

# FOREWORD BY AN TAOISEACH

Problem drug use continues to be one of the most significant challenges facing our country. It undermines the potential of the person involved, devastating the lives of families and causing huge problems for local communities.

Much has changed since the first comprehensive National Drugs Strategy was put in place in 2001. At that time the emphasis was on the heroin problem in Dublin and it is heartening that much has been achieved in helping to tackle this problem. However, reflecting the situation generally in EU countries and beyond, problem drug use has spread to other areas and the range of drugs available has increased. The challenge involved is complicated by the fact that drug use can be linked to circumstances of social exclusion as well as to circumstances of economic prosperity.

It is against this background that I welcome this new National Drugs Strategy for 2009 - 2016 prepared by John Curran, T.D., Minister of State, which has been developed in partnership with a wide range of Government Departments, Agencies, Community and Voluntary interests.

Real partnership has been very evident across the initiatives of the National Drugs Strategy both at national level and at local level, especially through the work of the Drugs Task Forces. I pay tribute to the continued efforts of those working in, and supporting, drug projects in local communities and acknowledge the huge contribution made by the community and voluntary sectors in this work. I note that this aspect of the Strategy will be retained and developed over the next eight years.

I look forward to a renewed emphasis on prevention in the Strategy. It is very important that the number of people who decide to experiment with drugs is reduced. Such experimentation can lead to significant problems for many. When people develop problems, we must address their treatment needs effectively, with joined - up inter - agency working and with an emphasis on successful rehabilitative outcomes.

At a time of scarce resources, we all recognise the need to secure the maximum impact from the resources we invest through the National Drugs Strategy. The achievement of best value for money is to the ultimate benefit of individual problem drug users, their families and communities.

Finally, I also welcome the recent decision by Government to develop a National Substance Misuse Strategy that will combine a comprehensive response to alcohol issues with the provisions of the National Drugs Strategy.

**Brian Cowen, T.D.**

A handwritten signature in black ink, appearing to read 'Brian Cowen', written in a cursive style.

Taoiseach



# FOREWORD BY MINISTER OF STATE

On my appointment as Minister of State with responsibility for the National Drugs Strategy in May 2008, I immediately engaged in the consultation process in relation to a new Drugs Strategy. In many ways it was a good time to become directly involved as plans for the next 8 years were being mapped out.

If I needed any confirmation of the extent of the drugs problem, the consultation process provided it. While the progress made under the 2001 - 2008 Strategy was widely praised, and the partnership approach was seen as beneficial, it is clear that the drug problem has changed in the intervening period. The significant contribution made to the Strategy by the community and voluntary sectors is also clear and I intend to build upon this for the future. The original Strategy grew out of the heroin problem in Dublin. We now need a Strategy that is truly national and that is capable of dealing with a variety of drugs, often mixed by polydrug users.

In the new Strategy the successful emphasis on a partnership approach will be renewed. I have decided that we will retain the 5 pillars of the Strategy - supply reduction, prevention, treatment, rehabilitation and research - as these have served us well and still encompass the areas that need to be addressed. This will also facilitate the dovetailing of the Strategy with the provisions of the EU Drugs Action Plan 2009 - 2012.

If we could achieve more in regard to prevention, I believe that the impact on the overall problem would be greatly enhanced. We will continue to bring the prevention message to the general public, especially young people and their parents, while also endeavouring to target those who are at particular risk. Supply reduction measures will incorporate international co-operation, an emphasis on targeting criminal networks and encouraging community involvement. Meanwhile, the aim is to further develop treatment and rehabilitation services, with an emphasis on an appropriate mix of drug-free and harm reduction services, ranging from low key interventions to specialist expertise across the sectors. Drugs research will address the information needs of Government and the provision of information to national and international agencies.

