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# National Drugs Strategy 2009- 2016

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Progress Report to End 2014

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## National Drugs Strategy 2009-16: Implementation of Actions

### Progress Report 2014

	<b>Supply Reduction Pillar Actions</b>	<b>Progress to end 2014 in Implementation of Action</b>
<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>Department of Health</b></p>	<p>The Government has approved an extensive package of measures to deal with alcohol misuse to be incorporated in a Public Health (Alcohol) Bill. These measures are based on the recommendations contained in the <i>Steering Group Report on a National Substance Misuse Strategy, 2012</i>.</p> <p>It is hoped to publish a General Scheme of a Public Health (Alcohol) Bill early in 2015.</p> <p>The other measures (e.g. for the HSE, professional bodies etc.) set out in the National Substance Misuse Strategy, were endorsed by Government and are to be progressed by the relevant departments and organisations. Letters were issued in early 2014, to all Departments and Agencies identified as leads or participants requesting them to commence implementation of the recommendations. The HSE has responsibility for implementing a number of recommendations in the National Substance Misuse Strategy and this is reflected in the HSE Service Plans.</p>
<b>Action 2</b>	<p>Establish LPFs in all LDTF areas and other areas experiencing serious and concentrated problems of drug misuse</p> <p><b>D/J&amp;E D/EHLG, An Garda Síochána (all 3 sharing Lead Role)</b></p>	<p>Local Policing Fora have been established in all 14 Local Drug and Alcohol Task Force areas in line with the updated Joint Policing Committee guidelines published in 2014.</p>

<p><b>Action 3</b></p>	<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>Revised Guidelines for the operation of JPCs were issued in August 2014, following a wide ranging consultation process. The new guidelines continue to emphasise the role of JPCs in relation to drug related crime, in line with the provisions of Section 36 (2) of the Garda Síochána Act 2005. The revised guidelines emphasise the need for strategic and coordinated working by JPCs. The need to specifically address drug related issues is underlined by a requirement that the objectives in JPC strategic work plans are linked appropriately with relevant Drugs Task Force plans.</p>
<p><b>Action 4</b></p>	<p>Foster community engagement in areas most affected by the drug problem through the establishment and support of appropriate drug networks.</p> <p><b>DTFs, D/Health (formerly OMD), C&amp;V sectors</b></p>	<p>Drugs Task Forces play a key role in fostering community engagement through establishing and supporting drug networks at local level.</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>
<p><b>Action 5</b></p>	<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; Department of Justice &amp; Equality</p>	<p>As a result of concerns being raised regarding the use of threats and intimidation linked to drug related debt a framework for tackling this problem has been put in place by An Garda Síochána.</p> <p>Under this framework a “Drug-Related Intimidation Programme” has been established by the Garda National Drugs Unit in conjunction with the community based National Family Support Network (NFSN). The purpose of this programme is to respond to the needs of drug users and their family members who experience drug related intimidation to repay drug debts etc.</p> <p>As part of this programme, a Garda Inspector has been selected in each Garda Division to manage this issue. Each Garda Inspector will act as a single point of contact for individuals (or for representatives of the NFSN acting on individuals/families behalf) in responding to any issues of drug related intimidation being experienced. An Garda Síochána will deal with the issue of drug related intimidation in a confidential and secure manner.</p> <p>More information in relation to the programme is available at <a href="http://www.garda.ie">www.garda.ie</a>, <a href="http://www.fsn.ie">www.fsn.ie</a> and <a href="http://www.drugs.ie">www.drugs.ie</a></p>

<p><b>Action 6</b></p>	<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) with support from An Garda Síochána; The Courts Service; Irish Prison Service</b></p>	<p>A project has been initiated with the aim of establishing linkages between the IT systems of the criminal justice 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.</p> <p>The further development of this system is subject to review having regard to the current economic situation and budgetary constraints.</p> <p>Resources containing drug offence/offender related data continue to be made available including, for example:-</p> <ul style="list-style-type: none"> <li>• The CSO Crime Statistics</li> <li>• The Annual Reports of the Courts Service, the Irish Prison Service and An Garda Síochána</li> <li>• CSO Prison and Probation Recidivism Studies</li> <li>• The joint Probation Service/CSO Community Return Study report published in 2014</li> </ul>
<p><b>Action 7</b></p>	<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>A framework has been developed and is now in place on a National level, whereby an Inspector has been nominated in every Garda Division nationwide to ensure that there is an appropriate Garda response to target adults involved in the drugs trade who use children to engage in illegal activities associated with the drugs trade.</p> <p>All information will be dealt with at local level and 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>An Garda Síochána will notify the HSE in appropriate circumstances.</p>
<p><b>Action 8</b></p>	<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>Improvement of security is an ongoing matter for the IPS.</p>

<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>The roadside chemical drug testing implementation group, formed in 2013 under the Chairmanship of the Medical Bureau of Road Safety (MBRS), continued its work through 2014. A legislative working group, chaired by the Department, has developed heads of a bill for inclusion in the Road Traffic Bill 2015. The draft Heads, which will provide roadside testing of drivers for drugs and strengthen the law in relation to drug driving, have been circulated to other Government Departments. Their responses are currently being considered. The draft general scheme of the Bill will be submitted to Government in the coming weeks.</p> <p>During 2014 an invitation to tender issued for the supply of suitable devices to test for the presence of drugs in drivers at the roadside. The Department of Transport, Tourism and Sport (DTTAS) gave sanction to recruit 4 additional scientists and one administrative staff member to the complement of the MBRS to support this objective and these staff were taken on in 2014.</p> <p>Training provided by the MBRS to the Gardaí is on-going. The MBRS published guidelines for Doctors, Nurses and Gardai for the taking of blood specimens from incapacitated drivers under legislation which was commenced in November 2014.</p> <p>Roadside impairment testing consisting of non-technological cognitive tests was also introduced in November 2014. This allows Gardai to test whether a driver is impaired and the results may be used in evidence in prosecutions</p> <p>Examinations of toxicology reports are not currently carried out by the MBRS.</p>
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<p><b>Action 10</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.</p> <p><b>An 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 example of this includes Section 14 of the Intoxicating Liquor Act 2008 which makes provision for the test purchasing of alcohol products. The primary objective of the scheme, which entered into force on 1 October 2010, is to enable An Garda Síochána to target those licensed premises which are suspected of engaging in illegal sales of alcohol to young people.</p> <p>In addition, as part of the Government's decision in October 2013 to introduce a range of measures to help address the impact of alcohol misuse, particularly on young people, the Minister for Health and the Minister for Justice and Equality are currently examining, in the context of the forthcoming Public Health (Alcohol) Bill, the best way to implement the separation of alcohol products from other products in mixed trading premises.</p> <p>In terms of enforcement, 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. As a result of the legislation An Garda Síochána have completed a policy on the test purchasing of alcohol. Test Purchase operations began in 2011 and have successfully continued to operate throughout the country in 2014. Between 2011 and 31/12/14, 1,197 test purchase operations were completed. 279 test Purchase Operations were completed in the period 1<sup>st</sup> January 2014 – 31<sup>st</sup> December 2014.</p> <p>The National Age Card continues to be a successful initiative. Between 1<sup>st</sup> January 2014 and the 31<sup>st</sup> December 2014 there were 60,601 applicants. The Age Card provides proof of age for young persons wishing to purchase alcohol and is now widely accepted by retailers as the preferred Proof of Age for young people. An Garda Síochána have also carried out a number of awareness campaigns in May, June, September and October of 2014, in an effort to promote the use and acceptance of the Age Card. The awareness campaign included a presence on the Garda Stand at the National Ploughing Championships and at Bloom among others. The target market for any awareness campaign is school leavers and third level students. An Garda Síochána also have an ongoing relationship with the PSA, The Licensed Vintners Authority, The Vintners Association and the National Off-Licence Association who promote the Age Card with their members on a regular basis. The National Substance Misuse Strategy also contains recommendations to tackle the sale, supply or delivery of alcohol to minors, with particular emphasis on age verification.</p>
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<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><b>D/J&amp;E Lead Role</b></p>	<p>Plans for the new Forensic Science Laboratory (FSL) have been the subject of review having regard to current public expenditure restrictions. Proposals to build a new laboratory cannot be proceeded within the current economic climate.</p> <p>Staffing levels for the Forensic Science Laboratory (FSL) remain under ongoing review subject to the Department of Public Enterprise &amp; Reform's direction on civil service recruitment. In that context a competition to fill four vacancies at senior level, including Head of DNA is currently underway following sanction secured from that Department.</p> <p>The Programme for Government includes a commitment to establish a DNA Database to assist the Gardaí in the investigation of serious crime. The operation of the Database is to provide high quality intelligence to assist the Gardaí in the detection of crime and the identification of missing / unknown persons and updates the legal framework generally for the taking of forensic samples.</p> <p>On foot of this commitment the Criminal Justice (Forensic Evidence and DNA Database System) Act 2014 which was signed into law by the President in June 2014 provides for the establishment and operation of the DNA database. A number of implementing measures must be put in place before the Act can be fully commenced and the database can become operational. This includes the enactment of secondary legislation such as Regulations and Ministerial Orders, establishment of Codes of Practice and protocols in each participating Agency and the establishment of a DNA Oversight Committee.</p> <p>An Implementation Group comprising representatives of all relevant agencies including FSL and An Garda Síochána was established in 2014 to oversee the implementation of the Act and work on all necessary implementing measures is well advanced.</p>
<p><b>Action 12</b></p>	<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 ; 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>An Garda Síochána introduced a Presumptive Testing Process on a National level in February 2010 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. The Programme operates on a National level and its effectiveness is monitored on an on-going basis. There are currently 246 trained members under this Action.</p>
<p><b>Action 13</b></p>	<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. Arising from that review, a Senior Steering Committee was put in place to oversee the operation of the Court and the implementation of the recommendations. A further examination of the operation of the court was carried out during 2012/2013 by the Committee and its report was submitted to the Minister for Justice and Equality.</p> <p>Against this background the Minister for Justice and Equality is examining options as a way forward for the operation of the Court. The matter will be progressed alongside wider justice reforms that are also under consideration such as consideration of the proposal to establish a Community Court.</p>

