas. Link with Service Users Charter Group in the context of good practice guidelines. During 2003/04	Evaluate pilots where applicable. Agreement on minimum requirements to ensure a continuum of care is provided at all stages of treatment and rehabilitation. Seek resources for introduction of system, where necessary. During 2003/04	Implement agreed guidelines and deliver services. During 2004-2006		**Continuum of care principles delivered in all Boards by late 2006.**
48	**HEALTH BOARDS**	To have in place, in each Health Board area, a range of treatment and rehabilitation options as part of a planned programme of progression for each drug misuser, by end 2002. This approach will provide a series of options for the drug misuser, appropriate to his/her needs and circumstances and should assist in their re-integration back into society.	Range of treatment options in place through the Health Board services and partner voluntary agencies. Rehabilitation co-ordinators in place in a number of Boards or being recruited.	Assess range of services and identify further needs. Develop community rehab teams in Coolamber and Gallenstown programmes. During 2002/03	Consider expansion of services where required From Early 2004 onwards	Range of treatment and rehabilitation services in place for drug users. Develop services where required depending on resources and review and evaluate service provision on an ongoing basis. During 2005-2007		**Put in place during 2005-2007. Varies by Health Board.**
49	**HEALTH BOARDS**	To develop a protocol, where appropriate, for the treatment of under 18 year olds presenting with serious drug problems especially in light of the legal and other dilemmas which are posed for professionals involved in the area. In this context, a Working Group should be established to develop the protocol. The Group should also look at issues such as the availability of appropriate residential and day treatment programmes, education and training rehabilitative measures and harm reduction responses for young people. The Group should report by mid 2002.	Group established 2001. Chaired by D/H&C. Late 2001	Literature review, mapping of services and review of legal issues undertaken by mid 2003. Mid 2003	Report drafted by early 2004. Early 2004			**Report drafted by early 2004.**
50	**HEALTH BOARDS**	To develop, in consultation with the NACD, criteria to ensure that all State-funded treatment and rehabilitation programmes accord with quality standards as set out by the Health Boards.	Review existing policies and practices. Financial implication of establishing quality standards assessed. Quality Seminar held by NACD. During 2002	Consult with relevant groups at regional and national levels on audit and evaluation of various disciplines during 2002. (Link with action 40). Initiate a process to develop quality standards. During 2003	Complete and circulate guidelines for standards in treatment and rehabilitation. Set out core generic standards for use in services. During 2004	Agree and finalise guidelines. Annual exchange of progress and experiences with the support of the NACD. 2005 onwards		**Guidelines finalised and in place from 2005.**
51	**HEALTH BOARDS**	To have a clearly co-ordinated and well publicised plan in place for each Health Board area by end 2002 for the provision of a comprehensive and locally accessible range of treatments for drug misusers, particularly for young people, the planning of such services to be linked to the national profile of drug misuse amongst young people and to the areas where usage is most prevalent. Plans to be implemented by 2004.	Consultation and drafting of plan in Health Board areas. During 2002	Plan in place in ERHA. Consultation ongoing outside ERHA. During 2003	Put in place plans outside ERHA. Engage in localised planning with LDTFs in ERHA area. Agree funding for implementation if necessary. During 2003/04	Commence implementation in all Health Boards. During 2004/05	Continue to enhance services to meet plan. Late 2005	**Plans implemented during 2004/05. Varies by Health Board.**