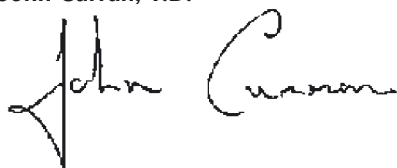
Across all pillars we will maintain the focus on individuals, their families and communities. I feel that it is vital that we support the families of problem drug users and, also, that we encourage their involvement on the rehabilitative effort. In relation to the problem drug users themselves, I think that we must always endeavour to empower people to access the social, economic and cultural benefits of life in line with their needs and aspirations.

I would like to thank all the Government Departments, statutory agencies, sectoral representatives and organisations, focus groups and individuals for their time and effort in putting forward their ideas and views on how best to address the drugs problem in Ireland. Continuation of this partnership approach is vital to achieve the implementation of the actions of the Strategy and I will continue to facilitate this.

I also want to thank the Steering Group, chaired by Ms. Kathleen Stack, who worked tirelessly in developing proposals and making recommendations to me on the new Strategy. The input of the staff of the Drugs Strategy Unit of the Department of Community, Rural and Gaeltacht Affairs, the National Drugs Strategy Team and all Drugs Task Forces across the country is also greatly appreciated.

Tackling the drugs problem in Ireland is an onerous task but I am determined that, working together and building on the progress already achieved, we will make great strides forward over the coming years.

**John Curran, T.D.**



Minister of State with responsibility for the National Drugs Strategy

# NATIONAL DRUGS STRATEGY 2009 – 2016

In light of the analysis, conclusions and priorities identified in chapters 1 – 6 above, the Steering Group recommends that the Government adopts the following, objectives, key performance indicators and actions across the five pillars of supply reduction, prevention, treatment, rehabilitation and research. A number of recommendations are also made in relation to the co-ordination structures, in particular, relating to the establishment of a dedicated Office of the Minister for Drugs. In total, 63 actions are recommended and these are set out below.

As outlined in chapter 1, this Report is an interim Strategy pending the development of a National Substance Misuse Strategy. This is due to be developed by the end of 2010 and will incorporate this Report.

Departments and agencies will be asked to prepare a report by the end of 2009 detailing how each of their actions will be implemented with indicative timelines.

## OVERALL STRATEGIC OBJECTIVE

The overall strategic objective for the National Drugs Strategy 2009 – 2016 is:

- ***To continue to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research.***

## OVERALL STRATEGIC AIMS

The following are the overall strategic aims of the Strategy:

- To create a safer society through the reduction of the supply and availability of drugs for illicit use;
- To minimise problem drug use throughout society;
- To provide appropriate and timely substance treatment and rehabilitation services (including harm reduction services) tailored to individual needs;
- To ensure the availability of accurate, timely, relevant and comparable data on the extent and nature of problem substance use in Ireland; and
- To have in place an efficient and effective framework for implementing the National Drugs Strategy 2009 – 2016.

Across the 5 pillars, the following objectives and key performance indicators are recommended:

## SUPPLY REDUCTION

Objectives

- To significantly reduce the volume of illicit drugs available in Ireland;
- To prevent the emergence of new markets and the expansion of existing markets for illicit drugs;
- To disrupt the activities of organised criminal networks involved in the illicit drugs trade in Ireland and internationally and to undermine the structures supporting such networks;
- To target the income generated through illicit drug trafficking and the wealth generated by individuals involved in the illicit drugs trade; and
- To tackle and reduce community drug problems through a co-ordinated, inter-agency approach.

### Key Performance Indicators

- Increase of 25% in the number of supply detection cases by 2016, based on 2008 figures;
- Increase of 25% in the volume of drugs seized that are considered to be intended for the Irish market by 2016, based on 2008 figures; and
- Twenty Local Policing Fora established and operating by 2012.

## PREVENTION

### Objectives

- To develop a greater understanding of the dangers of problem drug/alcohol use among the general population;
- To promote healthier lifestyle choices among society generally; and
- To prioritise prevention interventions on those in communities who are at particular risk of problem drug/alcohol use.