<p><b>Actions 14 &amp; 15</b></p>	<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>Department of Health (Lead Role);</b> with support from An Garda Síochána; Department of Justice &amp; Equality; Revenue's Customs Service; Irish Medicines Board; Department of Environment, Community &amp; Local Government; Community &amp; Voluntary sectors</p>	<p>In 2010 and 2011, a total of approximately 260 substances were placed under the control of the Misuse of Drugs Acts.</p> <p>In addition, the commencement of the Criminal Justice (Psychoactive Substances) Act 2010 by the Department of Justice, Equality &amp; Law Reform led to the closure of the vast majority of Headshops.</p> <p>Under EU Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances, Ireland was required to submit a number of substances to control measures under its national law. As part of this process, on the 17 December 2014 the Government approved an Order declaring a number of "legal highs" to be controlled drugs under the Misuse of Drugs Acts as they are liable to misuse. They are;</p> <ul style="list-style-type: none"> <li>(a) 4-iodo-2,5-dimethoxy-N-(2-methoxybenzyl) phenethylamine(25I-NBOMe);</li> <li>(b) 3,4-dichloro-N-[[1-dimethylamino) cyclohexyl]methyl] benzamide (AH-7921);</li> <li>(c) 2-(3-methoxyphenyl)-2- (ethylamino)cyclohexanone (methoxetamine);</li> <li>(d) 5-(2-Aminopropyl)indole (5-IT)</li> </ul> <p>The Department of Health, following consultation with key stakeholders, is preparing an amendment to the Misuse of Drugs Regulations to place additional controls on benzodiazepines and z-drugs, as well as bringing 36 phenethylamine derivatives (so-called Pihkals which are psychedelic derivatives) under control. A further consultation was held with stakeholders by posting on the Department's website a draft of the Amendment. As the work involved is of a technical and complex nature it is anticipated that the new Regulations will be introduced in mid-2015.</p>
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<p><b>Action 16</b></p>	<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>Department of Health (Lead Role)</b> with support from Revenue's Customs Service; Irish Medicines Board; Community &amp; Voluntary 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> <p>In late 2012, the EU Commission published two proposals to amend existing Regulations controlling precursors. Council Regulation (EC) 111/2005 provides for monitoring of trade in drug precursors between the Community and third countries. It is proposed to strengthen this legislation by broadening its scope through the introduction of controls on medicinal products containing ephedrine and pseudoephedrine, which can be used as a starting material in the production of methamphetamines.</p> <p>Regulation (EC) 273/2004 established harmonised measures for the intra-Community control and monitoring of certain substances used for the illicit manufacture of narcotic drugs with a view to preventing their diversion. This new COM proposal aims to reinforce this legislation by strengthening control measures on acetic anhydride (AA) by imposing registration requirements on end-users. AA is the main drug precursor for heroin, and is a chemical widely used in many legitimate settings in Ireland. Currently, the registration requirement for AA applies only to those primarily engaged in direct manufacture and/or supply and distribution of the chemical.</p> <p>The amending regulations were negotiated during 2013 in the Customs Union Working Group and in December 2013, the amending regulations were published in the Official Journal of the European Union. The amending regulations are Regulation (EU) No. 1258/2013 and Regulation (EU) No. 1259/2013 respectively.</p>
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<p><b>Action 17</b></p>	<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>During 2014, An Garda Síochána and Revenue's Customs Service carried out a number of successful joint operations resulting in a number of significant seizures. An Garda Síochána and Revenue Customs in cooperation with their international law enforcement colleagues, have also had a number of significant seizures which include hundreds of millions of euro worth of Cocaine. An Garda Síochána continue to liaise with their international counterparts.</p> <p>The Maritime Analysis and Operations Centre – Narcotics (which includes representatives of An Garda Síochána, and Revenue's Custom Service) sea operations resulted in the seizure of over 6.5 tonnes of cocaine and 180 tonnes of cannabis in 2014.</p> <p>An Garda Síochána maintains a strategic partnership with the Police Service in Northern Ireland and many other European Jurisdictions and embarks on joint strategic and tactical investigations into drug trafficking activities impacting on this jurisdiction. This is a continuing strategy of An Garda Síochána involving a multi-agency approach on both a national and international level.</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 on-going operations. Revenue's drug seizures during 2014 are set out in the attachment. 46 joint controlled delivery operations involving Revenue's Customs Service and An Garda Síochána, and/or the Irish Medicines Board were carried out during 2014. This figure is slightly below the 2013 figure of 53 joint controlled deliveries. Revenue's Customs Service also participated in several international operations including</p> <ul style="list-style-type: none"> <li>- Operation PANGAEA VII, an international World Customs Organisation (WCO)/Interpol operation targeting trade in illicit/counterfeit medicines and internet pharmacies;</li> <li>- Operation ICare, a joint EU regional maritime Customs Operation</li> <li>- Operation Eagle Eye 2, targeting diversion of Acetic Anhydride (AA)</li> <li>- Operation Archimedes, a Europol and EMPACT led EU wide operation focusing on drugs and synthetic drugs</li> <li>- Operation Mackerel, a Revenue led Joint Task Force operation targeting a sailing vessel the Makayabella which was intercepted by the Irish Naval Service with Customs and Gardaí on Tuesday, September 23, 2014. The yacht with a three-man crew on board was boarded by armed Naval Service, Customs, and Gardaí and brought into Haulbowline Naval Base with its cargo of approx. 1 tonne of cocaine still on board.</li> </ul> <p>Revenue is engaged at an international level with the EU Customs Cooperative Working Party (CCWP), the World Customs Organisation (WCO), Europol, and the European Multi-disciplined Platform Against Criminal Threats (EMPACT) and MAOC-N in on-going actions aimed at intercepting and preventing the trafficking of drugs, illicit medicines, new psychoactive substances and drug precursors.</p>
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<p><b>Action 18</b></p>	<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; Department of Health; Health Research Board</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 monitors the volume of controlled drugs seized in this jurisdiction and provides data on Drug Supply indicators to the EMCDDA to facilitate the collection of figures at a European level. The information supplied forms part of the EMCDDA's Annual Report.</p> <p>The Garda National Drug Unit attends and contributes to meetings at the EMCDDA in Lisbon, in relation to European trends around the issue of controlled drugs. Also, when new Psychoactive Substances or cases of interest are discovered in Ireland, Europol and the EMCDDA are informed through the Early Warning Emerging Trends sub-group of the National Advisory Committee on Drugs and Alcohol.</p>
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	<b>Prevention Pillar Actions</b>	<b>Progress to end 2014 in Implementation of Action</b>
<b>Action 19</b>	<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>Department of Health (formerly Office of the Minister for Drugs) (Lead Role)</b> with support from HSE; Department of Education &amp; Skills; Department of Children &amp; Youth Affairs; An Garda Síochána; Drugs Task Forces and Service Providers.</p>	<p>This action is being implemented in the context of the National Substance Misuse Strategy, which contains a specific action proposing the further development of a co-ordinated approach to prevention and education interventions in relation to alcohol and drugs as a co-operative effort between all stakeholders, including educational organisations, sporting organisations, community services, youth organisations and services and workplaces.</p> <p>In line with the National Substance Misuse Strategy, the Dormant Accounts Fund 2015 includes funding of €1m for a substance misuse measure designed to support an integrated and evidence-based approach to prevention and education interventions aimed at tackling problem drug and alcohol misuse at the local level. Funding of up to €41,000 will be available to each Task Force for a range of activities, including community mobilisation, the development of drug and alcohol policies, the review and evaluation of drug and alcohol policies and local and regional drug and alcohol awareness campaigns. In addition, the Alcohol Forum is piloting community mobilisation training in five Drug and Alcohol Task Force areas to encourage community engagement in tackling the misuse of alcohol at the local level. It is intended to evaluate the pilot and to extend it to other Task Force areas if successful.</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>The recommendations in Looking at Social, Personal and Health Education: Teaching and Learning in Post-Primary Schools (DES, 2013) are being progressed in the context of overall policy development in relation to SPHE and wider curricular reform. The Department's Inspectorate continues to monitor the effectiveness of the implementation of substance use policies in schools through the whole-school evaluation process and the inspectorate system. Evaluations of SPHE provision continue through the Inspectorate's programme of whole-school evaluation.</p> <p>In July 2014, the Department of Education and Skills published the report of the Working Group on Educational Materials for use in Social Personal and Health Education (SPHE), with particular reference to Substance Use Education. The report's recommendations, which are currently being implemented, are aimed at assisting teaching staff and schools/centres for education in the delivery of the SPHE programme with a view to complementing actions specified in the National Drugs Strategy.</p> <p>In 2014, the newly-formed cross-sectoral Health and Well-Being team in the Professional Development Service for Teachers (PDST) was responsible for the SPHE curriculum, including substance misuse, RSE, Child Protection, Anti Bullying and the PE curriculum. The Department of Education and Skills, the Department of Health and the HSE have recently reconfigured the Health and Well-Being partnership arrangement. This Partnership is delivered in the context of the overarching framework of Healthy Ireland, a whole-of-Government and whole-of-society approach to improving health and well-being and the quality of people's lives. The Partnership is designed to assist schools and teachers in the promotion of health and well-being in the school community. There are two strands to the partnership, one delivered by The Department of Education and Skills – the school curriculum – and the Health Promoting School delivered by the HSE. Greater collaboration is now taking place in relation to the creation of a complementary programme of support for schools.</p> <p>The PDST provides support to schools with the development and review of substance use policies and with planning lessons and choosing appropriate teaching materials. Resources have been developed to support schools in implementing Walk Tall. The content for the materials has been finalised with a view to them being available to schools in 2015. During 2014 almost 9,500 teachers attended training in the area of Wellbeing supported by the PDST</p> <p>Support materials for primary schools in the area of substance misuse prevention education are available on the PDST website <a href="http://www.pdst.ie">www.pdst.ie</a>. The 'resources' section of the <a href="http://www.sphe.ie">www.sphe.ie</a> website has a section on Alcohol and Drugs which has post-primary teaching resources, policy and useful links available to download.</p> <p>The results of the 2012 'Lifeskills Survey' of primary and post primary schools were published by the Department in January 2014. The findings in relation to substance use are as follows:  88% of primary and 93% of post primary schools had a substance abuse policy  94% of primary schools reported using the 'Walk Tall' programme  83% of post primary schools reported using the 'On My Own Two Feet' resource  90% of primary and 100% of post primary schools reported providing information to their pupils on promoting awareness of and how to combat drug abuse  99% of both primary and post primary schools reported that they provide information to their pupils to enable them to resist inappropriate peer pressure.</p> <p>The Framework is underpinned by 8 principles, one of which is "Well-being" whereby "the student experience contributes directly to their physical, mental, emotional and social wellbeing and resilience.</p>
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<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>Department of Health (formerly Office of the Minister for Drugs) (Lead)</b> and all other relevant Departments/ Agencies</p>	<p>This Action has been superseded by Action 2 (Prevention Pillar) and Action 2 (Treatment and Rehabilitation Pillar) of the National Substance Misuse Strategy.</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</p>	<p>As part of the Youthreach Quality Framework Initiative (QFI), 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 trained in the Substance Abuse Prevention Programme that they implement. Education and Training Board (ETB) Youthreach centres continue to be evaluated by the Inspectorate of the Department of Education and Skills.</p> <p>SPHE is included in the range of subjects offered by Youth Encounter Projects (YEPs). The schools run programmes such as STOP, THINK, DO, and the Copping on Programme. The Department funds an Education</p>

