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# National Drugs Strategy 2009-2016

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Progress Report to End 2012

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	<b>Supply Pillar Actions</b>	<b>Progress to Date 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 Steering Group Report on a National Substance Misuse Strategy was published in February 2012. Arising from this Report, a set of proposals are being developed with the aim of bringing them to Government shortly. The proposals will focus in issues such as the sale and availability of alcohol, minimum pricing, advertising, sponsorship and the possible introduction of a social responsibility levy.</p> <p>In addition proposals arising from a review of Drugs Task Forces include extending their remit to encompass alcohol.</p>
<b>Action 2</b>	<p>Establish Local Policing Fora (LPF) in all LDTF areas and other areas experiencing serious and concentrated problems of drug misuse</p> <p><b>Department of Justice &amp; Equality, Department of Environment, Community &amp; Local Government, An Garda Síochána (all 3 sharing Lead Role)</b></p>	<p>Local Policing Fora have now been established in all 14 Local Drug Task Force areas.</p> <p>A number of these fora have been in place for some time now and are well established local structures. In a number of the more recently established fora, work is progressing to consolidate their development.</p>
<b>Action 3</b>	<p>Include drugs issues in a central way in the work of Joint Policing Committees (JPCs) to ensure that there is a concerted effort against drugs in the areas involved. The issue of drug-related intimidation from the lower level to the most serious should be raised at both the JPCs and the LPFs with a view to devising appropriate and sustainable local responses to the issue.</p> <p><b>Derartment of Environment, Community &amp; Local Government (Lead Role)</b> with support from Department of Justice &amp; Equality, Local Authorities, An Garda Síochána, DTFs</p>	<p>The 2008 Guidelines for JPCs include the following: paragraph 2.1 (a) a central part of a JPCs role is to keep under review - the levels and patterns of crime, disorder and anti-social behaviour in that area (including the patterns and levels of misuse of alcohol and drugs).</p> <p>Addressing the issues of drug-related intimidation at a local level features prominently in the work of the JPCs.</p>
<b>Action 4</b>	<p>Foster community engagement in areas most affected by the drug problem through the establishment and support of appropriate drug networks.</p> <p>Drugs Task Forces, Department of Health (formerly Office of the Minister for Drugs), Community &amp; Voluntary sectors</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>
<b>Action 5</b>	<p>Develop a framework to provide an appropriate response to the issue of drug-related intimidation in the community.</p>	<p>Following efforts carried out by the Garda National Drug Unit (GNDU) and the Family Support Network a framework has been developed and is currently in place to assist persons who may be subject to the threat of drug relating intimidation in the region. A pilot project is currently in</p>

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	<p><b>An Garda Síochána (Lead Role)</b> with support from Family Support Network; Department of Justice &amp; Equality</p>	<p>operation in the Dublin Metropolitan Region (see also Action 7) and has now been implemented in the South East Region of the Country, with a view to implementation of same in the South and West Regions of the Country in early 2013. The progress is being monitored on a continual basis. The GNDU in conjunction with the Family Support Network have developed a number of initiatives in an effort to further these Actions which includes training, development of an information leaflet and an on-line campaign.</p>
<b>Action 6</b>	<p>Put in place an integrated system to track the progression of offenders with drug-related offences through the criminal justice system</p> <p><b>Department of Justice &amp; Equality (Lead Role)</b> with support from An Garda Síochána; The Courts Service; Irish Prison Service</p>	<p>A project has been initiated with the aim of establishing linkages between the IT systems of these agencies (An Garda Síochána, the Courts Service, the Irish Prison Service and the Probation Service). The Criminal Justice Interoperability Project (CJIP) already operates successfully between the Gardaí and Courts.</p> <p>While work is continuing on the further development of interagency co-operation in the criminal justice sector the further development of this system is subject to review having regard to the current economic situation and budgetary constraints.</p>
<b>Action 7</b>	<p>Develop an initiative to target adults involved in the drugs trade who are using young children (some under the legal age of culpability) to engage in illegal activities associated with the drug trade.</p> <p><b>An Garda Síochána (Lead Role)</b></p>	<p>An Garda Síochána are currently developing an appropriate strategic response to this issue.</p> <p>The process involves Drug Unit personnel, Community Gardai and Juvenile Liaison Officers. The process outlines the action to be taken when a report is received concerning adults using children in the illicit drug trade.</p> <p>It is anticipated that the information will be dealt with at local level. All information will be acted upon in a way that does not put any child or their family at risk or further risk of harm from Criminal Adults who have used children to assist in the illicit trade.</p> <p>A pilot project is currently in operation in the Dublin Metropolitan Region (see also Action 5) and has now been implemented in the South East Region of the Country, with a view to implementation of same in the South and West Regions of the Country in early 2013. The progress is being monitored on a continual basis</p>
<b>Action 8</b>	<p>Continue to implement increased security procedures in prisons, including the development of the drug detection dog service.</p> <p><b>Irish Prison Service (Lead Role)</b></p>	<p>A number of security initiatives have been introduced in prisons, and continue to be implemented on an ongoing basis. These include:</p> <ul style="list-style-type: none"> <li>• establishment of Security Screening Units which provide airport style security screening, using x-ray machines and scanning equipment for all staff and visitors;</li> <li>• establishment of Operational Support Units dedicated to, and developing expertise in, searching and gathering intelligence and targeting specific security problem areas;</li> <li>• use of Body Orifice Security Scanner chairs in all prisons;</li> <li>• establishment of a Canine Unit (Drug Detection Dog Service) within the Irish Prison Service</li> </ul>

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		<ul style="list-style-type: none"> <li>• segregation of a number of serious drug and criminal gang members in high security units.</li> <li>• new visiting arrangements introduced into all prisons</li> <li>• new netting over recreation yards.</li> </ul>
<b>Action 9</b>	<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>Department of Transport (Lead Role)</b> with support from Road Safety Authority, An Garda Síochána, HSE, Medical Bureau of Road Safety</p>	<p>Section 11 of the Road Traffic Act 2010 provides for the use of roadside impairment testing to assist the Gardaí in enforcing drug(s) driving as there is no suitable device currently available for such testing. However, before the section could be commenced the Office of the Attorney General, in re-examining the section as part of the drafting process for regulations to prescribe the tests under the section, advised that the provisions of the section were unsound. Proposed amendments to the provisions of section 11 are now provided for in a Road Traffic Bill which recently received Government approval for drafting. It is anticipated that the Bill will be published in early 2013.</p> <p>In October 2012, the Medical Bureau of Road Safety (MBRS) published the results of their six month study on roadside testing of drivers for drugs and in particular, on developments both at a European and International level, including any roadside testing devices currently in use or being developed. The report recommends the introduction of oral fluid roadside testing devices as soon as practical. An Implementation Group, under the chair of the Bureau, will be established in January 2013 to bring this work forward. Simultaneously, a Legislation Review Group will be established to review existing legislation on drug driving with a view to providing for a zero tolerance in respect illicit drugs and drugs taken illicitly and 'impairment' in respect of prescribed drugs.</p> <p>The MBRS continued to expand their in-house drug confirmatory analysis during the year, analysis that was previously outsourced to the UK.</p> <p>A number of Garda trainers have been trained in the use of impairment testing, as per section 11 of the Road Traffic Act 2010, by the MBRS and UCD. The intention is that those trainers will in turn provide training to other members of the Garda Síochána. While the Road Traffic Bill 2013 will contain amendments to section 11 (as mentioned above) it is not anticipated that they will impact negatively on any training completed to date.</p>
<b>Action 10</b>	<p>Engage in appropriate enforcement strategies to ensure compliance with the prohibition of the sale of alcohol to persons under 18 years of age. <b>An Garda Síochána (Lead Role)</b></p> <p>Further reforms to the licensing laws to combat the sale or supply of alcohol to persons under 18 years of age should be considered where they are justified by reference to an evidence-</p>	<p>The Intoxicating Liquor Acts 1988 to 2010 already contain comprehensive provisions to combat the sale and supply of intoxicating liquor to persons under 18 years of age; this area of the law is subject to ongoing monitoring and review.</p> <p>An Garda Síochána have established a working group to continue to develop appropriate enforcement and preventative strategies to address the issues raised in the Action.</p>

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	<p>based approach. An <b>Department of Justice &amp; Equality (Lead Role)</b></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 2012.</p> <p>The National Age Card continues to be a successful initiative. Gardai have also carried out a number of awareness campaigns in 2012, in an effort to promote the use and sole acceptance of the Age Card.</p> <p>In addition, the Department of Justice &amp; Equality continue to liaise closely with the Department of Health regarding the implementation of a range of proposals contained in the report of the National Substance Misuse Steering Group (see action 1) which are concerned with the overall supply and availability of alcohol.</p>
<b>Action 11</b>	<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>Department of Justice &amp; Equality (Lead Role)</b></p>	<p>Plans for the new Forensic Science Laboratory (FSL) have been the subject of review having regard to public expenditure restrictions.</p> <p>Recent proposals to build a new laboratory cannot be proceeded within the current economic climate.</p> <p>Following a Government mandated review of overall laboratory services the Government have decided to align the operation of the FSL more closely with that of the State Laboratory with a view to obtaining additional efficiencies.</p> <p>Staffing levels for the Forensic Science Laboratory remain under ongoing review but the current employment cap applies to the Forensic Science Laboratory.</p> <p>A Criminal Justice (Forensic Evidence and DNA Database System) Bill is being drafted and is included on the Government Legislation Programme for publication in 2013. This legislation will update the laws in relation to forensic evidence and will provide for the establishment of a National DNA Database.</p> <p>See also the update on the introduction of a presumptive testing regime as per NDS Action 12.</p>
<b>Action 12</b>	<p>Contribute to the timely prosecution of drug-related offences by the introduction of a presumptive testing regime, in appropriate circumstances.</p> <p><b>Department of Justice &amp; Equality (Lead Role)</b> with support from An Garda Síochána; Forensic Science</p>	<p>Presumptive testing is a term used for scientific analysis which can give an indication that a substance of interest is present in a sample.</p> <p>Since February 2010, An Garda Síochána have introduced a Presumptive Testing Process, at a National level, in which particular controlled drugs may be tested (subject to certain conditions) by trained members of An Garda Síochána. Presumptive Drug Testing (PDT) provides a process for</p>

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	Laboratory	<p>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.</p> <p>The implementation and management of the Presumptive Testing Process is the responsibility of management at the Garda National Drug Unit.</p>
<b>Action 13</b>	<p>Review the current operation and effectiveness of the Drug Court, including the exploration of other international models.</p> <p><b>Department of Justice &amp; Equality (Lead Role)</b></p>	<p>A review of the Drug Treatment Court (DTC) was published in May 2010 which confirmed the continued operation of the DTC for a further 2 years with the catchment area involved being expanded and the programme being available to 16-18 year olds. The review identified issues to be addressed in terms of its management and operation and a Senior Steering Committee was put in place to oversee the operation of the Court and the implementation of the recommendations.</p> <p>At the request of the Minister for Justice and Equality, a further review of the operation of the court was carried out during 2012 by the Senior Steering Committee of the Drug Treatment Court.</p> <p>The Committee is currently in the process of undertaking additional enquiries related to a number of issues raised in the review. Following completion of this, it is anticipated that a report on the review will be provided to the Minister shortly</p>
<b>Actions 14 &amp; 15</b>	<p>Monitor the activities of headshops, and all businesses involved in the sale of psychoactive substances, with the objective of ensuring that no illegal activity is undertaken.</p> <p>Ensure that steps are taken to reform legislation in this respect where it is deemed to be appropriate.</p> <p>Keep drugs-related legislation under continuous review, with particular focus on new synthetic substances, new or changed uses of psychoactive substances, and against the background of EU and broader international experience and best practice.</p> <p><b>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 supported the conduct of a risk assessment of the substance 4-methylamphetamine. This substance is currently controlled in Ireland by means of a generic provision controlling phenethylamines. Ireland has also supported the conduct of a risk assessment of the substance 5-(2-aminopropyl) indole (5-IT), which is not currently controlled in Ireland.</p> <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 approximately 60 anabolic steroids, 36 phenethylamine derivatives (so-called Pihkals which are psychedelic derivatives) under control. It is also proposed to control 5-IT referred to in paragraph above. It is intended to consult further with stakeholders by posting on the Department's website a draft of the Amendment.</p>

