

# National Drugs Strategy 2009-16: Implementation of Actions

## Progress Report End 2011

	Supply Reduction Pillar Actions	Progress to Date in Implementation of Action
<b>Action 1</b>	<p>Establish a Steering Group in autumn 2009 to develop proposals for an overall Substance Misuse Strategy, incorporating the already agreed interim National Drugs Strategy</p> <p><b>D/Health</b></p>	<p>The Steering Group is due to publish their Report shortly.</p>
<b>Action 2</b>	<p>Establish Local Policing Fora (LPF) in all LDTF areas and other areas experiencing serious and concentrated problems of drug misuse</p> <p><b>D/J&amp;E, D/ECLG, An Garda Síochána (all 3 sharing Lead Role)</b></p>	<p>Guidelines for the operation of Local Policing Fora were circulated to the relevant Local Authorities/Joint Policing Committees, An Garda Síochána and Local Drug Task Forces for implementation.</p> <p>Local policing fora have now been establishment in all 14 Local Drugs Task Forces areas.</p> <p>A number of these fora have been in place for some time now and are well established local structures. In recently established fora, work is progressing to further their development.</p>
<b>Action 3</b>	<p>Include drugs issues in a central way in the work of Joint Policing Committees (JPCs) to ensure that there is a concerted effort against drugs in the areas involved. The issue of drug-related intimidation from the lower level to the most serious should be raised at both the JPCs and the LPFs with a view to devising appropriate and sustainable local responses to the issue.</p> <p><b>D/ECLG (Lead Role)</b> with support from D/J&amp;E, Local Authorities, An Garda Síochána, DTFs</p>	<p>The 2008 Guidelines for JPCs include the following: paragraph 2.1 (a) a central part of a JPCs role is to keep under review - the levels and patterns of crime, disorder and anti-social behaviour in that area (including the patterns and levels of misuse of alcohol and drugs).</p> <p>Addressing the issues of drug-related intimidation at a local level features prominently in the work of the JPCs.</p> <p>See also Action 5 re drug-related intimidation in the community.</p>
<b>Action 4</b>	<p>Foster community engagement in areas most affected by the drug problem through the establishment and support of appropriate drug networks.</p> <p>DTFs, D/Health (formerly OMD), C&amp;V sectors</p>	<p>The Community and Voluntary sectors both have signed protocols with the Department in relation to participation of their representatives in the work of the Office and Drugs Advisory Group.</p> <p>The Community and Voluntary sectors are fully engaged in the operation of the NDS through their participation in national, regional and local fora.</p>

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<b>Action 5</b>	<p>Develop a framework to provide an appropriate response to the issue of drug-related intimidation in the community.</p> <p><b>An Garda Síochána (Lead Role)</b> with support from Family Support Network; D/J&amp;E</p>	<p>Following efforts carried out by the G.N.D.U. and the Family Support Network a framework has been developed and is currently in place to assist persons who may be subject to the threat of drug relating intimidation in the region. A pilot project is being carried out in the Dublin Metropolitan Region (see also Action 7). It is proposed to monitor the progress of the scheme prior to a decision being taken on a possible implementation on a National level.</p>
<b>Action 6</b>	<p>Put in place an integrated system to track the progression of offenders with drug-related offences through the criminal justice system</p> <p><b>D/J&amp;E (Lead Role)</b> with support from An Garda Síochána; The Courts Service; Irish Prison Service</p>	<p>A project has been identified with the aim of establishing linkages between the IT systems of these agencies (An Garda Síochána, the Courts Service, the Irish Prison Service and the Probation Service). The Criminal Justice Interoperability Project (CJIP) already operates successfully between the Gardaí and Courts and planning has now commenced to include links with the Irish Prison Service and the Probation Service.</p> <p>A preliminary study to consider scope, functionality was undertaken in 2011. However, given the current economic situation and budgetary allocations, it is not possible to proceed with these enhancements at this time.</p>
<b>Action 7</b>	<p>Develop an initiative to target adults involved in the drugs trade who are using young children (some under the legal age of culpability) to engage in illegal activities associated with the drug trade.</p> <p><b>An Garda Síochána (Lead Role)</b></p>	<p>An Garda Síochána are currently developing an appropriate strategic response to this issue.</p> <p>The process involves Drug Unit personnel, Community Gardaí and Juvenile Liaison Officers. The process outlines the action to be taken when a report is received concerning adults using children in the illicit drug trade.</p> <p>It is anticipated that the information will be dealt with at local level. All information will be acted upon in a way that does not put any child or their family at risk or further risk of harm from Criminal Adults who have used children to assist in the illicit trade.</p> <p>A Pilot Project relating to the Action 7 (see also Action 5) is being carried out in the Dublin Metropolitan Region. The progress of the scheme will be monitored prior to a decision being taken on a possible implementation of the scheme on a National level.</p>
<b>Action 8</b>	<p>Continue to implement increased security procedures in prisons, including the development of the drug detection dog service.</p> <p><b>Irish Prison Service (Lead Role)</b></p>	<p>A number of security initiatives have been introduced in prisons including:</p> <ul style="list-style-type: none"> <li>• establishment of Security Screening Units which provide airport style security screening, using x-ray machines and scanning equipment for all staff and visitors;</li> <li>• establishment of Operational Support Units dedicated to, and developing expertise in, searching and gathering intelligence and targeting specific security problem areas;</li> <li>• use of Body Orifice Security Scanner chairs in all prisons;</li> <li>• establishment of a Canine Unit (Drug Detection Dog Service) within the Irish Prison Service</li> <li>• segregation of a number of serious drug and criminal gang members in high security units.</li> <li>• new visiting arrangements introduced into all prisons</li> <li>• new netting over recreation yards..</li> </ul>

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<p><b>Action 9</b></p>	<p>In relation to drugs and driving:</p> <ul style="list-style-type: none"> <li>• implement random road side drug testing as soon as this is technically and legally possible;</li> <li>• review legislation on the issue of driving under the influence of drugs and consider appropriate enforcement options;</li> <li>• expand the forensic analysis programme of the Medical Bureau of Road Safety to deal with drug driving;</li> <li>• train Gardaí, doctors and nurses in all relevant issues around drugs/driving; and</li> <li>• introduce detailed examination of full toxicology reports of all drivers involved in fatal road traffic accidents to ascertain the level of drug use involved.</li> </ul> <p><b>D/Transport (Lead Role)</b> with support from Road Safety Authority, An Garda Síochána, HSE, Medical Bureau of Road Safety</p>	<p>Section 11 of the Road Traffic Act 2010 provides for the use of roadside impairment testing to assist the Gardaí in enforcing drug(s) driving as there is no suitable device currently available for such testing. However, before the section could be commenced the Office of the Attorney General, in re-examining the section as part of the drafting process for regulations to prescribe the tests under the section, advised that the provisions of the section were unsound. The section is being examined by that Office with a view to providing amended provisions in a Road Traffic Bill at a later stage. In the interim, the Medical Bureau of Road Safety is being requested to carry out a six month study on roadside testing of drivers for drugs and in particular, to report on developments both at a European and International level, including any roadside testing devices currently in use or being developed.</p> <p>It is also planned to review the legislation on drug driving this year, with a focus on providing “per se” legislation in due course to address driving under the influence of ‘illicit drugs’.</p> <p>The MBRS forensic analysis programme has been expanded and drug confirmatory analysis, previously outsourced to the UK, has been successfully brought in-house.</p> <p>A number of Garda trainers have been trained in the use of impairment testing, as per section 11 of the Road Traffic Act 2010, by the MBRS and UCD. The intention is that those trainers will in turn provide training to other members of the Garda Síochána. While there will amendments to section 11 (as mentioned above) it is not anticipated that they will impact negatively on any training completed to date. The Training of doctors and nurses in all relevant issues around drug driving is a matter for the Department of Health.</p> <p>Significant consultation has taken place to date between the key stakeholders in this area and is on the agenda for the meeting of the Council of the Coroner’s Society of Ireland on 28<sup>th</sup> January 2012.</p>
<p><b>Action 10</b></p>	<p>Engage in appropriate enforcement strategies to ensure compliance with the prohibition of the sale of alcohol to persons under 18 years of age. <b>An Garda Síochána (Lead Role)</b></p> <p>Further reforms to the licensing laws to combat the sale or supply of alcohol to persons under 18 years of age should be considered where they are justified by reference to an evidence-based approach. An <b>D/JELR (Lead Role)</b></p>	<p>The Intoxicating Liquor Acts 1988 to 2010 already contain comprehensive provisions to combat the sale and supply of intoxicating liquor to persons under 18 years of age; This area of the law is subject to ongoing monitoring and review.</p> <p>An Garda Síochána have established a working group to continue to develop appropriate enforcement and preventative strategies to address the issues raised in the Action.</p> <p>Some test purchasing of alcohol products was commenced with effect from 1<sup>st</sup> October 2010.</p> <p>Recommendations are also being proposed in this regard by the Steering Group on a National Substance Misuse Strategy.</p>
<p><b>Action 11</b></p>	<p>Continue to monitor the resources of the Forensic Science Laboratory, to ensure that appropriate levels are in place to facilitate timely prosecution of offenders, as well as purity/potency testing on seized drugs.</p>	<p>Plans for the new Forensic Science Laboratory have been the subject of review having regard to public expenditure restrictions. The current proposals to build a new laboratory will not be proceeded with and other options are under consideration including a possible merger of key laboratory facilities within the State sector.</p>