### Key Performance Indicators

- Decrease in the number of opiate users in the Dublin area and stabilisation of opiate users in the rest of the country by 2011<sup>1</sup>;
- Stabilisation in recent, and reduction in the current, prevalence of illicit drugs in 15 - 34 year old population (Drug Prevalence Survey 2010/2011);
- Reduction in numbers engaged in poly - drug use (Drug Prevalence Survey 2010/2011);
- Reduction of the level of drug misuse reported by school students (regular survey results and ESPAD Survey 2011);
- Delaying the age of first use of illicit drugs (ESPAD Survey 2011);
- Delaying the age of first drink and reduction in binge drinking among young people (ESPAD, National Prevalence Survey, HBSC Surveys); and
- Reduction in ESL figures from 11.5% (2007) to 10% by 2012, utilising the widely recognised definition of 'early school leaver' used by Eurostat<sup>2</sup>.

## TREATMENT & REHABILITATION

### Objectives

- To develop a national integrated treatment and rehabilitation service that provides drug free and harm reduction approaches for problem substance users; and
- To encourage problem substance users to engage with, and avail of, such services.

### Key Performance Indicators

- 100% of problem drugs users accessing treatment within one month of assessment by 2012;
- 100% of problem drugs users aged under - 18 accessing treatment within one week of assessment by 2012;
- 25% increase in residential rehabilitation places by 2012, based on 2008 figures;
- 25% increase in Hepatitis C cases among drug users treated by 2012; and

1 The variation in Dublin/rest of country targets arises from the point of development of drug prevalence in the country now, the increasingly dispersed nature of more recent usage and the scale and location of treatment & rehabilitation responses developed to date.

2 The proportion of persons age 18 to 24 whose highest level of education attained is lower secondary or below, and who did not receive either formal or non - formal education in the previous four weeks.

- Put a drugs interventions programme in place by 2012, incorporating a treatment referral option, for people who come to the attention of the Gardaí and the Probation Service due to behaviour caused by substance misuse.

## RESEARCH

### Objectives

- To ensure the availability of data to accurately inform decisions on initiatives to counteract problem substance use; and
- To provide appropriate research to fulfil the information needs of Government in formulating policies to address problem substance use.

### Key Performance Indicators

- EMCDDA indicators developed on the extent and nature of problem drug use in Ireland;
- Comprehensive and timely reporting systems in place for:
  - treatment and rehabilitation; and
  - progression of offenders with drug - related offences through the criminal justice system
- Completion of identified research programme by the NACD.

## CO - ORDINATION

### Objectives

- To bring greater coherence to the co - ordination of substance misuse policy in Ireland across all sectors; and
- To maintain and strengthen partnerships with communities to tackle the problems of substance misuse.

### Key Performance Indicators

- The Office of the Minister for Drugs established by mid 2009; and
- Development of an overall performance management framework by end 2010.

## ACTION PLAN

The Steering Group recommends a series of actions to be taken across the full range of Departments and agencies involved in delivering drugs policy to ensure that the aims and objectives outlined above are met. These actions are listed below and their implementation will be overseen by the Office of the Minister for Drugs, supported by the Oversight Forum on Drugs, as appropriate.