	<p>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>Worker Post in the Talbot Centre and the Education Worker provides information sessions and training workshops to all staff in one of the YEPs.</p> <p>Drug education is included in VTOS, Community training and other adult education programmes as required.</p>
<p><b>Action 24</b></p>	<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>Department of Children &amp; Youth Affairs (Lead)</b></p>	<p><i>Better Outcomes, Brighter Futures: the National Policy Framework for Children and Young People 2014 – 2020</i> was launched by the Taoiseach, the Tánaiste and Minister for Children and Youth Affairs on the 16 April 2014. The National Policy Framework comprehends the age ranges spanning children and young people (0 – 24 years). The Framework captures all children and youth policy commitments across government and prioritises six key transformational goals which will be acted upon to achieve specified outcomes. It sets out new implementation structures which will provide a forum for the engagement of all stakeholders and to achieve accountability.</p> <p>The new implementation structures involve a Children and Young People’s Policy Consortium, a Sponsors’ Group and a new Advisory Council.</p> <p>The Children and Young People’s Policy Consortium comprises high-level representation from Government Departments and agencies, key experts and representatives from a range of sectors and settings working with children and young people.</p> <p>The Sponsors Group is a strategic group of officials from Government Departments that will meet as required. Members of the Sponsors Group also sit on the Consortium. Each Sponsor has been assigned an Outcome area and will assist in driving the implementation of <i>Better Outcomes Brighter Futures</i>.</p> <p>The Advisory Council will provide the platform for the NGO sector involved in the area of children and young people to engage with the structures outlined above in order to actively guide and support the implementation of <i>Better Outcomes, Brighter Futures</i>.</p> <p><b><u>The National Youth Strategy</u></b></p> <p>The National Youth Strategy will focus on the youth-related policy commitments outlined in <i>Better Outcomes, Brighter Futures</i>, the National Policy Framework for Children and Young People. It will be a universal strategy for all young people aged 10 to 24. It will have a particular focus on those who are most disadvantaged or at risk and who have the poorest outcomes and therefore in most need of support. A consultation on the priorities for the National Youth Strategy is underway and it will run into February 2015. It is anticipated that the Strategy will be completed promptly thereafter.</p> <p><b><u>Value for Money and Policy Review</u></b></p> <p>The National Youth Strategy will be informed by the Value for Money and Policy Review of the youth funding</p>

		<p>schemes that target disadvantaged young people published in December 2014/ The review makes recommendations for the future operation of youth programmes that will shape their development in the years ahead to ensure quality, effective, value-for-money services that are evidence based and secure the best outcomes for young people. The recommendations of the review will be progressed in the context of the National Youth Strategy that is being developed for publication in 2015.</p> <p>Throughout 2015 DCYA will continue to co-ordinate activities in provision of youth services, including:</p> <p><b>Quality Standards Initiatives for the youth sector:</b> The Department is currently progressing the implementation of two quality standards initiatives in the youth area. These will help ensure an improvement in good practice, that these services and projects are outcomes focussed and that the young people involved are deriving the maximum benefit from being involved.</p> <p><b>National Quality Standards Framework for Youth Work (NQSF)</b> gives youth organisations and services the opportunity to articulate their youth work practice through a structured framework and to review, assess and continually develop this practice. The NQSF applies to all staff-led youth work organisations, services, projects and programmes funded by the Department. In 2014, all youth services and youth organisations funded by the Department have commenced implementation of the NQSF.</p> <p>A set of <b>best-practice standards for volunteer-led youth clubs and groups</b> was introduced in 2013. The aim of these standards is to support some 1,600 clubs with some 100,000 members in creating and providing quality developmental programmes and activities for young people in safe and supportive environments. Support for implementation of these standards commenced in 2014, provided by national youth organisations and Education and Training Boards.</p>
<p><b>Action 25</b></p>	<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>Department of Children &amp; Youth Affairs (Lead)</b> with support from Department of Education &amp; Skills</p>	<p>The Department of Children and Youth Affairs administers a range of funding schemes and programmes to support the provision of youth services to young people throughout the country including those from disadvantaged communities. In 2014, funding of €49.78m has been provided to DCYA for these schemes.</p> <p><b>Youth service programmes and activities:</b> This funding supports the delivery of a range of youth work programmes and services by the voluntary youth sector for all young people, including those from disadvantaged communities, by the voluntary youth work sector.</p> <p>Details of funding allocated under the schemes of most relevance to the Drugs Strategy are:</p> <ul style="list-style-type: none"> <li>▪ <b>Special Projects for Youth</b> – grant-aid is made available in respect of out-of-school projects for disadvantaged young people. Priority is given to projects in the spheres of special youth work initiatives, young homeless people, young people at risk of substance abuse and young travellers. <b>(102,899 young people supported) €14.4m in 2014</b></li> <li>▪ <b>Young Peoples Facilities and Services Fund (Round 1 and 2)</b> – this fund was established by the Government in 1998 to assist in the development of preventative strategies in a targeted manner through the development of youth facilities, including sports and recreational facilities, and services in disadvantaged areas where a significant drug problem exists or has the potential to develop. <b>90 mainstreamed projects</b> under the Young Peoples Facilities and Services Fund (Round 1) <b>(104,528 young people supported). 142 current projects</b> supported under Young Peoples Facilities and Services Fund (Round 2) <b>(534,762 young people supported) €18.397m in 2014</b></li> </ul>



		<ul style="list-style-type: none"> <li>▪ <b>Youth Information Centres</b> – The aim of this programme, which funds 25 Youth Information Centres, is to provide young people with access to information on rights, opportunities, benefits, health, welfare and other matters. <b>€1.234m in 2014</b></li> <li>▪ <b>Local Drug and Alcohol Task Force projects</b> – Responsibility for 21 youth related projects transferred to the OMCYA from DES in January 2011. These projects, targeting young people under the various pillars of the National Drugs Strategy, provide a range of supports for young people by way of targeted drug prevention and awareness programmes as well as referrals. <b>€1.151m in 2014</b></li> <li>▪ <b>National Youth Health Programme</b> – is a partnership between Youth Affairs Unit, Health Service Executive (HSE) and the National Youth Council of Ireland. It aims to provide a broad-based, flexible health promotion/education support and training programme to youth organisations and those working with young people in the non-formal education sector. <b>€0.080m in 2014</b></li> </ul> <p><b>In 2014 DCYA provided €5m in Capital Funding for a Youth Capital Scheme.</b></p> <p>Under the scheme staff led youth projects funded under the Special Projects for Youth Scheme (SPY), Youth Information Centres (YICs), Young People’s Facilities and Services Fund (YPFSF) and Local Drugs Task Force (LDTF) (21 mainstreamed projects) were eligible to apply. Grants were allocated for the up-grade or replacement of equipment, for example, computer/software updates, sports equipment, multi-media equipment, furnishing upgrades to improve the facilities and equipment available for projects working with young people in their communities.</p> <p>Capital grants were allocated to 50 youth projects and organisations throughout the country for small to medium scale equipment and upgrade projects.</p>
<p><b>Action 26</b></p>	<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><b>D/Health (formerly OMD) (Lead)</b> with support from D/E&amp;S; HSE</p>	<p>The feasibility of implementing a uniform set of drugs and alcohol education standards is being examined in the context of the recommendations in the prevention pillar in the Steering Group Report on a National Substance Misuse Strategy (February 2012).</p>
<p><b>Action 27</b></p>	<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>During 2014 the drugs.ie site received a total of 1,188,646 unique visits. This corresponded to a total of 1,749,375 page views on the site, which represents the total ‘international’ traffic to the site during this period – traffic from all countries - including Ireland. The total Irish visits to the site in 2014 were 150,351. This is significant in that again in 2014 the site was not promoted through any national drug awareness campaigns.</p> <p>During 2014 drugs.ie continued their ongoing social media campaign in order to increase their reach across Facebook and Twitter. Drugs.ie now has 12,316 Facebook followers and 7,828 Twitter followers.</p> <p>Drugs.ie continued production and dissemination of the drugs.ie eBulletin in 2014. Four eBulletins were produced in 2014 and there are currently 1,358 subscribers to the eBulletin list.</p> <p>During 2014, drugs.ie continued to engage with the HSE National Social Inclusion Office to finalise the</p>

redevelopment of the drugs.ie services directory.