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<b>Action 16</b>	<p>Keep legislation under continuous review to deal with the evolving situation in regard to drug precursors, against the background of EU and broader international experience and best practice.</p> <p><b>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>
<b>Action 17</b>	<p>Continue to work with partners at EU and other international levels to intercept drugs, and precursors for diversion to the manufacture of drugs, being trafficked to Ireland.</p> <p><b>An Garda Síochána, Revenue's Customs Service (joint Lead Role);</b> with support from Department of Justice &amp; Equality; Department of Foreign Affairs &amp; Trade</p>	<p>Revenue's Customs Service, An Garda Síochána and the Naval Service continue to collaborate at national level and at international level with their partners in significant and ongoing operations.</p> <p>Drugs seizures in Ireland in 2012 increased across all major categories compared to 2011 results. In addition, the estimated street value of drugs seized more than doubled in 2012 with much of this largely attributed to a joint Operation between An Garda Síochána, Revenue's Customs Service and the Naval Service which resulted in the seizure of in excess of 400 kilos of Cocaine, and the disruption of a significant organised criminal group.</p> <p>41 joint controlled delivery operations (involving Revenue's Customs Service and An Garda Síochána, and/or the Irish Medicines Board) were carried out in 2012. These operations resulted in the seizure of drugs with a street value in excess of €45 million.</p> <p>Revenue's Customs Service also participated in several significant international operations including:</p> <ul style="list-style-type: none"> <li>❖ PANGEA V, an international World Customs Organisation (WCO) operation targeting trade in illicit / counterfeit medicines and Internet pharmacies.</li> <li>❖ SKYNET, an international World Customs Organisation (WCO) operation targeting trade in synthetic drugs, pre-cursor and other chemicals originating in China.</li> <li>❖ WESTERLIES, an international WCO operation targeting trafficking of methamphetamine from west Africa by air via European and middle – eastern hubs.</li> <li>❖ RADAR, international operation targeting drug smuggling in container traffic.</li> </ul>

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		<p>During 2012 the Maritime Analysis and Operations Centre – Narcotics (which includes representatives of Revenue's Customs Service and An Garda Síochána) were involved in the seizure of 9.6 tonnes of cocaine and 2.7 tonnes of cannabis.</p> <p>An Garda Síochána continues to maintain a strategic partnership with the Police Service in Northern Ireland and many other European Jurisdictions. An Garda Síochána embarks on joint intelligence led strategic and tactical investigations into drug trafficking activities impacting on this jurisdiction.</p>
<b>Action 18</b>	<p>Monitor the volume of drugs seized in the Irish jurisdiction on an annual basis as a percentage of total European seizures, based on EMCDDA figures.</p> <p><b>An Garda Síochána (Lead role);</b> with support from Revenue's Customs Service; 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 monitor the volume of controlled drugs seized in this Jurisdiction and provide data on Drug Supply indicators to the EMCDDA to facilitate the collection of figures at a European level.</p> <p>The information supplied forms part of the EMCDDA's Annual Report.</p>



	<b>Prevention Pillar Actions</b>	<b>Progress to Date 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>It is proposed that the desirability of such a framework will be considered further when the National Substance Misuse Strategy is finalised (Action 19 may be looked at in conjunction with Actions 22 and 26).</p>
<b>Action 20 &amp; 21</b>	<p>Improve the delivery of Social &amp; Personal Health Education (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>Department of Education &amp; Skills (Lead Role)</b> with support from Department of Health; 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>Department of Education &amp; Skills (Lead Role)</b></p>	<p>There is a commitment in the Programme for Government 2011-2016 to update drug awareness programmes in second-level schools. In May 2011 the Department of Education &amp; Skills (DES) established a Working Group to examine the resource materials being used in SPHE, especially those most relevant to substance use education. The Group consisted of representatives from the Departments of Health and Children and Youth Affairs as well as from DES, the National Educational Psychological Service (NEPS), the National Council for Curriculum and Assessment (NCCA) and the SPHE Post-Primary Support Service. It is anticipated that the Group's report will be finalised in early 2013</p> <p>The Inspectorate is preparing a composite report on the delivery of SPHE at post-primary level, based on the subject inspections of SPHE carried out in schools during the academic year 2010/2011. It is anticipated that the report will be published in early 2013.</p> <p>The Professional Development Services for Teachers (PDST) website was updated in 2012. The SPHE section of the PDST website includes a section on 'substance use'. This section offers advice to schools on development of a substance use policy and this has been updated to reflect the 'best practice guidelines in substance misuse prevention education'. The Department of Education &amp; Skills' guidelines on developing a substance use policy are also available through the website for school's to download</p> <p>A booklet, <i>Best Practice Guidelines in Substance Misuse Prevention Education</i>, has been developed to provide information on, and consolidate the use of, best practice guidelines in the delivery of substance misuse prevention education in primary schools. An information DVD for teachers (<i>What is a drug?</i>) which provides a suggested approach to lesson content with senior children has also been developed. These are due to issue to schools shortly. The primary <i>Substance Misuse Prevention Programme (Walk Tall)</i> materials for all class levels are being updated and will be available for schools to download through the PDST website.</p> <p>The PDST has delivered over twenty seminars across the country since Sept 2012 in the area of child protection. During seminar delivery the two year cycle approach to teaching a comprehensive</p>

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		<p>programme of all SPHE strand units is highlighted with reference to circular 22/2010. In addition schools continue to receive support from <i>Stay Safe</i> through the SPHE advisors and associates where once again the delivery of a comprehensive SPHE programme is outlined.</p> <p>At post-primary level a dedicated SPHE Support Service (6 staff) provides training, advice and support to schools. In the school year 2011/12, 3,949 teachers and other staff attended school-based events and 1,581 teachers attended cluster in-service training organised by the SPHE Support Service.</p> <p>The SPHE Support Service Regional Managers liaise with the Drugs Task Forces.</p> <p>The Department is carrying out a new Lifeskills Survey of schools with findings anticipated in the second quarter of 2013. The last Lifeskills Survey of all schools was undertaken in 2009 and completed responses showed:</p> <ul style="list-style-type: none"> <li>• 84% of primary-level schools had a substance abuse policy,</li> <li>• 96% of schools at post primary level had a substance abuse policy.</li> </ul> <p>A new Framework for Junior Cycle was published in October 2012. It consists of a number of components including:</p> <ul style="list-style-type: none"> <li>• Eight core Principles, one of which is “Wellbeing” whereby “The student experience contributes directly to their physical, mental, emotional and social wellbeing and resilience. Learning takes place in a climate focused on collective well being of school, community and society”.</li> <li>• Eight key skills, including literacy and numeracy, but also “Staying well” and “Managing Myself”.</li> <li>• The learning at the core of the junior cycle is described in 24 statements of learning which describe what students should know, understand, value and be able to do at the end of junior cycle, having fully engaged with and participated in the junior cycle programme of their school. These include: <ul style="list-style-type: none"> <li>○ The student has an awareness of personal values and an understanding of the process of moral decision making</li> <li>○ The student values what it means to be an active citizen, with rights and responsibilities in local and wider contexts</li> <li>○ The student has the awareness, knowledge, skills, values and motivation to live sustainably</li> <li>○ The student takes action to safeguard and promote his/her wellbeing and that of others.</li> </ul> </li> </ul>

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		<p>SPHE, within this new Framework, will become a short course of 100 hours (v 60-70 hours at present) and will be assessed at school level. Continued Professional Development (CPD) and resource materials will be provided to schools to assist with the implementation of the new SPHE programme, which will be available for introduction from September 2014.</p> <p>DES is about to publish (early 2013) "Wellbeing in Post-Primary Schools – Guidelines for Mental Health Promotion and Suicide Prevention".</p>
<b>Action 22</b>	<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>It is proposed that putting in place of substance misuse policies and the development of a brief interventions approach will be considered further when the National Substance Misuse Strategy is finalised (Action 22 may be looked at in conjunction with Actions 19 and 26).</p>
<b>Action 23</b>	<p>Implement SPHE in Youthreach Centres of Education and in Youth Encounter Projects and ensure that substance misuse policies are in place in these recognised Centres for Education.</p> <p>Implement age appropriate substance prevention/ awareness programmes in training settings, including VTOS and Community Training facilities.</p> <p>Introduce monitoring and follow-up procedures in relation to substance prevention activity in the above settings.</p> <p><b>Department of Education &amp; Skills (lead)</b> with support from FÁS</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 who are trained in the Substance Abuse Prevention Programme that they implement. VEC Youthreach centres continue to be evaluated by the Inspectorate of the Department of Education and Skills.</p> <p>Drug education is included in VTOS and other adult education programmes as required.</p> <p>There will be continued evaluation of Youth Encounter Projects to ensure that SPHE is included in the range of subjects.</p> <p><b>Community training Centres (CTCs):</b> FÁS worked in partnership with 38 CTCs to provide community based training for early school leavers as part of the national Youthreach programme. CTCs develop individualised learning plans and participate in personal, social and vocational skills training and development leading to major awards on the National Framework of Qualifications.</p> <p>The establishment of SOLAS, (new further education and training authority) is part of a complex range of related reforms including the transformation of the 33 VECs into 16 Education and Training Boards (ETBs).</p> <p>The majority of services previously under the remit of FAS Training Services are being transferred to SOLAS and the ETBs. The continuation of specific CTC programmes will fall to be considered in</p>

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		the context of overall Further Education and Training strategy and the formation of SOLAS and the ETBs.
<b>Action 24</b>	<p>Co-ordinate the activities and funding of youth interventions in out-of-school settings (including the non-formal youth sector) to optimise their impact through targeting risk factors, while developing protective factors for youth at risk.</p> <p><b>Department of Children &amp; Youth Affairs (Lead)</b></p>	<p>Revised reporting forms and procedures for all Youth Affairs funding is providing more comprehensive information in relation to service provision and participant analyses. This is assisting in the evaluation of the impact of the supports provided.</p> <p>Work on an online reporting system for introduction in 2014 is in development. This will provide access to a more accurate database in relation to participant numbers and service provision.</p> <p>The implementation of the National Quality Standards Framework for Youth Work (NQSF) has been commenced and is assisting to ensure enhanced standards and improved practice in the youth work sector. National Quality Standards for Volunteer-led Youth Groups will be launched in early 2013 and rolled out to all groups funded by DCYA over the course of 2013. This will further enhance standards and improve practice across the broad spectrum of youth services.</p> <p>The development of a DCYA Children and Youth Strategy is currently being developed. Subsequent to which a Youth Policy Framework will be developed. This will provide greater coordination, coherence and impact in relation to policy and service provision for young people. The development of which will also identify needs/areas to be addressed and inform the development and re-orientation of schemes/supports for young people in order to maximise impact in terms of youth provision.</p>
<b>Action 25</b>	<p>Continue to develop facilities for both the general youth population and those most at risk through:</p> <ul style="list-style-type: none"> <li>• increased access to community, sports and school facilities in out of school hours; and</li> <li>• the development of youth cafés.</li> </ul> <p><b>Department of Children &amp; Youth Affairs (Lead)</b> with support from Department of Education &amp; Skills</p>	<p>In 2012 the Department of Children &amp; Youth affairs (DCYA) through the Young People's Facilities &amp; Services Fund (YPFSF) allocated funding of €21.332m to assist in the development of youth facilities and services.</p> <p>Through the YPFSF, the DCYA are developing more links with other agencies with the aim of increasing usage of facilities, sharing costs and maximising resources.</p> <p>Improved access to indoor/outdoor sports facilities in schools (after school hours in accordance with DES circulars M18/05 and 16/05) under the YPFSF Schools Initiative has increased the frequency and variety of sport and dance programmes and activities.</p> <p>YPFSF funding has also facilitated the operation of Late Night Soccer Leagues now operating in 19 centres.</p> <p>Funding of €0.5m was made available in 2012 for the specific support of the provision of new youth cafés as well as supporting existing cafés who need assistance in providing additional facilities etc. This funding was allocated to youth cafés previously assessed under the dedicated competitive funding scheme announced in 2010. This brings the total funding (to date) to circa €2.2m.</p>

	<b>Prevention Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
		Funding of €1m will be made available for the provision of Youth Cafés in 2013. The new scheme will be announced in early 2013.
<b>Action 26</b>	<p>Implement a uniform set of drugs and alcohol education standards, using the DEWF framework being implemented by Drugs Task Forces at present.</p> <p><b>Department of Health (formerly Office of the Minister for Drugs) (Lead)</b> with support from Department of Education &amp; Skills; HSE</p>	<p>It is proposed that the desirability of a uniform set of drugs and alcohol education standards will be considered further when the National Substance Misuse Strategy is finalised (Action 26 may be looked at in conjunction with Actions 19 and 22).</p>
<b>Action 27</b>	<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 2012, the drugs.ie site received a total of 184,507 unique visits. This corresponded to a total of 445,141 page views on the site. This is significant in that again in 2012 there were no National Drug Awareness Campaigns promoting the site.</p> <p>Developments to the drugs.ie site in 2012 included:</p> <ul style="list-style-type: none"> <li>• Launch of an online outreach campaign to link in with other relevant websites and social media pages to facilitate them to connect with various drugs.ie online initiatives and services. 12 other organisations engaged with the campaign and have included drugs.ie on their sites.</li> <li>• Continued development of drug and alcohol related video content. The site now hosts a total of 99 videos in the recently re-developed multimedia section and a total of 16 Video Features were produced for the drugs.ie 'Features' section.</li> <li>• An online alcohol self-assessment and brief intervention tool based on the AUDIT screening tool has been developed. All information is based on WHO guidelines and the project was overseen by a clinical advisory group of HSE staff. This initiative has been fully completed and can be viewed at <a href="http://www.drugs.ie/alcohol">www.drugs.ie/alcohol</a>.</li> <li>• To complement the online alcohol self-assessment tool an online drug self-assessment and brief intervention tool is under development - the DUDIT – which will be used in parallel to the AUDIT in clinical settings.</li> <li>• Redesign of the Facebook page and an extensive Facebook Ads campaign resulted in a 450% increase in likes on Facebook during 2012</li> <li>• The use of drugs.ie Facebook page to publicise two HSE emergency alerts (i) suspected contamination batch of heroin and (ii) a brown substance passed off as MDMA and linked to two deaths in the south east. As a result the alerts were seen by in excess of 7,000 people within 48 hours and were shared by hundreds.</li> </ul>

