



Reducing Harm, Supporting Recovery Progress Report 2019

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Department of Health

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Overview

The national drug strategy, *Reducing Harm, Supporting Recovery – a health-led response to drug and alcohol use in Ireland 2017-2025*, sets out government policy on drug and alcohol use until 2025. The strategy aims to provide an integrated public health approach to drug and alcohol use, focused on reducing the harms for individuals, families and communities and based on providing person-centred services promoting rehabilitation and recovery.

The vision of the strategy is for

A healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life.

To realise this vision, the strategy identifies five strategic goals and 50 actions, to be delivered over the period 2017-2020.

The implementation of these actions is monitored through the national oversight structures, supported by the coordinated system of monitoring, research and evaluation set out in the strategy. This progress report has been prepared by the lead agencies and reports on the implementation of the actions to the end of 2019. This report also reports on the status of the actions, across 5 settings:



The table below gives an overview of the progress on implementation of the 50 actions contained in Reducing Harm Supporting Recovery.

Theme	Status of Actions				
	Black	Green	Amber	Red	Blue
Goal One: Promote and Protect Health and Wellbeing		3	2	3	3
Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery		10	6	2	
Goal Three: Address the harms of drug markets and reduce access to drugs for harmful use.		3	2	1	2
Goal Four: Support participation of individuals, families and communities		5		1	
Goal Five: Develop sound and comprehensive evidence-informed policies and actions.		1	2	2	
Strengthen the performance of the strategy				1	
		22	12	10	5
	action not yet scheduled to start	action broadly on track	action progressing but with a minor delivery issue	action delayed with a significant delivery issue	action fully completed

Goal One: Promote and Protect Health and Wellbeing

RHSR Strategic Action	Delivered	Lead role	Activity in 2019	Traffic Light signal for Action
1.1.1 Ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority	1.1.1 (a) Develop an initiative to ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority	DOH	Note: Initiative will encompass 1.1.1 (a) and 1.1.1 (b)	Red
	1.1.1 (b) Promote the use of evidence-based approaches to mobilising community action on alcohol	DOH	Preliminary work on identifying the building blocks and key elements of a CAAP scheme commenced.	
1.1.2 Improve the delivery of substance use education across all sectors, including youth services, services for people using substances and other relevant sectors.	1.1.2 (a) Organise a yearly national forum on evidence-based and effective practice on drug and alcohol education	HRB	Organised National Drugs Forum on theme of Inclusion Health in Croke Park, November 2019	Red
	1.1.2(b) Develop a guidance document to ensure substance use education is delivered in accordance with quality standards.	HRB	Deferred following discussion with DoH	

<p>1.2.3 Support the SPHE programme.</p>	<p>1.2.3 (a) Promote continued effective communications between local schools and Drug and Alcohol Task Forces given the importance placed on the continued building of strong school community links</p>	<p>DES, DATFs (Joint)</p>	<p>DES engaged with and met representatives of RDATAF to support delivery of the action. Agreement reached that TFs will develop information pack for schools on the supports that can be provided via engagement with DATFs in the area of drug and alcohol abuse. The Dept will make arrangements to distribute the information to all 4,000 schools. The information will also support schools in the implementation of the SPHE curriculum and support building important communication links between schools and the national network of DATFs. The Dept also offered to build this activity into a quarterly or bi-annual action so as to reinforce and support ongoing communications between schools and DATFs.</p>	<p>Green</p>
	<p>1.2.3 (b) Ensure that all SPHE teachers, guidance counsellors and Home School Community Liaison co-ordinators can avail of continuing professional development.</p>	<p>DES</p>	<p>A comprehensive programme of CPD to support the SPHE programme provided by DES teacher support services to newly qualified and serving teachers at primary and post-primary. Under the Wellbeing Policy Statement and Framework for Practice, a directory of continuing professional development opportunities relevant to wellbeing has been prepared for the 2019/2020 school year and is now available on the Department's website at https://www.education.ie/en/Schools-Colleges/Information/wellbeingineducation</p> <p>One of the supports available from 2019/2020 is Know the Score https://knowthescore.info/ This is a substance misuse programme published in 2019 for Transition Year or 5th year pupils. It includes 12 lesson plans using interactive learning methodologies suitable for Senior Cycle Students. It is being provided by the HSE Schools Team in 2019/2020 school year, with support from DES.</p> <p>HSCL Managers participated in all DEIS Action Planning for improvement workshops held in May 2019 to reinforce role of HSCL in delivering on this and other DEIS actions. Induction CPD provided to all newly appointed HSCL Coordinators in 2019.</p>	
<p>1.2.4 Promote a health promotion approach to addressing substance misuse.</p>	<p>1.2.4(a) In line with the Action Plan for Education, commence and roll out a national programme to support the implementation of the Wellbeing Guidelines to all primary and post-primary school</p>	<p>DES</p>	<p>The Wellbeing Policy and Framework for Practice has superseded the Wellbeing Guidelines(2013). Since the policy was published in 2018 work has been underway to support schools as they embark on a review of wellbeing promotion in their schools. Under the Wellbeing Policy, schools are required to promote wellbeing in their school community using the School Self Evaluation process. Wellbeing resources are available to all to support them as they embark on self-evaluation of their wellbeing promotion process. Key resources available include:</p> <ul style="list-style-type: none"> - Indicators of Success and Statements of Effective Practice to guide and standardise the approach to reviewing wellbeing promotion in schools - Parent, teacher and student questionnaires - Focus Group guidelines - A catalogue of CPD support available from the Department, its support services and the HSE in the area of wellbeing - A catalogue of resources 	<p>Amber</p>

			<p>- A webpage which hosts all this information and work is underway on the development of a dedicated wellbeing portal.</p> <p>The Department began work in 2019 with 10 post primary and 20 primary schools in an Action Research Project to support the implementation of the Wellbeing Promotion Process. The work is led by the Professional Development Service for Teachers (PDST) in collaboration with Junior Cycle Teachers (JCT) and National Educational Psychological Service (NEPS). This research project will assist the DES in reviewing and planning for the needs of schools and centres for education in relation to wellbeing promotion nationally.</p> <p>Wellbeing in the Curriculum All students commencing Junior Cycle from September 2017 onwards undertake the area of learning called Wellbeing. Wellbeing crosses the three years of Junior Cycle and builds on substantial work already taking place in schools in support of students' wellbeing.</p> <p>The Junior Cycle Wellbeing programme began with a minimum of 300 hours of timetabled engagement in 2017 and will build up to 400 hours by 2020 as the new Junior Cycle is implemented fully in schools.</p> <p>The four main pillars of the junior cycle Wellbeing programme are Civic, Social and Political Education (CSPE), Physical Education (PE), Social, Personal and Health Education (SPHE) and guidance education. Schools may also choose to include other areas in their provision. For example, in recognition of the unique contribution that guidance can make to the promotion of students' wellbeing, guidance provision may also be included in the hours available for Wellbeing, however, this is at the discretion of the school.</p> <p>Wellbeing is one of the principles that underpins junior cycle education. It is also reflected in a number of the statements of learning that are central to planning for the student's experience of and the evaluation of the schools junior cycle programme.</p>	
	1.2.4(b) In line with the Action Plan for Education, develop Wellbeing Guidelines for Centres of Education and Training.	DES	Work is planned to support the implementation of the Wellbeing Policy in Centres of Education.	
1.2.5 Improve supports for young people at risk of early substance use.	1.2.5(a) Provide a continuum of support including a Student Support Plan as appropriate, for young people who are encountering difficulty in mainstream education;	DES	<p>Integrating wellbeing and positive mental health in education is a core priority for the Department to build resilience and confidence in our young people.</p> <p>DEIS – Delivering Equality of Opportunity in Schools, is the Government's main policy initiative aimed at tackling educational disadvantage in primary and post primary schools. In 2019, DES allocated in the region of €125 million for the DEIS Programme, to support 891 schools catering for approximately 185,000 students in the current academic year. The aim is to maximise the chances of every child getting the best possible opportunity to</p>	Green