### ACTIONS TO IMPLEMENT THE NATIONAL DRUGS STRATEGY

No	Area/Pillar	ACTION	Agency
1	National Substance Misuse Strategy	Establish a Steering Group in autumn 2009 to develop proposals for an overall Substance Misuse Strategy, incorporating the already agreed interim National Drugs Strategy	D/H&C and OMD (joint chairs)
<b>SUPPLY REDUCTION</b>			
2	Supply Reduction	Establish LPFs in all LDTF areas and other areas experiencing serious and concentrated problems of drug misuse	D/JELR D/EHLG; An Garda Síochána (all 3 sharing lead)
3	Supply Reduction	Include drugs issues in a central way in the work of 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.	D/EHLG (lead); D/JELR; Local Authorities; An Garda Síochána; DTFs
4	Supply Reduction	Foster community engagement in areas most affected by the drug problem through the establishment and support of appropriate drug networks.	DTFs; OMD; C&V sectors
5	Supply Reduction	Develop a framework to provide an appropriate response to the issue of drug - related intimidation in the community.	An Garda Síochána (lead); Family Support Network; D/JELR
6	Supply Reduction	Put in place an integrated system to track the progression of offenders with drug - related offences through the criminal justice system	D/JELR (lead); An Garda Síochána; The Courts Service; Irish Prison Service
7	Supply Reduction	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.	An Garda Síochána
8	Supply Reduction	Continue to implement increased security procedures in prisons, including the development of the drug detection dog service.	Irish Prison Service

No	Area/Pillar	ACTION	Agency
9	Supply Reduction	<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>	D/Transport (lead); Road Safety Authority; An Garda Síochána; HSE; Medical Bureau of Road Safety
10	Supply Reduction	<p>Engage in appropriate enforcement strategies to ensure compliance with the prohibition of the sale of alcohol to persons under 18 years of age.</p> <p>Further reforms to the licensing laws to combat the sale or supply of alcohol to persons under 18 years of age should be considered where they are justified by reference to an evidence - based approach.</p>	An Garda Síochána D/JELR
11	Supply Reduction	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.	D/JELR
12	Supply Reduction	Contribute to the timely prosecution of drug - related offences by the introduction of a presumptive testing regime, in appropriate circumstances.	D/JELR (lead); An Garda Síochána; FSL
13	Supply Reduction	Review the current operation and effectiveness of the Drug Court, including the exploration of other international models.	D/JELR
14	Supply Reduction	<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>	D/H&C (lead); An Garda Síochána; D/JELR; Irish Medicines Board; D/EHLG; Revenue's Custom Services



No	Area/Pillar	ACTION	Agency
15	Supply Reduction	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.	D/H&C (lead); An Garda Síochána; D/JELR; Revenue's Customs Service; Irish Medicines Board; OMD; C&V sectors
16	Supply Reduction	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.	D/H&C (lead); Revenue's Customs Service; Irish Medicines Board; OMD; C&V sectors
17	Supply Reduction	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.	An Garda Síochána; Revenue's Customs Service (joint leads); D/JELR; D/FA; OMD
18	Supply Reduction	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.	An Garda Síochána (lead); Revenue's Customs Service; D/H&C; HRB
<b>PREVENTION</b>			
19	Prevention	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.	OMD (lead); HSE; D/E&S; OMCYA; An Garda Síochána; DTFs and Service Providers
20	Prevention	Improve the delivery of SPHE in primary and post - primary schools through: <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>	D/E&S (lead); D/H&C; HSE
21	Prevention	Ensure that substance use policies are in place in all schools and are implemented.  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.	D/E&S
22	Prevention	Promote the putting in place of substance misuse policies and the development of a brief interventions approach, where appropriate, in: <ul style="list-style-type: none"> <li>■ informal education sector;</li> <li>■ training centres;</li> <li>■ 3<sup>rd</sup> level institutions;</li> <li>■ workplaces; and</li> <li>■ youth, sport and community organisations.</li> </ul>	OMD and all other relevant Departments/ Agencies

No	Area/Pillar	ACTION	Agency
23	Prevention	<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>	D/E&S (lead); FÁS
24	Prevention	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.	OMCYA
25	Prevention	<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>	OMCYA (lead); D/E&S
26	Prevention	Implement a uniform set of drugs and alcohol education standards, using the DEWF framework being implemented by Drugs Task Forces at present.	OMCYA (lead); D/E&S; HSE
27	Prevention	Further develop a national website to provide fully integrated information and access to a National Helpline.	HSE (lead) & relevant agencies
28	Prevention	<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>□ 3rd 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>	HSE (lead); DTFs and other relevant agencies