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<ul style="list-style-type: none"> <li>• Re-development of the National Directory of Services, which will launch in February 2013, will present a greater level of information for the general public - including geo-mapping functionality.</li> <li>• A virtual advisory group comprising HSE addiction services staff, drug task force personnel, and representatives from youth websites - reachout.com and spunout.ie was established to provide feedback around ongoing development of the website.</li> <li>• Launch of a Google Adwords campaign through the Google Grants scheme. To date, 4 campaigns have been created comprising of over 300 ads which are triggered by certain drug and alcohol keywords when users are searching for information through Google's organic search. The monthly click through on these ads is starting to yield results, for example, in December we had 1.325 clicks through to site, representing a total spend of \$971.49. (Note: these ads are free, through the Google Grant scheme for charities which Ana Liffey are part of. The spend represents what it would cost if payment for the ads on the open market).</li> <li>• In partnership with the Greater Blanchardstown Response to Drugs, drugs.ie has been established as the online presence for the 'Let's Talk about Drugs Media Awards'.</li> <li>• Continued production and dissemination of the drugs.ie eBulletin. 5 eBulletins were produced in 2012 and currently have 1,065 subscribers to the eBulletin list.</li> </ul> <p>Following an organisational restructure within the Ana Liffey Drug Project, an 'Online and Digital Services' Team was developed. This has led to the development of the following:</p> <ul style="list-style-type: none"> <li>• Drugs.ie has become the online space for the QuADS (quality standards in alcohol and drugs services) project.</li> <li>• Drugs.ie has also become the online space for the Community Detox Initiative.</li> </ul> <p>In November the drugs.ie website was shortlisted for an Eircom Spider Award in the category of Charitable &amp; Non-Profit Organisations. The awards reward Irish businesses and community organisations for their creativity and innovation and provide an important opportunity to recognise and showcase online excellence.</p> <p>In addition:</p> <ul style="list-style-type: none"> <li>• The Drugs and Alcohol Helpline freephone number and Support Email address is shown in all searches on the new directory of services on Drugs.ie</li> <li>• The Helpline facebook page (<a href="http://www.facebook.com/DrugsAlcoholandHIVHelpline">www.facebook.com/DrugsAlcoholandHIVHelpline</a>) has regular newsfeeds from drugs.ie facebook page.</li> <li>• <a href="http://www.drugs.ie">www.drugs.ie</a> is listed on the Helplines website <a href="http://www.hse.ie/go/drugshivhelpline">www.hse.ie/go/drugshivhelpline</a> as a</li> </ul>

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<p>source of further information.</p> <ul style="list-style-type: none"> <li>• Callers to the Helpline often report having visited <a href="http://www.drugs.ie">www.drugs.ie</a>, before deciding to call the Helpline to discuss things further.</li> <li>• All relevant HSE Addiction services have provided service details to the national online directory on <a href="http://www.drugs.ie">www.drugs.ie</a></li> <li>•</li> </ul>
<p><b>Action 28</b></p>	<p>Develop a sustained range of awareness campaigns that:</p> <ul style="list-style-type: none"> <li>• ensure that local and regional campaigns complement and add value to national campaigns;</li> <li>• optimise the use of ICT in drugs and alcohol awareness initiatives (e.g. through internet search engines and social network websites);</li> <li>• consider a co-ordinated approach by all key players to the development and implementation of a designated drug/alcohol awareness week/day with agreed themes and methodologies;</li> <li>• target: <ul style="list-style-type: none"> <li>- third level educational institutions, workplaces and recreational venues;</li> <li>- at risk groups (Travellers, new communities, LGBTs, homeless people, prisoners and, sex workers); and</li> <li>- education/awareness among drug users to minimise the levels of usage and to promote harm reduction measures.</li> </ul> </li> </ul> <p><b>HSE (Lead)</b> with support from DTFs and other relevant agencies</p>	<p>In line with the recommendations of the Steering Group Report on a National Substance Misuse Strategy (see action 1, above) the HSE have commenced development of an Alcohol Awareness Campaign which will be a health service-wide programme encompassing the legislative and regulatory environment, those who develop and deliver health services, and a range of other relevant stakeholders, supported by communications expertise in developing and delivering messages that will support the programme.</p> <p>A Steering Group has been established to set out the strategic direction for the programme and to consolidate a strong rationale and direction to move forward with. This group has developed a strategic planning tool involving provision of the evidence base for a particular approach, the high level priorities and focus areas etc.</p> <p>Further progression on the Steering Group's work will be determined by the final decisions in regard to the degree to which the recommendations of the Steering Group Report on the National Substance Misuse Strategy are to be implemented.</p> <p><b>At a regional level;</b></p> <ul style="list-style-type: none"> <li>• A mini-campaign focused on parents and strategies to curtail adolescent drinking before Christmas was developed. This involved a press release and re-focused attention on the advice in Straight Talk – A guide for Parents. Dr Bobby Smyth was spokesperson on the issue. The campaign resulted in coverage in National Newspapers and on numerous local radio stations</li> <li>• The Western Regional Drugs Task Force ran a very successful drugs awareness week in Nov 2012 across Galway, Mayo and Roscommon and continues to drive awareness campaigns throughout the year and actively supports local community groups and initiatives to keep substance misuse on the agenda.</li> <li>• HSE (Dublin Mid-Leinster) offered advice, assistance and co-ordination for local Drug Awareness Week events (November) in Wicklow and Arklow particularly and drug awareness input in Dún Laoghaire Social Inclusion Week (October).</li> </ul> <p><b>Communications Planning Group 2013:</b> An interim communications strategy will be developed around alcohol to highlight:</p> <ul style="list-style-type: none"> <li>• Particular dangers around harmful drinking at specific times of the year e.g. Christmas, St. Patrick's Day, Leaving and Junior Certificate results</li> <li>• Consequences of harmful drinking on family and other 3rd parties</li> </ul>

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<ul style="list-style-type: none"> <li>The link between alcohol, self-harm and suicide</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 Department of Education &amp; Skills (joint leads);</b> with support from Department of Children &amp; Youth Affairs; Department of Social Protection; Drugs Task Forces and Service Providers</p>	<p>Various aspects of the work of the HSE and the Department of Education &amp; Skills support families who are experiencing difficulties, or who are at risk of experiencing difficulties as a result of substance misuse. Examples include:</p> <p>Strengthening Families programme: This is a 4 month early intervention/prevention programme that supports the entire family and works with up to 60 family members at risk in one programme with specialist attention for parenting skills, individual family members and the family as a whole sharing activities and exploring communication.</p> <p>Concerned Persons Programme in support of family members who experience significant difficulties arising from alcohol and substance misuse (specific Family support projects are also funded through HSE in Cork City in partnership with Tabor Lodge and the Bridge Coop (these programmes target family members. They provide information/education on the impact of addiction on family life and exploration of the difficulties experienced by family members in coping with daily life. Family members are supported to discover ways of coping to reduce stress and tension of parenting and managing life).</p> <p>Individual counselling and family therapy for family members through HSE addiction services</p> <p>Training for addiction staff in CRAFT (Community Reinforcement approach for Family members)</p> <p>Family Support network development and training in the Copello 5 stage model of intervention for family members. A further course has been developed re family intimidation and resolutions. Also strong referral links to family support groups developed by many HSE Addiction services and liaison with RDTF led family support working group.</p> <p>There needs to be active support for children of substance misusing parents focused on the development of prevention and early intervention strategies aimed at recognition of the difficulties encountered by such children and building their resilience. All of these factors can be integrated in a well managed national and local Hidden Harm policy provided by an integrated multidisciplinary system.</p> <p>HSE North West will pilot training for staff in the Hidden Harm policy in 2013. A Hidden Harm Policy refers to the protection and support of children and young people impacted by parental/carers' substance misuse. There are three issues in Hidden harm that are central to its implementation:</p> <ul style="list-style-type: none"> <li>• Policy change required (nationally, regionally and locally) to ensure children do not come to harm</li> <li>• The procedural shifts that must be made by drug and alcohol services to assess and meet</li> </ul>



	<b>Prevention Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
		<p>the needs of their clients as parents and their children</p> <ul style="list-style-type: none"> <li>• The training required to skill all practitioners to work with a new framework of care that will identify the needs of children affected by their parents/substance misuse</li> </ul> <p>HSE Dublin Mid-Leinster: Work of Parent Support Liaison Nurse where both family concerns and drug problems are addressed cross organisational and sectoral boundaries by providing co-ordinated support, &amp; integration of services that drug using parents and families require such as child care services and family support, homeless services, Barnardos or Probation Services</p> <p>HSE Substance Misuse Drug Education Officers have also facilitated:</p> <ul style="list-style-type: none"> <li>▪ parent to parent programmes and provided training for trainer parent to parent programmes</li> <li>▪ developed a programme focused on the Effects of Substance Use within the Family (this programme is rolled out to families who have their son/daughter in residential treatment)</li> <li>▪ developed and delivered an Enhancing Self Protection Programme to young people, parents and teaching staff.</li> </ul>
<b>Action 30</b>	<p>Develop selective prevention measures aimed at reducing underage and binge drinking.</p> <p><b>HSE (Lead)</b> with support from Department of Health; Drugs Task Forces and Service Providers</p>	<p>The development of such preventive measures will be considered in more detail in the context of the finalisation of a National Substance Misuse Strategy. Current good practice examples in the development of a range of selective prevention measures include:</p> <ul style="list-style-type: none"> <li>• E-pub, a 30 min electronic self-assessment tool initiative developed by San Diego University specifically for 3<sup>rd</sup> level students and franchised to a number of Irish universities such as Cork Institute of Technology and UCC continues. This site provides a personal feedback status of a drinking pattern to each student</li> <li>• HSE South Health Promotion Department delivers programmes to owners and staff of Off Licences to tackle issues regarding underage drinking</li> <li>• The HSE in Donegal in conjunction with primary care designed an early intervention and cognitive assessment service for dependent drinkers at risk of alcohol related brain injury (ARBI) to commence Jan 2013 as a pilot.</li> <li>• Alcohol and Binge drinking Programme for Parents (HSE Donegal).</li> <li>• The Jigsaw service in Galway and Roscommon has been a very successful model of primary care intervention in this area targeting 15- 25year olds. Work is underway to develop a similar project in Mayo. This project is supported and assisted by HSE West.</li> </ul>
<b>Action 31</b>	<p>Maintain the focus of existing programmes targeting Early School Leaving 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>In the 2012/2013 school year, DEIS (Delivering Equality of Opportunity in Schools), the action plan for educational inclusion, continues to support children and families in 860 schools with 165,350 pupils (865 in 2011/2012).</p> <p>DEIS Band 1 schools comprise 197 urban/town primary schools with the highest concentrations of</p>

	<b>Prevention Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
	<p><b>Department of Education &amp; Skills (Lead)</b></p>	<p>disadvantage relative to other schools. DEIS Band 1 urban primary schools attract resources both in terms of reduced pupil-teacher ratios and in terms of the allocation of permanent teachers under the General Allocation Model (GAM), the principal mechanism by which schools are supported to include students with high incidence special educational needs.</p> <p>From September 2012, the staffing schedules for these schools are based on a general average of one teacher for every 20 students in junior schools, 22 students in vertical schools and 24 students in senior schools. DEIS Band 1 schools are given an additional allocation of 0.2 of a post where the school has less than 200 students and 0.4 of a post where the school has 200 or more students under GAM.</p> <p>A total of 195 DEIS post-primary schools are provided with additional support through an improved staffing schedule of 18.25:1. This is a 0.75 point improvement compared to the existing standard 19:1 that generally applies in post-primary schools that do not charge fees.</p> <p>Over €158m was provided in 2012 to provide additional resources and supports for primary and second level schools included in DEIS. In Budget 2013, the DEIS Action Plan has been fully protected with no overall changes to staffing levels or funding.</p> <p>The latest Report on Retention Rates in Post Primary Schools presents the retention rates of pupils who entered the first year of the junior cycle in the years from 2005 to 2006 and completed second level schooling no later than 2012.</p> <p>The report shows that:</p> <ul style="list-style-type: none"> <li>• the percentage of students who sit the Leaving Cert overall has risen by more than 6% to 90.2% in 8 years.</li> <li>• the average unadjusted Leaving Certificate retention rate in DEIS schools increased by almost 7 percentage points from 73.2% to 80.1% for students who entered second level in 2004 to 2006 while the (unadjusted) retention rate in non-DEIS schools increased from 87.4% to 92.7% for the same entry cohorts.</li> </ul> <p>A Working Group was established with officials from the Department of Education and Skills and the Department of Children and Youth Affairs following from the transfer of functions under the Education (Welfare) Act 2000 in May 2011 to the Minister for Children and Youth Affairs. The role of the Group is to ensure that education links are safeguarded and maintained given the range of interrelated activities for both Departments.</p> <p>The report of an independent evaluation of DEIS, conducted by the Educational Research Centre (ERC), was published in January 2012. The ERC report focuses mainly on the reading and mathematics achievements of students in primary schools in urban areas participating in the (DEIS) School Support Programme and was conducted in 120 schools. The ERC research shows statistically significant improvements in both the mathematics and reading levels of pupils in 2nd, 3rd and 6th class.</p>