fulfil his or her potential in life. The DEIS Plan 2017 focuses on measures to improve attendance, participation and retention. Under the plan, in accordance with School Self Evaluation Guidelines, DEIS schools are required to set specific, measurable, achievable, realistic and time specific targets, including targets for literacy and numeracy, CPD, leadership, attendance, participation and retention, and to evaluate them annually.

Additional supports provided to DEIS schools, include Home School Community Liaison Coordinators (HSCL), DEIS grants, enhanced book grants, and enhanced Guidance Counsellor provision. The HSCL Scheme is a DEIS school-based intervention provided to address the needs of pupils/families in disadvantaged areas through acknowledging and developing the role of the parent as prime educator. The role of the HSCL Coordinator is to work primarily with the salient adults in the child's life, in order to empower them, so that they can better support their children to attend school, participate in education and develop positive attitudes to life-long learning.

Support from NEPS

NEPS encourages schools to use a continuum based assessment, intervention and support process whereby each school takes responsibility for initial assessment, educational planning and remedial intervention for pupils with learning, emotional or behavioural difficulties. The use of the Student Support File allows the school to track the student's pathway through the Continuum of Support – right from the start of the support process, and onwards, if necessary, through to the School Support (for Some) and School Support Plus (for a Few) levels. Teachers may consult their NEPS psychologist should they need to at any stage in the process. Only in the event of a failure to make reasonable progress, in spite of the school's best efforts in consultation with NEPS, will the psychologist become involved with an individual child for intensive intervention.

NEPS psychologists work collaboratively to facilitate thinking and problem-solving with teachers and parents/legal guardians to better understand a student's strengths and needs or the needs of the teachers and their schools. The focus is on empowering teachers to intervene effectively with pupils whose needs range from mild to severe and transient to enduring. NEPS intervention may involve the psychologist reviewing data from different sources, and gathering information using formal and informal assessment approaches to better understand a pupils' needs (e.g. interviews, observations, checklists). It may include an assessment of; cognitive and academic skills, and/or emotional, adaptive and behavioural functioning as required.

The focus of the assessment process is to provide additional data to schools to identify areas of specific needs, to raise awareness, to inform interventions for those children with more significant and enduring needs and, where appropriate to identify a referral pathway to other professionals and agencies.

Supports in Special Education

The Department of Education and Skills provides for a continuum of support for the education of pupils who have additional special educational needs. While the DES'

policy is to ensure the maximum possible integration of children with special needs into ordinary mainstream schools, students who have been assessed as having special educational needs also have access to a range of special support services. The services range from special schools dedicated to particular disability groups, through special classes/units attached to ordinary schools, to placement on an integrated basis in ordinary schools with special back-up supports.

Children with more severe levels of disability may require placement in a special school or special class attached to a mainstream primary school. Each such facilities each operate at a specially reduced pupil teacher ratio. Pupils attending these facilities attract special rates of capitation funding and are entitled to avail of the special school transport service and the school bus escort service.

In relation to the provision of Student Support Plans, at present, all schools are encouraged to use Education Plans. The Department of Education and Skills Inspectorate's advice is that the majority of schools are now using some form of education planning for children with special educational needs.

Guidelines for schools on educational planning and monitoring of outcomes and the manner in which they should conduct educational planning, through the Student Support File, are contained in the Guidelines for Schools: Supporting Children and Young People with Special Educational Needs in Mainstream Schools, available at <http://www.education.ie/en/The-Education-System/Special-Education/Guidelines-for-Primary-Schools-Supporting-Pupils-with-Special-Educational-Needs-in-Mainstream-Schools.pdf>.

	<p>1.2.5(b) Provide access to timely appropriate interventions such as resilience-building programmes, and/or counselling, educational assessments and/or clinical psychological assessments, as appropriate</p>	<p>DES, HSE, TUSLA (Joint)</p>	<p>Through its whole-school support and development work (CPD), NEPS aims to build capacity in schools through initiatives aimed at prevention, early intervention and the promotion of best practice.</p> <p>In 2019 NEPS psychologists offer a range of support and development initiatives including evidence-informed approaches such as the Incredible Years Teacher Classroom Management Programmes and the FRIENDS Programmes, a school-based positive mental health programme. The programme helps students to develop effective strategies to deal with worry, stress and change and teaches the skills required to reduce anxiety and promote resilience.</p> <p>Critical Incident Support is a core aspect of NEPS work in schools. NEPS' role is to support schools to plan and develop policy to enable them to respond effectively should a tragedy occur. In the event of a critical incident the primary role of NEPS is to advise and support the teachers and other adults who work with students and who know them well. NEPS' approach to responding to Critical Incidents is set out in 'Responding to Critical Incidents'. In-service training is available at whole-school level and/or with the Critical Incident Management Team to support schools review and develop their approach to supporting students following a critical incident.</p>	
	<p>1.2.5(c) Implement School Attendance Strategies in line with TUSLA's guidance</p>	<p>TUSLA</p>	<p>TESS has delivered on this action. All schools were provided with a resource package to assist them in developing a School Attendance Strategy and to date c.90% of schools have submitted their strategy to TESS.</p> <p>We continue to pursue the schools that have not submitted.</p>	
	<p>1.2.5(d) Prioritise initiatives under the new DEIS programme to address early school leaving</p>	<p>DES</p>	<p>DEIS Plan 2017 identifies 108 actions to achieve the targets and goals of the Plan and to ensure learners most at risk of educational disadvantage will experience improved educational outcomes. At the end of 2019, approximately 90% of the actions in DEIS Plan 2017 were complete or are ongoing.</p>	
	<p>1.2.5(e) Provide supports including homework clubs, additional tuition, career guidance/counselling support, community awareness of drugs programme and youth work in</p>	<p>DHPLG</p>	<ul style="list-style-type: none"> • SICAP 2018 – 2022 continues to target and engage with marginalised individuals from target groups and local community groups; * 49 of 51 lot areas implemented a total of 134 actions providing a range of supports and activities to address mental health or improve quality of life and wellbeing as part of their engagement with individuals and groups. The types of activity supported through SICAP and delivered in collaboration with community and statutory bodies in 2019 include - * personal development and educational courses * family supports * Suicide awareness and prevention initiatives * 	