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No.	Agency	Action	Step 1	Step 2	Step 3	Step 4	Step 5	Target
52	**HEALTH BOARDS**	To produce and widely distribute a well publicised, short, easily read guide to the drug treatment services available in each Health Board area with contact numbers for further information and assistance.	Guides exist in a number of Boards already and in Boards where no such guide exists drafting and development to take place. During 2002	Drafts ready by mid 2003 in ERHA area and late 2003 outside ERHA area. During 2003	Sign-off and distribute guides: mid 2003 in ERHA area and late 2003 outside ERHA area. During 2003			**Guides complete and distributed in all Health Boards by early 2004.**
53	**HEALTH BOARDS**	To require from 2002 that all Health Boards, in considering the location and establishment of treatment and rehabilitation facilities, develop a management plan in consultation with local communities. Existing examples whereby Health Boards have established monitoring committees with the local community to oversee the operation of the treatment services have proven successful and should be replicated where appropriate. *Note: In some cases these monitoring committees are now Liaison Groups and work in partnership with the HBs to develop best practice.*	All developments in the ERHA area are advanced in co-operation with local communities. Joint monitoring committees/liaison groups in place where community felt them appropriate. In place	New service developments will include monitoring committees where required. In the ERHA area the LDTFs will be consulted where necessary. In place from 2002	The issue has not arisen with any regularity in non-ERHA Board areas but the Boards will consult with communities in the context of any new developments. In place from 2002			**In place from 2002.**
54	**HEALTH BOARDS**	To consider, as a matter of priority, how best to integrate child-care facilities with treatment and rehabilitation centres and how childcare can best be provided in a residential treatment setting. This should be done in conjunction with the Department of Justice, Equality and Law Reform. *Note: It is felt that the HBs should aim to provide drop in play areas/creche rather than full time facilities as this may lead to further stigmatisation of children of drug misusers. Ideally, the HBs would like to be in a position to fund regular child care places for people attending their services and in some cases are in a position to do so for those on full time rehab courses.*	Review plans for childcare in drug treatment clinics (in boards that have such clinics). Childcare facilities being developed in new centres. Some existing facilities present limited possibilities for on-site childcare options. In the case of services for under 18s, ensure that facilities comply with childcare requirements. During 2003/04	Consult with rehabilitation providers and the Department of Justice, Equality and Law Reform on the need for and availability of childcare facilities in drug treatment centres. Closer contact with childcare services ensuring co-ordination and support wherever possible. During 2003	Consult with regional childcare committees and residential centres regarding feasibility of childcare in residential setting. During 2003	Enable the provision of appropriate childcare as the need for such services is identified. During 2004	Consult and identify needs during 2004 and take action on an ongoing basis thereafter. Ongoing from Late 2004	**Appropriate provision made on an ongoing basis from late 2004.**
55	**HEALTH BOARDS**	To explore immediately the scope for introducing greater provision of alternative medical and non-medical treatment types, which allow greater flexibility and choice. This may increase the number of drug misusers presenting for treatment as it is evident that a "one size fits all" approach is not appropriate to the characteristics of Irish drug misuse.	Multi-disciplinary teams provide services. Evaluated and recognised alternative therapies also available in some clinics and Section 65 agencies. ERHA to carry out a literature review of all complimentary therapies. During 2002/Early 2003	Evaluate and review all therapies. All Boards will support a range of therapies, where there has been an evaluation and proven effectiveness. During 2003/04	Implement best practice. Continue to work with Section 65 agencies to ensure that options are available. From Mid 2004			**Implement best practice in this area from mid 2004.**