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	<b>D/J&amp;E (Lead Role)</b>	<p>On the question of staffing levels for the Forensic Science Laboratory these are kept under ongoing review.</p> <p>The current employment cap applies to all services including the Forensic Science Laboratory.</p> <p>A Criminal Justice (Forensic Evidence and DNA Database System) Bill is being drafted and is included on the Government Legislation Programme for publication in mid 2012.</p> <p>This legislation will update the laws in relation to forensic evidence and will provide for the establishment of a National DNA Database.</p>
<b>Action 12</b>	<p>Contribute to the timely prosecution of drug-related offences by the introduction of a presumptive testing regime, in appropriate circumstances.</p> <p><b>D/J&amp;E (Lead Role)</b> with support from An Garda Síochána; FSL</p>	<p>Presumptive testing is a term used for scientific analysis which can give an indication that a substance of interest is present in a sample.</p> <p>Since February 2010, An Garda Síochána have introduced a Presumptive Testing Process, at a National level, in which particular controlled drugs may be tested (subject to certain conditions) by trained members of An Garda Síochána. Presumptive Drug Testing ( P.D.T.) provides a process for certain controlled drugs eg. Cannabis Resin, Cannabis Herb and Cocaine to be examined locally by trained Garda personnel without reference to the Forensic Science Laboratory.</p> <p>The implementation and management of the Presumptive Testing Process is the responsibility of management at the Garda National Drug Unit.</p>
<b>Action 13</b>	<p>Review the current operation and effectiveness of the Drug Court, including the exploration of other international models.</p> <p><b>D/J&amp;E (Lead Role)</b></p>	<p>A review of the Drug Treatment Court (DTC) was published in May 2010. The review confirmed the continued operation of the DTC for a further 2 years but identified issues to be addressed in terms of its management and operation. A further review will commence in 2012.</p> <p>Arising from the Review, an Advisory Committee was established to progress matters and to monitor the implementation of the recommendations. This group is chaired by the Courts Service and made up of senior staff members of An Garda Síochána, the HSE, the Probation Service and the City of Dublin VEC.</p> <p>To enable an increased number of people to participate in the Drug Treatment Court, the Health Service Executive and the Courts Service agreed as of July 2011 to admit: (a) people residing in all areas of Dublin city and county north of the Liffey (b) people receiving treatment in the Castle Street Drug Treatment Centre which provides services to people with addresses in Dublin 2, 4, 6 and 8. (<i>The Drug Treatment Court has been operating since 2000 and until now could only accept people with addresses in Dublin 1, 3 and 7</i>).</p> <p>An assessment of the extension of the catchment area will be conducted as part of the above review</p>

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<b>Actions 14 &amp; 15</b>	<p>Monitor the activities of headshops, and all businesses involved in the sale of psychoactive substances, with the objective of ensuring that no illegal activity is undertaken.</p> <p>Ensure that steps are taken to reform legislation in this respect where it is deemed to be appropriate.</p> <p>Keep drugs-related legislation under continuous review, with particular focus on new synthetic substances, new or changed uses of psychoactive substances, and against the background of EU and broader international experience and best practice.</p> <p><b>D/Health (Lead Role);</b> with support from An Garda Síochána; D/J&amp;E; Revenue's Customs Service; Irish Medicines Board; D/ECLG; C&amp;V sectors</p>	<p>Approximately 200 substances were placed under the control of the Misuse of Drugs Acts in May 2010 and a further 60, approximately, were similarly controlled in November 2011.</p> <p>In August 2010, the Criminal Justice (Psychoactive Substances) Act 2010 made it a criminal offence to sell substances which have psychoactive effects. The number of head shops operating in the country fell from over 100 to approximately 12 on foot of the legislative action taken in 2010.</p> <p>The Department will engage with the recently launched EU Commission online public consultation to gather the opinion of individuals and stakeholders on, <i>inter alia</i>, how to best tackle illicit drugs and the emergence of new substances that imitate them.</p> <p>The NACD commissioned a study on a New Psychoactive Substances and the Outlets Supplying Them and the report was published in June 2011. The report detailed an analysis of 49 products sourced from Irish headshops and online outlets.</p>
<b>Action 16</b>	<p>Keep legislation under continuous review to deal with the evolving situation in regard to drug precursors, against the background of EU and broader international experience and best practice.</p> <p><b>D/Health (Lead Role)</b> with support from Revenue's Customs Service; Irish Medicines Board; C&amp;V sectors</p>	<p>Legislation governing drug precursors was implemented in 2009. The Department is engaged at EU and international level on the need to further control precursors.</p>
<b>Action 17</b>	<p>Continue to work with partners at EU and other international levels to intercept drugs, and precursors for diversion to the manufacture of drugs, being trafficked to Ireland.</p> <p><b>An Garda Síochána, Revenue's Customs Service (joint Lead Role);</b> with support from D/J&amp;E; D/FA</p>	<p>Revenue's Customs Service continues to collaborate at national level with An Garda Síochána and the Naval Service and at international level with our partners in significant and ongoing operations.</p> <p>Revenue's drug seizures in 2011 were well above 2010 figures and Revenue's Customs Service also provided the intelligence that led to the recent seizure of 813kgs of cocaine in West Africa.</p> <p>To date 76 joint controlled delivery operations (involving Revenue's Customs Service and An Garda Síochána, and/or the Irish Medicines Board) were carried out in 2011.</p> <p>Revenue's Customs Service also participated in several international operations. Operation PANGEA III, which was an international World Customs Organisation (WCO) operation targeting trade in illicit/counterfeit medicines and internet pharmacies and the international maritime "Operation Flagship" which resulted in the seizure of 3 tonnes of cannabis in Portugal.</p> <p>During 2011 the Maritime Analysis and Operations Centre – Narcotics (which includes representatives of Revenue's Customs Service and An Garda Síochána) were involved in the seizure of 12.9 tonnes of cocaine and 4 tonnes of cannabis.</p> <p>This is a continuing strategy of An Garda Síochána involving a multi agency approach on both a</p>

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		National and International level.
<b>Action 18</b>	<p>Monitor the volume of drugs seized in the Irish jurisdiction on an annual basis as a percentage of total European seizures, based on EMCDDA figures.</p> <p><b>An Garda Síochána (Lead role);</b> with support from Revenue's Customs Service; D/Health; HRB</p>	<p>The scale of illicit drug supply in Europe is a priority of the current EU Drug Strategy and Action plan. The EMCDDA have initiated a process to develop indicators for monitoring drug supply in Europe.</p> <p>An Garda Síochána consistently monitor the volume of controlled drugs seized in this Jurisdiction and provide data on Drug Supply indicators to the EMCDDA to facilitate the collection of figures at a European level.</p> <p>The information supplied forms part of the EMCDDA's Annual Report.</p>

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<p><b>Action 19</b></p>	<p>Develop a framework for the future design of targeted prevention and education interventions in relation to drugs and alcohol, using a tiered or graduated approach</p> <p><b>D/Health (formerly OMD) (Lead Role)</b> with support from HSE; D/E&amp;S; D/CYA; An Garda Síochána; DTFs and Service Providers</p>	<p>It is proposed that the desirability of such a framework will be considered further when the National Substance Misuse Strategy is finalised (Action 19 may be looked at in conjunction with Action 26).</p>
<p><b>Actions 20 &amp; 21</b></p>	<p>Improve the delivery of SPHE in primary and post-primary schools through:</p> <ul style="list-style-type: none"> <li>• the implementation of the recommendations of the SPHE evaluation in post-primary schools; and</li> <li>• the development of a whole school approach to substance use education in the context of SPHE</li> </ul> <p><b>D/E&amp;S (Lead Role)</b> with support from D/H&amp;C; HSE</p> <p>Ensure that substance use policies are in place in all schools and are implemented.</p> <p>Monitor the effectiveness of the implementation of substance use policies in schools through the whole-school evaluation process and the inspectorate system and ensure that best practice is disseminated to all schools.</p> <p><b>D/E&amp;S (Lead Role)</b></p>	<p>There is a commitment in the Programme for Government 2011-2016 to update drug awareness programmes in schools. In May 2011 the DES established a Working Group to examine the resource materials being used in SPHE, especially those most relevant to substance use education. The Group has representatives from the Departments of Health and Children and Youth Affairs as well as from DES and is expected to complete a report in the second quarter of 2012.</p> <p>The Inspectorate is preparing a composite report on the delivery of SPHE at post-primary level, based on the subject inspections of SPHE carried out in schools during the academic year 2010/2011. The report is due for completion in 2012. A composite report on the delivery of SPHE at primary level was completed in 2009.</p> <p>A booklet, <i>Best Practice Guidelines in Substance Misuse Prevention Education</i>, has been completed and will issue, with an information DVD for teachers/(<i>What is a drug?</i>), shortly to all primary schools.</p> <p>In April 2010, the DES issued circulars to all primary and post-primary schools outlining best practice guidelines on the mandatory implementation of SPHE.</p> <p>The DES reconfigured the delivery of support for primary teachers in 2010. Rather than providing dedicated SPHE support services, support across a range of educational areas, including SPHE, is now provided by multidisciplinary regional teams in the newly formed Professional Development Service for Teachers (PDST) that provides support on a regional basis, working in cooperation with the network of Education Centres. Courses on “Delivering Emotional Intelligence in order to prevent Substance Misuse” were funded by the PDST and delivered in 6 Education Centres in summer 2011. Ongoing support is delivered by the PDST regionally in the area of SPHE. All aspects of the SPHE programme can be supported by PDST advisors, associates and facilitators to include Substance Misuse, the Stay Safe programme, Relationships and Sexuality Education and Child Protection.</p> <p>At post-primary level a dedicated SPHE Support Service (6 people) provides training, advice and support to schools. In the school year 2010/11, 3,589 teachers and other staff attended school-based events and 1,124 teachers attended cluster in-service training organised by the SPHE Support Service. The SPHE Support Service Regional Managers liaise with the Drugs Task Forces.</p> <p>The 2010 NACD study on “Risk and Protection Factors for substance use among young people- A</p>