No	Area/Pillar	ACTION	Agency
29	Prevention	Develop a series of prevention measures that focus on the family under the following programme headings: <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>	HSE and D/E&S (joint leads); OMCYA; D/SFA; DTFs and Service Providers
30	Prevention	Develop selective prevention measures aimed at reducing underage and binge drinking.	HSE (lead); D/H&C; DTFs and Service Providers
31	Prevention	Maintain the focus of existing programmes targeting ESL and the retention of students in schools.  Improve the measurement of the outcomes of such programmes in order to target and expand them in areas of greatest need.	D/E&S
<b>TREATMENT &amp; REHABILITATION</b> <b>- Development of General Problem Substance Use Services</b>			
32	Treatment & Rehabilitation	Develop a comprehensive integrated national treatment and rehabilitation service for all substance users using a 4 - tier model approach. This will incorporate: <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>	HSE <sup>3</sup> (lead); Depts and Agencies; C&V sectors
33	Treatment & Rehabilitation	Maximise operational synergies between Drug Addiction Services, Alcohol Treatment & 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.	HSE (lead); Voluntary sector
34	Treatment & Rehabilitation	Expand the availability of, and access to: <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>	HSE (lead); C&V sectors.

<sup>3</sup> The National Drug Rehabilitation Implementation Committee (NDRIC), chaired by the HSE, has a key role to play in the delivery of the recommendations of the two reports referred to in action 32.

No	Area/Pillar	ACTION	Agency
35	Treatment & Rehabilitation	Review the Methadone Treatment Protocol to maximise the provision of treatment, to facilitate appropriate progression pathways (including exit from methadone treatment where appropriate) and to encourage engagement with services. The review will include engagement with the community and voluntary sectors.  Examine and implement as appropriate, alternative substitute opiate treatment services.	HSE (lead); D/H&C  D/H&C
36	Treatment & Rehabilitation	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.	HSE (Lead); C&V sectors
37	Treatment & Rehabilitation	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.	OMCYA (lead); D/JELR Services (An Garda Síochána; IPS; The Probation Service) D/E&S Services (D/E&S, Schools and 3 <sup>rd</sup> Level Institutions) C&V sectors
38	Treatment & Rehabilitation	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.	An Garda Síochána (lead); D/JELR (IYJS); HSE; Probation Service; OMCYA; C&V Youth Services; OMD
39	Treatment & Rehabilitation	Maintain and develop treatment services dealing with Blood Borne Viruses (BBVs), with particular emphasis on Hepatitis C treatment services.	HSE
40	Treatment & Rehabilitation	Develop a response to drug - related deaths through: <ul style="list-style-type: none"> <li>■ A National Overdose Prevention Strategy;</li> <li>■ A co - ordinated health response to the rise in deaths indirectly related to substance abuse; and</li> <li>■ A review of the regulatory framework in relation to prescribed drugs.</li> </ul>	HSE (lead); D/H&C  D/H&C(lead); Irish Medicines Board
41	Treatment & Rehabilitation	Support families trying to cope with substance - related problems, in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.	HSE (lead); FSA; Depts and Agencies; FSN; DTFs; C&V sectors.