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No.	Agency	Action	Step 1	Step 2	Step 3	Step 4	Step 5	Target
56	**HEALTH BOARDS**	To consider as a matter of priority, how to increase the level of GP and pharmacy involvement in the provision of treatment programmes. Increased capacity at the primary care level will have the effect of alleviating the pressure on the secondary care services which are currently oversubscribed.	Consult with GPs and Pharmacists in the region in order to gain more support for the provision of services for drug users. Ongoing During 2002	Continue GP Training in conjunction with ICGP. Identify further needs of GPs and Pharmacists during 2002. Further need to provide additional training to increase the number of Level 2 GPs. Programme of training and recruitment to be intensified. Late 2002/Early 2003	Ongoing work to ensure GPs and pharmacies are available to provide community-based care including open meetings with professionals. Continuous work with GP training faculty to increase GP participation. Hold joint open meeting with Pharmacists and GPs to encourage participation in service delivery. Review of Methadone Protocol completed by early 2004. Ongoing from Early 2004			**Measures put in place by early 2004 and ongoing from then.**
57	**HEALTH BOARDS**	To oversee the development of comprehensive residential treatment models incorporating detoxification, intervention, pre-treatment counselling, motivational work, therapeutic treatment and high quality rehabilitation for misusers who wish to become drug-free. Resources should continue to be targeted at the most efficient and effective of these services.	A range of residential options exist including Cuan Dara, Keltoi, Coolmine, Hyde Park, Tullow, Rutland and Aislinn (Ballyragget). In place	Identify needs through consultation. Establish best practice nationally and internationally to meet those needs. Development of 20 extra rehab places with Coolamber. Explore options for Rutland, Aislinn (Ballyragget) for additional residential programmes on an ongoing basis. During 2003/04	Explore options for additional residential programmes on an ongoing basis with appropriate development thereafter. During 2004	This action is closely tied in with Action 48 and should be considered with it.		**Ongoing task from mid 2004.**
58	**HEALTH BOARDS**	To report to the NACD on the efficacy of different forms of treatment and detox facilities and residential drug-free regimes on an ongoing basis.	The NACD to commission a longitudinal study to report on the treatment and detox facilities and residential drug-free regimes. Health Boards to participate fully in the study. From 2002	Monitoring and evaluation: ERHA to develop ongoing structures to capture outcomes for individuals accessing the addiction services. From 2003	Make annual reports available to NACD on treatment services provided/funded by HBs. From 2003	Continue to participate in longitudinal study, if necessary. From 2003		**In place and ongoing task from late 2003.**
59	**HEALTH BOARDS**	To secure easy access to counselling services for young people seeking assistance with drug-related problems, especially given the correlation between suicide and drug misuse and the growing incidence of suicide amongst young people.	Immediate or short notice access and emergency assessment in place in many Boards. Priority given to emergency cases. Suicide Resource Officer being appointed in some Boards where need identified. During 2002	Review counselling services available in the ERHA. During 2002/03	Identify and address gaps in services. Recruit additional personnel where necessary and where resources allow. During 2003/04	Access to counselling to be reviewed on an ongoing basis. Ongoing from 2004		**Additional staff recruited and services developed where need identified and where resources allow. Ongoing task from 2004.**
60	**HEALTH BOARDS**	To ensure that treatment for young people includes family therapy and community integration phases, in order to encourage family involvement which is a crucial component in the treatment of young people.	Family therapy available as part of some existing programmes.	Identify gaps in service provision and required services. During 2002/03	Address gaps and pilot family therapy in new programmes – dependent on funding. During 2003	Review and assess effectiveness and expand if deemed successful. Implement under-18 group guidelines in this area. During 2004		**Family therapy available where necessary from late 2004. Varies by Health Board.**

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No.	Agency	Action	Step 1	Step 2	Step 3	Step 4	Step 5	Target
61	**HEALTH BOARDS**	To consider developing drop-in centres, respite facilities and half-way houses, where a clear need has been identified, as such facilities have been found to be useful in the prevention of relapse.	Drop in & aftercare services are provided by Agencies, funded under Section 65 and will be further developed as part of Rehab facilities e.g. Fortune House, Cuan Mhuire and Cherry Orchard.	Assess current level of services and identify gaps and needs in conjunction with homeless strategies. During 2003	Continue to consult with Local Authorities and Voluntary Housing Associations regarding their plans for half-way houses etc. Develop further services and plans for halfway houses. During 2003	Put in place, where resources allow, and review effectiveness on an ongoing basis. Ongoing development for the life of the Strategy. During 2004-2008		**Resource and time intensive – ongoing development for the remainder of the Strategy.**
62	**HEALTH BOARDS**	To review the existing network of needle exchange facilities with a view to ensuring access for all injecting drug misusers to sterile equipment.	Existing facilities in a number of locations. Needle exchange is reviewed on an on-going basis in consultation with local communities. None in place in non-ERHA Boards.	Working group established to review existing services in the ERHA region. Group will map existing services in this region, assess need and highlight gaps. Early 2003	Group to prepare recommendations regarding further services for inclusion in future developments. Late 2003	Implement recommendations and monitor developments in the ERHA region. Ongoing from 2004	Non ERHA boards to examine need for needle exchange service. During 2003/04	**Implement review recommendations from 2004 onwards. Need for needle exchange in other areas to be established.**
63	**HEALTH BOARDS**	To pursue with the relevant agencies, as a matter of priority, the setting up of a Pilot Community Pharmacy Needle and Syringe Exchange Programme in the ERHA area, and in the event of a successful evaluation, the programme to be extended where required.	Have discussions regarding Pilot Community Pharmacy Programme between IPU, D/H&C Health Boards. Ongoing industrial dispute is hampering discussions and delaying pilot. During 2002/03	Pilot initiatives post resolution of industrial dispute.	Evaluate upon completion.	Roll out if successful with agreement from relevant parties.		**Due to industrial dispute this action is currently under review pending outcome of dispute.**
64	**HEALTH BOARDS**	To continue to develop good practice outreach models, including mechanisms to outreach drug misusers who are not in contact with mainstream treatment or support agencies. A reduction in the level of drug-related deaths, particularly from opiate misuse, through targeted information, educational and prevention campaigns, must be a key aspect of the Strategy.	Review outreach services in the ERHA region. During 2002/03	Identify gaps in outreach services where such services currently exist and consider introducing outreach services where there are no Health Board services. Employ additional staff where necessary. Continue evaluation of service and expand where necessary. During 2003/04	Continue evaluation of service and expand where necessary from 2004 on. Continue to provide information regarding drugs and evaluate existing materials and campaigns. Participate in National Drugs Awareness Campaign where appropriate. 2004 onwards			**Ongoing from 2004.**
65	**HEALTH BOARDS**	All treatment providers should co-operate in returning information on problem drug use to the DMRD of the HRB.	Data collection delays being experienced and remedied in ERHA region. No difficulties being experienced in non-ERHA Board areas. During 2002	Put staff in place to ensure compliance with this action and eliminate obstacles to prompt return of information. During 2003	New GP contract will oblige timely returns to be made to the HRB. 2004 onwards	Monitor situation going forward. 2004 onwards		**Ongoing from 2004.**
66	**HEALTH BOARDS**	To consider the feasibility of new suitably trained peer-support groups in the context of expanded provision. Peer-support groups are a component of the existing strategy and are regarded as an effective rehabilitative support.	Assess current level of service. During 2002/03	Identify gaps and develop models of good practice, consult relevant voluntary and community groups, draw on peer advocacy models in other disciplines. During 2003/04	Pilot Programmes (if relevant) to be developed. Train staff where necessary. During 2003/04	Assess pilots. Roll out as appropriate. During 2004/05		**Implement best practice peer support models 2004/05 onwards.**