	collaboration with schools and other youth programmes/scheme		guidance * promotion of health and wellbeing * Youth work * supporting men's sheds and women's groups	
1.2.6 Ensure those who do not seem to thrive in a traditional academic setting complete their education.	Review Senior Cycle programmes and Vocational Pathways in senior cycle with a view to recommending areas for development.	DES	<p>The NCCA is currently undertaking a review of Senior Cycle. The review commenced in late 2016 and has included, so far, a review of Senior Cycle provision across a number of international jurisdictions; an extensive consultation process involving in-depth engagement with teachers, parents, guardians and students across a sample of 41 schools, supported by a series of national seminars, all designed to identify key strengths in Senior Cycle and to identify scope for further development.</p> <p>Consultation documents produced by the NCCA outline potential areas for development. Based on feedback, these include:</p> <ul style="list-style-type: none"> • reducing the ring-fencing of existing programmes • combining existing programmes into a single senior cycle curriculum for all students with multiple pathways and combinations available for students to choose and the provision of follow-on learning for students who complete junior cycle at Level 1 and Level 2, thus allowing for age-related participation in senior cycle programmes whilst a different level of qualification is achieved. • explore ways of providing further options in the areas of technical, vocational, creative and professional learning • explore meaningful ways to support at-risk groups of students, including supporting schools in creating and maintaining safe, supportive and inclusive environments. <p>A public consultation was held based on these documents which concluded in November 2019.</p>	Red
1.2.7 Facilitate increased use of school buildings, where feasible, for afterschool care and out of hours use to support local communities.	Engage with property owners and school authorities to facilitate increased use of school buildings, where feasible, for afterschool care and out of hours use to support local communities.	DES	https://www.education.ie/en/Publications/Policy-Reports/guidelines-on-the-use-of-school-buildings-outside-of-school-hours.pdf	Blue
1.2.8 Improve services for young people at risk of substance misuse in socially and economically disadvantaged communities.	Develop a new scheme to provide targeted, appropriate and effective services for young people at risk of substance misuse, focused on socially and economically disadvantaged communities.	DOH	DoH engaged with DCYA re the design of a new targeted youth scheme, which builds on previous drug and alcohol schemes.	Blue

1.3.9 Mitigate the risk and reduce the impact of parental substance misuse on babies and young children	1.3.9(a) Develop and adopt evidence-based family and parenting skills programmes for services engaging with high risk families impacted by problematic substance use	HSE, TUSLA (Joint lead)	Tusla National Parenting Commissioning Framework was launched in 2019. * Ongoing meetings between agencies and development of resources involving HSE, TUSLA and NFSN. Tusla National Parenting Commissioning Framework launched in 2019. Young Persons Support Programme (National Family Support Network) evaluated. The NFSN 5-step method training delivered 4 trainings with over 60 people trained in intervention. NSFN trained 100 participants in total in NVR.	Amber
	1.3.9(b) Build awareness of the hidden harm of parental substance misuse with the aim of increasing responsiveness to affected children	HSE, TUSLA (Joint lead)	Joint HSE Tusla training modules for development Q1 and rolled out nationally in Q3 & Q4 2019. * Hidden Harm strategy, practice guide and information leaflet launched in February 2019. Establishment of working group to develop training in line with the Hidden Harm practice guide. Development and launch of eLearning modules on Hidden Harm for TUSLA, HSE and Community/Voluntary sector staff.	
	1.3.9(c) Develop protocols between addiction services, maternity services and children's health and social care services that will facilitate a coordinated response to the needs of children affected by parental substance misuse	HSE, TUSLA (Joint lead)	Hidden Harm strategy, practice guide and information leaflet launched in February 2019. Establishment of working group to develop training in line with the Hidden Harm practice guide. Development and launch of eLearning modules on Hidden Harm for TUSLA, HSE and Community/Voluntary sector staff.	
	1.3.9(d) Ensure adult substance use services identify clients who have dependent children and contribute actively to meeting their needs either directly or through referral to or liaison with other appropriate services, including those in the non-statutory sector	HSE, TUSLA (Joint lead)	Refer to HSE update agreed with Tusla. Hidden Harm strategy, practice guide and information leaflet launched in February 2019. Establishment of working group to develop training in line with the Hidden Harm practice guide. Development and launch of eLearning modules on Hidden Harm for TUSLA, HSE and Community/Voluntary sector staff.	
1.3.10 Strengthen the life-skills of young people leaving care in order to reduce their risk of developing substance use problems	Consider how best to provide necessary once-off supports for Care Leavers to gain practical life-long skills in line with Action 69 of the Ryan Report in order to reduce their risk of developing substance use problems.	TUSLA	Roll-out of inter-agency steering committees and further resourcing of Aftercare Services. Full implementation of the HSE/Tusla Joint Protocol.	Blue

<p>1.3.11 Strengthen early harm reduction responses to current and emerging trends and patterns of drug use.</p>	<p>Establishing a working group to examine the evidence in relation to early harm reduction responses, such as drug testing, amnesty bins and media campaigns, to current and emerging trends including the use of new psychoactive substances and image and performance enhancing drugs and other high risk behaviours, including chemsex.</p>	<p>HSE</p>	<ul style="list-style-type: none"> • Working Group to be developed early 2019 to examine responses at festivals to include drug testing • Comms Festival campaign • Working with USI and student campaign • Respond with media campaigns as issues emerge • Features on drugs.ie with drug trends updates <p>A multi-sector working group was established in September which included members from The Department of Health, An Garda Síochána, HSE Emergency Management, the community and voluntary sector, the Union of Students in Ireland, an events Safety Coordinator and representative of the dance community as well as toxicologists from Forensic Science Ireland, The HSE National Drug Treatment Centre and Sligo IT. Festival campaign launched (social media resources, harm reduction strategy with HSE Emergency Management and festival organisers). Student campaign launched. Harm reduction resources developed for drugs.ie. Research conducted into drug use at festivals (over 1000 respondents) with TCD.</p>	<p>Green</p>
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Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery.