- The research section on drugs.ie has been further developed to include all the relevant Irish research published during 2014.
- A further 52 videos uploaded to the site, including various conference presentations. The site now has a total of 164 videos.
- Drugs.ie produced two videos to support the World Hepatitis Day campaign and a specific Hepatitis C information page with Hepatitis information and relevant links <http://www.drugs.ie/hepc>
- Drugs.ie had meetings with the Gay Switch Board Helpline and Narcotics Anonymous to share information on online service delivery and to discuss further cross promotion of services.
- During 2014, the process of expanding the Drugs.ie LiveHelper service began. LiveHelper operators attended Empathetic Listening and Motivational Interviewing Training in late 2014.
- 5-Step Method: Drugs.ie produced a video and online feature on the 5 Step-Method with details of how services and individuals can get involved.
- A section and training resources on the Naloxone Demonstration Model: Drugs.ie is planned for early 2015

Drugs.ie promoted a number of initiatives during 2014, including International Overdose Awareness Day, the Recovery Walk, Crimestoppers Campaign, Alcohol Awareness Week, the HSE Mid-West Drug & Alcohol Service group cannabis treatment programmes (also operated by CARP in Tallaght), North Dublin Community Care Drug and Alcohol Service in Swords,

The Drugs/HIV Helpline is now in effect three Helplines in one:

- The Drugs and Alcohol Helpline;
- The HIV and Sexual Health Helpline and
- The Hepatitis Helpline.

The helpline also have an email support service that spans the three services, with the address [helpline@hse.ie](mailto:helpline@hse.ie). In 2014, the Helpline has dealt with 2579 contacts, 241 of these were email contacts.

The Prisons Pilot Project Helpline went 'live' on December 22<sup>nd</sup> 2014. Prisoners can access the Helpline phone service for the first time to discuss drugs, alcohol, HIV, Hepatitis and sexual health, confidentiality and without a time limit. Work on promoting this service amongst the prison population will continue in 2015. This Project will be evaluated throughout with a formal evaluation after 3 months and 6 months.

In contacts where the caller/emailer gives their location, 38.5% were from HSE Dublin Mid Leinster; 28.5% were from HSE Dublin North East; 17% were from HSE South and 16% were from HSE West. 46% of calls/emails in 2014 gave no information on their location.

Cannabis was the most referred to substance of use in calls and emails in 2014, accounting for 22% of contacts where a drug is discussed. Of these 58% talked about weed/skunk use, while 10% talked about hash/resin use, with the remainder not specifying which type they used. The second most referred to drug was alcohol, which accounted for 20% of all substances mentioned.

The Helpline is the Coordinating Partner in an EU Lifelong Learning Programme, Leonardo Da Vinci Partnership Project on Drug helplines and Social Media, which began in 2013 and runs until July 2015. It involves working with Drug Helplines and Educational bodies across Europe to develop strategies and guidelines on the use of Social Media in the area.

		For more information on the Helpline service visit <a href="http://www.hse.ie/drugshivhelpline">www.hse.ie/drugshivhelpline</a> or call 1800 459 459 or email <a href="mailto:helpline@hse.ie">helpline@hse.ie</a>
<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>During 2014 the HSE's National Social Inclusion Office supported a number of awareness initiatives, including Alcohol Awareness Week, and developed factsheets on Alcohol Harm to Others for the 2014 social media campaign which resulted in 67 articles/press statements between 24/25 March 2014. The Office was also involved in the following initiatives:-</p> <ul style="list-style-type: none"> <li>- Content development for HSE Midlands, the Midlands Regional Drug and Alcohol Task Force and the Athlone Institute of Technology Students alcohol awareness App. The free App, provides a range of information including alcohol the facts, the effects (short and long term), sexual health, mental health, low risk drinking, road safety, alcohol and sport and alcohol and pregnancy and is available at the App Store <a href="https://itunes.apple.com/ie/app/alcohol-you/id890872794?mt=8">https://itunes.apple.com/ie/app/alcohol-you/id890872794?mt=8</a> ).</li> <li>- The mental drinking campaign - Alcohol Action Ireland in conjunction with the HSE's National Addiction Training Programme members developed factual information on the links between alcohol and mental health for use in the Union of Students in Ireland (USI) campaign see <a href="http://www.mentaldrinkingcampaign.ie">www.mentaldrinkingcampaign.ie</a></li> <li>- Let's Talk about Drugs Youth Media Awards: Drugs.ie continued to provide support for the 'Let's Talk about Drugs National Youth Media Awards' during 2014</li> <li>- Online Drug Test: The development of an online self-assessment and brief intervention tool for drugs use has been completed and will launch early 2015. The Drugs.ie Drug Test uses the 'Drug Use Disorders Identification Test' (DUDIT) screening tool.</li> </ul>
<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></p>	<p>A Hidden Harm (HH) Conference was organised by the national consultative group (HSE Social Inclusion and TUSLA) in January '14 in Sligo for 100 staff from the two pilot sites in the Midlands and North West plus national representatives from other key stakeholders on the impact of parental problem alcohol and other drug use on children.</p> <p>Nationally; Better Outcomes Brighter future; The National Policy framework for children and young people 2014-2020 recognises the importance of recognising Hidden Harm and ensuring that children living with parental substance misuse are identified and supported at an earlier stage ; noting the importance of an effective interagency approach in responding to the needs of these children; and in coordinating protocols. (p.86)</p> <p>Currently HSE Social Inclusion Addiction Services and TUSLA are engaged in a process of developing a strategic statement of intent for Hidden Harm the objective being to bridge the gulf between drug and alcohol services and child-care system's and ultimately improve outcomes for children. Operationally this will lead to the writing of</p>

	with support from D/CYA; D/SP; DTFs and Service Providers	<p>a practice guide along the lines of the Domestic and Gender Based Violence Guide currently utilised within social work.</p> <p>North South: Further to the recent review of Northern Ireland's Hidden Harm strategy a North/South Hidden Harm Group has been established and is currently facilitated by Co-operation and Working Together (CAWT). The overarching arms of the North South Hidden Harm Group are to adopt an inter-sectoral response to Hidden Harm on an all-island basis and establish an all-island practice orientated working group on Hidden Harm</p> <p>An all island subgroup has been established which aims to develop an all island practice guide in order to improve outcomes for children living with parental problem alcohol and other drug use.</p>
<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 Department of Health; Drugs Task Forces and Service Providers</p>	<p>The National Substance Misuse Strategy (2012) recognises that "There is a need for a community-wide, inclusive and coordinated approach to promote greater social responsibility, prevention and awareness-raising in relation to alcohol harm."</p> <p>During 2014 a National Community Mobilisation Alcohol Pilot Project was developed which will support communities to identify local alcohol related harm issues and priorities and then through the development of locally organised and planned community interventions to develop an integrated action plan to address these issues under each of the national priority headings</p> <p>This work will be evidenced based and informed by national action on alcohol experiences to date. A steering group to be chaired by the Department of Health and including representation from the Alcohol Forum, HSE Health Promotion and Improvement, HSE Social Inclusion and the Ballymun Alcohol Strategy group will guide the process.</p> <p>5 DTF sites have been selected; 3 local DNICDTF, Dun Laoghaire/Rathdown, TDTF, and 2 regional North West, Southern. A project plan for 2015 is in place which will be facilitated by the Alcohol Forum.</p>
<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 2014/2015 school year, there are 849 schools (circa 168,000 pupils) participating in the DEIS Programme (852 school in 2013/14). Under DEIS, there are a range of supports provided to help address ESL and the retention of students in schools. These include:</p> <ul style="list-style-type: none"> <li>• a lower Pupil Teacher Ratio (PTR) in DEIS Band 1 schools,</li> <li>• allocation of administrative principal on lower enrolment</li> <li>• additional funding based on level of disadvantage</li> <li>• access to Home School Community Liaison Scheme and the School Completion Programme (SCP is now funded by the Dept. of Children &amp; Youth Affairs)</li> <li>• access to School Meals Programme, and</li> <li>• access to literacy and numeracy supports.</li> </ul> <p>As well as reduced PTR under DEIS, the 195 DEIS Band 1 urban primary schools also benefit from a higher</p>