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No.	Agency	Action	Step 1	Step 2	Step 3	Step 4	Step 5	Target
67	**Coroners Service and CSO**	Develop accurate mechanism for recording the number of drug related deaths in Ireland. *Note: This action also involves the D/JELR & D/H&C.*	Convene meetings of the relevant players to identify what is required and consider related issues. Early 2003	Develop proposals for a new recording mechanism based on deliberations. Late 2003	Implement a new mechanism based on proposal (this may involve a pilot phase). Early 2004	Evaluate a new model and refine accordingly. Late 2004		**Mechanism in place during 2004/05 which can provide more detailed information on drug related deaths than is currently available through the General Mortality Registrar.**
68	**LAs & HBs**	To achieve close liaison between treatment providers, social workers, probation and welfare officers and the relevant local authorities as well as family supports, so as to ensure that recovering misusers should have access to housing. This is very important in ensuring that the effectiveness of treatment and the goals of rehabilitation are not undermined.	Regular contact with Local Authorities in place. This dialogue can identify gaps in the present provision of services. In place and ongoing from 2003	Continue to liaise with local communities and other key stakeholders regarding housing issues and monitor situation. In place and ongoing from 2003				**In place and ongoing from 2003.**
69	**LAs & HBs**	To develop & implement proposals for the collection and safe disposal of injecting equipment, in order to ensure that the wider community is not exposed to the dangers associated with unsafe disposal.	Injecting equipment is classed as hazardous waste. Any contractor collecting such waste on behalf of the Local Authority would have to be a registered contractor.	Establish Working Group to develop guidelines in relation to the collection and disposal of injecting equipment. Early 2003	Guidelines developed and disseminated. Mid 2004			**Guidelines on safe collection developed and disseminated by mid 2004.**
70	**LAs & HBs**	To consider how the design of housing estates can contribute to the prevention of drug dealing in the context of ongoing reviews of the Social Housing Design Guidelines for Local Authority Estates. In this regard, the lessons learned from the ISP may be relevant.	The D/EHLG and Local Authorities continue to promote the need to eliminate anti-social behaviour in the design of new social housing and in the case of remedial/ regeneration projects for existing estates which are run down. The Department is satisfied that appropriate attention is being given to ensuring that design criteria reflect these needs. In place					**Guidelines in place and ongoing for social housing schemes, to counter anti-social behaviour.**
71	**CDBs**	To consider the needs of those areas experiencing high levels of drug misuse when drawing up city/countywide strategies for economic, social and cultural development.	The CDB Strategies are all now published. The CDBs, in their work, will take account of the needs of those areas that have high levels of drug misuse.					**In place. Ongoing task.**
72	**Prof. Bodies and Training Institutes**	To make available to individuals interacting with groups most at risk of drug misuse, such as youth workers, teachers, student welfare officers, GPs, pharmacists, nurses, counsellors, child care workers, law enforcement agents, members of the judiciary etc. specialist drug prevention training as part of their initial vocational training. The relevant professional body or employer should ensure that training or up-skilling is available on an on-going basis to ensure that the approach taken reflects changing attitudes and patterns of drug misuse.	D/CRGA to write to relevant professional and training bodies regarding current provision. Early 2004	D/CRGA to prepare report on current provision. This report will examine gaps that exist in training provision. Late 2004	Report to be presented to IDG and Departments and Agencies asked to address the identified gaps in training provision with bodies under their aegis. Other bodies to be asked their plans to introduce such training. Early 2005	Bodies to address gaps in the report. During 2005	Providing agreement is forthcoming, such training to be available where necessary from start of next academic year. Mid 2006	**Providing agreement is forthcoming, such training to be available where necessary from mid 2006.**