	<b>Prevention Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
		<p>Further evaluations of the DEIS Programme will be completed over the course of 2012/13 and the outcome of these and any further evaluation reports will be considered in the context of the future of DEIS.</p> <p>In addition there were two further evaluation reports published in January 2012 which were prepared by the Inspectorate of the Department of Education and Skills. The Inspectorate evaluations focused on the quality of the planning processes used by DEIS schools to achieve improvement across a range of areas including attendance, attainment levels in literacy and numeracy and in examinations (post-primary level), and partnership with parents. The reports highlight a number of encouraging findings. Practically all of the primary schools reported significant, measurable improvements in the attendance levels of their pupils while the majority of post-primary schools had effective measures in place to improve attendance. While targets to improve partnership with parents were broad, making it difficult to establish progress made, most schools had a variety of measures in place to encourage parental involvement in the school and in their child's learning.</p> <p>At the end of 2011/12 school year, the Department conducted a survey in 100 DEIS schools, including primary and post-primary schools, to appraise the extent of supports deployed in DEIS schools using the additional monetary funding provided under the DEIS grant. This data is currently being analysed. Initial information provided by the survey shows that many schools have put in place a wide variety of interventions using this additional funding to respond to individual needs of the pupil cohort in the schools and to meet targets set under their DEIS plan.</p>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
<p><b>Action 32</b></p>	<p>Develop a comprehensive integrated national treatment and rehabilitation service for all substance users using a 4-tier model approach. This will incorporate:</p> <ul style="list-style-type: none"> <li>• the ongoing development of the spread and range of treatment services;</li> <li>• the recommendations of the Report of the Working Group on Drugs Rehabilitation;</li> <li>• the recommendations of the Report of the HSE Working Group on Residential Treatment &amp; Rehabilitation (Substance Abuse); and</li> <li>• the provision of access to substance misuse treatment within one month of assessment.</li> </ul> <p><b>HSE (Lead)</b></p>	<p>Treatment: Progress has been made towards a national drug treatment service (more details provided in actions below).</p> <p>Rehabilitation In 2012, and in line with National Drug Rehabilitation Implementation Committee (NDRIC) National Framework (2010) &amp; National Protocols &amp; Common Assessment Guidelines (2011) which incorporates the recommendations of the Working group report on Drugs Rehabilitation (2007) 10 sites piloted an integrated model of care. This process involves:</p> <ul style="list-style-type: none"> <li>• initial assessment;</li> <li>• comprehensive assessment;</li> <li>• Inter-agency referral-nomination of key workers in each agency involved; and</li> <li>• nomination of a case manager to coordinate each individuals clients shared care plan and development of shared care plans for clients</li> </ul> <p>A high level of preparation and capacity building for service providers and intense formal inter-agency collaboration was undertaken.</p> <p>Evaluation of the 10 sites is being undertaken by Trinity College and will assess:</p> <ul style="list-style-type: none"> <li>• to what extent the process has been translated into practice in the pilot sites;</li> <li>• the experience of service providers (both managers &amp; frontline staff) in the application of the process in practise in terms of facilitating &amp; restrictive factors; and</li> <li>• the experience of clients who were supported through the various stages of the process from initial assessment right through to the development of a shared care plan.</li> </ul> <p>Following the evaluation of the process, the findings will be considered by NDRIC in terms of the full national rollout of a national rehabilitation strategy in which the collaboration of the HSE's National Addiction Advisory Governance Group will be critical. The moratorium on recruitment is a factor in terms of the coordinating structure recommended in 2007 which proposed 10 HSE Regional Rehabilitation Coordinators to facilitate its implementation in each respective area.</p> <p>Although still in pilot phase the HSE South and HSE South East led out on the pilot implementation on a whole HSE area approach in conjunction with other statutory &amp; voluntary partners and both areas have actively implemented the process. For example: In HSE South, 44 Organisations and Projects signed up to participate in the pilot in Cork and Kerry, 32 people have been trained in key working, care planning and case management &amp; 16 Agencies and Projects have started the QuADS process in Cork and Kerry &amp; Case Management manuals have been developed and distributed. The HSE are formally engaged in most of the NDRIC pilot sites in which the framework is currently being tested</p> <p><b>On a regional level</b></p> <ul style="list-style-type: none"> <li>• HSE North West have in partnership with the Alcohol Forum recruited a coordinator for</li> </ul>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
		<p>one year to work with individuals presenting to acute services with Alcohol related brain injury (ARBI) - Coordinator due to commence in January 2013</p> <ul style="list-style-type: none"> <li>• HSE Dublin North Central has established a rehabilitation sub-committee to conduct assessments of residential Tier 4 Services.</li> <li>• HSE residential unit, KELTOI has been further supported in 2012 to double bed numbers in order to provide a more seamless transition from detoxification to rehabilitation. (The Keltoi residential unit is based in St. Mary's in the Phoenix Park and access to treatment is for Dublin mid Leinster and Dublin north city. Capacity will increase to 14 beds).</li> <li>• HSE North Central has a Service Level Agreement in place with the Coolmine Therapeutic Community Tier 4 service.</li> <li>• HSE Mid-West has developed and piloted a new walk-in screening and referral process for all service users. This process will be fully implemented in January 2013 and this will mean that the longest waiting time for all clients of the service for initial screening will be 5 working days.</li> </ul>
<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>In the last quarter of 2012 a number of gaps and blocks were escalated to NDRIC via pilot sites relating to the need for more shared working between Mental Health Services &amp; Addiction Services.</p> <p>As a result, NDRIC plans to invite mental health services to become involved in the formal rehabilitation interagency structures in each area when the rehabilitation framework is rollout beyond the pilot sites in 2013. In addition, NDRIC have also extended an invitation to national management in mental health services to take a seat on NDRIC to ensure that there is a common approach to shared care planning between the services</p> <p>On a Regional Level actions to further progress collaboration across health services have been implemented such as:</p> <ul style="list-style-type: none"> <li>• HSE North West where there is access to on site screening and referral service through the psychiatric liaison nurses to Addiction Services. And in addition weekly on site screening and referral services in the psychiatric approved centre.</li> <li>• A Working group established between Acute hospital and Addiction services to identify gaps and address same.</li> <li>• HSE Dublin North Central has representation on PCCC teams and psychiatrists liaise with medical teams in the Mater and Beaumont hospitals. A review is almost complete to influence how these relationships can be further strengthened.</li> <li>• HSE Mid-West has had discussions with the Regional Maternity Hospital and Mental Health Services in relation to the presentation of IV drug users and / or methadone clients to both services for treatment</li> </ul>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
<b>Action 34</b>	<p>Expand the availability of, and access to:</p> <ul style="list-style-type: none"> <li>• detox facilities;</li> <li>• methadone services;</li> <li>• under-18 services; and</li> <li>• needle exchange services where required.</li> </ul> <p><b>HSE (Lead)</b></p>	<p><b><u>Detoxification Service</u></b></p> <p>Currently there is a detoxification capacity of:</p> <ul style="list-style-type: none"> <li>• 23 beds available in medical detoxification units (depending on the need for stabilisation beds). See Appendix 1 Table 1</li> <li>• 117 beds available for community based residential detoxification. See Appendix 1 Table 2</li> <li>• 4 beds available for adolescent residential detoxification see Appendix 1 Table 3</li> </ul> <p>See Appendix 1 Figures 1, 2, 3 for the location, number of beds and average waiting times (as of September 2012) per service. Data on waiting lists numbers aren't readily available as clients engage in a comprehensive Pre-admission Assessment process, however average waiting times from Pre-admission Assessment to Admission are recorded and these are also provided in the appendix.</p> <p>There is also an increasing emphasis on community based detoxification (non-residential)</p> <p><b><u>Methadone Services</u></b></p> <p>See Appendix 1 Figures 4 &amp; 5 for the number of clients recorded on the Central Treatment List (a complete register of all patients receiving methadone) as receiving methadone maintenance treatment in selected years nationally as of the 31<sup>st</sup> of December and a breakdown of the number of Clinics, Level I and Level II G.P's and Pharmacies providing Methadone Treatment 2002 – 2012.</p> <p>At the end of December 2012, roughly 60% of the 9,419 patients had their methadone dispensed by pharmacists in the community rather than in specialist addiction clinics.</p> <p><b><u>Under 18 Services</u></b></p> <p>Under 18's who present for addiction treatment are offered a range of interventions namely Initial Assessment, Comprehensive Assessment, Minnesota Programme, Brief Intervention, Individual Counselling, self-help, peer-support etc. or a combination of these. The delivery of these services is based on the Four Tier Model of treatment intervention and services are designed to respond to the individual's specific identified needs.</p> <p>Interagency working between the HSE, the Youth Services, Drug Task Forces and multiple other community, statutory and voluntary agencies form the basis of this delivery as the target is to provide services where possible in a community environment. Counselling and rehabilitation services provide care to those presenting with an addiction through one to one counselling and onward referral to other statutory and voluntary groups where appropriate. The HSE also provide funding to a number of voluntary service providers who treat drug and alcohol addictions.</p> <p>See appendix 2 for a synopsis of the range of services available to under 18's around the country.</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p><b><u>Needle Exchange Services</u></b></p> <p>In Dublin robust needle exchange services are provided through HSE clinics and voluntary sector providers.</p> <p>Needle Exchange service outside Dublin are being expanded through the Irish Pharmacy Needle Exchange (PNEX) service which was launched in mid-2011 as a joint initiative between the Health Service Executive (HSE), the Irish Pharmacy Union (IPU) and the Elton John Aids Foundation (EJAF).</p> <p>Starting in late 2011, pharmacies were recruited on the basis of expression of interest, the location and the local need for a needle exchange. There were approximately 50 pharmacies providing a PNEX service by the end of 2012.</p> <p>In the period December 2011- October 2012 almost 10,000 packs containing 10 one-hit-kits were given out (see appendix figure 6), i.e., 99, 240 clean syringes were distributed. This equates to each individual client receiving an average of 28 clean needles per month.</p> <p>In this same period, 3,592 individual clients attended the service (see figure 7, appendix 1), with an average of 327 clients attending the service each month. 77% of clients were male and male clients were responsible for 77% of all NEX transactions. The average age of male clients was 30.8 years and the average age of female clients was 29 years.</p> <p>In this period pharmacists also referred over 1,000 individuals (see appendix 1 Figure 8) on for treatment/counselling; BBV testing and hepatitis B vaccination.</p> <p>In the first year of operation feedback was collated from both service users and pharmacists through customer survey and pharmacist feedback to the National Liaison Pharmacist. Findings included:</p> <p>Client feedback included:</p> <ul style="list-style-type: none"> <li>• Liked the ease of access to clean injecting equipment</li> <li>• Clients felt the pharmacy NEX made their injecting practices safer and some said the service made them more aware of the need for BBV testing and hepatitis B virus vaccination</li> <li>• Most clients were happy with the attitude of pharmacy staff</li> <li>• Clients were largely happy with the kit. Some requested smaller packs. <i>(This has resulted in a smaller 3 pack being introduced).</i></li> </ul> <p>Pharmacy feedback:</p> <p>Positive feedback</p> <ul style="list-style-type: none"> <li>• Straightforward, easy to run service.</li> <li>• Interesting work, enjoyed building a rapport with client group</li> </ul>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
		<ul style="list-style-type: none"> <li>• Important to provide this service to a vulnerable group of society</li> <li>• Stronger links developed with local addiction service clinics</li> </ul> <p>Challenges</p> <ul style="list-style-type: none"> <li>• 5 reports of behavioural issues, 4 of which were resolved immediately. One pharmacy had to suspend a PNEX service for a 6 week period (has restarted following minor adjustments and no problems reported since)</li> <li>• Supply chain issues in first few months (now resolved)</li> <li>• Difficult to get clients to return packs (some return in local hostels or fixed site NEX).</li> </ul> <p>Clients are strongly encouraged to return packs</p> <p><b>Future directions</b></p> <ul style="list-style-type: none"> <li>• Ongoing recruitment of pharmacies will take place over the next two years. Funding for the service is guaranteed until 2014.</li> <li>• Provision of injecting equipment for steroid users.</li> <li>• Development of an online needle exchange recording program.</li> </ul>
<b>Action 35</b>	<p>Review the Methadone Treatment Protocol to maximise the provision of treatment, to facilitate appropriate progression pathways (including exit from methadone treatment where appropriate) and to encourage engagement with services. The review will include engagement with the community and voluntary sectors.</p> <p>Examine and implement as appropriate, alternative substitute opiate treatment services.</p> <p><b>HSE (Lead)</b></p>	<p>The Introduction of the Opioid Treatment Protocol was published in December 2010. In order to implement recommendations 2.5 and 4.4 of the Report the HSE convened a group comprising the CPI, the Irish College of General Practitioners (ICGP) and the Pharmaceutical Society of Ireland (PSI) and HSE Addiction Services Managers in June 2011 to develop a comprehensive set of clinical guidelines.</p> <p>These Clinical Guidelines which are expected to be finalised in 2013 will be the first national guidelines applicable in HSE treatment clinics as well as in primary care. They will update and replace the 2008 ICGP guidelines: Working with Opiate Users in Community Based Primary Care and will provide guidance on the treatment of opioid dependence in Ireland.</p> <p>The clinical guidelines, and implementation body responsible for overseeing their progress, will cover the following areas:</p> <ul style="list-style-type: none"> <li>• Clinical Governance (need for a Clinical Director in Addiction Services)</li> <li>• Essential Elements of Treatment Provision</li> <li>• Psychosocial Components of Treatment</li> <li>• Pharmacological Interventions</li> <li>• Health Considerations</li> <li>• Specific Treatment Situations and Populations</li> </ul>