		<p>allocation of permanent teachers under the General Allocation Model, the mechanism by which schools are allocated extra teaching hours to support students with high incidence special educational needs. All DEIS post primary schools have an improved staffing schedule of 18.25:1 in comparison to 19:1 in mainstream schools.</p> <p>Approx. €160m was expended in 2014 to provide additional resources and supports for primary and post-primary DEIS schools which included funding from the Department of Social Protection for the School Meals Programme and funding from the Department of Children and Youth Affairs for the School Completion Programme.</p> <p>DEIS is the subject of ongoing evaluation. A report has been commissioned to provide the Minister with a Consolidated Report on DEIS, which will incorporate information in relation to the various inputs, processes and educational outcomes contained in the findings from all DEIS research conducted to date. The report will also review other related Irish and international research on educational disadvantage along with examples of best practice. This report is scheduled for completion in early 2015.</p> <p><b>School Retention Rates</b></p> <p>The latest Report on Report on Retention Rates in Post Primary Schools presents the retention rates of pupils who entered the first year of the junior cycle in 2007 and sat the Leaving Certificate in 2012 or 2013. The report shows that 90.13% sat the Leaving Cert exams in 2012 or 2013.</p> <p>Statistics show that the Leaving Certificate retention rate for the 2007 cohort of students in DEIS schools is just over 80%, which is around 10% lower than the national average rate. However, there is an improvement in DEIS schools' retention rates in recent years which has been significantly higher than the overall improvement nationally.</p>
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	<b>Treatment and Rehabilitation</b>	<b>Progress to end 2014 in Implementation of Action</b>
<b>Action 32</b>	<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>People who present for addiction treatment, are offered a range of interventions namely Initial Assessment, Comprehensive Assessment, Minnesota Programme, Brief Intervention, Individual Counselling etc.. HSE Substance Misuse services provide care and onward referral to other statutory and voluntary groups where appropriate.</p> <p>The spread and range of treatment services continue to develop within HSE addiction services and through links with community and voluntary services. For example:</p> <ul style="list-style-type: none"> <li>• HSE Midlands area has opened a Treatment Centres in the new Primary Care Building in Athlone. A second new Treatment Centre opened in 2014 has been providing localised Methadone Maintenance treatment programmes since Dec 2014. Both Treatment Centres support the Mental Health services where OP Psychiatric clinics and Addiction Counselling services are provided on site on a daily/weekly basis.</li> <li>• HSE &amp; MRDATF continue to develop the Community Detox Programme for Methadone and Benzodiazepines.</li> <li>• HSE Community Alcohol &amp; Drugs Service (CADS) engages with the Homeless Action Teams (HAT) across the Midlands; with the GP liaison nurse as a key link. HSE CADS also works very closely with Midland Simon as there are quite a number of clients using both services.</li> <li>• Midland Simon project workers also act as key-workers for Community Detox clients where the GP/Pharmacy liaison nurse supports both the service user and the key worker.</li> <li>• Dublin North City and County support the establishment of a pilot community alcohol treatment programme which targets clients from three task force areas. The HSE provides funding and clinical governance for this valuable programme operating in Ballymun, Finglas and Dublin North Regional Drugs Task Force. This is a new interagency approach to assist individuals with an addiction to alcohol and their concerned relatives.</li> <li>• Weekly drop-in screenings are provided in all 3 centres in the HSE Mid-West to ensure service users have speedy access to services. HSE North West continues to support General Practitioners and Clients in respect of alcohol and substance misuse concerns, maintains the provision of counselling to young people, adults and concerned persons and has maintained the provision of Relapse Prevention Group.</li> <li>• In partnership with MWRDAF projects, a multi-agency drop-in for West Clare has been developed.</li> </ul> <p><b><u>The recommendations of the Report of the Working Group on Drugs Rehabilitation</u></b></p> <p>NDRIC is currently following up on progress of each of the recommendations in the Working Group Report to present to the OFD in the second quarter 2015.</p> <p>The implementation of the National Drugs Rehabilitation Framework (NDRF) has been a priority for the HSE in its 2014 (and 2015) service plans. In addition to which engagement with the Rehabilitation Framework is a specification in all Task Force funded treatment rehabilitation projects. Training and support in case management continues to be provided by Rehab Co-ordinators/lead drivers. The majority of Task Forces have been engaging in the implementation plan for rollout of the Framework. In some cases this is at an early stage, and it is envisaged that this will be assisted with the rollout of the national training in 2015. A Template to Assist the DATFs in the implementation of the NDRF' (2014) outlines the importance of mapping services (tiers 1 to 4) and referral pathways along the continuum of care in their areas</p> <p>While the national training is being developed, in some areas (HSE South and South East) training in ongoing with Drug &amp; Alcohol Services. In some regions, standardised screening &amp; assessment tools have been developed across drug &amp; alcohol services both statutory &amp; voluntary. National standardised tools and procedures are in the</p>

		<p>process of being developed.</p> <p>The Report of the HSE Working Group on Residential Treatment &amp; Rehabilitation (Substance Misuse) published in 2007 provided a detailed analysis and overview of known residential treatment services at the time and advised on the future residential requirements of those affected by drug and alcohol use. The report, which counted non-HSE funded beds, indicated that current provision was 672.5 beds comprising 38 residential detoxification beds and 634.5 residential rehabilitation beds. It recommended provision of an additional 356.5 beds (104 inpatient unit (IPU) beds and 252.5 rehabilitation beds), but did not include community based residential detoxification beds in the estimate of future requirements.</p> <p>The number of residential beds has increased significantly since 2007, largely due to the increased provision of beds in community based residential facilities. The most recent figures available (including private provision) estimate current provision at 787 residential beds, comprising 23 inpatient unit detoxification beds, 117 community-based residential detoxification beds, 4 adolescent residential detoxification beds, 625 residential rehabilitation beds and 18 adolescent residential rehabilitation beds.</p> <p>HSE areas have developed structured funding / referral process for service users looking to access residential treatment within areas e.g. in the Mid -West. HSE Dublin North HSE has developed a new tier four working group to assist with drafting a governance framework for residential treatment centres. The new governance group will seek to ensure that clients being referred to residential units receive the best possible standard of care.</p> <p>The HSE National Social Inclusion Office participated on the Dublin Regional Homeless Executive convened group to examine the synergies and pathways between addiction and homeless services in Dublin. Paper completed July, anticipated recommendations to be actioned.</p> <p>As of the end of quarter 3 (September 2014) 97% of people over 18 accessed treatment within one calendar month following assessment and 97% of people aged under-18 accessing treatment within one week of assessment.</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>As reported under the National Drugs Rehabilitation Framework, each client receives a personalised care plan based on their individual needs, including mental health needs.</p> <p>Specific operational activities have been undertaken over the past year:</p> <ul style="list-style-type: none"> <li>· HSE SE has continued to provide a dual diagnosis clinic in Waterford. As part of the National Rehabilitation Framework the Mental Health Services work in partnership with the Substance Misuse Services in South Tipperary one day a week.</li> <li>· HSE NE has retained an early intervention worker in Cavan / Monaghan from the CAWT alcohol project, with the remit of providing linkages for people with alcohol or substance misuse issues requiring support from HSE dual diagnosis service.</li> <li>· HSE Mid-West has work ongoing with the Mental Health Services including a pilot in-patient detox programme; shared client work and the provision of jointly facilitated dual diagnosis training.</li> <li>· HSE Dublin North, in their implementation of the Addiction Service (2012) continues to include an emphasis of synergies in terms of human resources and services. To this end, the HSE have worked with various local,</li> </ul>

		<p>voluntary and statutory bodies to develop partnerships and increase knowledge of Addictions. Clinical staff have worked to deliver Assist training and palliative care training in Dublin North. Keltoi have also developed a mindfulness course for staff working in the HSE and voluntary sector that is proving effective. Joint learning and new ways of thinking are encouraging new approaches to treatment in the Addiction Service in North Dublin City and County.</p> <ul style="list-style-type: none"> <li>• HSE North West, in HSE Sligo/Leitrim: <ul style="list-style-type: none"> <li>◦ A psychiatric Liaison Nurse screens and refers directly to local addiction services clients presenting to General Hospital with substance misuse concerns.</li> <li>◦ A weekly substance misuse screening &amp; assessment clinic held in the mental health acute admission unit.</li> <li>◦ A HSE Addiction counsellor assigned to each MH General Adult Mental Health Sector Team.</li> <li>◦ Information sessions on illicit drugs to Mental Health Nursing Staff at the approved centre (completed Qtr1)</li> <li>◦ Information session on screening and brief intervention bi-annually to Mental Health NCHD.</li> <li>◦ An Addiction Counsellor has been assigned to work as part of the Mental Health Pilot Dialectic Behavioural Therapy Service (DBT)</li> </ul> </li> <li>• HSE North West, in HSE Donegal: <ul style="list-style-type: none"> <li>◦ Psychiatric Liaison refers directly to ADS clients that present with Dual diagnosis.</li> <li>◦ 6 staff are Mental Health Nurses working in Donegal Addiction Services: One Nurse therapist is a member of each General adult Community mental health team.</li> <li>◦ Staff attend weekly CMHT meetings</li> <li>◦ Staff attend the Dept of psychiatry weekly to carry out assessments.</li> <li>◦ Staff screen all GP Referrals and refer directly to Community Mental Health for Out-Patient Consultation if needed.</li> <li>◦ Staff do shared care with Community Psychiatric Nurses and do Joint sessions when required.</li> <li>◦ Staff act as liaison support for Whiteoaks (Tier 4) on presenting issues in relation to Dual Diagnosis.</li> <li>◦ Jigsaw Donegal is supported via the management team and the HSE youth Councillor carries out assessment on Jigsaw site when required.</li> </ul> </li> </ul> <p>In addition, the HSE National Social Inclusion Office is preparing a project plan with a Mental Health nominee from the National Office for Suicide Prevention to identify key actions for collaborative working. The value of on-line programmes for service users with co-existing mental health, alcohol and other drug disorders is under consideration.</p>
<p><b>Action 34</b></p>	<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>Detoxification Service Detoxification capacity remains the same as reported in 2013:</p> <ul style="list-style-type: none"> <li>• 23 beds available in medical detoxification units (depending on the need for stabilisation beds).</li> <li>• 117 beds available for community based residential detoxification.</li> <li>• 4 beds available for adolescent residential detoxification.</li> </ul> <p>Methadone Services As of the end of December 2014, 9369 patients were receiving Opioid Substitute Treatment (excluding prisons) which includes 3960 patients being treated by 343 GPs in the community.</p> <p>Opioid Substitute Treatment was dispensed by 627 pharmacies catering for 6403 patients.</p>