RHSR Strategic Action	Delivered	Lead role	Activity in 2019	Traffic Light signal for Action
2.1.12 Strengthen the implementation of the National Drugs Rehabilitation Framework.	2.1.12 (a) Develop a competency framework on key working, care planning and case management	HSE	Consultation with stakeholders. Draft competency framework for addiction services and homeless services completed. Survey on training needs completed.	Green
	2.1.12 (b) Extend the training programme on the key processes of the National Drugs Rehabilitation Framework	HSE	Roll out of SAOR training, NDRF eLearning program completed. 1026 people trained in SAOR Screening and Brief Intervention for Problem Alcohol and Substance Use. New training pack developed for SAOR trainers developed and launched, including an eLearning component available to HSE, TUSLA and community/voluntary sectors, Probation services and Homeless services. Upskilling of existing SAOR trainers in some areas. Commencement of the SAOR Train the Trainer Programme with 20 participants. eLearning on the National Drug Rehabilitation Framework commenced. Local areas continued to roll-out training on key working, care planning and case management. For example - CHO3: Completion of Q1 training calendar and delivery of NUI Maynooth Cert in Addiction Studies utilising online learning. Q2/3 training work paused due to covid-19.	
2.1.13 Expand the availability and geographical spread of relevant quality drug and alcohol services and improve the range of services available, based on identified need.	2.1.13 (a) Identifying and addressing gaps in provision within Tier 1, 2, 3 and 4 services;	HSE	Governance models are being planned and developed throughout all CHO areas.	Green
	2.1.13 (b) Increasing the number of treatment episodes provided across the range of services available, including: <ul style="list-style-type: none"> • Low Threshold; • Stabilisation; • Detoxification; • Rehabilitation; • Step-down; • After-Care; 	HSE	Additional clinics opened in Portlaoise, Ennis and Kildare. CHO3: Ennis clinic up and running since Q4 2019	

	2.1.13 (c) Strengthening the capacity of services to address complex needs	HSE	Commissioned the Safetynet Homeless Primary Care Team to deliver inreach and outreach GP and nursing services in emergency accommodation and through the mobile clinic. Establishment of a cross sectoral case management group for homeless individuals with dual diagnosis meeting monthly in the NDTC. Step Up Step Down unit established in Dublin Simon, 10 beds.	
2.1.14 Improve the availability of Opioid Substitution Treatments (OSTs).	Examining potential mechanisms to increase access to OSTs such as the expansion of GP prescribing, nurse-led prescribing and the provision of OSTs in community-based settings and homeless services.	HSE	Expanded access to Suboxone. (Dec 2019 figures) 10,404 patients received Opioid Substitution Treatment (excluding prisons). This includes treatment in the community by GPs (4236 patients, 368 GPs), Pharmacies (6975 patients, 718 pharmacies) and in 88 clinics. There were 269 patients who received Suboxone. Streamlined training for GPs to progress to L.2 status in conjunction with the ICGP. Suboxone training provided with ICGP.	Green
2.1.15 Enhance the quality and safety of care in the delivery of Opioid Substitution Treatment (OST).	Implementing the HSE National Clinical Guidelines on OST and reviewing in line with National Clinical Effectiveness Committee processes.	HSE	Ongoing implementation of OST guidelines including recommendation of non-direct supervision of urinalysis across the country and development of contract book for procuring equipment to support this. OST Clinical Guidelines for Hospitals completed.	Green
2.1.16 Improve relapse prevention and aftercare services.	Developing and broadening the range of peer-led, mutual aid and family support programmes in accordance with best practice.	HSE	The Recovery Academy trained an additional 9 Recovery Coaches. SMART Recovery Ireland continued to support SMART meetings nationally. FSN: Blanchardstown LDATF full time family support coordinator for the D.15 area. Donegal, HSE supports and a family support groups. Northwest RDATEF part time family support worker to cover Donegal, Sligo and N. Leitrim. Midlands family support through Merchants Quay.	Green
2.1.17 Further strengthen services to support families affected by substance misuse	2.1.17(a) Developing addiction specific bereavement support programmes and support the provision of respite for family members;	TUSLA	TUSLA provides a small grant for Bereavement counselling	Amber
	2.1.17(b) Supporting families with non-violent resistance training to address child to parent violence	TUSLA	Training held in Jan, May + July: 100 participants	

	2.1.17 (c) Supporting those caring for children/young people in their family as a result of substance misuse to access relevant information, supports and services	TUSLA	3 areas ran Young Persons Support Programme and 4 Trainings held 5 Step Method Training. • Tusla led Child and Family Support Networks and Meitheal Practice model available nationally for families to access relevant community based information, supports and services	
2.1.18 Help individuals affected by substance misuse to build their recovery capital.	2.1.18(a) Monitoring and supporting the implementation of the Department of Social Protection's Programme Framework for Community Employment Drug Rehabilitation Schemes, based on an integrated inter-agency approach	DSP	<ul style="list-style-type: none"> • There has been an increase in the take up of CE drug referral places from 927 in December 2018 to 1,044 in May 2020 • Ongoing and Continued meetings with CE Drug Advisory Group to progress the identification of barriers to education, training and employment 	Green
	2.1.18(b) Utilising SICAP to improve the life chances and opportunities of those who are marginalised in society, living in poverty or in unemployment through community development approaches, targeted supports and interagency collaboration	DHPLG	* SICAP 2018 -2022 continues to target and engage with marginalised individuals and local community groups to improve their life chances and opportunities * KPI targets for 2019 have been achieved. A total of 3,532 local community groups supported (KPI 1) and 55,412 individuals have been supported (KPI 2) to date (2018-2022) *25 of the 51 lot areas implemented a total of 68 actions that target or address substance misuse. These actions, delivered in collaboration with other relevant stakeholders include a range of activities to support communities and individuals affected by substance misuse - * Engaging with other stakeholders working to address drug and alcohol abuse in the community * Building on the capacity of local community groups to participate in decision making structures * Counselling and personal development services * Training and employment * Prevention and awareness strategies * Substance misusers are not a named target group of SICAP so we do not have data on the total number of beneficiaries in this category, However, 11 of the lot areas have identified substance misuse as an emerging need group in their area and have recorded supports to 144 individuals with substance or addiction issues to date 2018-2019	
2.1.19 Increase the range of progression options for recovering drug users and develop a new programme of supported care and employment.	Establishing a Working Group to: a) Examine the range of progression options for those exiting treatment, prison, Community Employment schemes including key skills training and community participation with a view to developing a new programme of supported care and employment; and b) Identify and remedy the barriers to accessing the range of educational, personal	DOH	On hold awaiting publication of inter-departmental report on social inclusion employment support programmes	Red