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		<p>comparative study of Early School leavers and school attending students” emphasised the key role of SPHE in the prevention of substance misuse.</p> <p>A Lifeskills Survey of all schools was undertaken by the Department of Education &amp; Skills in 2009. Completed responses showed:</p> <p>84% of primary-level schools had a substance abuse policy, and 88% used the <i>Walk Tall Programme</i>. 88-95% of schools indicated that they included content on smoking, alcohol, drug abuse, making sound decisions and resisting peer pressure in their SPHE programmes. 51% used external agencies for substance abuse inputs.</p> <p>96% of schools at post primary level had a substance abuse policy. 97% included content on smoking, alcohol, drug abuse, decision-making and resisting peer pressure in their programmes. 62% used external agencies for substance abuse inputs and 60% used the <i>On My Own Two Feet</i> resource.</p> <p>The Department is planning to carry out a new Lifeskills Survey of schools in 2012.</p>
<p><b>Action 22</b></p>	<p>Promote the putting in place of substance misuse policies and the development of a brief interventions approach, where appropriate, in:</p> <ul style="list-style-type: none"> <li>• informal education sector;</li> <li>• training centres;</li> <li>• 3rd level institutions;</li> <li>• Workplaces; and</li> <li>• Youth, sport and community organisations</li> </ul> <p><b>D/Health (formerly OMD) (Lead)</b> and all other relevant Departments/ Agencies</p>	<p>The putting in place of substance misuse policies and the development of a brief interventions approach will be considered when a National Substance Misuse Strategy has been finalised.</p>
<p><b>Action 23</b></p>	<p>Implement SPHE in Youthreach Centres of Education and in Youth Encounter Projects and ensure that substance misuse policies are in place in these recognised Centres for Education.</p> <p>Implement age appropriate substance prevention/ awareness programmes in training settings, including VTOS and Community Training facilities.</p> <p>Introduce monitoring and follow-up procedures in relation to substance prevention activity in the above settings.</p> <p><b>D/E&amp;S (lead)</b> with support from FÁS</p>	<p>As part of the Quality Framework Initiative of the Youthreach Centre programmes, the overall social, personal and health education needs of participants are assessed and a programme of learning in the area of SPHE is developed and delivered based on needs. All Youthreach programmes have staff who are trained in the Substance Abuse Prevention Programme that they implement. Drug education is included in VTOS and other adult education programmes as required. Community Training Centres operated by FÁS include a module on drugs and substance abuse, prevention and awareness in their life and social skills programme. Community Training Workshops operating in Local Drugs Task Force areas have appointed a Drugs Education and Prevention Officer.</p> <p>Youthreach Centres will continue to be evaluated by the Inspectorate of the Department of Education &amp; Skills and SPHE is one of the components in that evaluation.</p> <p>There will be continued evaluation of Youth Encounter Projects to ensure that SPHE is included in the range of subjects.</p>



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<b>Action 24</b>	<p>Co-ordinate the activities and funding of youth interventions in out-of-school settings (including the non-formal youth sector) to optimise their impact through targeting risk factors, while developing protective factors for youth at risk.</p> <p><b>D/CYA (Lead)</b></p>	<p>Revised reporting forms and procedures for all Youth Affairs funding is providing more comprehensive information in relation to service provision and participant analyses. This is assisting in the evaluation of the impact of the supports provided.</p> <p>The implementation of the National Quality Standards Framework for Youth Work (NQS) has been commenced and is assisting to ensure enhanced standards and improved practice in the youth work sector.</p> <p>Responsibility for 21 LDTF youth projects transferred to the Department of Children &amp; Youth Affairs from Department of Education and Skills in January 2011. This will further assist the coordination of youth activities and interventions with other services for young people at risk.</p> <p>The development of a DCYA Children and Youth Strategy is currently being developed. This Strategy will provide greater coordination, coherence and impact in relation to policy and service provision for children and young people. The development of this Strategy will also identify needs/areas to be addressed and inform the development and re-orientation of schemes/supports for young people in order to maximise impact in terms of youth provision.</p>
<b>Action 25</b>	<p>Continue to develop facilities for both the general youth population and those most at risk through:</p> <ul style="list-style-type: none"> <li>• increased access to community, sports and school facilities in out of school hours; and</li> <li>• the development of youth cafés.</li> </ul> <p><b>D/CYA (Lead)</b> with support from D/E&amp;S</p>	<p>In 2011 the DCYA, through the Young People's Facilities &amp; Services Fund (YPFSF) allocated funding of €23.555m to assist in the development of youth facilities and services.</p> <p>Through the YPFSF, the DCYA are developing more links with other agencies with the aim of increasing usage of facilities, sharing costs and maximising resources.</p> <p>Improved access to indoor/outdoor sports facilities in schools (after school hours in accordance with DES circulars M18/05 and 16/05) under the YPFSF Schools Initiative has increased the frequency and variety of sport and dance programmes and activities.</p> <p>YPFSF funding has also facilitated the operation of Late Night Soccer Leagues now operating in 19 centres.</p> <p>A total of €1.7m (approximately) in funding has been available from 2010 to date for the specific support of the provision of youth cafés. The bulk of this funding was allocated to the dedicated competitive funding scheme announced in 2010. The majority of the funds awarded from this scheme (approximately €1.5m) were distributed to the successful projects in 2011 and the facilities are gradually coming on stream. A further €200,000 was made available by D/CYA to various youth café projects in late 2011. This brings the total funding (to date) to circa €1.7m. The funding was designed to both provide completely new youth cafés and to support existing youth cafés who needed assistance in providing additional facilities etc.</p>
<b>Action 26</b>	<p>Implement a uniform set of drugs and alcohol education standards, using the DEWF framework being implemented by Drugs Task Forces at present.</p>	<p>It is proposed that the desirability of a uniform set of drugs and alcohol education standards will be considered further when the National Substance Misuse Strategy is finalised (Action 26 may be looked at in conjunction with Action 19).</p>

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Action 27	<p>Further develop a national website to provide fully integrated information and access to a National Helpline.</p> <p><b>HSE (lead)</b> &amp; relevant agencies</p>	<p>Drugs.ie is an online one-stop-shop for drug and alcohol information and support. A new version of <a href="http://drugs.ie">drugs.ie</a> went live in May 2010 and the site reflects current trends in web design. The site contains dedicated areas on the site for national drug/alcohol awareness campaigns; digital media support and social media initiatives dedicated to the promotion of campaigns; development of drugs.ie specific social media channels on the major social network sites; the production and delivery of over 50 online videos relating to drugs and alcohol in Ireland; development of a communications strategy including the drugs.ie eBulletin; development of content in 12 different languages; and the management of Irelands only online interactive support/chat service for drug and alcohol issues - LiveHelper.</p> <p>Two current initiatives which will further bolster the position of the site as the national resource for drug and alcohol information and support are (i) an extensive redevelopment of the sites national directory of drug and alcohol services and (ii) the development of an online self-assessment tool and brief interventions for alcohol use. This will also include a version for social network websites and it will also be possible to replicate this across other online channels.</p> <p>In 2010 the site received a total of 109,907 unique visits. There was a National Drug Awareness Campaign in 2010 which included the drugs.ie address on all campaign materials.</p> <p>In 2011 drugs.ie received 114,000 unique visits and was on course to exceed the total number of unique visits achieved in 2010. This is particularly significant given that there has not been a National Awareness Campaign in 2011.</p> <p><b>Developments in 2011 included:</b></p> <ul style="list-style-type: none"> <li>- For the 11 month period January 2011 – November 2011 drugs.ie reported over 520 news items.</li> <li>- In 2011 drugs.ie began building its social media presence through a FaceBook Page and Twitter Page. Information and video content is now disseminated through these channels.</li> <li>- Added social media functionality across all static and multimedia content on drugs.ie – ‘Like’ and ‘Tweet’ buttons – on all web pages, news items, multimedia content.</li> <li>- Building of social media relationships with other relevant service providers in the online space.</li> <li>- Development and dissemination of the drugs.ie eBulletin</li> <li>- Redevelopment of the drugs.ie multimedia section</li> <li>- Further development of the features content</li> <li>- Drugs.ie has now produced and delivered over 50 online videos relating to drugs and alcohol in Ireland.</li> <li>- Exclusive recording and broadcasting of presentations from two HSE sponsored seminars/conference: <i>The National Drug Conference 2011</i> (upcoming) and <i>A Family Affair? Supporting Children Living with Parental Substance Misuse</i>.</li> <li>- Informal posting on the HSE Quit Campaign FaceBookPage.</li> <li>- In partnership with the HSE, drugs.ie is at an advanced stage in the development of an online alcohol self-assessment tool and video-based brief interventions. This will initially be rolled out on drugs.ie and on the drugs.ie FaceBook page.</li> </ul>