		<p>At the end of January reporting period there were 73 HSE clinics providing Opioid Substitute Treatment and an additional 10 clinics were provided in the prison service.</p> <p>Under 18's Services As reported in 2013.</p> <p>Needle Exchange Services The HSE national review of the provision of Needle Exchange Services will be published in quarter 1 of 2015. Some recommendations of the review will include standardisation of data collection and clinical governance policies and procedures; involvement of service users in future NEX service reviews; data collection on emerging trends such as use of Image and Performance Enhancing Drugs; standardisation of equipment supplied and central stock control and assessment of blood borne virus data recording and referral routes.</p> <p>The Pharmacy Needle Exchange Programme (PNEP) exceeded its target of recruiting 130 pharmacies in 2014 and 133 were recruited in total. The programme built on service user data gathered in the previous two years to focus the final recruitment phase in areas where there was an anticipated high need for a PNEP service resulting in an extra 36 pharmacies being recruited in 2014.</p> <p>The programme continues to form part of the Health Service Executive's National Operational Plan</p> <p>The number of unique service users has steadily increased from 2995 in Quarter 3 2013 to 4318 in Q3 2014, which represents an increase of 38%. Similarly the number of encounters has steadily increased over the same period totalling 10,467 which represents an increase of 36%. This is as a result of the increased number of pharmacies recruited to PNEP in areas where there is a need, as well as an increasing demand on the service overall, particularly in urban areas.</p> <p>Referral rates were a priority for the PNEP in 2014 and these increased by 215% from Q3 2013 (152) to Q3 2014 (706). This was due to greater education of the PNEP pharmacists and encouragement to record all referral activity.</p> <p>The PNEP provided training in several different locations nationwide to 43 pharmacists on the PNEP programme.</p> <p>In response to the emerging trend of the use of Image and Performance Enhancing Drugs (IPEDs) the National Liaison Pharmacist (NLP) oversaw the development of an online and print copy of a SMART Training booklet on Safe and Effective Body building. The NLP also delivered an IPEDs talk at a seminar on Strength &amp; Conditioning attended by over 300 sports club coaches and sports students in the Mid-West area at the Limerick Institute of Technology in November 2014. Training was also delivered to Traveller Health units on the injectable tanning agents.</p> <p>Pharmacy Liaison workers also carried out a number of training sessions in store with pharmacy staff; drug related litter training on request; and safe injecting training with outreach workers on the One-hit kit in organisations in the Community and Voluntary Sector.</p> <p>An external review of the PNEP was carried out by the Liverpool John Moores University. Both pharmacy staff and service users were involved in the review. The review is at the final draft stage but preliminary findings suggest that the service has been very well received by both pharmacies and service users. Some recommendations from the review include: examining expansion of the service to meet the needs of service users injecting steroids and</p>
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		injecting into the groin; development of an integrated information technology recording system (compared with the current manual paper based system); the provision of blood borne virus testing in pharmacies (e.g. hepatitis B & C) and enhanced referral pathways for service users. All of the recommendations will be considered by the PNEX steering committee.
<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. Examine and implement as appropriate, alternative substitute opiate treatment services.</p> <p><b>HSE (Lead)</b></p>	<p>The Review of the Methadone Treatment Protocol was completed with the publication of ' The Introduction of the Opioid Treatment Protocol' in December 2010.</p> <p>Arising from these recommendations:</p> <ul style="list-style-type: none"> <li>· A Working Group to Develop the Opioid Substitution Treatment Guidelines circulated a draft Guideline document in May 2014. The group received 28 submissions which were considered in the last quarter 2014. The final document is currently being prepared.</li> <li>· The provision of buprenorphine/naloxone and buprenorphine products as alternatives to methadone in the treatment of opioid dependence is being examined. Following a revised pricing proposal from the supplier at the end of 2014, a plan for phased increased access to Suboxone will be considered in the first quarter 2015.</li> <li>· The HSE is currently finalising the procedures so that existing GP caps can be increased from the current limit of 15 to 25 for Level 1 prescribers, and, in exceptional circumstances, from 35 to 50 for Level 2 prescribers.</li> <li>· A project is underway to review the existing clinical and general governance arrangements in HSE Social Inclusion Addiction Services.</li> </ul>
<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 Community &amp; Voluntary sectors</p>	<p>HSE Alcohol Screening and Brief Intervention Project</p> <p>In late 2013, a SAOR Screening and Brief Intervention Train the Trainers Programme was delivered in HSE South and is currently being evaluated. The Train the Trainers programme was developed as a partnership between the National Addiction Training Programme, Health promotion and Improvement and the Addiction Services. HSE South East Staff supported the development and delivery of the Train the Trainer Programme in HSE South. Sixteen trainers were trained in HSE South and committed to deliver two supervised trainings during 2014. A second SAOR Train the Trainers Programme began in HSE DML in December 2014, with 15 participants selected to take part. These participants will continue the programme during 2015 and plans are in place to deliver two further Train the Trainer Programmes in HSE Southeast and West. The delivery of the Train the Trainer Programme in HSE DML was supported by staff in HSE West and HSE Southeast.</p> <p>The SAOR one day screening and brief intervention training programme was delivered to a total of 508 Tier 1 and Tier 2 staff in 2014. 14 SAOR trainings were delivered to 216 people in HSE South. A further 5 SAOR trainings were delivered to 80 People in HSE West, 13 SAOR trainings to 191 people in DNE, and 3 SAOR trainings to 21 people in HSE Midwest.</p> <p>Local Area Developments: The Drug/Alcohol Education Officer employed by the ETB and funded by the North West Regional Drug and Alcohol Task Force has joined the HSE National Addiction Training Programme. Their responsibility is to coordinate Drug &amp; Alcohol training across the North West.</p>

<p><b>Action 37</b></p>	<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>Department of Children &amp; Youth Affairs (Lead Role)</b> with support from An Garda Síochána, Irish Prison Service, The Probation Service, Department of Education &amp; Skills; Schools and 3rd Level Institutions; Community &amp; Voluntary 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 contribute to progress on Action 37, 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 A16), and a feasibility study to identify sources and methods for developing a baseline indicator of substance misuse among youth at risk (Action C5). Progress made by the organisations responsible for each action up to the end of 2012 is reported in the National Strategy for Research and Data on Children's Lives, 2011-2016 Implementation Report published by the Research Unit of the DCYA in early 2013 and available at: <a href="http://dcya.gov.ie/viewdoc.asp?fn=/documents/Research/Implementation/ImplementationActionPlan.pdf">http://dcya.gov.ie/viewdoc.asp?fn=/documents/Research/Implementation/ImplementationActionPlan.pdf</a></p> <p>The 2013 Implementation Report is currently being finalised and will be published by the Research and Evaluation Unit of the DCYA in early 2015 and made available on its website. Summary Updates on A10 and A16 are as follows</p> <p>A10: An anonymised dataset from the 2011 European School Survey Project on Alcohol and Other Drugs (ESPAD) Survey is being prepared in order to make it available through the Irish Social Science Data Archive for further analysis.</p> <p>A16: The report 2013 NATIONAL REPORT (2012 Data) TO THE EMCDDA (European Monitoring Centre for Drugs and Drug Addiction), produced by the Health Research Board (HRB), includes information on national research into drug use among children and young people in Ireland.</p>
<p><b>Action 38</b></p>	<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> Department of Justice &amp; Equality (Irish Youth Justice Service), HSE , Probation Service, Department of Children &amp; Youth Affairs; Community &amp; Voluntary Youth Services, Department of Health (formerly Office of the Minister for Drugs)</p>	<p>A framework 'Pathways to Support Programme' has been developed incorporating a treatment referral option, for people (primarily youth and young adults) who have been arrested by Gardaí, due to behaviour caused by substance misuse. In line with the overall strategic aims of the National Drugs Strategy 2009-2016, to provide appropriate and timely substance treatment and rehabilitation services tailored to individual needs, the proposed framework is intended to provide vital referral information with the aim of reducing harm to individuals and society by the misuse of drugs and alcohol.</p> <p>An Garda Síochána are currently examining ways in which this information will be provided to persons regarding referral to the appropriate Drugs and Alcohol Treatment and Support Services.</p>

<p><b>Action 39</b></p>	<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>HSE National Hepatitis C Strategy Implementation Committee co-ordinated a Hepatitis C education and awareness campaign to support World Hepatitis day on the 28th of July 2014. It is estimated that between 20,000 and 50,000 people in Ireland are chronically infected with hepatitis C, more than half of whom are not aware of the infection and that effective testing and treatment are available. The HSE produced a number of campaign materials including posters and videos urging people to 'seek help, get tested'.</p> <p>National Clinical Treatment Guidelines have been developed by ICORN,</p> <p>The development of national Hepatitis C Screening Guidelines is ongoing. A formal "Notice of intent to develop clinical guidelines" has been published on the National Clinical Effectiveness Committee website. The guidelines will cover what population groups should be offered testing, in what settings, at what frequency, by what type of test.</p> <p>Local Area Developments: Ongoing screening, education, support and referrals of clients in relation to BBV continues across the country.</p>
<p><b>Action 40</b></p>	<p>Develop a response to drug-related deaths through:</p> <p>I. A National Overdose Prevention Strategy;</p> <p>II. A co-ordinated health response to the rise in deaths indirectly related to substance abuse; and</p> <p>III. A review of the regulatory framework in relation to prescribed drugs</p> <p><b>HSE (Lead) with support from Department of Health.</b></p>	<p>The development of a time and resource limited Naloxone Demonstration Project in conjunction with key stake holders will be rolled out in 2015. The aim of the project is to increase access to naloxone in order to treat overdose in opioid users and reduce drug-related deaths.</p> <p>The project will involve 600 patients receiving take home naloxone on a prescription. The recruitment of individuals will involve targeting individuals attending voluntary and statutory addiction and homeless service using a risk assessment tool developed collaboratively with clinicians.</p> <p>The project will be evaluated and the evaluation should scope out the effectiveness of training, product use and that appropriate data is collected, in order to inform mainstream provision of naloxone.</p>

<p><b>Action 41</b></p>	<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 Family Support Agency; Depts and Agencies; Family Support Network; Drugs Task Forces; Community &amp; Voluntary sectors.</p>	<p>The NDRIC rehabilitation protocols have been family proofed to support the involvement of family members in the recovery process where appropriate. A leaflet is available online that explains relevant terms for family members, for example care plan and case manager to support family members to engage in the recovery process.</p> <p>110 workers and volunteers were trained in the 5-Step Method in 2014 through the Family Support Network. Further training sessions are currently being scheduled for 2015.</p> <p>The HSE Addiction Service continues to offer support to person's (inclusive of under 18's) affected by a family member's substance misuse.</p>
<p><b>Action 42</b></p>	<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>Service User involvement is central to the Rehabilitation Framework and continues to be a priority for HSE Addiction Services and DATF funded treatment rehabilitation projects. Service User Involvement is related to specific QuADS related standards (QuADS is the set of quality standards that have been adopted by the HSE Addiction Services and most treatment rehabilitation services that are funded through Section 39). The majority of DATFs have established service user fora to some degree. Some DATFs have developed a Service User Involvement Framework based on work of the SERDATF and SRDTF evidence based Service User Involvement Strategy, manual and training programme.</p> <p><b>Local Developments</b> During 2014, HSE SE provided training in Service User Involvement to Homelessness and Substance Misuse Services.</p> <p>HSE NE continued to work with partners and service users to establish &amp; maintain service user groups, including participants in funded Tier 4 services as well as drug rehab community employment schemes</p> <p>HSE South: Continued Delivery of Training on Service User Involvement in partnership with Cork and Kerry Services and the South East Services .This incremental Strategy will become built in to local Service Delivery. The Service will have an agreed minimum levels of Involvement built into the Service which will form a baseline to increase further levels of Involvement to achieve Action 42.</p> <p>HSE North Dublin reports that Service User participation in the Addiction Service in North Dublin is above average. Service user representation is included in the Clinical Governance committee and various working groups emerging from that committee. The local service user forum is part of the implementation group for the Addiction Service review. It is envisioned that this participation will grow in 2015.</p> <p>SURF, the Service User Representation Forum, are now represented on NDRIC;</p> <p>UISCE, a forum for Drug Users based in the North Inner City, has representation on the Methadone Protocol Implementation Committee. This organisation also assists Drug &amp; Alcohol Task Forces, who have set up a forum</p>