	development, training and employment opportunities and supports, including gender specific barriers and the lack of childcare provision, for those in recovery.			
2.1.20 Expand addiction services for pregnant and postnatal women.	2.1.20(a) Strengthening links between maternity services and addiction services;	DOH	Further to review of gaps within maternity services in terms of supports available to vulnerable women, the HSE's National Women and Infants Health Programme focused on the further development of medical social work personnel within maternity sites and services, whilst the HSE's National Social Inclusion Office focused on the development of additional drug and alcohol liaison midwives at CHO/Maternity Network level. Over the course of 2018/2019, NWIHP funded and approved an additional 11 medical social workers for maternity services, whilst the National Social Inclusion Office funded and approved an additional 4 drug and alcohol liaison midwives in CHOs 2, 3, 4 & 5 who will work closely and directly with maternity services in their area. All posts are either filled and/or are being actively recruited into.	
	2.1.20(b) Quantify the need for additional residential placements for pregnant and postnatal women who need in-patient treatment for addiction to drugs and/or alcohol across the country;	DOH	One mother and child residential treatment service available in Dublin, with exercise undertaken to identify additional residential placements required.	
	2.1.20(c) Develop services to meet that need ensuring that such facilities support the development of the mother-baby relationship;	DOH	To be developed as part of expansion of ADLMW	
	2.1.20(d) Provide dedicated support for pregnant women with alcohol dependency, including examining the need to expand the role of the Drug Liaison Midwife (DLM) in this regard. Any such expansion will likely generate a need to further increase the number of such midwives;	DOH	Funding was secured to employ a drug liaison midwife in every CHO area Recruitment continued to increase coverage	

Red

	2.1.20(e) Resource the National Women and Infants Health Programme (NWIHP) to provide drug liaison midwives and specialist medical social workers in all maternity networks;	DOH	Funding was secured to employ a drug liaison midwife in every CHO area Recruitment continued to increase coverage	Red
	2.1.20(f) Support maternity hospitals/units to strengthen their methods of detecting alcohol abuse and supporting women to reduce their intake; and	DOH		
	2.1.20(g) Engage the NWIHP to develop a consistent approach to informing women about the risks of alcohol consumption during pregnancy.	DOH		
2.1.21 Respond to the needs of women who are using drugs and/or alcohol in a harmful manner.	2.1.21(a) Increasing the range of wrap-around community and residential services equipped to meet the needs of women who are using drugs and/or alcohol in a harmful manner, including those with children and those who are pregnant	HSE	Expanded drug and alcohol liaison midwives role through recruitment of 2 posts in CHO3 and 4.	Green
	2.1.21(b) Develop interventions to address gender and cultural specific risk factors for not taking up treatment.	HSE	The HSE Intercultural Awareness programme is live on www.HSElanD.ie . It contains three modules: Module 1: Inclusive Practices and Intercultural Awareness Module 2: Working with Others Module 3: Intercultural Awareness and Practice in Health and Social Care: Refugees, Protection Applicants and Trauma.	

2.1.22 Expand the range, availability and geographical spread of problem drug and alcohol services for those under the age of 18.	2.1.22(a) Identifying and addressing gaps in child and adolescent service provision	HSE, TUSLA	4 workshops held around the country to examine current service provision and explore the development of adolescent services including telepsychiatry support from the Addiction Service Consultant Child and Adolescent Psychiatrists.	Green
	2.1.22(b) Developing multi-disciplinary child and adolescent teams	HSE, TUSLA	Recruitment of 6 additional posts for u18s: 2 * clinical nurse specialist and counsellor for CHO 1 and 2. 1 clinical nurse specialist for CHO3 and 6.	
	2.1.22(c) Developing better interagency cooperation between problem substance use and child and family services.	HSE, TUSLA	4 workshops held around the country to examine current service provision and explore the development of adolescent services including telepsychiatry support from the Addiction Service Consultant Child and Adolescent Psychiatrists. Workshops included HSE, CAMHS, s.39 funded services, TUSLA and others). Hidden Harm strategy, practice guide and information leaflet launched in February 2019. Establishment of working group to develop training in line with the Hidden Harm	
2.1.23 Improve the response to the needs of older people with long term substance use issues.	Examining the need for the development of specialist services to meet the needs of older people with long term substance use issues.	HSE	Research being scoped out in CHO area 3 in relation to needs among older people	Amber
2.1.24 Improve outcomes for people with co-morbid severe mental illness and substance misuse problems.	2.1.24(a) Supporting the new Mental Health Clinical Programme to address dual diagnosis; and	HSE	HRB commissioned Realist review research published. Meetings with service user representative groups did take place	Yellow
	2.1.24(b) Developing joint protocols between mental health services and drug and alcohol services with the objective of undertaking an assessment with integrated care planning in line with the National Drug Rehabilitation Framework.	HSE	Development of NDRF eLearning	

<p>2.1.25 In line with Rebuilding Ireland, improve the range of problem substance use services and rehabilitation supports for people with high support needs who are homeless.</p>	<p>2.1.25(a) Increasing the number of detoxification, stabilisation and rehabilitation beds;</p>	<p>HSE</p>	<p>Step Up Step Down unit established in Dublin Simon, 10 beds.</p>
	<p>2.1.25(b) Providing additional/enhanced assessment, key working, care planning and case management. This entails person-centred holistic care planning, including identifying and building social and recovery capital;</p>	<p>HSE</p>	<p>Development of a combined assessment and care planning document for use by HSE services and other agencies including homeless services. Commence pilot of the document in 4 areas</p>
	<p>2.1.25(c) Ensuring in-reach support during treatment and rehabilitation to prevent homelessness on discharge to ensure that housing and supports are in place;</p>	<p>HSE</p>	<p>Hospital discharge plan pilot commenced. Suite of KPIs developed.</p>
	<p>2.1.25(d) Ensuring resourcing and enhanced cooperation arrangements between non-governmental service providers and State organisations, involved in the delivery of addiction treatment and housing services, so that the drug rehabilitation pathway is linked to sustainable supported housing-led/housing first tenancy arrangements; and</p>	<p>DOH, DHPLG</p>	<p>Housing First enables people who may have been homeless and who have high levels of complex needs around mental health or addiction to obtain permanent secure accommodation with the provision of intensive supports to help them maintain their tenancies. The Housing First programme has been operating in the Dublin region since 2014. The initial target of 100 tenancies was increased to 300 following the publication of Rebuilding Ireland in 2016.</p> <p>A National Director of Housing First was appointed in February 2018. The National Implementation Plan for Housing First was published in September 2018 and underpins the Government's commitment to provide permanent and lasting solutions to rough sleeping and long-term homelessness in Ireland. The plan extended the delivery of Housing First nationally, and contained targets for each local authority, with an overall national target of an additional 663 tenancies to be delivered by 2021. By the end of 2019 338 unique individuals were being housed under Housing First. A National Implementation Group including representation from the Department of Housing, Planning and Local Government, the Department of Health, the HSE, Local Authorities, and the National Director, oversees the planning and delivery of the programme nationally.</p> <p>The plan commits to providing wrap-around health supports for people in Housing First tenancies, including a key worker, case management, GP and nursing services, peer support and other specialist care and the provision of intensive supports to help them maintain their tenancies.</p>