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No.	Agency	Action	Step 1	Step 2	Step 3	Step 4	Step 5	Target
73	**Public Media**	To encourage the media to play a larger role in creating a greater understanding of drug misuse throughout society. Informed coverage and analysis and debate of drugs issues on an ongoing basis within the public sphere will contribute to the successful implementation of the Strategy. In this regard, the role of the Department of Community, Rural and Gaeltacht Affairs, as the co-ordinator of the National Drugs Strategy, as a possible central source of information should be considered.	D/CRGA is the central point for media contact. Queries are referred to other Depts/Agencies where appropriate.					**In place. Ongoing task.**
74	**FÁS**	To increase the number of training and employment opportunities for drug misusers by 30% by end 2004, in line with the commitment to provide such opportunities in the PPF and taking on board best practice from the special FÁS Community Employment Programme and the Pilot Labour Inclusion Programme.	Establish current numbers on CE Programme. Early 2002	Monitor and meet the level of demand up to 30% above current numbers at start of 2002. Late 2002	Monitor and meet the level of demand in 2003 up to 30% above current numbers at start of 2002. Late 2003	Monitor and meet the level of demand in 2004 up to 30% above current numbers at start of 2002. Late 2004		**Meet target by late 2004.**
75	**FÁS**	To examine the potential to involve recovering drug misusers in Social Economy projects and in other forms of vocational training. The ring-fencing of places within the FÁS Community Employment Programme has been an important element of the existing approach to rehabilitation.	Promote Social Economy projects through the LDTFs. Dependent on resources and overall CE numbers. Ongoing	Review the number of Social Economy projects with a drugs focus. Dependent on resources and overall CE numbers. Ongoing	Review and monitor the relevance of the Social Economy Programme in this context. Ongoing from Mid 2003			**Ongoing from mid 2003.**
76	**FÁS**	To monitor the participation of recovering drug misusers on such programmes and to review their overall effectiveness. In this context, alternative models should be developed where appropriate.	Conduct formal research on the effectiveness of the CE and any Social Economy projects. From Late 2003	Consider outcome of research, including alternative models and design recommendations. Late 2004	Implement recommendations and monitor. From Early 2005			**Monitoring ongoing. Review commissioned. Recommendations to be implemented from early 2005.**
77	**Oireachtas Committee on Drugs**	To establish a dedicated drugs sub-committee of the existing Oireachtas Committee on Community, Rural & Gaeltacht Affairs, which would meet at least three times a year.	Formation of new committees postponed until after the election. D/CRGA liaised with the new Oireachtas Committee and the Chief Whips Office. Mid 2002	Hold discussions with Chair of the Oireachtas Committee. Draft Terms of Reference for the new Committee and agree membership. Early 2004	First meeting of the new Committee. Late 2004			**First meeting of new Committee to be held late 2004.**
78	**IDG**	To be chaired by the Minister of State at the D/CRGA. This will ensure greater co-ordination between the IDG's constituents in the future and will help to maintain high-level representation and more effective communication between the IDG and the Cabinet Sub-Committee.	Minister of State has chaired the IDG since late 2001. Ongoing since Late 2001					**Ongoing since late 2001.**
79	**IDG**	Membership of IDG to be at Assistant Secretary level. Regular joint meetings between the IDG and the NDST to be held.	In place and ongoing.					**In place. Ongoing task.**