	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
<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>The HSE Alcohol Screening and Brief Intervention Project has been involved in the following:</p> <p>"A Guiding Framework for Education and Training in Screening and Brief Intervention for Problem Alcohol Use - for Nurses and Midwives in Acute, Primary and Community Care Settings" was developed in 2011 to provide a standardised approach for the education and training of Nurses, Midwives and Allied Health Professionals who undertake screening and brief intervention (Action 48 also refers).</p> <p>The education programme for the framework was piloted across six sites (Tullamore, Waterford, Ardee, South Tipperary, Ballymun and Kilkenny) with 102 participants trained during 2012. The results of the education programme pilot will be published in January 2013 and will inform the further roll out of training across Tier 1 services in 2013.</p> <p>A section for alcohol screening and brief intervention was developed on <a href="http://www.hse.ie">www.hse.ie</a> Evidence based screening and brief intervention resources can now be accessed at: <a href="http://www.hse.ie/eng/services/Publications/topics/alcohol/alcoholscreening.html">http://www.hse.ie/eng/services/Publications/topics/alcohol/alcoholscreening.html</a></p> <p>See also Action 27 and the development of drugs.ie.</p>
<b>Action 37</b>	<p>Develop and implement a mechanism for early identification, and onward referral where appropriate, of substance misuse among under 18 service users in the wider statutory, community and voluntary sectors</p> <p><b>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 A15), 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 will be reported in the National Strategy for Research and Data on Children's Lives, 2011-2016 Implementation Report, which will be compiled and published by the Research Unit of the DCYA in early 2013.</p>
<b>Action 38</b>	<p>Develop a drugs interventions programme, incorporating a treatment referral option, for people (primarily youth and young adults) who come to the attention of the Gardaí and the Probation Service, due to behaviour caused by substance misuse.</p> <p><b>An Garda Síochána (lead),</b> 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</p>	<p>In furtherance of Action 38, a Pilot Project has been developed in conjunction with the other stakeholders, including Local Drug Task Forces. The project is currently in operation in two Dublin Garda Districts, (covering Blachardstown, Finglas and Cabra). It is intended to closely review the effectiveness of the Project before continuing on the implementation path.</p>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
	Health (formerly Office of the Minister for Drugs)	
<b>Action 39</b>	<p>Maintain and develop treatment services dealing with Blood Borne Viruses (BBVs), with particular emphasis on Hepatitis C treatment services.</p> <p><b>HSE (Lead)</b></p>	<p>The Health Service Executive launched its National Hepatitis C Strategy on the 4<sup>th</sup> September 2012, which provides a framework for a coordinated and integrated response to Hepatitis C in Ireland and lays out a clear plan with timelines to reduce transmission of hepatitis C and to improve the care of patients infected with Hepatitis C in Ireland.</p> <p>Implementation of the Strategy will be challenging in the current climate, however a number of the recommendations are already well underway. Other cost neutral recommendations which promote an enhanced, integrated approach towards care and management of Hepatitis C infected service users will be the initial focus of implementation.</p> <p><b>Summary of the Recommendations</b></p> <p><b>Surveillance</b></p> <ul style="list-style-type: none"> <li>• Strengthening of the Hepatitis C notification system</li> <li>• Enabling appropriate follow up on newly diagnosed cases</li> </ul> <p><b>Prevention</b></p> <ul style="list-style-type: none"> <li>• Prevention of infection through initiatives targeting drug use</li> <li>• Developing targeted strategies for socially excluded groups</li> <li>• Promoting guidelines governing tattooing, permanent makeup or body piercing</li> <li>• Enhancing provision of up-to-date, accurate communication and information around Hepatitis C</li> </ul> <p><b>Screening and Laboratory Testing</b></p> <ul style="list-style-type: none"> <li>• Access to diagnostic facilities, release of results of screening etc</li> <li>• Screening of new entrants to the health system</li> <li>• Issues around screening and uptake among the prison population</li> </ul> <p><b>Treatment</b></p> <ul style="list-style-type: none"> <li>• Guidance on clinical issues</li> <li>• Barriers to treatment uptake and adherence</li> <li>• Hepatitis C care in custody</li> <li>• Overall care issues around Hepatitis C</li> </ul> <p>Preparation is under way to establish a committee to coordinate implementation of these recommendations by:</p> <ol style="list-style-type: none"> <li>1. Overseeing and monitoring implementation of recommendations of the HSE National Hepatitis C Strategy.</li> <li>2. Facilitating communication and provision of information throughout the health services and wider community in respect of progress made on implementation of recommendations, identification</li> </ol>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
		<p>of emerging issues, and other matters</p> <p>3. Updating recommendation in light of new evidence</p>
<b>Action 40</b>	<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>HSE (Lead) <b>with support from Department of Health.</b></p>	<p>I. The HSE has finalised its National Overdose Prevention Strategy and is recommending the development of a limited Naloxone Demonstration Project as an initial step. This approach is being taken given the new ground that has to be broken in terms of service delivery, efficacy in an Irish context, all within the demanding financial environment. It is recommended that a demonstration project using naloxone as a pharmacy supervised product, be developed and initiated in 2013. Addiction Services Co-ordinators will select the most appropriate sites and work with the National Co-ordinator in managing the Demonstration Project</p> <p>This delivery option is the most cost effective option and it is proposed that the demonstration project will use a similar methodology to a demonstration project carried out in Wales. This will provide good guidance and it will allow us to carry out a comparative analysis of the data from both jurisdictions.</p> <p>The proposal will involve <b>600</b> patients receiving naloxone.</p> <p>The recruitment will involve targeting individuals attending clinics and pharmacies, including those currently involved in needle exchange. It is proposed that some individuals in prisons about to be released will be advised to attend a community pharmacy, this will need to be further explored with the Irish Prison Service.</p> <p>This proposal is predicated on the proposed legislative change and to this end the HSE will discuss with the Department of Health.</p> <p>II. The HSE is responding to the issue of drug-related deaths on an on-going basis.</p> <p>III. The Department of Health is proposing amendments to the Misuse of Drugs Regulations in relation to benzodiazepines and Z drugs. The amendments will tighten prescribing rules for these products and tighten controls around unauthorised possession of these products. The legislative changes are expected to be put in place in 2013.</p>
<b>Action 41</b>	<p>Support families trying to cope with substance-related problems, in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.</p> <p><b>HSE (Lead)</b> with support from Family Support Agency; Depts and Agencies; Family Support Network; Drugs Task Forces; Community &amp; Voluntary sectors.</p>	<p>In June 2012 NDRIC extended its membership to include the National Family Support Network (FSN). Following this the FSN were invited to engage in focus groups to scope the research instruments for the evaluation of the implementation of the rehabilitation framework in the 10 pilot sites and interviewed as part of the research process to examine the experience of the framework implementation from the perspective of family members. In addition, NDRIC have incorporated actions in their 2013 workplan to develop information and online resources to family members/loved ones of service users. Through NDRIC the HSE funded the publication of the FSN intimidation leaflet to support families and also service providers with disclosures of intimidation.</p>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
<b>Action 42</b>	<p>Continue to develop and expand: (i) Service User Fora; <b>HSE (Lead)</b> and (ii) Drug User Fora <b>Department of Health (formerly Office of the Minister for Drugs) (Lead)</b> in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.</p>	<p>In June 2012 NDRIC extended its membership on the national committee to include a representative from SURF (Service Users Representative Forum). Following this SURF was invited to engage in focus groups to scope the research instruments for evaluation of framework implementation in the 10 pilot sites. The 2013 NDRIC workplan for the committee has specific actions to develop resources for service users and in addition to ensure service user participation in each areas formal interagency structure for national rollout post pilot evaluation.</p> <p>Service User Fora – UISCE and SURF - are also members of the Methadone Protocol Prescribing Implementation Committee.</p> <p>Local and Regional Drugs Task Forces also encourage service user involvement.</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>Irish Prison Service (Lead)</b> with support from The Probation Service; HSE; Community &amp; Voluntary sectors.</p>	<p>The expansion of treatment and other health and social services in prisons continues. The IPS are increasing access to drug treatment in closed prisons. Drug treatment services are now in place in Midlands and Portlaoise Prisons. Drug treatment services commenced in Cork in the latter part of 2011 and further enhancements have taken place in 2012 with the support of an addiction specialist GP through a Service Level Agreement with the HSE. Services in Limerick Prison were enhanced with the commencement of an Addiction GP service in early 2012. Provision of drug treatment in Castlerea prison remains an objective; preparatory training has taken place in readiness for planned developments in 2013.</p> <p>A protocol for the seamless transition of treatment services between the IPS and HSE is in place and in the main works well. However in areas of the country where community treatment places are not available, challenges to delivery exist. Notwithstanding this it should be acknowledged that through collaboration with community services, effort is made to ensure continuity and initiation, where clinically indicated, of Methadone Maintenance Treatment. Difficulties remain with the remand population as the IPS is not in a position to influence releases directed by the Courts, however communication strategies have improved. A cross sectoral group, chaired by the IPS, meet to monitor and review issues regarding implementation of this recommendation.</p>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
<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 NDRIC rehabilitation model each client will receive a personalised care plan based on their individual needs including a full comprehensive assessment where complex needs are identified. This means that clients who have specific needs that require specialised treatment/agency will be referred to the appropriate service as part of a coordinated care plan with the added benefit of a case manager to ensure that where gaps and blocks are identified that they are responded to immediately. This approach means that specific needs of vulnerable groups are addressed without duplication of service or ‘labelling’ of clients.</p> <p>As previously reported the HSE actively engages with representative bodies from these groups via various social inclusion and associated governance fora.</p> <p>It is envisaged that the continued development and promoting of an ethnic identifier in health treatment services will assist with identifying emerging trends.</p>
<b>Action 45</b>	<p>Develop a clinical and organisational governance framework for all treatment and rehabilitation services, in line with the Report of the Working Group Examining Quality &amp; Standards for Addiction Services, and subject to a timeframe for compliance given the resource implications involved.</p> <p><b>HSE (Lead)</b> with Support from Voluntary sector</p>	<p>The HSE supports the Ana Liffey Drugs Project to undertake a range of activities related to capacity building, information sharing and other support across the addiction services sector via the Quality in Drugs and Alcohol Services (QuADS) Support Project. There are currently 98 individual organisations involved in the QuADs Support Project, across 126 individual service sites</p> <p>Ana Liffey Drugs Project provides a library of 78 policies and tool/ templates to assist organizations in working to standards consistent with the QuADS framework and which cover areas of governance, human resources, service provision, service user involvement and care and case management.</p> <p>Review and updating of the policy library was commenced during 2012. All governance, finance and HR documents in the library will be reviewed in early 2013. Three “continuous quality improvement” e-bulletins with information on new and updated policies to were issued during 2012 Ana Liffey provided 7 full day seminars with approximately 170 individuals attending. An additional 14 services received one to one facilitated sessions.</p> <p>As an ancillary tool to the QuADS Support Project, a pilot system has been designed to facilitate organizations to review the extent to which they demonstrate consistency with the principles set out in QuADS, through peer review. To date, 15 peer reviewers have been trained in the use of the peer review system and 5 organisations have completed the peer review process, with a further 4 due to complete the process early in 2013.</p> <p>During 2013, the focus will be on streamlining sectoral services to ensure that they are accessible to as many organisations as possible throughout Ireland.</p>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
		<p>HSE North Dublin City and County have commissioned a review of the Addiction Service. Once the review is completed it is anticipated that the service will be in a position to identify what the revised clinical governance needs of the service will be and how to best structure the service in line with QUaDS and the working group examining Quality and Standards for addiction services.</p> <p>HSE Mid-West has implemented the clinical and operational governance structure for the service and is in the process of reviewing policies and procedures in line with QuADS</p> <p>HSE Addiction Services deliver services within the policy and governance framework of Mental Health and Primary Care or are in the process of adapting policies from the QuADS library.</p>
<b>Action 46</b>	<p>Develop a regulatory framework on a statutory basis for the provision of counselling within substance misuse services.</p> <p><b>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, the regulation of Counsellors and Psychotherapists is now being considered in parallel with this ongoing registration process due to be completed in 2015.</p>
<b>Action 47</b>	<p>Develop national training standards for all involved in the provision of substance misuse services.</p> <p>Coordinate training provision within a single national substance misuse framework. This will include the continued development of responsive training and educational courses and modules for people working in treatment and rehabilitation services to meet current and emerging needs.</p> <p><b>HSE (Lead)</b> with support from voluntary sector; key academic institutions.</p>	<p>A survey of trainings delivered in HSE areas and the Local and Regional Drugs Task Forces was carried out in September/October 2012. The responses, below, are indicative of the core trainings required and in line with training provision in addiction sectors in other jurisdictions:</p> <ul style="list-style-type: none"> <li>• National Drugs Rehabilitation Framework training</li> <li>• Children and Family Interventions</li> <li>• Specific Drug Awareness Raising</li> <li>• Psychosocial Interventions</li> <li>• Specific High Risk Areas related to Addiction e.g. Sexual Health+Abuse, HIV/Aids Crisis management, suicide+self harm, mental health and dual diagnosis, complimentary therapies</li> <li>• Miscellaneous headings</li> </ul> <p>The trainings are provided by various organisations and individuals and are responsive to needs of particular services and staff experience levels Many staff are currently delivering Diploma courses to the public Education and training developed in the main to suit foundational and intermediate level.</p> <p>There is, however, a gap in advanced level trainings and the National Addiction Training Programme (NATP) has made contact with a number of 3rd level institutions who are considering developing modular programmes on specific topic areas and in the case of UL are hoping to develop a degree programme which will combine a number of modules. These modules which will be HETAC accredited and will facilitate addiction workforce to undertake a combination of subjects towards accreditation. For example, a number of Centres of Nurse Education now provide a level 8 course on psychosocial interventions which can be availed of by addiction workforce staff.</p>