			<p>Agreement has been reached on two programmes: integrated services for co-occurring mental health, addiction and social exclusion concerns; and health and addiction services, with a particular focus on homelessness.</p> <p>In addition, an integrated model of care for addiction and homelessness has been developed in the North East Inner City.</p>	
	<p>2.1.25(e) Developing the provision of gender and culturally specific step down services, particularly housing, for women and their children progressing from residential rehabilitation treatment who are at risk of discharge into homelessness.</p>	LA's, HSE	<p>Planning meeting with service providers and DRHE with a view to opening residential aftercare to be arranged.</p>	
<p>2.1.26 Intervene early with at risk groups in criminal justice settings.</p>	<p>2.1.26(a) Providing training to enable the delivery of screening, brief intervention and onward referral in line with national screening and brief intervention protocols for problem substance use;</p>	IPS, PS	<p>Further provision of SAOR model training.</p>	
	<p>2.1.26(b) Further develop the range of service specific problem substance use interventions in line with best international practice; and</p>	IPS, PS	<p>PS Workplan will be developed specific to substance misuse on foot of survey outcomes.</p>	
	<p>2.1.26(c) Determining the prevalence of NPS use in prison settings with a view to developing specific training for staff and appropriate interventions.</p>	IPS, PS	<p>PS Workplan will be developed specific to substance misuse on foot of survey outcomes. NPS will be addressed as part of that workplan.</p>	
<p>2.1.27 Improve the capacity of services to accommodate the needs of people who use drugs and alcohol from specific communities including the Traveller community; the lesbian, gay, bisexual, transgender and intersex community; new communities;</p>	<p>2.1.27(a) Fostering engagement with representatives of these communities, and/or services working with them, as appropriate;</p>	HSE	<p>Intercultural Health Strategy Launched. Traveller-specific SAOR Screening and Brief Intervention for Problem Alcohol and Substance Use in development.</p>	

sex workers and homeless people.				
	2.1.27(b) Considering the need for specialist referral pathways for specific groups who may not otherwise attend traditional addiction services (i.e. those who engage in chemsex);	HSE	Expansion of chemsex clinic in NDTC to include range of club drugs.	
	2.1.27(c) Providing anti-racism, cultural competency and equality training to service providers; and	HSE	The HSE Intercultural Awareness programme is live on www.HSElanD.ie. It contains three modules: Module 1: Inclusive Practices and Intercultural Awareness Module 2: Working with Others Module 3: Intercultural Awareness and Practice in Health and Social Care: Refugees, Protection Applicants and Trauma. This eLearning Programme has been approved by the Nursing and Midwifery Board of Ireland (NMBI) for Continuing Education Units (CEUs): Module 1 & 2 (1 CEU) and Module 3 (3.5 CEUs).	
	2.1.27(d) Ensuring all services engage in ethnic equality monitoring by reporting on the nationality, ethnicity and cultural background of service users for the NDTRS and treat related disclosures with sensitivity.	HSE	Ethnic identifier included in the NDTRS	
2.2.28 Continue to expand Harm Reduction Initiatives focused on people who inject drugs.	2.2.28 (a) Expand needle exchange programmes;	HSE	Continued pharmacy needle exchange programme, targeted iPED specifically from early 2019.	Amber
	2.2.28 (b) Increase the availability of screening and treatment for blood borne viruses and communicable diseases; and	HSE	National Screening Guidelines continued to be implemented.	
	2.2.28 (c) Increase the uptake of Hepatitis C treatment.	HSE	Hep. C treatment developed for 7 additional addiction service sites.	

2.2.29 Provide enhanced clinical support to people who inject drugs and mitigate the issue of public injecting.	Establishing a pilot supervised injecting facility and evaluating the effectiveness of the initiative.	HSE	Planning application submitted	Amber
2.2.30 Continue to target a reduction in drug-related deaths and non-fatal overdoses.	2.2.30(a) Finalising HSE-led Overdose Prevention Strategy with a particular focus on implementing preventative measures to target high-risk cohorts of the drug-using population and known overdose risk periods;	HSE	Joint working between HSE Social Inclusion and NOSP highlighted on International Overdose Awareness Day targeting prescription drugs and risks of overdose.	Green
	2.2.30(b) Expanding the availability of Naloxone to people who use drugs, their peers, and family members;	HSE	Continue the delivery of training on and distribution of Naloxone including intranasal product.	
	2.2.30(c) Developing synergies between <i>Reducing Harm, Supporting Recovery</i> and other relevant strategies and frameworks in particular “Connecting for Life” whose primary aim is to reduce suicide rates in the whole population and amongst specified priority groups; and	DOH	Work with Mental Health partners to promote recovery as per the revised mental health policy ‘Sharing the Vision’ which notes the need to provide access to supports for those with a dual diagnosis.	
	2.2.30(d) Providing suicide prevention training to staff working with young people in the area of alcohol and substance use, in line with Connecting for Life.	HSE	On-going collaboration with NOSP on suicide prevention training for addiction service staff. STORM training for addiction staff organised for September 2020.	

Goal Three: Address the harms of drug markets and reduce access to drugs for harmful use.

RHSR Strategic Action	Delivered	Lead role	Activity in 2019	Traffic Light signal for Action
3.1.31 Keep legislation up-to-date to deal with emerging trends in the drugs situation.	Keeping legislation under review, against the background of national, EU and broader international experiences and best practice, to deal with emerging trends, including: a) new synthetic substances; b) new or changed uses of psychoactive substances; and c) the evolving situation with regard to drug precursors and the surface web and dark net drug markets.	DOH, DJE	Legislation reviewed, and amended as necessary	Green
3.1.32 Reduce rates of driving under the influence of drugs.	Implementing the measures relating to the testing of drivers for drugs and alcohol contained in the Road Traffic Act 2016.	DTTAS	Action completed as measures have been implemented since April 2017. Drivers continue to be tested using preliminary drug testing at the roadside and in Garda stations.	Blue
3.1.33 Reduce drug-offending behaviour and promote rehabilitation.	Implementing the recommendations of the Final Report of the Working Group on a Strategic Review of Penal Policy of July 2014 relating to drug-offending behaviours.	DJE	Discussions continued with the Courts Service with a view to progressing an independent evaluation of the Drug Treatment Court.	Red
3.1.34 Map the future direction and objectives of the Drug Treatment Court.	3.1.34(a) Carrying out an independent evaluation of the Drug Treatment Court; and	DJE	Continued efforts were made to promote the DTC to achieve new referrals to the DTC programme, with ongoing liaison between stakeholders.	Amber
	3.1.34(b) Continuing to support the operation of the Drug Treatment Court, having regard to the recommendations made in the 2013 review, pending the outcome of the evaluation.	DJE	Continued efforts were made to promote the DTC to achieve new referrals to the DTC programme, with ongoing liaison between stakeholders.	