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No.	Agency	Action	Step 1	Step 2	Step 3	Step 4	Step 5	Target
80	**IDG, NDST & D/H&C**	In conjunction with the NDST and the Department of Health and Children, to develop formal links at local, regional and national levels with the National Alcohol Policy, by end 2001 and ensure complementarity between the different measures being undertaken.	Regular contact with National Alcohol Policy Co-ordinator. From 2002 onwards	Inclusion of NDST representative on strategic task force on alcohol. Early 2002	Strategic Task Force reconvened April 2003 – NDST represented. Mid 2003	Close links at RDTF level between strategies. Ongoing		**In place. Ongoing task.**
81	**IDG**	To seek reports from key service providers, such as the Assistant Commissioner of An Garda Síochána, the Director General of the Prisons Service, the Chief Executive of the relevant Health Authorities, the Revenue Commissioner with responsibility for Customs & Excise and the County/City Manager of relevant Local Authorities, on request and to attend meetings, as appropriate. Representatives from the voluntary, community and professional sectors should also be asked to attend, as appropriate.	Relevant representatives are invited on regular basis. Ongoing Task					**Ongoing task.**
82	**IDG**	Terms of reference – advise Cabinet Committee on critical matters relating to the NDS, ensuring input of Depts/Agencies into operational difficulties, approving plans and initiatives of LDTFs and RDTFs, monitoring and evaluating their operation.	Ongoing task.					**Ongoing task.**
83	**IDG (in conjunction with the NDST)**	The IDG in conjunction with the NDST to review the membership of the Team, immediately and, every two years subsequently and to review the workload of the NDST. In particular, to examine, as a priority, the need for a Director to oversee the day to day management of the Office and additional technical support workers. The review should be completed by end September 2001.	Review of membership & staffing conducted. Late 2001	Memo for Government agreed. Late 2002	Dept of Finance sanction sought and ads for Director placed. Late 2002	Director appointed. Mid 2003	Ads placed for Development Worker and Finance/Research Officer late 2003. Posts to be filled early 2004. Early 2004	**Early 2004**
84	**IDG & NDST**	Depts and Agencies participating on the IDG and NDST to commit in writing to the process and the level and extent of representation should be specified.	Proposed in the review of staffing of the NDST that Departments and Agencies make a commitment in writing as per action. Late 2001	Recommendations of review included in Memo to Government on NDST staffing. Late 2002				**Memo agreed by Government December 2002.**
85	**NDST**	Terms of Reference of NDST: Ensure Effective Co-ordination, review need for LDTFs, identify and consider policy issues arising from work of LDTF/RDTFs	Co-ordinating framework is in place. Assess requirement for LDTFs in new areas in the light of identified need – Ongoing.	Review of LDTFs completed by NDST – Early 2003.	Recommendations of review being implemented. However, recommendations are dependent on the outcome of the process of achieving greater cohesion in the area of Community and Local Development is being conducted by the Department of Community, Rural and Gaeltacht Affairs – Ongoing.			**Ongoing task. Reviews to be carried out periodically.**