		<p>for drug users.</p> <p>The South East RDATF and the Southern RDATF have developed a Service User Involvement Framework in consultation with the HSE, Mental Health Commission, HRB and HIQUA. The aim of the framework is to develop regional and county service user fora.</p> <p>Local and Regional Drugs and Alcohol Task Forces also encourage service user involvement and a number of Task Forces have drug users fora in place.</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 IPS continues to review and monitor treatment and rehabilitation services in the prisons. The Irish Prison Service National Drug Treatment &amp; Recovery Centre (formerly the Medical Unit) is being re launched on the 26<sup>th</sup> March 2015. The Strategic Drug Treatment Group will continue to meet on a quarterly basis after the successful launch of the Irish Prison Service National Drug Treatment &amp; Recovery Centre.</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 Community &amp; Voluntary sectors.</p>	<p>Under the National Drugs Rehabilitation Framework, each client receives a personalised care plan based on their individual needs, including the specific needs of vulnerable groups. Our understanding of the profile of people accessing services is assisted by the National Drug Treatment Reporting System. This currently gives some information on accommodation status, and membership of Irish Traveller community or other ethnic or cultural backgrounds. The data sets are being expanded this year to include sexual orientation and membership of Roma community.</p> <p>A sub-committee of the NCC has been set up to update the 2009 Framework Document on Travellers and Drugs. This will build on the data that is now available on Travellers through the NDTRS.</p> <p>Local Developments:</p> <p>HSE South East reports that the Substance Misuse Services are represented on each of the Homeless Action Teams. The South East family Support Service provided training to the Traveller Health Workers. Drug Education was provided to community knowledge workers as part of a new initiative with Reception Centres</p> <p>HSE South reports that in the Cork and Kerry a partnership has been developed with the homeless sector services and the Rehabilitation Co-ordinators. In 2014, the Case Management Manual Cork/Kerry 2014, has been redrafted to meet the needs of those conducting Initial Assessments in the homeless sector. This Initial Assessment will be adopted by all the homeless services and will incorporate all the domains.</p> <p>HSE Mid-West reports that care planning in place for all service users</p> <p>HSE Sligo/Leitrim reports that it has provided work placement for two Travellers Support workers with the HSE Addiction Team (completed Qtr2)</p>

<p><b>Action 45</b></p>	<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>Supported by the HSE and the North Inner City Drug and Alcohol Task Force, the Ana Liffey Drugs Project continued to develop and promote quality standards for addiction services during 2014 and to support organisations in implementing quality standards in their own services via the Quality Standards Support Project (QSSP). A steering committee comprising representatives from ALDP, North Inner City Drug and Alcohol Task Force, HSE National Social Inclusion Office, HSE DML Addiction Service and Dublin Region Homeless Executive has also been established.</p> <p>All resources and supports can be found on the QSSP online space <a href="http://www.drugs.ie/quality">www.drugs.ie/quality</a>. The QSSP online space was updated regularly throughout 2014.</p> <p><b>QuADS Organisational Standards</b> The Quads Organisational Standards manual version 2 (November 2014) was made available on <a href="http://drugs.ie">drugs.ie</a>. Amendments to the manual include the addition of two new criteria (13.6 and 16.3) and minor changes to guidance notes such as references to the new Child and Family Agency, TUSLA.</p> <p>A standards spreadsheet to accompany the QuADS manual was developed and made available on <a href="http://drugs.ie">drugs.ie</a>.</p> <p>eLearning</p> <ul style="list-style-type: none"> <li>- Quality Champions Training The development, production, testing, piloting and roll-out of the Quality Champions Training (QCT) was completed in 2014. The aim of QCT is to give the nominated staff member in an organisation the skills they will need to champion quality improvement in their service. Following a successful pilot roll-out of the course, QCT was opened for registration in the third quarter of 2014. To date, 55 individuals have engaged in QCT. Nominated persons from 36 organisations have successfully completed the QCT. Learners are requested to complete a pre- and post- training questionnaire in order to facilitate the evaluation of the training.</li> <li>- Service user confidentiality eLearning module An eLearning piece is currently in development on the topic of confidentiality in services in relation to service users and their data. Aimed at drug and alcohol service providers, the aim of this short course is to define Service User confidentiality and explore how it is addressed in legislation and relevant frameworks.</li> <li>- National Information Sessions In 2014, information sessions on the QSSP, QuADS Organisational Standards and the National Drug Rehabilitation Framework were held with 20 of the 24 Regional and Local Drug and Alcohol Task Forces. The purpose of the briefing was to introduce the QuADS Organisational Standards and the National Drug Rehabilitation Framework (NDRF) to the services from all sectors operating in the Task Force area.</li> </ul> <p>Upon request, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) updated their best practice portal to include the QuADS Organisational Standards in the listing for Ireland</p>
<p><b>Action 46</b></p>	<p>Develop a regulatory framework on a statutory basis for the provision of counselling within substance misuse services.</p> <p><b>Department of 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 professions designated under the Health &amp; Social Care Professionals Act, 2005. In the interests of patient safety, a statutory consultation process is now underway on the possible designation of Counsellors and Psychotherapists for regulation under the Health &amp; Social Care Professionals Act, 2005.</p>

<p><b>Action 47</b></p>	<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>Given that psychosocial interventions can be used in a variety of treatment settings either as stand-alone treatments or in combination with pharmacological intervention during 2014 the HSE's National Addiction Training Programme (NATP) dedicated a significant proportion of its resources to providing training in this area. The overall aim was to enable addiction staff members to develop basic, intermediate and advanced competency in interventions depending on their role and responsibility.</p> <p>In March 2014 NATP sponsored 11 trainees to become trainers in Community Reinforcement Approach (CRA) certified by Dr. Bob Meyers and Associates. In return, each trainer has committed to run 2x 2 days training programmes with Drugs Task Forces and the staff that they identify as appropriate for the training. While some training was delivered in 2014, a training plan is currently being developed for roll out in 2015.</p> <p>NATP sponsored 10 staff from Tier 2/3 services to attend a Cognitive behavioural Therapy (CNT) 2 day course in Depression and Suicide in Wexford in February 2014. Similarly a further 10 staff will be sponsored (in February 2015) to attend a CBT course in Post-Traumatic Stress Disorder.</p> <p>The NATP has also commissioned development of training demonstrations and resources for Irish trainers on Motivational Interviewing (MI) and CRA. This will involve 2 hours of film and on line resource for MI and CRA which will be accessible to all staff in the sector on drugs.ie in collaboration with trained trainers in MI and CRA.</p> <p>Training in MI will be delivered in DML in February and March to 20 staff working in a range of services who wish to become Trainers in SAOR. Their commitment to the NATP will be 2x1 day trainings in Screening and Brief Intervention for Problem Alcohol and other Drug use in 2015 and 2016.</p> <p>In 2014 the NATP has supported the initial development of SMART Recovery in Ireland which is a peer led mutual self-help group initially supported by professionals to enable service users access the core self-management techniques to enable harm reduction or abstinence and at the same time to learn to manage their emotions. A proposal by Bray Community Addiction Team plans developments in the south and east of the country, with expansion to all DATFs after Q.1 2015.</p> <p>The NATP is continuing to explore opportunities for co working/ sharing projects to promote the shared care of co-occurring mental health and alcohol and drug problems and exploring possibility of some on-line options. The aim is to link with any project that is developing locally to see if learnings can be shared.</p> <p>In order to fully implement action 47 in a coordinated manner, the HSE NATP is developing a supportive statement for the development of a workforce development plan to support staff and ultimately to improve outcomes for service users and their families. The voluntary sector, key academic institutions, DATFs and other relevant partners will be consulted on this in 2015. This will form a foundation for a national training needs analysis to be carried out in 2015.</p>
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<p><b>Action 48</b></p>	<p>Develop an appropriate educational model for:          (i) paramedic (ambulance service) <b>Pre-Hospital Emergency Care Council (PHECC)</b>          and          (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.  <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) Paramedic training includes a module dealing with general medical emergencies, including the identification and management of patients who present with poisonings or overdose.          (ii) All current education programmes approved by the Nursing and Midwifery Board of Ireland (NMBI) include health promotion, health education and disease prevention. NMBI are close to completion of a project to update the Standards and Requirements for Undergraduate Nurse Education due for publication at end of quarter 1 2015. Contained in the Standards and Requirements for nurse education programmes are specific learning outcomes and in particular domains of competency which reads "understanding the nature of mental distress/illness and working with people who experience multiple and complex needs – including:</p> <ul style="list-style-type: none"> <li>o Aetiology and epidemiology of substance misuse</li> <li>o care treatment approaches and service provision for persons with a diagnosis of substance misuse</li> </ul> <p>The Requirements and Standards also provide for Indicative content in relation mental health nursing and safe practice as it relates to knowledge of health policy including substance misuse. To support this learning there is also a requirement for Practice Placement Exemplars for the nurse education programmes which lists addiction and alcohol services.</p> <p>NMBI issue guidance for practice to all registered nurses and midwives. The current guidance on Medication Management from 2007 is being reviewed. Standards for Medicines Management is a project being conducted in collaboration with the ONMSD which in revising the Guidance document on Medication management is also updating the accompanying e-learning programme. This has a focus on MDA controlled medications and the nurses/midwives responsibilities in providing safe care of patients requiring MDAs, including appropriate education and supports. Anticipated publication of this work is planned for end of quarter 1 2015.</p> <p>(i) The Council of Deans of Faculties with Medical Schools of Ireland (CDFMSI) considers 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 continue to endeavour to ensure that students and teachers across schools are familiar with the National Drugs Strategy.</p> <p>The Medical Council has statutory responsibility for the accreditation of medical schools providing education modules relating to medical practice. The Council notes that there are educational opportunities outside of teaching hospitals provided to trainees. These include community clinics (including psychiatric clinics) and drug treatment centres.</p>
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	<b>Research and Information Pillars</b>	<b>Progress to end 2014 in Implementation of Action</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>Prevalence patterns for of drug use among the general population (this will include the continuation of the Drug Prevalence survey and ESPAD); <b>NACDA (Lead role)</b></p> <p>Prevalence and Patterns of drug use; <b>NACDA (Lead role)</b></p> <p>Demand for drug treatment; <b>HRB (Lead Role)</b></p> <p>Drug-related deaths and mortality of drug users; <b>HRB (Lead Role)</b> and</p> <p>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>Department of Health (Lead Role)</b> Support from the HSE, HRB, NACDA and other relevant agencies as appropriate</p>	<p>In June 2014, the Health Research Board published their report <i>Alcohol Consumption in Ireland, 2013: Analysis of a National Diary Survey</i>. The main objective of the Report, which was funded by the Department of Health, was to estimate personal consumption of and expenditure on alcohol among the general population. See link to report: <a href="http://www.hrb.ie/publications/hrb-publication/publications//646/">http://www.hrb.ie/publications/hrb-publication/publications//646/</a></p> <p>(i) The NACDA has commissioned a Drug Prevalence Survey on drug use in the General Population and field work on this study is underway and expected to be completed by March/April 2015. It is expected that first results will be available by the end of 2015.</p> <p>(ii) The NACDA has commissioned research into the prevalence of opioid use in Ireland. This study is underway.</p> <p>(iii) Data for 2013 has been submitted to the EMCDDA on time and in the new revised TDI format. New data for 2013 will publically available on line in January 2015. Data collection for 2014 is underway.</p> <p>(iv) Data collection for 2012 deaths has been completed and is published on line. Data has been submitted to the EMCDDA. Data collection for 2013 deaths has commenced.</p> <p>(v) Data for 2013 prevalence of hepatitis B/C and HIV infection among injecting drug (IDUs) users submitted to EMCDDA and data relating to prevalence of blood-borne viruses among IDUs from 2011 study of Irish prison population submitted to EMCDDA.</p>