<p>3.1.35 Consider the approaches taken in other jurisdictions to the possession of small quantities of drugs for personal use with a view to making recommendations on policy options to the relevant Minister within 12 months.</p>	<p>Establishing a Working Group to consider the approaches taken in other jurisdictions to the possession of small quantities of drugs for personal use in light of the Report of the Joint Committee on Justice, Defence and Equality on a Harm Reducing and Rehabilitative approach to possession of small amounts of illegal drugs.</p>	<p>DOH, DJE</p>	<p>Report finalised and published Recommendations presented to Ministers Government decision agreed and announced Implementation group established and groundwork completed</p>	<p>Blue</p>
<p>3.2.36 Support the role of law enforcement authorities in monitoring drug markets, in particular new drug markets, surface web and darknet drug markets.</p>	<p>Investing in capacity building measures to support the role of law enforcement authorities in monitoring drug markets, in particular new drug markets, surface web and darknet drug markets.</p>	<p>AGS, Revenue Customs Service</p>	<p>Revenue has an appropriate enforcement presence at all key airports, ports and at other strategic locations throughout the country and places particular emphasis on developing an intelligence-based focus at both national and regional level, so that Revenue resources are deployed to the areas of highest risk.</p> <p>Liaison with An Garda Síochána, the Health Products Regulatory Authority, the Irish Naval Service, and with many international bodies and agencies including the EU's Customs Cooperation Working Party.</p> <p>Seconded Revenue officers to EUROPOL in The Hague, the Irish Embassy in the UK and the Maritime Analysis and Operational Centre-Narcotics (MAOC-N) Lisbon. This wide-ranging collaboration provides support to Revenue in respect of the monitoring of established and new drug markets.</p> <p>AGS attended and contributed to meetings at EU level re EU trends of controlled drugs & Darknet.</p> <p>Participation in multi-disciplinary platforms.</p> <p>Continued liaison with Revenue Customs services and HPRA & have carried out a number of successful joint operations resulting in significant seizures for 2019.</p>	<p>Green</p>
<p>3.2.37 Consider the case for the use of Community Impact Statements within the Criminal Justice System in Ireland.</p>	<p>Subject to the completion of the Garda examination of Community Impact Statements, bringing forward recommendations on their implementation.</p>	<p>AGS</p>	<p>A number of meetings were held between relevant bureaus within the Garda Síochána with a view to exploring the feasibility of introducing community impact statements.</p> <p>Continued liaison with Revenue Customs services and HPRA.</p> <p>An Garda Síochána continue EWET & An Garda Síochána continue to collaborate at national level and at international level with law enforcement partners.</p>	<p>Green</p>
<p>3.3.38 Strengthen the response to the illegal drug market, including the changing nature of new psychoactive</p>	<p>3.3.38(a) Continuing to develop systems to monitor changing drug trends in line with the EU Early Warning System;</p>	<p>DOH</p>	<p>* EWET subcommittee established, ToR and membership agreed.</p> <p>* Data supplied to the EMCDDA, forming part of their Annual Report and Ireland's Country drug report.</p>	<p>Amber</p>

substances.			<p>* AGS attended and contributed to meetings at EU level re EU trends of controlled drugs & Darknet.</p> <p>* Participation in multi-disciplinary platforms.</p> <p>Continued liaison with Revenue Customs services and HPRA & have carried out a number of successful joint operations resulting in significant seizures for 2019.</p>	
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Goal Four: Support participation of individuals, families and communities

RHSR Strategic Action	Delivered	Lead role	Activity in 2019	Traffic Light signal for Action
4.1.39 Support and promote community participation in all local, regional and national structures.	Supporting and promoting community participation in all local, regional and national structures.	DOH	<p>Supported Citywide, NSFN, UISCE and NVDAS to participate in the NOC, SCC and other structures Engaged in dialogue with these groups as required</p> <p>Held the annual National Drugs Forum with the HRB in November</p> <p>Additional annual funding of €1m was provided to drug and alcohol task forces to implement 14 strategic initiatives as part of the National Drugs Strategy, and to provide additional core funding. The strategic initiatives address emerging issues and groups with complex needs that were identified at CHO level.</p>	Green
4.1.40 Measure the impact of drug-related crime and wider public nuisance issues on communities.	Developing and piloting a Community Impact Assessment Tool in order to measure the impact of drug-related crime and wider public nuisance issues on communities.	C&V sectors	<p>The pilot has been carried out in 3 areas – NIC, Canals and Blanchardstown. The pilot in Blanchardstown (Wellview, Mulhuddart) commenced in December 2018. Follow-up assessments took place in NIC and Canals during the first half of 2019 to look at the impact of actions. Assessment in the Blanchardstown area continued into 2019, an action plan was agreed and carried out and a follow up assessment has been carried out through Safer Blanchardstown.</p>	Green
4.1.41 Enhance the relationship between an Garda Síochána and local communities in relation to the impact of the drugs trade.	Building on the achievements of Local Policing Fora in providing an effective mechanism for building and maintaining relationships between an Garda Síochána and the local communities, in particular in relation to the impact of the drugs trade.	DJE, DHPLG, AGS	<p>The Commission on the Future of Policing in Ireland (CoFPI) published its report in 2018. One of the report's major recommendations is centred on community policing and implementing a new District Policing Model throughout An Garda Síochána. The Government has established a central team to monitor the implementation of this, and other recommendations contained in the report, during the period 2019 – 2022. Continue to build a new community Policing ethos.</p> <p>An Garda Síochána recognises the importance of addressing the issues of drug-related intimidation from the lower level to the most serious by working with the Joint Policing Committees (JPCs) and Local Policing Fora (LPF) with a view to devising an appropriate and sustainable local response to the issue.</p> <p>An Garda Síochána continue to regularly engage with the JPCs and LPF to address any issues. It is an on-going effort achieving a broadening message by way of information sharing with partners.</p> <p>National Drug Strategy awareness training is provided within the Garda Síochána to nominated members from divisions and to students at the Garda College.</p>	Green