No	Area/Pillar	ACTION	Agency
42	Treatment & Rehabilitation	Continue to develop and expand: (i) Service User Fora; and (ii) Drug User Fora  in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.	(i) HSE (lead); (ii) OMD; DTFs; C&V sectors.
<b>TREATMENT &amp; REHABILITATION - Specific Groups</b>			
43	Treatment & Rehabilitation	Continue the expansion of treatment, rehabilitation and other health and social services in prisons.  Develop an agreed protocol for the seamless provision of treatment services as a person moves between prison (including prisoners on remand) and the community.	IPS (lead); The Probation Service; HSE; C&V sectors.
44	Treatment & Rehabilitation	Address the treatment and rehabilitation needs of: <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> This should be facilitated by engagement with representatives of those communities and/or services working with those groups as appropriate.	HSE (lead); C&V sectors.
<b>TREATMENT &amp; REHABILITATION - Quality and Standards Framework</b>			
45	Treatment & Rehabilitation	Develop a clinical and organisational governance framework for all treatment and rehabilitation services, in line with the Report of the Working Group Examining Quality & Standards for Addiction Services, and subject to a timeframe for compliance given the resource implications involved.	HSE (lead); Voluntary sector
46	Treatment & Rehabilitation	Develop a regulatory framework on a statutory basis for the provision of counselling within substance misuse services.	D/H&C (lead); HSE
<b>TREATMENT &amp; REHABILITATION - Training and Skills Development</b>			
47	Treatment & Rehabilitation	Develop national training standards for all involved in the provision of substance misuse services.  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.	HSE (lead); voluntary sector; key academic institutions.

No	Area/Pillar	ACTION	Agency
48	Treatment & Rehabilitation	Develop an appropriate educational model for: (i) paramedic (ambulance service) and (ii) nurse and midwife training to ensure that those qualifying are familiar with relevant drug treatment issues and alternative care pathways.  Include comprehensive coverage of problem substance issues in undergraduate doctor training.	Lead Agencies: (i) Pre - Hospital Emergency Care Council (PHECC) (ii) An Bord Altranais The Medical Council
<b>RESEARCH/INFORMATION</b>			
49	Research/ Information	Continue to implement and develop, as appropriate, the five key EMCDDA epidemiological indicators and the associated data collection systems:  (i) Prevalence and patterns of drug use among the general population (this will include the continuation of the Drug Prevalence Survey and ESPAD);  (ii) Prevalence and patterns of problem drug use;  (iii) Demand for drug treatment;  (iv) Drug - related deaths and mortality of drug users; and  (v) Drug - related infectious diseases  Consider the development of appropriate problem alcohol use epidemiological indicators and the associated data collection, building on existing monitoring systems and prevalence surveys.	(i) & (ii) NACD (lead)  (iii); (iv) & (v) HRB (lead); HSE and other relevant Departments and agencies  D/H&C (Lead); HSE; HRB; NACD.
50	Research/ Information	Develop, in association with the EMCDDA, and implement new indicators at national level for the following three areas: ■ harm reduction; ■ public expenditure; and ■ drugs and crime.	HRB (lead) and other relevant Departments and agencies
51	Research/ Information	Monitor problem substance (including alcohol) use among those presenting to hospital Emergency Departments.	HSE
52	Research/ Information	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.	D/H&C (lead); other relevant Depts and Agencies
53	Research/ Information	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.	D/JELR
54	Research/ Information	Consider the further development of systems monitoring changing drug trends in line with the EU Early Warning System.	NACD (lead); D/JELR; HRB; OMD; FSL.



No	Area/Pillar	ACTION	Agency
60	Co - ordination	<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>	OMD (lead); other relevant Departments and Agencies
61	Co - ordination	<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>	OMD (lead); Other relevant Departments and Agencies
62	Co - ordination	<p>Review and renew the participation and commitment of members of the Drugs Task Forces.</p> <p>Revise the Drugs Task Force Handbook to take account of the new structural arrangements.</p> <p>Review Drugs Task Force boundaries.</p> <p>Examine the optimum structure for the employment arrangements of Drugs Task Force personnel.</p>	OMD (lead); other relevant Departments and Agencies
63	Co - ordination	<p>Consider the need for/desirability of a dedicated treatment agency, looking at UK and international best practice models.</p>	OMD (lead); other relevant Departments and Agencies