Critical Implementation Path for the National Drugs Strategy 2001-2008

Measures to implement actions under the strategy

No.	Agency	Action	Step 1	Step 2	Step 3	Step 4	Step 5	Target
85 *cont'd*	**NDST**	Establish RDTFs.	Operational guidelines prepared and disseminated following consultation – Late 2002.	Complete nomination process from State Agencies and Community and Voluntary Sector – Completed.	All of the RDTFs are now up and running in each of the Health Board areas. Regional Drug Co-ordinators employed by the Health Boards are acting as Interim Co-ordinators of the RDTFs – Late 2003.	Map existing drug services in the regions and identify gaps in services – Ongoing from Late 2003.		**All RDTFs have held their initial meetings. They are currently in the process of mapping existing drug services in the regions and identifying gaps in service provision. Late 2003 – early 2004.**
		Prepare Operational guidelines for LDTFs/RDTFs.	Operational guidelines in place.					**Completed**
		Evaluate LDTF/RDTF Plans.	Put in place framework to assess plans – Completed.	Assess plans on receipt – Ongoing.	Make recommendations on funding to Cabinet Committee – Ongoing.	Inform LDTFs/RDTFs of Cabinet Committee decisions – Ongoing.		**Ongoing task.**
		Ensure LDTF/RDTF funding is properly accounted for.	Agree framework with D/CRGA (on foot of C&AG report) by May 2002 – Completed.	Finance Officer being recruited to assist with implementing framework – Appointed by Early 2004.				**Ongoing task.**
		Prepare Annual Report.	NDST to feed into annual reports of lead Department – Ongoing – Annual Task.					**Annual task.**
86	**NDST**	To meet regularly with the co-ordinator of the National Alcohol Policy and, similarly a member of the Team should be represented on the body charged with the co-ordination of the National Alcohol Policy.	Regular contact with National Alcohol Policy Co-ordinator. From 2002 onwards					**Ongoing task.**
87	**NDST**	To continue to be represented on the YPFSF National Assessment Committee and to ensure that the LDTFs continue to be represented on the Development Groups for the Fund.	Put representation in place. In place	Review on an ongoing basis. Ongoing				**In place. Ongoing task and reviewed regularly.**
88	**NDST**	The NDST to be kept informed by Departments and Agencies of any initiatives being taken which will affect Task Force areas. In addition, membership of the NDST and the LDTFs and RDTFs to be acknowledged and written into the business plans/work programmes of all relevant Departments and Agencies.	Ongoing.					**Ongoing task.**
89	**NDST**	To consider funding on a pilot basis training initiatives to strengthen effective community representation and participation in Regional and Local Drugs Task Forces.	Complete review of LDTFs. End 2001	Assess training needs for LDTF community representatives in light of review. Early 2003	Prepare proposals in consultation with stakeholders. Mid 2003	Assess training needs for RDTF community representatives. Late 2003	Implement training. Ongoing from 2004	**Training for community representatives – In place for LDTFs and RDTFs from early 2004.**
90	**NDST**	To examine and advise the IDG on the feasibility of introducing a standards and accreditation framework for all individuals, groups and agencies engaged in drugs work. Such a framework should address issues such as standards, training, qualifications, etc.	Establish NDST Working Group. In place	Prepare interim report from Working Group. During 2004	Implement recommendations. From Late 2004			**Implement recommendations from late 2004.**

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No.	Agency	Action	Step 1	Step 2	Step 3	Step 4	Step 5	Target
91	**NDST**	To continue to identify best practice models arising from the work of the LDTFs and the proposed RDTFs and disseminate them widely.	Identify areas where best practice should be disseminated. In place and ongoing.	Prepare or commission best practice guidelines. In place and ongoing.	Disseminate guidelines. In place and ongoing.	Convene seminars/information sessions as required.		**In place. Ongoing task.**
92	**NDST**	Establish RDTFs	Prepare operational guidelines for RDTFs. Mid 2002	Disseminate guidelines to various agencies/sectors. Mid 2002	Seek nominations from various sectors/agencies. . Early 2003	Convene first meeting of RDTFs and appoint Chairs. Mid-Late 2003		**RDTFs established late 2003.**
93	**RDTFs/ NDST**	To consist of senior representatives so that members are capable of decision making and influencing budgets.	See action 92 above.					**Early 2003**
94	**RDTFs/ NDST**	Membership of RDTFs.	See action 92 above.					**Early 2003**
95	**LDTFs/ RDTFs**	RDTFs to consider the development and implementation of community-based initiatives to raise awareness.	Being addressed by Task Forces on an ongoing basis.					**Ongoing task.**
96	**LDTFs/ RDTFs**	To enable user groups in Task Force areas to play a role in the generation of a greater societal understanding of drug misusers and drug misuse issues. For those misusers who may not be in contact with mainstream agencies, these groups can help foster awareness about support services available e.g. treatment options, needle exchanges etc.	Being addressed by Task Forces on an ongoing basis.					**Ongoing task.**
97	**LDTFs/ RDTFs**	To include local publicity about the nature of their work and the type of measures/initiatives being put in place by them as a key element of the work of the Task Forces and as part of their action plans. This information should be disseminated as widely as possible.	Being addressed by Task Forces on an ongoing basis.					**Ongoing task.**
98	**NACD**	To carry out studies on drug misuse amongst the at-risk groups identified e.g. Travellers, prostitutes, the homeless, early school leavers etc. including de-segregation of data on these groups. It is essential that the individuals and groups most affected by drug misuse and those involved in working to reduce, treat and prevent drug misuse have immediate access to relevant statistical information.	Gather information from an Irish perspective, meet with special interest groups and complete inventory of research.	Explore possibilities of de-segregation of data from existing information systems. Establish international evidence and best practice in conducting research within hidden or hard to reach populations. Late 2002	Lead research projects into the issues, needs, context and prevalence of problem drug use among these target groups. Collaborate with special groups and/or agencies in accessing respondents and conducting research. Commission by late 2002.	Collect data and analyse information available from research conducted. Prepare a report for publication and broad circulation. Late 2003	Publicise reports. Mid 2004	**Reports completed and dissemination of all research findings due by mid 2004.**