<p><b>Action 50</b></p>	<p>Develop, in association with the EMCDDA, and implement new indicators at national level for the following three areas: I. harm reduction; II. public expenditure; and III. drugs and crime.</p> <p><b>HRB (Lead Role)</b></p>	<p>(i) Data from pharmacy-based needle exchange services for 2012 submitted to the EMCDDA</p> <p>(ii) Public expenditure – Report on Ireland’s public expenditure 2013 organised according to EMCDDA analytical framework (i.e. UN’s Classification of Functions of Government [COFOG]) submitted to EMCDDA, October 2014.</p> <p>(iii) Drugs and crime: <b>Drug seizure sub-indicator</b> The HRB national correspondent to the EMCDDA Reference Group on drug supply led an EMCDDA-commissioned study on collecting extended routine data on drug seizures in Europe. Findings were presented by the author of the report at the most recent RG meeting in November 2014. Recommendations from the report informed the revision of the seizure sub-indicator tool. The tool will be introduced in 2015 and reviewed after the first annual data collection.</p> <p><b>Drug Law Offences sub-indicator</b> Following input from EUROSTAT, The RG has agreed a revised tool on drug law offences. This will also be introduced in 2015 and then reviewed after the first annual data collection.</p> <p>The RG is also involved in developing monitoring tools to better understand synthetic drug production, the phenomenon of cocaine importation and extraction facilities and the domestic cannabis market in the EU.</p> <p>The RG is also currently discussing the format of the next EU Drug Markets report, which will be co-authored by the EMCDDA and Europol.</p>
<p><b>Action 51</b></p>	<p>Monitoring problem substance (including alcohol) use among those presenting to hospital Emergency Departments</p> <p><b>HSE (Lead Role)</b></p>	<p>A National Screening and Brief Intervention Protocol for alcohol and substance misuse for Tier 1 Services/ Tier 2 Interventions has been drafted and will be finalised along with an implementation plan to support the roll out of the protocol in 2015.</p> <p>See also Action 36</p> <p>Local Developments</p> <p>Draft “Guidelines on the Pharmacological Management of a Patient with Alcohol Withdrawal Syndrome have been approved by University Hospital Waterford.</p>
<p><b>Action 52</b></p>	<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>Department of Health (Lead Role)</b></p>	<p>The Health Identifiers Act was passed by the Oireachtas in July 2014. HSE has established a project to manage the rollout which is expected to commence in 2015.</p>

<p><b>Action 53</b></p>	<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 National Drug Related Deaths Index (NDRDI).</p> <p><b>D/J&amp;E (Lead Role)</b></p>	<p>The current difficult national economic situation has meant that a more gradual, cost neutral approach to reform the Service than was envisaged in the Coroner Service Review must be taken and it has been necessary to re-examine the proposals for the restructuring of the Service in light of the level of funding currently available.</p> <p>Set against this background, 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</p> <p>The Bill is currently before the Seanad and is in the course of being reviewed in the Department with a view, among other matters, to making it as cost-effective as possible. In tandem with this the Civil Law (Miscellaneous Provisions) Act 2011 has already provided for some early reforms in coronial matters.</p> <p>In practice, coroners continue to fully facilitate the work of the Health Research Board in the operation of the <b>National Drug Related Deaths Index</b> and no delays of a problematic nature are reported.</p> <p>In this regard the Coroner Service continued to work closely in 2014 with the National Drug Related Deaths Index (NDRDI) team based at the Health Research Board (HRB) in the ongoing recording of drug related deaths with the most recent report being published by the HRB in December 2014 (copy report is available at <a href="http://www.hrb.ie">www.hrb.ie</a>)</p>
<p><b>Action 54</b></p>	<p>Consider the further development of systems monitoring changing drug trends in line with the EU Early Warning System</p> <p><b>NACDA (Lead)</b> with support from D/J&amp;E; HRB; D/Health (formerly OMD); FSL</p>	<p>Communication protocol for notification of drug use emergencies has been developed.</p>
<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-</li> </ul>	<p>The research work program is continuing.</p> <p>The program for 2014 included a study to estimate the prevalence of children of or residing with substance misusing parents, in addition to those studies mentioned above, i.e. Drug Prevalence Survey on drug use in the General Population and to estimate the prevalence of opioid use in Ireland.</p> <p>NACDA has been unable to conduct rehabilitation research due to lack of a researcher and a rehabilitation research budget</p>

	<p>term methadone maintenance treatment.</p> <ul style="list-style-type: none"> <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 comorbidity among drug users;</li> <li>• Prevalence patterns of problem substance use among prisoners and homeless people</li> </ul> <p><b>NACDA (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>NACDA (Lead Role)</b> with support from D/CYA</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>NACDA (Lead Role)</b> with support from HRB, D/Health (formerly OMD)</p>	<p>The NACDA is considering options for improved dissemination of research findings and models of best practice, but is hampered by a lack of research staff and a reduced budget.</p>

	<b>Co-ordination Pillar Actions</b>	<b>Progress to end 2014 in Implementation of Action</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 Programme 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>Annual Reports monitoring the progress on the Actions of the National Drugs Strategy are 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 sub-group of the Drugs Advisory Group (which has been replaced by the National Coordinating Committee on Drug and Alcohol Task Forces) has reported on progress in advancing measures to implement this Action and Actions 41, 42 and 44.</p> <p>The report states that most Task Forces have inclusive service provision policies, but there is a need for more formal representation from the communities of interest (through Citywide) to inform policy and design of interventions.</p> <p>A sub group of the National Coordinating Committee for Drug and Alcohol Task Forces is currently reviewing the level of engagement with Travellers.</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 (Lead role)</b></p>	<p>Protocols between relevant Departments and Agencies have been agreed.</p> <p>The International Drugs Issues Group, involving relevant Departments and Agencies, continues to meet on an ongoing basis.</p>

<p><b>Action 62</b></p>	<p>Review and renew the participation and commitment of members of the Drugs Task Forces.          Revise the Drugs Task Force Handbook to take account of the new structural arrangements.          Review Drugs Task Force boundaries.          Examine the optimum structure for the employment arrangements of Drugs Task Force personnel.</p> <p><b>D/Health (formerly OMD) (Lead Role)</b></p>	<p>The Report on the Review of Drugs Task Forces (2012) recommended a series of reforms to better equip the Task Forces to respond to the current pattern of drug and alcohol misuse.</p> <p>In line with the report, a National Coordinating Committee (NCC) for Drug and Alcohol Task Forces has been set up to drive implementation of the National Drugs Strategy at local and regional level. The Committee has agreed new terms of reference for Task Forces, provided guidance on how they can implement the National Substance Misuse Strategy and has requested details of the measures Task Forces need to take to comply with rules on selection of members. A sub-group has also been established to strengthen the mechanisms for measuring the impacts of Task Forces.</p> <p>The NCC also looks at policy issues that impact on implementation of NDS at local and regional level and that arise from the implementation work on the ground.</p> <p>Funding (€22m) in respect of 232 projects has transferred from the Department of Health to the HSE in order to improve accountability for expenditure and simplify funding arrangements.</p>
<p><b>Action 63</b></p>	<p>Consider the need for/desirability of a dedicated treatment agency, looking at UK and international best practice models.</p> <p><b>OMD (Lead Role)</b></p>	<p>Following consideration of the matter it was decided not to pursue the establishment of a dedicated treatment agency for drugs.</p>