	<b>Treatment &amp; Rehabilitation Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
		<p>The role of the NATP is to work closely with NDRIC to ensure the development of national competencies and the national standards for training modules will evolve from these competencies. The DANOS/Skills for Health is the UK standard for training and the HSE is adopting same. The 2013 training plan is as follows:</p> <ul style="list-style-type: none"> <li>i. Training for Trainers in Screening and Brief Intervention for Substance Misuse (Q4)</li> <li>ii. National Drugs Rehabilitation Framework training</li> <li>iii. comprehensive assessment and risk assessment, data protection, information sharing</li> <li>iv. Parental Substance Misuse and Child Protection - Hidden Harm strategy</li> <li>v. Working with substance Misuse and Mental Health Issues(Q2)</li> <li>vi. Psychosocial Interventions</li> <li>vii. High risk areas: overdose prevention</li> <li>viii. Family Interventions</li> </ul>
<b>Action 48</b>	<p>Develop an appropriate educational model for:</p> <p>(i) paramedic (ambulance service) <b>Pre-Hospital Emergency Care Council (PHECC)</b> and</p> <p>(ii) nurse and midwife training to ensure that those qualifying are familiar with relevant drug treatment issues and alternative care pathways. <b>An Bord Altranais</b></p> <p>Include comprehensive coverage of problem substance issues in undergraduate doctor training.</p> <p><b>The Medical Council</b></p> <p><b>D/Health (now fulfilling lead role)</b> with support from Pre-Hospital Emergency Care Council (PHECC), An Bord Altranais, The Medical Council</p>	<p>(i) The PHECC carried out a review of the standards of education in 2011 (reviews are undertaken on a 3 yearly basis). The review included a module dealing with general medical emergencies, including the identification and management of patients who present with poisonings/overdose.</p> <p>(ii) A framework for Nurses and Midwives in Acute, Primary and Community Care Settings was developed in 2011 to provide a standardised approach for the education and training of Nurses, Midwives and Allied Health Professionals who undertake screening and brief intervention. The education programme for this framework was piloted across 6 sites during 2012. (See also Action 36).</p> <p>(iii) The Council of Deans of Faculties with Medical Schools of Ireland (CDFMSI) consider that all teachers and undergraduate students of medical education and training should be familiar with all aspects of the effects and treatment of substance misuse. The CDFMSI will endeavour to ensure that students and teachers across schools are familiar with the National Drugs Strategy.</p>

	<b>Research &amp; Information Pillar Actions</b>	<b>Progress to Date in Implementation of 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>(i) Prevalence and patterns of drug use among the general population (this will include the continuation of the Drug Prevalence Survey and ESPAD); <b>National Advisory Committee on Drugs (NACD) (Lead Role)</b></p> <p>(ii) Prevalence and patterns of problem drug use; <b>NACD (Lead Role)</b></p> <p>(iii) Demand for drug treatment; <b>Health Research Board (HRB) (Lead Role)</b></p> <p>(iv) Drug-related deaths and mortality of drug users; <b>HRB (Lead Role)</b> and</p> <p>(v) Drug-related infectious diseases <b>HRB (Lead Role)</b></p> <p>Consider the development of appropriate problem alcohol use epidemiological indicators and the associated data collection, building on existing monitoring systems and prevalence surveys. <b>Department of Health (Lead Role)</b></p> <p>Support from HSE, HRB; NACD and other relevant Departments and agencies as appropriate</p>	<p>(i) the prevalence and patterns of drug use among the general population, work continued throughout 2012 on the publication of the series of reports presenting results from the 2010/2011 survey on Drug Use in the General Population. The following three reports were published:</p> <ul style="list-style-type: none"> <li>• Drug use in Ireland and Northern Ireland drug prevalence survey 2010/11: Regional Drug Task Force (Ireland) and Health and Social Services Trust (Northern Ireland) results. Bulletin 2.</li> <li>• Drug use in Ireland and Northern Ireland. 2010/11 drug prevalence survey: sedatives or tranquillisers and anti-depressants results. Bulletin 6.</li> <li>• Drug use in Ireland and Northern Ireland. Alcohol consumption and alcohol-related harm in Ireland 2010/2011 drug prevalence survey. Bulletin 7.</li> </ul> <p>It is expected that the following two reports will be published shortly</p> <ul style="list-style-type: none"> <li>• the Prevalence of Cannabis Use and Cannabis Dependence in Ireland;</li> <li>• A report on the measurement of cannabis dependence in Ireland using NACD 2010/11 General Population Survey data.</li> </ul> <p>(ii), The NACD hope to finalise the methodology which will determine the collation of data to inform prevalence data of heroin and cocaine use in Ireland. Any final decision regarding the commissioning of a study will be considered by the new NACD.</p> <p>(iii) The process for implementing the required changes as outlined by the EMCDDA has commenced.</p> <p>(iv) Data collection for 2010 deaths has been completed and will be published in February 2013. Data collection for 2011 has commenced.</p> <p>(v) In Ireland there were 16 newly diagnosed HIV cases among injecting drug users in 2011, down from 22 in 2010.</p>
<b>Action 50</b>	<p>Develop, in association with the EMCDDA, and implement new indicators at national level for the following three areas:</p> <p>I. harm reduction;</p> <p>II. public expenditure; and</p> <p>III. drugs and crime.</p> <p><b>HRB (Lead Role)</b></p>	<p>(i) There are approximately 50 community pharmacies participating in the needle exchange. The HSE are involved in discussions with the pharmacies aimed at developing a national approach to data collection from these services.</p> <p>(ii) Public expenditure – Report on Ireland’s public expenditure 2011 organised according to EMCDDA analytical framework (i.e. UN’s Classification of Functions of Government [COFOG]) submitted to EMCDDA, October 2012</p>



	<b>Research &amp; Information Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
		<p>(iii) Drugs and crime: The development of new drugs and crime indicators is currently the focus of attention by the European Commission and the EMCDDA .</p> <p>The second European conference on drug supply took place in Lisbon in November 2012. The outcomes of the meeting are being considered at EU level.</p>
<b>Action 51</b>	<p>Monitoring problem substance (including alcohol) use among those presenting to hospital Emergency Departments</p> <p><b>HSE (Lead Role)</b></p>	<p>Awaiting formal endorsement of the recommendations of the Steering Group report on a National Substance Misuse Strategy (DOH, 2012)</p> <p>A briefing paper on screening for substance misuse has been prepared and will inform the development of a National Screening and Brief Intervention Protocol for alcohol and substance misuse for Tier 1 Services/ Tier 2 Interventions in 2013.</p> <p>See also Action 36.</p>
<b>Action 52</b>	<p>Seek to put in place a unique identifier to facilitate the development of reporting systems in the health area while respecting the privacy rights of the individuals concerned.</p> <p><b>Department of Health (Lead Role)</b></p>	<p>Proposals for a health identifier are being developed as part of the Health Information Bill which is expected to be published in mid-2013.</p>
<b>Action 53</b>	<p>Implement the recommendations of the Review of the Coroner Service to reduce delays in reporting so that information is available on a timely basis for the NDRDI.</p> <p><b>Department of Justice &amp; Equality (Lead Role)</b></p>	<p>The difficult national financial situation has meant that a more gradual, cost neutral approach to reform than was envisaged in the Coroner Service Review must currently be taken and it has been necessary to re-examine the proposals for the restructuring of the Coroner Service in light of the level of funding now available.</p> <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.</p> <p>In tandem with this the Civil Law (Miscellaneous Provisions) Act 2011 has already provided for some early reforms in coronial matters.</p> <p>In the interim the NDRDI team continue to have access to Coroners' data as required.</p>
<b>Action 54</b>	<p>Consider the further development of systems monitoring changing drug trends in line with the EU Early Warning System</p>	<p>The NACD's Early Warning and Emerging Trends Sub Group had been working to develop an annual report based on information supplied by a number of national laboratory stakeholders.</p>

	<b>Research &amp; Information Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
	<p><b>National Advisory Committee on Drugs (Lead)</b> with support from Department of Justice &amp; Equality; Health Research Board; Department of Health (formerly Office of the Minister for Drugs); Forensic Science Laboratory</p>	<p>The NACD Sub Group were also working with the HSE to develop a communications protocol for notification of drug use emergencies to frontline line health services, clinicians, drugs related services and the general public. It is envisaged this would issue in cases of high risk of fatality association with a particular drug product or batch of product.</p> <p>It is anticipated that this work will be re-commenced upon the re-constitution of the NACD and will support Ireland's full participation in the EU early warning system.</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-term methadone maintenance treatment.</li> <li>• Examining the misuse and prolonged use of psychotropic drugs;</li> <li>• Factors influencing deaths that are indirectly related to drugs;</li> <li>• New developments in treatments for drugs;</li> <li>• The impact of alcohol and drugs on the Irish health and justice systems;</li> <li>• Further research on psychiatric co-morbidity among drug users;</li> <li>• Prevalence patterns of problem substance use among prisoners and homeless people</li> </ul> <p><b>NACD (Lead Role)</b></p> <ul style="list-style-type: none"> <li>• Examining the feasibility of developing an indicator to monitor changes in the prevalence of substance misuse among youth at risk.</li> </ul> <p><b>NACD (Lead Role)</b> with support from Department of Children &amp; Youth Affairs</p>	<p>Many of the areas mentioned in Action 55 have been covered in earlier NACD Work Programmes. Areas of work relevant to Action 55 in 2012 were the following:</p> <p><b>Prevalence patterns of problem substance use among prisoners</b> A report of a study, commissioned by NACD and undertaken by UCD, on drug prevalence, including intravenous drug use and blood borne viruses among the Irish prisoner population was completed. The report awaits consideration of policy implications by the new NACD. It is envisaged that the study will be published in 2013.</p> <p><b>Drug Markets Study: Illicit Drug Markets in Ireland</b> This study and the report arising from it was carried out by the Health Research Board on commission by NACD. The report was finalised in 2012 and awaits consideration of the policy implications by NACD. It is envisaged that the study will be published in 2013.</p> <p>Pending the re-constitution of the NACD and the agreement of their future Work Programme the following, which are relevant to Action 55, may be undertaken:</p> <p><b>Outcomes of Rehabilitation Services</b></p> <p>(i) The NACD has proposed commissioning research to measure the rehabilitation outcomes for people with substance misuse problems and who avail of rehabilitation services in Ireland. Decisions on the methodology for this research will be finalised by the new NACD.</p> <p>(ii) At the request of the NDRIC Committee/Chairperson, the NACD Senior Researcher participated in NDRIC throughout 2012 in order to provide advice on various aspects of the study commissioned by NDRIC to evaluate the roll-out of the NDRIC framework in pilot sites in Ireland.</p> <p><b>Research Working Paper on Cannabis Potency</b> In 2011 NACD published a baseline report on cannabis potency for the period October-December 2010 (analyses by Forensic Science Laboratory). A report on cannabis potency for the period January-June 2011 was expected but due to resource constraints FSL was unable to complete this work in that year. It is anticipated that the new NACD and the FSL will explore the feasibility of reporting on cannabis potency on a more regular/routine basis.</p>