Critical Implementation Path for the National Drugs Strategy 2001-2008

Measures to implement actions under the strategy

No.	Agency	Action	Step 1	Step 2	Step 3	Step 4	Step 5	Target
99	**NACD**	To commission further outcome studies, within the Irish setting to establish the current impact of methadone treatment on both individual health and on offending behaviour. Such studies should be an important tool in determining the long term value of this treatment.	Commission a longitudinal study that would explore all the mentioned variables. Advertise the RFT and award contract. Late 2002	Develop appropriate research instruments in first six months. Negotiate with service providers to participate in study. Recruit participants and complete first set of interviews in second six months. Present first interim report. During 2003	Continue to gather information and conduct further interviews. Commence data input and conduct preliminary analysis, present second interim report. During 2004	Continue interviews, data input and analysis. Produce a report on findings. Produce a report on preliminary findings in third interim report. During 2005	Publicise first report & disseminate findings. Late 2005	**3 year Longitudinal Study complete by late 2005.**
100	**NACD**	To conduct research into the effectiveness of new mechanisms to minimise the sharing of equipment e.g. non-reusable syringes, mobile syringe exchange facilities etc. to establish the potential application of new options within particular cohorts of the drug using population i.e. amongst younger drug misusers, within prison etc.	Conduct a review of harm reduction mechanisms for injecting drug misusers currently in place in the Irish context. Commission research on the international experiences. Commissioned early 2003	Review evidence in international literature, innovations taking place in other countries, make recommendations regarding gaps and suggestions for pilot interventions. Mid 2003	Implement pilot intervention as an action research project. Disseminate findings of literature review. Explore further research with particular cohorts. Late 2003/Early 2004	Analyse data and present findings together with recommendations. Commission further research. Assign contract and implement. During 2004	Publish report, review findings and disseminate findings. During 2005	**Literature review of harm reduction mechanisms by early 2004. Evidence based harm reduction strategies in place from late 2005.**

Glossary

C&E	Customs and Excise
CDBs	City/County Development Boards
CE	Community Employment
CPF	Community Policing Fora
CSO	Central Statistics Office
CTW	Community Training Workshops
D/CRGA	Department of Community, Rural and Gaeltacht Affairs
D/E&S	Department of Education & Science
D/EHLG	Department of the Environment, Heritage and Local Government
D/H&C	Department of Health and Children
D/JELR	Department of Justice, Equality and Law Reform
DCC	Dublin City Council
DMRD	Drug Misuse Research Division *(of the Health Research Board)*
ERHA	Eastern Regional Health Authority
ECAHB	East Coast Area Health Board
GERM	Garda Establishment Redistribution Model
GP	General Practitioner
HB	Health Board
HPU	Health Promotion Unit
HRB	Health Research Board
HSLS	Home School Liaison Scheme
ICGP	Irish Congress of General Practitioners
IHF	Irish Hotels Federation
IPU	Irish Pharmacists Union
ISC	Irish Sports Council
ISP	Integrated Services Process
KPI	Key Performance Indicator
LA's	Local Authorities
LDTF	Local Drugs Task Force
LVA	Licensed Vintners Association
NACD	National Advisory Committee on Drugs
NEWB	National Education Welfare Board
NDST	National Drugs Strategy Team
PPF	Programme for Prosperity and Fairness
RDTF	Regional Drugs Task Force
SCP	School Completion Programme
SECTION 65	Section 65 bodies are bodies which provide a service similar or ancillary to a service which the health board may provide and are funded under Section 65 of the Health Act 1953.
SIC/NIC	South Inner City/North Inner City
SPHE	Social, Personal and Health Education
VFI	Vintner's Federation of Ireland
VTOS	Vocational Training Opportunity Scheme
YPFSF	Young Peoples Facilities and Services Fund