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		<ul style="list-style-type: none"> <li>- In partnership with the HSE, drugs.ie is at an advanced stage in the redevelopment of the directory of treatment and rehabilitation services.</li> </ul> <p>In addition to the above, drugs.ie has recently worked with the National Helpline in developing an email support address <a href="mailto:support@drugs.ie">support@drugs.ie</a></p> <p><b>Transition of drugs.ie from Crosscare</b> A major piece of work in 2011 was the transition of drugs.ie from Crosscare to The Ana Liffey Drugs Project.</p>
<b>Action 28</b>	<p>Develop a sustained range of awareness campaigns that:</p> <ul style="list-style-type: none"> <li>• ensure that local and regional campaigns complement and add value to national campaigns;</li> <li>• optimise the use of ICT in drugs and alcohol awareness initiatives (e.g. through internet search engines and social network websites);</li> <li>• consider a co-ordinated approach by all key players to the development and implementation of a designated drug/alcohol awareness week/day with agreed themes and methodologies;</li> <li>• target: <ul style="list-style-type: none"> <li>- third level educational institutions, workplaces and recreational venues;</li> <li>- at risk groups (Travellers, new communities, LGBTs, homeless people, prisoners and, sex workers); and</li> <li>- education/awareness among drug users to minimise the levels of usage and to promote harm reduction measures.</li> </ul> </li> </ul> <p><b>HSE (Lead)</b> with support from DTFs and other relevant agencies</p>	<p>In 2010, the HSE launched its National Drug Awareness Campaign "Legal or Illegal Highs - they're anything but safe". The aim of the campaign was to create awareness of the facts in relation to psychoactive drugs available in Ireland through headshops and/or the internet and to communicate the message that these drugs can have significant negative mental and physical health effects. All material developed for the campaign was made available in the first instance to the service providers and the Local and Regional Drugs Task Forces.</p> <p>Drugs.ie has established a social media presence through a FaceBook Page and Twitter Page. Information and video content is now disseminated through these channels.</p> <p>Drugs.ie has produced two specific videos relating to problematic use of codeine and Benzodiazepines. These videos are psycho-educational in nature, delivered by health professionals, and are targeted at individuals looking to address problematic use of these substances.</p> <p>In the context of the forthcoming National Substance Misuse Strategy, the HSE is proposing that the 2012 National Awareness Campaign will focus on issues relating to alcohol.</p>
<b>Action 29</b>	<p>Develop a series of prevention measures that focus on the family under the following programme headings:</p> <ul style="list-style-type: none"> <li>• supports for families experiencing difficulties due to drug/alcohol use;</li> <li>• parenting skills; and</li> <li>• targeted measures focusing on the children of problem drug and/or alcohol users aimed at breaking the cycle and safeguarding the next generation</li> </ul> <p><b>HSE and D/E&amp;S (joint leads);</b> with support from D/CYA; D/SP; DTFs and Service Providers</p>	<p>Various aspects of the work of the HSE and the Department of Education &amp; Skills support families who are experiencing difficulties, or who are at risk of experiencing difficulties as a result of substance misuse. Efforts will be made to develop a more co-ordinated approach in the coming years. This approach will require a planned and inclusive approach bearing in mind each organisations core responsibilities.</p> <p>Regional examples include:</p> <ul style="list-style-type: none"> <li>- the roll out of Strengthening Families Programme.</li> <li>• The delivery of a comprehensive Concerned Persons Programme in support of family members who experience significant difficulties arising from alcohol and substance misuse (specific Family support projects are also funded through HSE in Cork City in partnership with Tabor Lodge and the Bridge Coop).</li> </ul> <p>HSE Substance Misuse Drug Education Officers have facilitated:</p>