	<b>Research &amp; Information Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
		<p><b>Harm Reduction Approaches</b>            In the context of the forthcoming National Overdose Prevention Strategy, it is anticipated that the new NACD will consider examining harm reduction approaches as part of their future Work Programme.</p>
<p><b>Action 56</b></p>	<p>Develop a research management framework in regard to problem substance use in Ireland;            Disseminate research findings and models of best practice.</p> <p><b>NACD (Lead Role)</b>            with support from HRB, Department of Health (formerly Office of the Minister for Drugs)</p>	<p>A call to the heads of research in the Universities and research bodies in Ireland was undertaken, inviting them to provide information on current research activities they are funding that have a specific focus on problem substance misuse, including any recent research findings. They were also invited to outline what they consider to be the key research priorities within their areas of responsibility in relation to substance misuse as well as the economic priorities driving research in this area. Limited positive outcomes were achieved from this exercise.</p> <p>The NACD have adopted a corporate policy on data management. This includes procedures for the sharing of NACD data with third parties.</p>

	<b>Co-ordination Pillar Actions</b>	<b>Progress to Date in Implementation of 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 Programmes Unit.</p>
<b>Action 58</b>	<p>Establish the Oversight Forum on Drugs (OFD) with the terms of reference set out in chapter 6.</p> <p><b>D/CE&amp;GA (Lead Role)</b></p>	<p>OFD has been established</p>
<b>Action 59</b>	<p>Develop an overall performance management framework for the NDS across all Departments and Agencies to assess and monitor progress.</p> <p><b>D/Health (formerly OMD) (Lead Role)</b></p>	<p>The Performance Management is being undertaken by the Department of Health through the operation of the Oversight Forum on Drugs and through the monitoring of progress on the Actions of the National Drugs Strategy.</p> <p>Annual Reports monitoring of 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 has reported on progress in advancing measures to implement this Action and Actions 41, 42 and 44.</p> <p>This report indicates that most Drugs Task Forces have inclusive policies in terms of their service provision.</p> <p>The sub-group that carried out the report believe that there is a need for more formal representation from the communities of interest (through Citywide) to inform design and policy of interventions.</p> <p>Ongoing monitoring of the report and its recommendations is a matter for the Drugs Advisory Group.</p>
<b>Action 61</b>	<p>Develop protocols between relevant Departments and Agencies to ensure that a more co-ordinated approach is put in place to support Ireland's international role and responsibilities in relation to problem drug use.</p> <p><b>D/Health (formerly OMD) (Lead Role)</b></p>	<p>Protocols between relevant Departments and Agencies have been agreed.</p> <p>The Departments of Health, Justice &amp; Equality and Foreign Affairs &amp; Trade are working closely through the Irish EU Presidency Drugs Steering Group to deliver the drugs-related priorities of Ireland's Presidency of the EU (Jan-Jun 2013) in particular the drafting of the EU Action Plan on Drugs 2013-2016. The Steering Group continue to meet regularly thereby ensuring a fully coordinated approach by Ireland to the EU.</p> <p>The <i>International Drugs Issues Group</i>, involving relevant Departments and Agencies, also continue to meet on an ongoing basis.</p>

	<b>Co-ordination Pillar Actions</b>	<b>Progress to Date in Implementation of Action</b>
<b>Action 62</b>	<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 Review of the Drugs Task Forces was completed on 18 December 2012. Envisaged changes include:</p> <ul style="list-style-type: none"> <li>renaming Drugs Task Forces to the “Drug and Alcohol Task Forces” thereby enabling Task Forces to better respond to the current pattern of drug and alcohol misuse.</li> <li>the establishment of a National Coordinating Committee to guide the work of the Task Forces and drive the implementation of the National Drugs Strategy,</li> <li>clearer terms of reference and corporate governance guidelines for Drug and Alcohol Task Forces, more public representation and review the number and boundaries of Drug and Alcohol Task Forces.</li> </ul> <p>Further measures to improve management and control of expenditure are being considered.</p>
<b>Action 63</b>	<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 (The UK Government recently indicated their intention to abolish the National Treatment Agency to be replaced by Public Health England).</p>

Figure 1: Medical Detoxification Unit

Location	Number of Beds	Average Waiting Times
St. Michael Ward Beaumont	10	4-5 weeks
Cuan Dara Cherry Orchard Hospital D20	9/ 13	1-2 months depending on catchment area
<b>Total:</b>	<b>23</b>	

Figure 2: Community Based Residential Detoxification

Location	Number of Beds	Average Waiting Times
Cuan Mhuire Athy Alcohol Detoxification	19	Between 1 to 6 days
Cuan Mhuire Athy – Our Lady’s Drug Unit	6	
Cuan Mhuire Fernannes Co. Cork	8	
Cuan Mhuire Bruree Limerick	28	
Cuan Mhuire Coolraine, Co. Galway	21	
Peter Mc Verry Trust Lantern Naul Co. Dublin	7	2- 3 weeks
Simon Community Detoxification Dublin 8	11	3 – 4 weeks
Coolmine Ashleigh House	2/3	4 weeks
Coolmine Lodge	4	4 weeks
MQI St. Francis Farm, Tullow. Co. Carlow	10	Currently there is no waiting list
<b>Total:</b>	<b>117</b>	

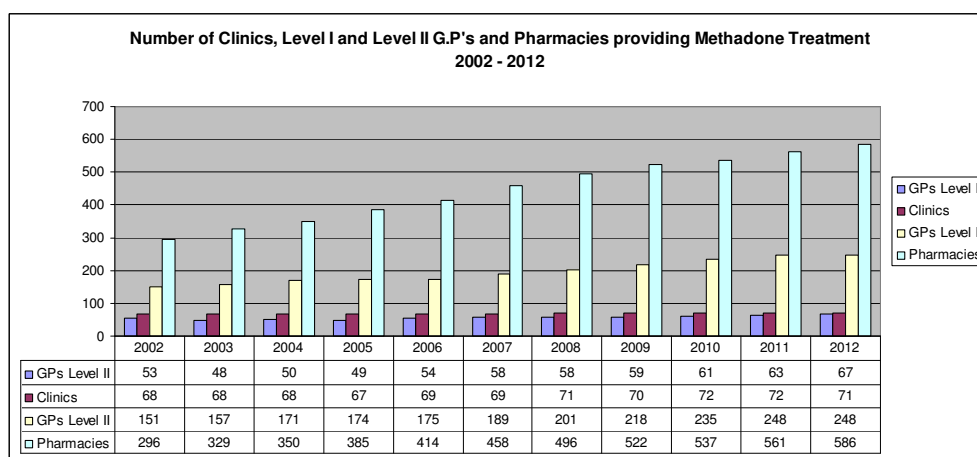
Figure 3: Adolescent Residential Detoxification

Location	Number of Beds	Average Waiting Times
Aislinn Ballyragget Co. Kilkenny	4	4 to 5 weeks.
<b>Total:</b>	<b>4</b>	

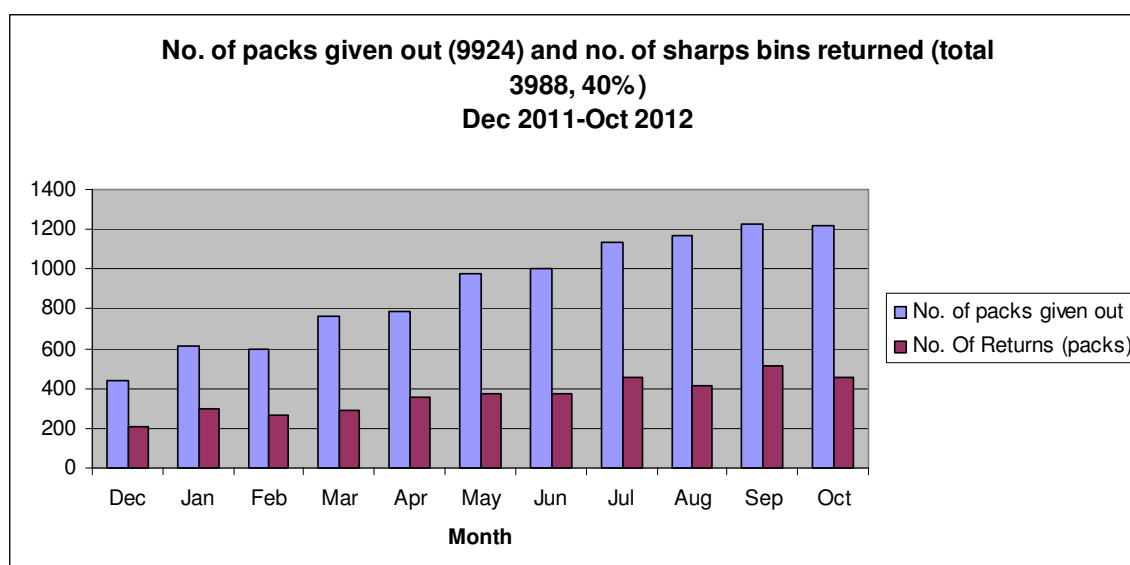
**Figure 4: Clients receiving methadone maintenance treatment, 2003 to 2012**

End of Year totals (31 <sup>st</sup> of December)	No. of clients receiving methadone maintenance treatment
2003	6,883
2007	8,523
2008	8,718
2009	9,047
2010	9,266
2011	9,251
2012	9,419#

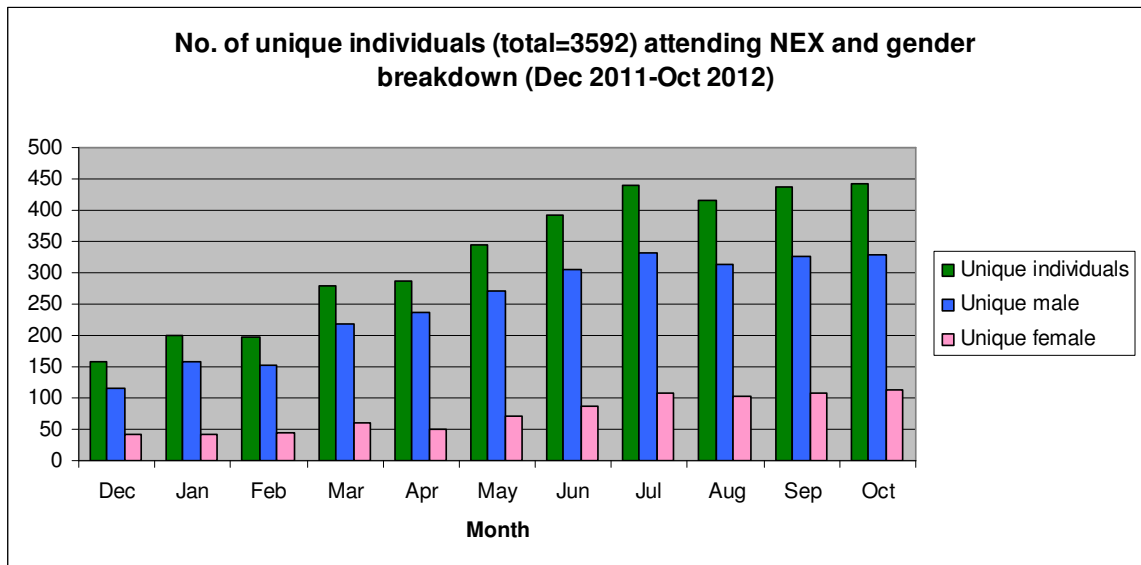
**Figure 5: Number of Clinics, Level I and Level II GPs and Pharmacies providing Methadone Treatment: 2002-2012**