<p>4.1.42 Strengthen the effectiveness of the Drug-Related Intimidation Reporting Programme.</p>	<p>An Garda Síochána and the National Family Support Network will each carry out its own evaluation of the Drug-Related Intimidation Reporting Programme to strengthen its effectiveness and, if appropriate, develop measures to raise public awareness of the programme.</p>	<p>AGS, NFSN</p>	<p>* Evaluation of the DRIRP completed in partnership with UCC Department of Applied Psychology and Drugs and Organized Crime Bureau printed and disseminated to NDS Committee. Leaflet updated to reflect evaluation recommendations and poster developed.</p> <p>* Public awareness campaign aimed at non addiction specific services facilitated in June/July 2019. Over 300 organisations and services were contacted via phone, given info on the programme and sent leaflets/posters. Over 500 garda stations received poster, facilitated by DOCB. * Train the trainer held in March 2020 in partnership with DOCB – 13 participants * Training reviewed and updated (to reflect evaluation) and 8 sessions were facilitated with Garda input and over 180 participants * NFSN inputted to DOCB education programme in Templemore training college X 3 and gave input into seminar for DRI nominated inspectors, adapted to be provided online – first session arranged for July 22nd (Meath Partnership)</p> <p>The Garda Síochána and the National Family Support Network (NFSN) submitted their Joint Action Plan to the Standing Sub Committee in 2019.</p> <p>Drug Related Intimidation (DRI) seminar held in conjunction with the NFSN for nominated Inspectors & DATF Inspectors countrywide.</p> <p>National Drugs Strategy awareness training included DRI delivered within the Garda Síochána to support Divisions.</p> <p>The Garda Síochána continue to support & liaise with the NFSN and other agencies in relation to the DRI programme including through NFSN training.</p>	<p>Green</p>
<p>4.2.43 Build capacity within drug and alcohol services to develop a patient safety approach in line with the HIQA <i>National Standards for Safer Better Healthcare</i>.</p>	<p>Requiring the delivery of services within a Quality Assurance Framework, which will a) standardise services; b) include basic tools in relation to safety, complaints, competencies and procedures around prescribing; and c) reflect a human rights based and person centred approach</p>	<p>DOH</p>	<p>Audit of Services due to be carried out.</p>	<p>Amber</p>
<p>4.2.44 Promote the participation of service users and their families, including</p>	<p>Actively supporting frontline services through capacity building measures using</p>	<p>DOH</p>	<p>Annual National Drugs Forum which in 2019 focused on building communities of practice</p>	<p>Green</p>

<p>those in recovery, in local, regional and national decision-making structures and networks in order to facilitate their involvement in the design, planning and development of services and policies.</p>	<p>evidence-based models of participation in line with best practice.</p>			
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Goal Five: Develop sound and comprehensive evidence-informed policies and actions.

RHSR Strategic Action	Delivered	Lead role	Activity in 2019	Traffic Light signal for Action
5.1.45 Strengthen Ireland's drug monitoring system.	5.1.45(a) Continuing to monitor the drug situation and responses for national and international purposes using EMCDDA protocols and existing data collection systems, while ensuring that Ireland can respond to new data monitoring requests arising from the Oversight and the European Union during the term of the Strategy;	HRB	Data regarding 2017 drug related deaths was completed and submitted to the EMCDDA. Data for 2018 submitted to the EMCDDA included drug treatment data, prevalence of hepatitis B/C and HIV infection among injecting drug (IDUs) users and data re pharmacy-based needle exchange services. Report on Ireland's public expenditure 2018 organised according to EMCDDA analytical framework (i.e. UN's Classification of Functions of Government [COFOG]) submitted to EMCDDA. Most recently available data on drug seizures and drug-related offences were submitted to the EMCDDA in October. Data on drug treatment in prisons were included in the HRB's report on prisons to the EMCDDA.	Amber
	5.1.45(b) Separating the organisation and budgeting of routine monitoring from research projects;	DOH	Budget for routine monitoring and research projects was separated in 2018	
	5.1.45(c) Requesting all remaining hospital emergency departments include the monitoring of attendances as a result of alcohol and drugs use in their electronic patient system;	DOH		
	5.1.45(d) Developing a suitably integrated IT system which allows for the effective sharing and collection of appropriate outcome data.	HSE	Consideration given to impact of GDPR. Engagement with HSE OoCIO.	
5.1.46 Support evidence-informed practice and service provision.	5.1.46(a) Ensuring that public funding is targeted at underlying need and supports the use of evidence-informed interventions and the evaluation of pilot initiatives;	DOH	National Drug Forum was held in Q4 which had a strong focus on evidence informed interventions	Amber

	5.1.46(b) Designating the Health Research Board as a central information hub on evidence on the drugs situation and responses to it;		Completed in 2018	Yellow
	5.1.46(c) Ensuring that mechanisms are in place to communicate this evidence in a timely manner to those working in relevant healthcare settings, including in acute and emergency care	DOH	The National Drug Forum was held which acted as a means to inform stakeholders from across the country of recent developments, and which gave a means for stakeholders working across the sector to share expertise	
	5.1.46(d) Developing collaborative relationships with third level institutions in the area of drugs and alcohol so as to further government funded research priorities.	DOH		
5.1.47 Strengthen the National Drug Treatment Reporting System (NDTRS).	Requiring all publicly funded drug and alcohol services to complete the NDTRS for all people who use services.	DOH, DJE		Red
5.1.48 Develop a prioritised programme of drug and alcohol-related research on an annual basis.	Harnessing existing data sources in the drug and alcohol field in order to enhance service delivery and inform policy and planning across government and the community and voluntary sectors, and having done so, identify deficits in research in the field to enable the development of a prioritised programme on an annual basis.	DOH	Significant amount of general population survey has been completed	Green
5.1.49 Improve knowledge of rehabilitation outcomes.	Undertaking a study on rehabilitation outcomes, which takes into account the experience	DOH, HRB	Commencement of rehabilitation study deferred following discussion with DOH.	Red

	of service users and their families, and examines their outcomes across multiple domains, building on work already undertaken.			
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The final action aims to strengthen the performance of the strategy.

6.1.50 Develop an implementation plan to operationalise a Performance Measurement System by 2020 which will support <i>Reducing Harm, Supporting Recovery</i> , improve accountability across the statutory, community and voluntary sectors and strengthen the Drug and Alcohol Task Force model, in consultation with relevant stakeholders and sectors.	6.1.50(a) Phasing in the introduction of a resource allocation model (RAM) to achieve a more equitable distribution of resources across Task Force areas. This will involve monitoring and assessing the evidence from the operation of the RAM on an annual basis	DOH	This sub-action is deferred pending completion of 50 (b)'	Red
	6.1.50(b) Identifying where significant changes in problem drug or alcohol use are found from one year to the next, or differences are observed between areas, and analysing why such differences have emerged with a view to successfully implementing the strategy and assisting DATFs improve their actions and interventions over time;	DOH	Not commenced	

	6.1.50(c) Improving the alignment of Task Force boundaries	DOH	Not commenced
	6.1.50(d) Ensuring that Task Forces have appropriate arrangements in place for the selection and renewal of the Chair and members of the Task Force and have proper procedures in place for addressing conflict of interest;	DOH	Work commenced in 2019 on Phase 1 of the RAM by establishing a working group chaired by DOH to update the Task Force Handbook.
	6.1.50(e) Building the capacity of DATFs to participate in the Performance Measurement System	DOH	Not commenced
	6.1.50(f) Coordinating a cross-Departmental approach at national and local level to allow for the gathering of the appropriate information and data streams to feed into the ongoing organic further development of the Performance Measurement Framework.	DOH	Not commenced