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<ul style="list-style-type: none"> <li>▪ parent to parent programmes and provided training for trainer parent to parent programmes</li> <li>▪ developed a programme focused on the Effects of Substance Use within the Family (this programme is rolled out to families who have their son/daughter in residential treatment)</li> <li>▪ developed and delivered an Enhancing Self Protection Programme to young people, parents and teaching staff.</li> </ul>
<b>Action 30</b>	<p>Develop selective prevention measures aimed at reducing underage and binge drinking.</p> <p><b>HSE (Lead)</b> with support from D/Health; DTFs and Service Providers</p>	<p>The development of such preventive measures will be considered in the context of the finalisation of a National Substance Misuse Strategy.</p> <p>Current good practice examples in the development of a range of selective prevention measures include:</p> <ul style="list-style-type: none"> <li>• HSE South Health Promotion Department delivers programmes to owners and staff of Off Licences to tackle issues regarding underage drinking.</li> <li>• Drug Education Officer working with the FAI &amp; GAA clubs to provide information on the effects of alcohol misuse in sport.</li> <li>• Kilkenny District Soccer League - young people were provided with knowledge on delaying their own drinking, effects of alcohol and particular the consequences binge drinking can have on their lifestyle.</li> </ul>
<b>Action 31</b>	<p>Maintain the focus of existing programmes targeting ESL and the retention of students in schools.</p> <p>Improve the measurement of the outcomes of such programmes in order to target and expand them in areas of greatest need.</p> <p><b>D/E&amp;S (Lead)</b></p>	<p>In the 2011/2012 school year, DEIS (Delivering Equality of Opportunity in Schools), the action plan for educational inclusion, continues to support children and families in 865 schools.</p> <p>The School Completion Programme (SCP) targets those most at risk of early school leaving as well as those who are already outside of the formal system. This includes in-school, after-school and holiday-time supports. Under the SCP, approximately 35,000 children and young people were specifically targeted in 2010 for intensive interventions.</p> <p>The report of an independent evaluation of DEIS, conducted by the Educational Research Centre (ERC), and two evaluation of DEIS carried out by the DES Inspectorate is due to be published in early 2012.</p> <p>The functions under the Education (Welfare) Act 2000, including the National Educational Welfare Board (NEWB) and the integrated services under the remit of the Board (Education Welfare Service, Home School Community Liaison Scheme and the School Completion Programme), transferred in May 2011 from the Minister of Education and Skills to the Minister for Children and Youth Affairs. This will provide opportunities to explore further integration of these services aimed at supporting children at risk. Both Departments will continue to work together in combating early school leaving.</p> <p>NEWB is undertaking a consultation process with staff in the integrated service, principals and staff in DEIS, and non-DEIS schools with SCP, and other interested parties in order to build on and strengthen the collaboration between the three services to support the achievement of the best educational outcomes for students in DEIS schools and the best ways of supporting the work of the schools.</p>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Actions</b>
<p><b>Action 32</b></p>	<p>Develop a comprehensive integrated national treatment and rehabilitation service for all substance users using a 4-tier model approach. This will incorporate:</p> <ul style="list-style-type: none"> <li>• the ongoing development of the spread and range of treatment services;</li> <li>• the recommendations of the Report of the Working Group on Drugs Rehabilitation;</li> <li>• the recommendations of the Report of the HSE Working Group on Residential Treatment &amp; Rehabilitation (Substance Abuse); and</li> <li>• the provision of access to substance misuse treatment within one month of assessment.</li> </ul> <p><b>HSE (Lead)</b></p>	<p>Treatment: Progress has been made towards a national drug treatment service (more details provided in actions below).</p> <p>Rehabilitation: The National Rehabilitation Framework was approved at the April '10 Oversight Forum on Drugs meeting and published in July '10. The National Drug Rehabilitation Implementation Committee (NDRIC) called for submissions through the Drug Task Force's to inform/ assist with the implementation of National Drugs Rehabilitation Framework.</p> <p>The NDRIC has adopted a phased approach to selecting pilot sites. To this end three pilot sites (Blanchardstown, North Inner City Dublin and Dundalk were selected for the first stage) with a further seven sites selected for the 2nd stage (Dublin North East LDTF, Ballyfermot Local Drugs Task Force, Canal Communities Local Drugs Task Force, Southern Regional &amp; Cork Local Drugs Task Forces, Mid-West Regional DTF (Limerick), Dun Laoghaire Rathdown LDTF, South East Regional DTF (Kilkenny).</p> <p>An evaluation framework has been approved by the NDRIC committee and has been discussed with the ten pilot sites. To date, all pilot sites have been visited by the independent evaluation team. The evaluation team will seek as much as possible to get a random selection of clients, between 25 and 50 in each pilot site giving a total pilot population of between 250 and 500 individuals. The timescale for the evaluation is to complete a report by the end of 2012.</p> <p>Key outcomes will include what is working well in relation to provision of rehabilitation services and what are the barriers. Perspectives from the clients will be very important and will be obtained through a series of focus groups and / or individual interviews. Perspectives of care deliverers will also be obtained. It is aimed to gather data from participating clients at two points in time in an attempt to map progression. Concepts such as care planning, case management, and inter agency referral patterns and work practices will be examined.</p>
<p><b>Action 33</b></p>	<p>Maximise operational synergies between Drug Addiction Services, Alcohol Treatment &amp; Rehabilitation Services, General and Emergency Hospital Services and Mental Health Services. Within this context, there should be a focus on addressing the needs of dual diagnosis clients.</p> <p><b>HSE (Lead)</b> with support from Voluntary sector</p>	<p>Work is ongoing to develop best practise models for integrating Addiction Services with Primary Care Networks.</p> <p>Work by HSE Social Inclusion to develop a national directory of service providers in partnership with drugs.ie is now at an advanced stage. The directory intends to provide comprehensive listings of all national drug and alcohol treatment and rehabilitation interventions. It is hoped that this new online tool will particularly assist service providers to locate appropriate interventions for their clients and assist with the integrated care pathways approach to drug treatment service delivery.</p> <p>This interactive directory will provides a new approach where agencies will self-register. An extensive questionnaire for services to complete has been developed in partnership with service providers; and both providers and the general public fed into a consultation process to refine both</p>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Actions</b>
		<p>the content of this new information and the functionality of the new directory.</p> <p>It is anticipated that the directory will further promote linkages between different agencies engaged in treatment and rehabilitation provision by way of allowing them to become more familiar with services operating in common localities.</p> <hr/> <p>To compliment this work the HSE Social Inclusion Office in partnership with the North West Alcohol Forum has recently completed a mapping exercise of statutory, community and voluntary and private organisations providing drug and alcohol treatment and rehabilitation services across Northern Ireland and in the border corridor of the Republic of Ireland.</p> <p>HSE South East is in the process of developing a common assessment/referral forms etc for the region. The Substance Misuse Team in Kilkenny is piloting the Electronic Patient System to see if this system would suit service needs for the region.</p> <p>Addiction Services in Waterford work in an integrated model with mental health services, alcohol/drug/dual diagnosis clients are treated in a holistic way.</p> <p>As part of the roll out of care and case management the addiction services in the South East are engaging in joint training with mental health addiction workers to ensure a seamless service.</p>
<b>Action 34</b>	<p>Expand the availability of, and access to:</p> <ul style="list-style-type: none"> <li>• detox facilities;</li> <li>• methadone services;</li> <li>• under-18 services; and</li> <li>• needle exchange services where required.</li> </ul> <p><b>HSE (Lead)</b></p>	<p>The HSE commissioned a review of Tier 4 HSE funded services which undertook the following:</p> <ol style="list-style-type: none"> <li>1. Calculate the level of demand by LHO area for Tier 3 and Tier 4 interventions.</li> <li>2. Identify gaps and overlaps.</li> <li>3. Make recommendations for better integration of HSE services and Tier 4 Voluntary/Community services (to include better integration of HSE services and Voluntary/Community services and will identify the best practice models for integration).</li> <li>4. Assess existing funding models for HSE funding to the residential rehabilitation and recommend standardised models.</li> <li>5. Discuss with the residential services the potential for one service level agreement per agency.</li> </ol> <p>This research piece builds on a number of National reports which have been undertaken in the area of drug rehabilitation in Ireland. They are as follows:</p> <ul style="list-style-type: none"> <li>• 2007 Report of the HSE Working Group on Residential Treatment and Rehabilitation (Substance Users)</li> <li>• 2007 Department of Community, Rural and Gaelteacht Affairs' Report of the Working Group on Drugs Rehabilitation</li> <li>• National Drugs Rehabilitation Implementation Committee's National Drugs Rehabilitation Framework Document 2010</li> <li>• Office of the Minister for Drugs Report of the Residential Rehabilitation Framework Group 2010</li> </ul>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Actions</b>
		<p>The report has been approved by HSE Social Inclusion and is currently before HSE Corporate prior to dissemination.</p> <p><b>Detox facilities</b></p> <ul style="list-style-type: none"> <li>• Additional detox beds- Cuan Mhuire will provide 4 Adult Detox beds for the coming three years in Bruree, Co Limerick, and Farnanes, Co Cork [female].</li> <li>• St Francis Farm, Merchant's Quay Ireland, Tullow, Co Carlow, will provide 2 Adult detox beds for the South East region for the coming three years.</li> <li>• Aislinn, Ballyragget, Co Kilkenny will provide a designated Adolescent Detox facility [4 beds] for the coming 3 years.</li> </ul> <p><b>Additional Methadone Services in targeted areas.</b>  The HSE has prioritised the provision of additional methadone clinics in targeted areas to reduce waiting lists and waiting list times. Over the past 18 months additional services are being provided in the South East at Wexford town, Waterford and Kilkenny, in the Southern area at Cork and Tralee, in the Mid West at Limerick city and in the North East at Dundalk. The HSE is progressing plans to provide methadone facilities in the Midlands, Drogheda and Wexford county to address waiting lists and times in these areas.</p> <p><b>Services for U-18s</b>  Additional annual funding in the region of €2m has been provided for under 18's services since 2010. This has allowed for the development of additional frontline addiction services including additional psychology services, counselling and outreach services and family therapy in each Regional Drugs Task Force area in partnership with the voluntary sector.</p> <p><b>Needle Exchange</b>  Pharmacy Needle Exchange Programme</p> <p>Status of Programme:  The Pharmacy Needle Exchange Programme, a partnership initiative between the Elton John Aids Foundation, Irish Pharmacy Union and the HSE has become operational during October 2011.</p> <ul style="list-style-type: none"> <li>• The programme will be run over a three year period with 65 pharmacies trained and recruited to provide needle exchange each year.</li> <li>• The programme will target areas outside of Dublin</li> <li>• The programme will be evaluated over its life time; with programme reviews happening on a 12 month basis; a cost effectiveness review being conducted on all current forms of NEX provision currently funded by the HSE with an anticipated timeframe of Q4 2012 for completion and an external evaluation to be carried out in the later stages of year 3</li> </ul> <p>At the end of 2011, 24 pharmacies were participate in the programme and this figure will increase over the coming months.</p>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Actions</b>
<b>Action 35</b>	<p>Review the Methadone Treatment Protocol to maximise the provision of treatment, to facilitate appropriate progression pathways (including exit from methadone treatment where appropriate) and to encourage engagement with services. The review will include engagement with the community and voluntary sectors.</p> <p>Examine and implement as appropriate, alternative substitute opiate treatment services.</p> <p><b>HSE (Lead)</b></p>	<p>The Opioid Treatment Protocol was published in December 2010. The HSE, through the National Addiction Advisory Governance Group, are currently overseeing a phased implementation of the recommendations therein. To this effect, six of the recommendations have been passed on the Methadone Prescribing Protocol Implementation Committee. That committee has established two working groups to progress implementation of recommendations:</p> <p>A national data collection, collations and analysis group has been established which will maximise the use of current data collected, identify new data to be collected and developing a brief outcome monitoring process for individuals.</p> <p>A second group has been set up to review and develop clinical guidelines on the treatment of opioid addiction across the full range of drug services comprising the Irish College of General Practitioners, the College of Psychiatry of Ireland, the Pharmaceutical Society of Ireland and the HSE. It is envisaged that these guidelines will include an implementation plan for the move to less urine testing and a greater clinical focus on the use of results of drug testing samples.</p>
<b>Action 36</b>	<p>Continue to develop and implement across health services the screening/assessment of people presenting with early indicators of drug and alcohol issues, utilising a uniform brief intervention tool, and including referral where appropriate.</p> <p><b>HSE (Lead)</b> with support from C &amp; V sectors</p>	<p><b>Drugs:</b> The National Drug Rehabilitation Implementation committee has adopted National Protocols and Common Assessment guidelines for the drugs area.</p> <p><b>Alcohol:</b> A report on the work of “Towards a Framework for Implementing Evidence Based Alcohol Interventions” and the results of a feasibility test for screening and brief interventions in four hospital emergency departments was completed in July 2011. The results show that there was good co-operation from the public with only 6% declining to be screened. The screening tool detected 36% requiring brief advice and 9% required referral to specialist services. In total 49% required no further intervention. An appropriate alcohol screening tool has been identified for the Emergency Departments. The findings of the report were sent to the Steering Group examining the incorporation of alcohol into the National Substance Misuse Strategy.</p> <p>Following from the report recommendations, the project has finalised “A Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use- for Nurses and Midwives in Acute, Primary and Community Care Settings. This framework has been developed in partnership with the Office of Nursing and Midwifery Services Director. It aims to provide a standardised approach for the education and training of Nurses, Midwives and Allied Health Professionals who undertake screening and brief intervention (Action 48 also refers). The framework supports safe, quality and effective care for service users, who access healthcare across the HSE and promotes the effective management of problem alcohol use in acute, primary and community care settings.</p> <p>In partnership with drugs.ie, the project is at an advanced stage in the development of an online alcohol self-assessment tool and video-based brief interventions. This will initially be rolled out on drugs.ie and on the drugs.ie FaceBook page. HSE staff will have access to an online alcohol self assessment tool both as a patient resource and for personal use. The aim of the online intervention is to identify “at risk” individuals among the general population through the use of the AUDIT-C and AUDIT screening tool. Those whose alcohol use is likely to be harming their health</p>