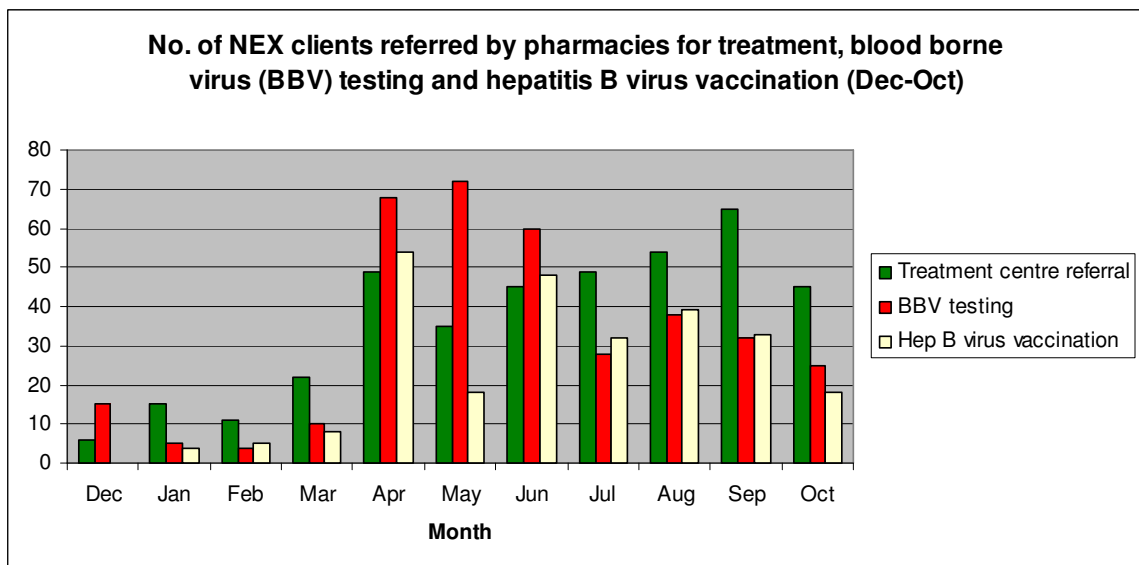
**Figure 6: Needle Exchange Programme – number of packs given out and no of sharps returned**



**Figure 7: Number of unique individuals attending the Needle Exchange Programme**



**Figure 8: Needle Exchange Programme – Number of clients referred by pharmacies for treatment, BBV testing and Hepatitis B virus vaccination**





## **Appendix 2: Synopsis of the range of services available to under 18's around the country:**

### **HSE South (South East Area)**

Tier 2 services which provide support, education and awareness programmes are run by Drug Education Workers and Community Based Drug Initiative (CBDI) workers in all counties in the south east while drop-in clinics are run in Waterford, Kilkenny, Carlow and an adolescent specific open access clinic will be in place in Wexford town by the end of 2012. Community Drugs Outreach Workers are the first point of referral in Wexford and particularly strong links have been made with the paediatric services in Waterford General Hospital. The Frontline project in Waterford works with young people who engage in drug use and their families aged 12 to 23 years. CBDI's who work out of Youth Service facilities and liaise closely with other youth projects offer individual support for adolescents.

Tier 3 counselling services for more chaotic drug users is available through the community counselling services while Tier 4 residential services are provided in the Aislinn Centre.

A Clinical Nurse Manager 3 has recently been appointed in the south east who has taken responsibility for developing a standardised regional response for adolescent services.

The majority of Under 18 year olds are supported through community based drugs initiatives and supported by the HSE drug education officers. Where required, substance misuse counselling is available in each county.

### **(Southern Area)**

Service provision for the treatment of Alcohol and other substance misuse amongst young people is available in a number of settings. Community based Counsellors are located throughout the region and provide first point of contact and initial assessment and referral if needed.

Arbour House (outpatient) Substance & Alcohol Misuse Service, St Finbarrs Hospital, Cork is a Tier 3 specialist centre working with clients, families and professionals. Arbour House works with young people from the age of 12 to 22 years. They work from an inclusive framework and have established long standing working relationships with both statutory and voluntary agencies throughout. This enables them to work from a co-constructed client centred perspective.

Service provision to clients, families & professionals are as follows;

- Initial consultations
- Initial assessments
- Comprehensive assessment
- Medical assessments & treatment
- Psychological assessment & treatment
- Case management
- Outpatient substance free treatment in the form of individual and group programs
- Harm Reduction programs
- Family support
- Strengthening Families Programs
- Community based Brief Intervention Programs
- Referral to inpatient treatment
- Aftercare
- Information sessions
- Research

They utilise research based models of intervention such as;

- Cognitive Behavioural Therapy
- Motivational Interviewing
- Reality Therapy
- Rational Emotive Therapy
- Community Reinforcement Approach (CRA)
- Adolescent Community Reinforcement Approach (ACRA)
- Community Reinforcement Approach Family Training (CRAFT)

Cara Lodge Residential Treatment Centre is run by a Voluntary Group and has a Service Agreement with the HSE Southern Area to provide residential treatment to Boys under 18 years who have drug & alcohol problems with coexisting psychosocial issues. The Centre caters for six boys at any given time.

**HSE Dublin North/ North East  
(North East Area-outside of Dublin)**

Treatment for substance misuse is delivered within the Primary Care setting. The HSE in this area also refers to Aislinn, Ballyragget, Co Kilkenny Tier 4 services and the young peoples' programme in Trinity Court for more intense psycho-social supports when required.

**(North Dublin City and County)**

HSE Dublin North provides a range of adolescent programmes for young persons up to the age of 23 years who are abusing heroin. This programme is delivered under the direction of a multi-disciplinary team.

The services provided are as follows:

- Counselling
- Treatment
- Follow-up Service
- Methadone Maintenance, Reduction, Detox
- Symptomatic Detox
- Viral Screening
- Viral treatment follow up
- Vaccinations
- Access to Liaison Maternity Services
- Contraceptive Advice

**Access to Services**

Services are provided free of charge to clients and can be accessed by ringing the addiction centre nearest the home address of the client for an appointment.

Young Persons Programmes available at following locations:

Crinan Youth Project,  
72 Sean McDermott Street,  
Dublin 1.

The Crinan Youth Project is a community drug treatment facility. The Project provides treatment and rehabilitation for under 21 year olds who have problems with drugs. Treatment includes a three pronged or holistic approach in which medical, therapeutic and social/educational support is provided by a multi-disciplinary team who work closely with the young person and their family.

**Education / Prevention**

Talbot Centre,  
29 Upper Buckingham Street,  
Dublin 1.

The Talbot Centre is committed to developing supportive relationships with children, young people and their families whose lives have been affected by drug and/or alcohol use in the North Inner City. They continue to focus their work on three levels:

Prevention work with children and young people at risk.  
Working with young people using drugs.  
Community Development / Educational Input.

**Consultant Child and Adolescent Psychiatrist in Substance Misuse**

A Consultant Child and Adolescent Psychiatrist took up post in September 2005 and in addition three counsellors and .5 of a psychiatric nurse joined the team in March 2011. This team works specifically with clients under 18 years of age with alcohol/drug issues and offer counselling and psychiatric assessment.

The HSE Northern Area has also referred service users to Aislinn Adolescent Treatment Centre on a case by case basis.

**HSE Dublin Mid Leinster**

**(South Western Area-Dublin)**

There is a number of Young persons Programme's currently being delivered within the Eastern Region which are specifically developed to target and provide support and treatment for young people.

There is a dedicated Consultant Psychiatrist with special interest in Adolescents in the HSE/South Western Area who also oversees the Young Persons programme in the Drug Treatment Centre Board. The Young persons Programme in the HSE/SW comprises of input from a General Practitioner, Nursing, Pharmacy, Family Therapy, Psychiatry and General Assistance. The post holder also works in the HSE Youth Drug & Alcohol (YoDA) Service in Tallaght and in the Adolescent Addiction Service in Bridge House, Ballyfermot both of which meet the needs of teenagers with a broad range of drug and alcohol issues. This is in line with the Department of Health/HSE's report from the Working Group on Under 18 year olds (September 2005).

The Drug Treatment Centre Board also provides a Young Persons Programme. The programme adopts a holistic approach that addresses their physical, psychological, emotional and social needs. The programme is supported by a dedicated, highly skilled and experienced multidisciplinary team in collaboration with external agencies. This programme is designed to meet the complex needs of young drug users under 20 years of age, many of whom are homeless. The programme adopts a holistic approach that addresses the medical, physical, psychological, emotional and social needs of young people.

The programme delivers the following services: medical treatment services, therapeutic services, specialist medical services, psychiatric and general medical assessment, sexual health clinic, liaison midwifery services, complementary therapies, life skills activates, counselling and literacy. The programme is person-centred and individualised through a key-worker / care plan process.

The programme is supported by a dedicated multidisciplinary team working in collaboration with appropriate external agencies.

The Youth Drug & Alcohol (YoDA) Service in Tallaght provides a multidisciplinary treatment service to adolescents with drug and alcohol problems from LHO area Dublin South-West and Dublin South. The Adolescent Addiction Service in Bridge House provides a dedicated treatment service to LHO Area Dublin West.

The HALO service provides a multidisciplinary treatment service to adolescents with drug and alcohol problems from Co Kildare.

There are also some dedicated adolescent addiction programs run by certain Local Drugs Task Forces. There is the Giall project for adolescents from Dublin 12. The STARR project provides treatment to some under 18s in Dublin 10.

**(Midlands Area)**

To date, under 18s presenting for addiction treatment has been extremely rare. The Ana Liffey Drug Project provides the U18 service for this area with onward referral to a Consultant Psychiatrist with special interest in Adolescents if required.

Young people under the age of 16 years are referred to the Child & Adolescent Services in the region.

**(East Coast Area)**

The HSE East Coast Area has a dedicated "Young Persons Program" in Baggot St. Clinic, which has been in existence for approximately 10 years. It consists of both GP and nursing services and caters to mostly opiate users. Patients who are prescribed Methadone are dispensed in community pharmacies. Service users can also be referred to HSE counsellors. In addition, the young persons program within the Drug Treatment Centre Board is also a primary referral pathway for under 18's.

**HSE West****(Mid Western Area)**

The Drugs and Alcohol Service currently works with young people aged from 14 to 25 in relation to problematic alcohol and/or illicit drug use, and their parents and/or guardians in its Clare, Limerick and North Tipperary services and in the regional Primary Care Drug Assessment Unit which would work with young people (predominantly over 18s) in relation to opiate misuse.

The HSE Mid-West is part of the project team working with Headstrong Ireland to develop a Jigsaw Project for Limerick City and County.

**(Western Area)**

The western area provides a range of options available to young persons as follows:

The Youth Health Initiative in the GAF - Galway city run by Foroige  
The GAF is health advice café for young people aged 14 - 25 in Galway. This is a youth sign-posting and engagement service designed to encourage young people to access health services.

NO 4 (Augustine ST)

Is a youth homeless counselling service in Galway city. Run by Galway Diocesan Youth service.

Jigsaw Galway

Is a partnership between HSE, Mental Health Ireland and Headstrong.

Jigsaw Galway is a youth mental health initiative supporting 12-25 year olds in Galway city and county. It is a primary health care model offering free direct access & drop in services. It is a brief intervention service. One of the target areas is youth substance misuse. To date; one third of those accessing services have presented with drugs and alcohol issues.

HSE West is supporting similar developments in Roscommon and Mayo.

The HSE Regional Drugs Service -Galway, Mayo and Roscommon

Is a specialist community based addiction service providing direct access counselling, support and treatment for those aged 14 years upwards.

Tier 4 services can be provided where appropriate by Child and Adolescent mental health services or adult mental health services.

The Western Regional Drug Task force (WRDTF)

Family Support

The WRDTF and the HSE are developing family support groups across the region to help family members living with addiction.

#### **(North Western Area)**

The HSE have developed a booklet called 'Straight Talk', which presents an education and prevention guide for parents in respect of the affects of teenage drinking.

Motivational Interviewing Skills training is provided to statutory, community and voluntary front line professionals working with families presenting with substance misuse issues.

The HSE North Western Area has two dedicated Young People Addiction Counsellor's. The counsellors provide a community based counselling advice and information service to young people and their parents.

The HSE North West refer to the Aislinn Adolescent Residential Addiction Centre in Kilkenny when required.

The HSE Support the delivery of Strengthening Families Programme in the NW.

in partnership between HSE, Mental Health Ireland and Headstrong.

Jigsaw Donegal is due to open in September 2012. One of the target areas is youth substance misuse. A Young Person's Addiction Support Worker has been recruited for this work

Finally, the HSE has, in partnership with Co-operation and Working Together (CAWT), Derry Healthy Cities and the Alcohol Forum Ltd. been delivering on a 2 year alcohol project Time 1V a Change. The project has 3 strands, Community mobilisation on reducing alcohol related harms, Early Intervention / family support and the delivery of the skills based Strengthening Families programme for vulnerable families and youths aged between 6ys - 12yrs and 12 - 17 yrs. The project is nearly at an end and early results show a significant footprint in change outcomes in all 3 strands