## GLOSSARY OF TERMS

Addiction Training Unit	ATU
Alcohol and Drug Research Unit	ADRU
Assistant Principal	AP
Blood Borne Virus	BBV
Central Statistics Office	CSO
Central Treatment List	CTL
Cognitive Behavioural Coping Skills	CBCS
Community & Voluntary (Sectors)	C&V
Community Childcare Subvention Scheme	CCSS
Community Employment	CE
Community Policing Fora	CPF
Criminal Assets Bureau	CAB
Delivering Equality of Opportunity In Schools	DEIS
Department of Community, Rural & Gaeltacht Affairs	D/CRGA
Department of Education & Science	D/E&S
Department of Environment, Heritage & Local Government	D/EHLG
Department of Health & Children	D/H&C
Department of Justice, Equality & Law Reform	D/JELR
Department of Social & Family Affairs	D/SFA
Department of Transport	D/TRANSPORT
Drug and Alcohol National Occupational Standards	DANOS
Drug Education Workers Forum	DEWF
Drugs Strategy Unit	DSU
Drugs Task Force	DTF
Early School Leaving	ESL
Economic and Social Research Institute	ESRI
Educational Welfare Officer	EWO
European Monitoring Centre for Drugs & Drug Addiction	EMCDDA
European School Survey Project on Alcohol and other Drugs	ESPAD
European Union	EU
Foras Áiseanna Saothair	FÁS

## GLOSSARY OF TERMS

Forensic Science Laboratory	FSL
General Medical Services (Scheme)	GMS
General Practitioner	GP
Health Behaviour in School - Aged Children survey	HBSC
Health Protection Surveillance Centre	HPSC
Health Research Board	HRB
Health Service Executive	HSE
Home School Community Liaison Scheme	HSCL
Hospital In - Patient Enquiry	HIPE
Human Immunodeficiency Virus	HIV
Information and Communications Technology	ICT
Intravenous Drug User	IDU
Inter - Departmental Group on Drugs	IDG
Irish Association of Alcohol and Addiction Counsellors	IAAAC
Irish Association of Counselling and Psychotherapy	IACP
Irish Business and Employers Confederation	IBEC
Irish College of General Practitioners	ICGP
Irish Council for Psychotherapy	ICP
Irish Pharmacy Union	IPU
Irish Prison Service	IPS
Irish Youth Justice Service	IYJS
Joint Policing Committees	JPC
Key Performance Indicator	KPI
Lesbian, Gay, Bisexual, Transgender	LGBT
Local Drugs Task Forces	LDTFs
Local Policing Fora	LPF
Management Advisory Committee	MAC
Maritime Analysis Operations Centre – Narcotics	MAOC - N
Mid - Term Review	MTR
National Addiction Training Programme	NATP
National Advisory Committee on Drugs	NACD

## GLOSSARY OF TERMS

National Drugs Rehabilitation Implementation Committee	NDRIC
National Drugs Strategy	NDS
National Drugs Strategy Team	NDST
National Drug - Related Deaths Index	NDRDI
National Drug Treatment Reporting System	NDTRS
National Educational Psychological Service	NEPS
National Educational Welfare Board	NEWB
National Health Service	NHS
National Treatment Agency	NTA
National University of Ireland, Galway	NUIG
Needle Exchange Programme	NEP
Non - Government Organisation	NGO
Office of the Minister for Children and Youth Affairs	OMCYA
Office of the Minister for Drugs	OMD
Oversight Forum on Drugs	OFD
Police Using Leading Systems Effectively	PULSE
Quality in Alcohol and Drugs Services	QuADS
Quarterly National Household Survey	QNHS
Regional Drugs Task Forces	RDTFs
Research Outcome Study in Ireland	<i>ROSIE</i>
Revitalising Areas by Planning Investment and Development	RAPID
School Completion Programme	SCP
National Health and Lifestyle Survey	SLÁN
Senior Rehabilitation Co - ordinator	SRC
Sexually Transmitted Infection	STI
Special Projects to assist disadvantaged Youth	SPY
Social Personal Health Education	SPHE
United Nations	UN
Vocational Education Committee	VEC
World Health Organisation	WHO
Young Peoples Facilities and Services Fund	YPSF