	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Actions</b>
		<p>or increasing their risk of future harm are the main target group intended to benefit from this initiative.</p> <p>An alcohol publications section has been developed at: <a href="http://www.hse.ie/go/alcohol">www.hse.ie/go/alcohol</a> to collate existing HSE alcohol reports and include resources from the project and relevant alcohol related evidence as it becomes available.</p>
<b>Action 37</b>	<p>Develop and implement a mechanism for early identification, and onward referral where appropriate, of substance misuse among under 18 service users in the wider statutory, community and voluntary sectors</p> <p><b>D/CYA (Lead Role)</b> with support from An Garda Síochána, IPS, The Probation Service, D/E&amp;S; Schools and 3rd Level Institutions C&amp;V sectors</p>	<p>The National Strategy for Research and Data on Children's Lives, 2011-2016, was published by the Department of Children and Youth Affairs in November 2011. The Action Plan component of the strategy contains a number of actions which will progress this action, including improved and increased use of existing research and data on the topic of alcohol and drugs in relation to children's lives (Action A10), mining of data sources to describe the interaction between drug use and youth offending and increased dissemination of existing information on drug misuse among children and young people (Action A15), and a feasibility study to identify sources and methods for developing a baseline indicator of substance misuse among youth at risk (Action C5)</p>
<b>Action 38</b>	<p>Develop a drugs interventions programme, incorporating a treatment referral option, for people (primarily youth and young adults) who come to the attention of the Gardaí and the Probation Service, due to behaviour caused by substance misuse.</p> <p><b>An Garda Síochána (lead),</b> D/J&amp;E (IYJS), HSE , Probation Service, D/CYA; C&amp;V Youth Services, D/Health (formerly OMD)</p>	<p>In furtherance of Action 38, a Pilot Project has been developed in conjunction with the other stakeholders, including Local Drug Task Forces. The project is currently in operation in two Dublin Garda Districts, (covering Blanchardstown, Finglas and Cabra). It is intended to closely review the effectiveness of the Project before continuing on the Implementation path.</p>
<b>Action 39</b>	<p>Maintain and develop treatment services dealing with Blood Borne Viruses (BBVs), with particular emphasis on Hepatitis C treatment services.</p> <p><b>HSE (Lead)</b></p>	<p>Draft strategy has been submitted to Senior HSE Management for sign off; current/ more up to date information has been included in an to update to the draft.</p> <p>Continuing discussions around means of implementing strategy on a phased, prioritised basis, with attention to ongoing resource constraints and capacity.</p> <p>Re education and training, the HSE have delivered a 2 day Hep C course in conjunction with existing Hep C education programmes, for PHN's (Hep C in Primary Care). To date almost 400 PHN's have completed the course all of whom work in the community.</p>
<b>Action 40</b>	<p>Develop a response to drug-related deaths through: I. A National Overdose Prevention Strategy; II. A co-ordinated health response to the rise in deaths indirectly related to substance abuse; and III. A review of the regulatory framework in relation to prescribed drugs</p> <p><b>HSE (Lead) with support from D/Health.</b></p>	<p>(i) A working group comprising representation from the HSE, Department of Health, the Health Research Board and the National Advisory Committee on Drugs are currently finalising a National Overdose Prevention Strategy.</p> <p>(ii) The HSE is responding to the issue of drug-related deaths on an on-going basis.</p> <p>(iii) The HSE are reviewing the prescribing of benzodiazepines as a first step.</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Actions
<b>Action 41</b>	<p>Support families trying to cope with substance-related problems, in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.</p> <p><b>HSE (Lead)</b> with support from FSA; Depts and Agencies; FSN; DTFs; C&amp;V sectors.</p>	<p>This Action was progressed through the National Drug Rehabilitation Implementation Committee (NDRIC) Chair.</p> <p>A policy paper has been developed, identifying how family support services should be aligned to Quality in Alcohol and Drugs Services (QuADS) in partnership with the Family Support Network. This is now one of the policy documents within the QuADS.</p> <p>Resources to develop a pilot short-stay respite programme for families of problem drug users remain a barrier to achieving this action.</p>
<b>Action 42</b>	<p>Continue to develop and expand: (i) Service User Fora; <b>HSE (Lead)</b> and (ii) Drug User Fora <b>D/Health (formerly OMD) (Lead)</b> in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.</p>	<p>A dedicated Sub-group of the Drugs Advisory Group produced a report identifying a range of measures to help progress the implementation of this Action and Actions 41, 44, and 60. The implementation of this report will be monitored by the Drug Advisory Group.</p>
<b>Action 43</b>	<p>Continue the expansion of treatment, rehabilitation and other health and social services in prisons.</p> <p>Develop an agreed protocol for the seamless provision of treatment services as a person moves between prison (including prisoners on remand) and the community.</p> <p><b>IPS (Lead)</b> with support from The Probation Service; HSE; C&amp;V sectors.</p>	<p>The expansion of treatment and other health and social services in prisons continues. The IPS are increasing access to drug treatment in closed prisons. Drug treatment services are now in place in Midlands and Portlaoise Prisons. Drug treatment services commenced in Cork in the latter part of 2011 with further enhancements due in the 1<sup>st</sup> quarter of 2012, with the support of an addiction specialist GP through a SLA with the HSE. Services in Limerick Prison will be enhanced with the commencement of an addiction GP service in January 2012. Provision of drug treatment in Castlerea prison remains an objective.</p> <p>A protocol for the seamless provision of treatment services between the IPS and HSE is agreed, however where community treatment places are not available this can present challenges. Notwithstanding this it should be acknowledged that currently every effort is made to ensure continuity of Methadone Maintenance Treatment between prisons and the community. Difficulties remain with the remand population as the IPS is not in a position to influence releases directed by the Courts.</p>
<b>Action 44</b>	<p>Address the treatment and rehabilitation needs of:</p> <ul style="list-style-type: none"> <li>• Travellers;</li> <li>• New Communities;</li> <li>• LGBTs;</li> <li>• Homeless; and</li> <li>• Sex Workers</li> </ul> <p>This should be facilitated by engagement with representatives of those communities and/or services working with those groups as appropriate.</p> <p><b>HSE (Lead)</b> with support from C&amp;V sectors.</p>	<p>The HSE actively engages with representative bodies from these groups via various social inclusion and associated governance fora.</p> <p>It is envisaged that the continued development and promoting of an ethnic identifier in health treatment services will assist with identifying emerging trends.</p>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Actions</b>
<b>Action 45</b>	<p>Develop a clinical and organisational governance framework for all treatment and rehabilitation services, in line with the Report of the Working Group Examining Quality &amp; Standards for Addiction Services, and subject to a timeframe for compliance given the resource implications involved.</p> <p><b>HSE (Lead)</b> with Support from Voluntary sector</p>	<p>The appointment of two additional Clinical Director Posts for Addiction Treatment in HSE South and West has been delayed because of the moratorium. However, both HSE South and HSE West are currently examining ways to address this need.</p> <p>In addition to this, the HSE is supporting the roll out of a quality standards project nationwide. The QuADS (Quality Standards in Alcohol and Drugs Services) Support Project is being delivered by the Progression Routes Initiative of the Ana Liffey Drug Project and is currently supporting approximately 100 projects nationwide to self assess as compliant with a recognized Quality Standards framework. Structured support in achieving this is currently available in Dublin, the North Eastern, Southern and South Eastern areas</p> <p><u>Policies</u> There are currently 78 policy templates available online with another 8 at various stages of development. The majority of policies are reviewed by experts in the relevant field, and reviewed regularly to reflect current legislation and good practice.</p> <p><u>Seminars &amp; Facilitated Sessions 2011</u></p> <ul style="list-style-type: none"> <li>- 13 Managers seminars on a range of issues from strategy, governance, HR and outcome reporting. These are attended on average by 25-30 service managers</li> <li>- 30 facilitated sessions with individual service providers on a range of policy and practice issues.</li> <li>- Throughout the year Progression Routes Initiative have provided on going phone-based and email support to service managers on a range of issues relating to policy development and implementation.</li> </ul> <p><u>Involved Services</u> At present, there are 110 services involved with the QuADS Support Project in Dublin, The South East, Cork / Kerry and the North East. We have been approached by a number of regions and services seeking involvement for 2012.</p> <p>100% of services surveyed (60% of all involved services have been surveyed so far this year) said that they would recommend involvement with the QuADS Support Project to other services doing similar work.</p> <p>At present the services involved with the QSP represent a broad mix of service providers in the drug / alcohol sector from across the continuum of care. Services currently involved include:</p> <ul style="list-style-type: none"> <li>- Small all-volunteer organisations to larger, complex organisations</li> <li>- Drug services and alcohol services</li> <li>- Abstinence focussed services to low-threshold harm reduction services</li> <li>- Under 18 Services, Family Support Services</li> <li>- HSE services, FAS Drug Rehabilitation Scheme Sponsor Organisations</li> </ul> <p><u>Peer Review</u> PRI have developed a Self Review Document and Peer Review IT System, which services can use to assess their level of compliance with the QuADS Ireland Framework. This is currently being field</p>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Actions</b>
		tested and shall be piloted with services in the coming months. There are a number of services involved with the QSP who have expressed interest in being involved in the Peer Review Pilot, with all services who have been asked stating they wish to take part in peer review at some stage.
<b>Action 46</b>	<p>Develop a regulatory framework on a statutory basis for the provision of counselling within substance misuse services.</p> <p><b>D/Health (lead); HSE</b></p>	<p>The primary focus of the Department of Health for the foreseeable future is the registration of the 12 health and social care professionals listed in the Health &amp; Social Care Professionals Act, 2005. This involves (i) continuing to roll out the implementation of the Health &amp; Social Care Professionals Act, 2005 as resources permit and (ii) the establishment and subsequent opening for registration of 12 professional registration boards (2 in place in 2011 with an additional four anticipated to be in place in 2012).</p> <p>It will be 2014/15 before all 12 boards are open and consideration can be given to what, if any, additional professions are registered thereafter.</p>
<b>Action 47</b>	<p>Develop national training standards for all involved in the provision of substance misuse services.</p> <p>Coordinate training provision within a single national substance misuse framework. This will include the continued development of responsive training and educational courses and modules for people working in treatment and rehabilitation services to meet current and emerging needs.</p> <p><b>HSE (Lead)</b> with support from voluntary sector; key academic institutions.</p>	<p>The HSE National Addiction Training Programme (NATP), with input from an NDRIC representative, undertook to lead on the development of pilot site training to inform the implementation of the NDRIC National Rehabilitation Framework. Tendering for the training work was led on by the NATP and an agency was identified in October 11 – The Learning Curve Institute. This agency will provide 60 days of training to the 10 NDRIC Pilot Sites in 2011 and 2012, based on core principles from the NDRIC Rehabilitation Framework.</p> <p>Three key modules have been developed by the NATP to this effect, encompassing training on:</p> <ul style="list-style-type: none"> <li>- Key Working</li> <li>- Care Planning</li> <li>- Case Management</li> </ul> <p>By the end of 2011 the training will be piloted in one of the NDRIC pilot sites and rolled-out to the remaining 9 pilot sites during the first half of 2012.</p>
<b>Action 48</b>	<p>Develop an appropriate educational model for:</p> <p>(i) paramedic (ambulance service) <b>Pre-Hospital Emergency Care Council (PHECC)</b> and</p> <p>(ii) nurse and midwife training to ensure that those qualifying are familiar with relevant drug treatment issues and alternative care pathways. <b>An Bord Altranais</b></p> <p>Include comprehensive coverage of problem substance issues in undergraduate doctor training.</p> <p><b>The Medical Council</b></p> <p><b>D/Health (now fulfilling lead role)</b> with support from Pre-Hospital Emergency Care Council (PHECC), An Bord Altranais, The Medical Council</p>	<p>(i) The PHECC carried out a review of the standards of education (done on a 3 yearly basis). The review included a module dealing with general medical emergencies, including the identification and management of patients who present with poisonings/overdose.</p> <p>(ii) A review of the undergraduate nursing and midwifery degree programmes has commenced. A Group has been established to oversee the review of the nursing and midwifery programmes having regard to the objectives of the current health reform programme and the future workforce needs of the public health. (See also Action 36).</p> <p>(iii) The Council of Deans of Faculties with Medical Schools of Ireland (CDFMSI) consider that all teachers and undergraduate students of medical education and training should be familiar with all aspects of the effects and treatment of substance misuse. The CDFMSI will endeavour to ensure that students and teachers across schools are familiar with the National Drugs Strategy.</p>

	<b>Research &amp; Information Pillar Actions</b>	<b>Progress to Date in Implementation of Actions</b>
<b>Action 49</b>	<p>Continue to implement and develop, as appropriate, the five key EMCDDA epidemiological indicators and the associated data collection systems:</p> <p>(i) Prevalence and patterns of drug use among the general population (this will include the continuation of the Drug Prevalence Survey and ESPAD); <b>NACD (Lead Role)</b></p> <p>(ii) Prevalence and patterns of problem drug use; <b>NACD (Lead Role)</b></p> <p>(iii) Demand for drug treatment; <b>HRB (Lead Role)</b></p> <p>(iv) Drug-related deaths and mortality of drug users; <b>HRB (Lead Role)</b> and</p> <p>(v) Drug-related infectious diseases <b>HRB (Lead Role)</b></p> <p>Consider the development of appropriate problem alcohol use epidemiological indicators and the associated data collection, building on existing monitoring systems and prevalence surveys. <b>D/Health (Lead Role)</b></p> <p>Support from HSE, HRB; NACD and other relevant Departments and agencies as appropriate</p>	<p>i. The 2010/2011 survey on Drug Use in Ireland and Northern Ireland was carried out according to standards set by the EMCDDA. The fieldwork in Ireland was carried out between October 2010 and May 2011. The first results were launched by Minister Shortall on 22<sup>nd</sup> November 2011 with the remaining bulletins following over the course of 2012.</p> <p>ii. In the context of the NACD's 2012 Work Programme it is considering the commissioning of a new study to estimate the prevalence of problem opiate and cocaine use. This study will be informed by a Research Working Paper completed by the University of Glasgow in 2011 addressing some methodological issues identified in earlier studies. The Research Working Paper was published online <a href="http://www.nacd.ie">www.nacd.ie</a> in December 2011.</p> <p>iii. The NDTRS has published a Trend paper on benzodiazepines and will publish a trend paper on all drugs 2006 to 2010 in Dec 2011. The treatment demand indicator was revised extensively at EMCDDA and these changes will need to be implemented in Ireland in 2012 and will require extensive support from the HSE and DOH.</p> <p>iv. The NDRDI is a comprehensive data collection mechanism. The 2009 figures from the NDRDI were published in Dec 2011.</p> <p>v. The number of newly diagnosed cases of HIV have decreased.</p>
<b>Action 50</b>	<p>Develop, in association with the EMCDDA, and implement new indicators at national level for the following three areas:</p> <p>I. harm reduction;</p> <p>II. public expenditure; and</p> <p>III. drugs and crime.</p> <p><b>HRB (Lead Role)</b></p>	<p>i. Discussions have taken place with respect to national approaches for data collection in needle exchanges using EMCDDA requirements.</p> <p>ii. Public expenditure – Report on Ireland's public expenditure 2010 organised according to EMCDDA analytical framework (i.e. UN's Classification of Functions of Government [COFOG]) submitted to EMCDDA, October 2011</p> <p>iii. Drugs and crime: The development of new drugs and crime indicators is currently the focus of attention by the European Commission and the EMCDDA. The HRB researcher with responsibility for drugs and crime participated as a discussant at the first European conference on drug supply indicators in Brussels in October 2010. This meeting was jointly facilitated by the EMCDDA and European Commission (See EMCDDA/Commission letter attached). A follow-up meeting took place in Lisbon in October to develop this process further and again the HRB performed an active role in this meeting at the request of the EMCDDA. It is anticipated that there will be a further meeting in 2012 to carry this action forward.</p> <p>The illicit drug markets study to be published in 2012 by the NACD and the HRB also addresses some of the issues relating to the challenges associated with drugs and crime indicators.</p>

	<b>Research &amp; Information Pillar Actions</b>	<b>Progress to Date in Implementation of Actions</b>
<b>Action 51</b>	<p>Monitoring problem substance (including alcohol) use among those presenting to hospital Emergency Departments</p> <p><b>HSE (Lead Role)</b></p>	<p>The report of “Towards a Framework for Implementing Evidence Based Alcohol Interventions” recommended that improved electronic data collection to capture patients who have received a brief intervention and a referral to specialist services be developed. The project will identify mechanisms for this and the inclusion of M-SASQ single item screening question in electronic patient records in 2012.</p> <p>See also Action 36.</p>
<b>Action 52</b>	<p>Seek to put in place a unique identifier to facilitate the development of reporting systems in the health area while respecting the privacy rights of the individuals concerned.</p> <p><b>D/Health (Lead Role)</b></p>	<p>The legal basis for the introduction of a unique identifier for the health system will be provided for in the Health Information Bill which is currently being drafted.</p>
<b>Action 53</b>	<p>Implement the recommendations of the Review of the Coroner Service to reduce delays in reporting so that information is available on a timely basis for the NDRDI.</p> <p><b>D/J&amp;E (Lead Role)</b></p>	<p>The Coroners Bill 2007, which was restored to the Seanad Order Paper in May 2011, provides for the comprehensive reform of coronial law and procedures and for organisational arrangements – in summary, the establishment of a national Coroner Service, organised on a regional or county basis, to be funded and provided by the Minister for Justice and Equality.</p> <p>The difficult financial situation means that a more gradual, cost neutral approach to reform must be taken and it has been necessary to re-examine the proposals for the restructuring of the Coroner Service in light of the level of funding now available.</p>
<b>Action 54</b>	<p>Consider the further development of systems monitoring changing drug trends in line with the EU Early Warning System</p> <p><b>NACD (Lead)</b> with support from D/J&amp;E; HRB; D/Health (formerly OMD); FSL</p>	<p>The NACD’s Early Warning and Emerging Trends Sub Group is working to develop an annual report based on information supplied by a number of national laboratory stakeholders. This will support Ireland’s full participation in the EU early warning system.</p> <p>The NACD Sub Group is also working with the HSE to develop a communications protocol for notification of drug use emergencies to frontline line health services, clinicians, drugs related services and the general public. It is envisaged this would issue in cases of high risk of fatality association with a particular drug product or batch of product.</p>

	<b>Research &amp; Information Pillar Actions</b>	<b>Progress to Date in Implementation of Actions</b>
<p><b>Action 55</b></p>	<p>The Minister of State, the OMD and the NACD will develop and prioritise a research programme, revised on an annual basis. This would consider the following areas, among others, as possibilities for research:</p> <ul style="list-style-type: none"> <li>• Areas of research recommended in the Report of the Working Group on Drugs Rehabilitation;</li> <li>• Harm reduction approaches, based on an evidence-based approach covering developments internationally;</li> <li>• Examining the evidence of the effectiveness of the progression of clients from substitute maintenance treatments to abstinence;</li> <li>• Psychosocial adjustment, and quality of life, of patients on long-term methadone maintenance treatment.</li> <li>• Examining the misuse and prolonged use of psychotropic drugs;</li> <li>• Factors influencing deaths that are indirectly related to drugs;</li> <li>• New developments in treatments for drugs;</li> <li>• The impact of alcohol and drugs on the Irish health and justice systems;</li> <li>• Further research on psychiatric co-morbidity among drug users;</li> <li>• Prevalence patterns of problem substance use among prisoners and homeless people</li> </ul> <p><b>NACD (Lead Role)</b></p> <ul style="list-style-type: none"> <li>• Examining the feasibility of developing an indicator to monitor changes in the prevalence of substance misuse among youth at risk.</li> </ul> <p><b>NACD (Lead Role)</b> with support from D/CYA</p>	<p>The following report is subject to the re-constitution of the National Advisory Committee on Drugs and agreement of their proposed Work Programme for 2012.</p> <p><b>Outcomes of Rehabilitation Services</b> The NACD proposes to commission research that will seek to measure the rehabilitation outcomes for people with substance misuse problems who have availed of rehabilitation services in Ireland.</p> <p><b>The Impact of Parental Substance Misuse on Children</b> In October 2011, Minister Shortall launched a NACD literature review, <i>Parental Substance Misuse: Addressing its Impact on Children</i>. The review identified key consequences of parental substance misuse related to child development, parenting and family life and child outcomes. A series of recommendations were identified for policy consideration.</p> <p><b>Prevalence patterns of problem substance use among prisoners</b> A draft of a study, commissioned by NACD and undertaken by UCD, on drug prevalence, including intravenous drug use and blood borne viruses among the Irish prisoner population is currently under consideration. It is envisaged that the study will be published in 2012.</p> <p><b>Drug Markets Study: Illicit Drug Markets in Ireland</b> This study was undertaken by the Health Research Board on commission from the NACD. The study is currently being edited.</p> <p><b>Research Working Paper on Cannabis Potency</b> In December 2011, the NACD published on <a href="http://www.nacd.ie">www.nacd.ie</a> a baseline report on cannabis potency for the period October-December 2010, based on analysis by the Forensic Science Laboratory. A report on cannabis potency for the period January-June 2011 is due for submission.</p> <p><b>Harm Reduction Approaches</b> In the context of the forthcoming National Overdose Prevention Strategy, the NACD will consider examining harm reduction approaches as part of their Work Programme 2012.</p>
<p><b>Action 56</b></p>	<p>Develop a research management framework in regard to problem substance use in Ireland; Disseminate research findings and models of best practice.</p> <p><b>NACD (Lead Role)</b> with support from HRB, D/Health (formerly OMD)</p>	<p>A call to the heads of research in the Universities and research bodies in Ireland was undertaken, inviting them to provide information on current research activities they are funding that have a specific focus on problem substance misuse, including any recent research findings. They were also invited to outline what they consider to be the key research priorities within their areas of responsibility in relation to substance misuse as well as the economic priorities driving research in this area.</p> <p>In 2011 the NACD adopted a corporate policy on data management. This includes procedures for the sharing of NACD data with third parties.</p>

	<b>Co-ordination Pillar Actions</b>	<b>Progress to Date in Implementation of Actions</b>
<b>Action 57</b>	<p>Establish an Office of the Minister for Drugs with the roles and responsibilities outlined in chapter 6.</p> <p><b>D/CE&amp;GA (Lead Role)</b></p>	<p>The OMD role was subsumed into the Department of Health in May 2011 and undertaken by the Drugs Policy Unit and the Drugs Programmes Unit.</p>
<b>Action 58</b>	<p>Establish the Oversight Forum on Drugs (OFD) with the terms of reference set out in chapter 6.</p> <p><b>D/CE&amp;GA (Lead Role)</b></p>	<p>OFD has been established</p>
<b>Action 59</b>	<p>Develop an overall performance management framework for the NDS across all Departments and Agencies to assess and monitor progress.</p> <p><b>D/Health (formerly OMD) (Lead Role)</b></p>	<p>The Performance Management is being undertaken by the Department of Health through the operation of the Oversight Forum on Drugs and through the monitoring of progress on the Actions of the National Drugs Strategy.</p> <p>It is proposed that Annual Reports monitoring of progress on the Actions of the National Drugs Strategy will be published on the Department of Health website <a href="http://www.doh.ie">www.doh.ie</a>.</p>
<b>Action 60</b>	<p>Continue to develop engagement with specifically identified at risk groups, including:</p> <ul style="list-style-type: none"> <li>• Travellers;</li> <li>• New Communities;</li> <li>• LGBTs;</li> <li>• Homeless; and</li> <li>• Sex Workers</li> </ul> <p>at the appropriate national/regional/local level in the design and planning of interventions under the NDS.</p> <p><b>D/Health (formerly OMD) (Lead Role)</b></p>	<p>A dedicated Sub-group of the Drugs Advisory Group produced a report identifying a range of measures to help progress the implementation of this Action and Actions 41, 42, and 44. The implementation of this report will be monitored by the Drug Advisory Group.</p>
<b>Action 61</b>	<p>Develop protocols between relevant Departments and Agencies to ensure that a more co-ordinated approach is put in place to support Ireland's international role and responsibilities in relation to problem drug use.</p> <p><b>D/Health (formerly OMD) (Lead Role)</b></p>	<p>Protocols between relevant Departments and Agencies have been agreed.</p> <p>The <i>International Drugs Issues Group</i>, involving relevant Departments and Agencies, meet on an ongoing basis.</p> <p>In the context of Ireland's Presidency of the EU (Jan-Jun 2013) an <i>Irish EU Presidency Drugs Steering Group</i> has been established.</p>
<b>Action 62</b>	<p>Review and renew the participation and commitment of members of the Drugs Task Forces.</p> <p>Revise the Drugs Task Force Handbook to take account of the new structural arrangements.</p> <p>Review Drugs Task Force boundaries.</p> <p>Examine the optimum structure for the employment</p>	<p>A review is being undertaken of Drugs Task Forces and the associated national structures which underpin the National Drugs Strategy. Having regard to the outcome of the review, measures will be developed to implement reforms in this area.</p>



	<b>Co-ordination Pillar Actions</b>	<b>Progress to Date in Implementation of Actions</b>
	arrangements of Drugs Task Force personnel. <b>D/Health (formerly OMD) (Lead Role)</b>	
<b>Action 63</b>	Consider the need for/desirability of a dedicated treatment agency, looking at UK and international best practice models. <b>OMD (Lead Role)</b>	Following consideration of the matter it was decided not to pursue the establishment of a dedicated treatment agency for drugs.