
National Drugs Strategy 2009-2016

Progress Report to End 2015

	Supply Pillar Actions	Progress to Date in Implementation of Action
Action 1	<p>Establish a Steering Group in autumn 2009 to develop proposals for an overall Substance Misuse Strategy, incorporating the already agreed interim National Drugs Strategy</p> <p>Department of Health</p>	<p>The Government approved the publication of the Public Health (Alcohol) Bill and the introduction and Second Stage of the Bill was completed in the Seanad in December 2015.</p>
Action 2	<p>Establish Local Policing Fora (LPF) in all LDTF areas and other areas experiencing serious and concentrated problems of drug misuse</p> <p>Department of Justice & Equality, Department of Environment, Community & Local Government, An Garda Síochána (all 3 sharing Lead Role)</p>	<p>Local Policing Fora have been established in all 14 Local Drug and Alcohol Task Force areas in line with the updated Joint Policing Committee guidelines published in 2014.</p>
Action 3	<p>Include drugs issues in a central way in the work of Joint Policing Committees (JPCs) to ensure that there is a concerted effort against drugs in the areas involved.</p> <p>The issue of drug-related intimidation from the lower level to the most serious should be raised at both the JPCs and the LPFs with a view to devising appropriate and sustainable local responses to the issue.</p> <p>Department of Environment, Community & Local Government (Lead Role) with support from Department of Justice & Equality, Local Authorities, An Garda Síochána, DTFs</p>	<p>Revised Guidelines for the operation of JPCs were issued in August 2014, following a wide ranging consultation process. The new guidelines continue to emphasise the role of JPCs in relation to drug related crime, in line with the provisions of Section 36 (2) of the Garda Síochána Act 2005. The revised guidelines emphasise the need for strategic and coordinated working by JPCs. The need to specifically address drug related issues is underlined by a requirement that the objectives in JPC strategic work plans are linked appropriately with relevant Drugs Task Force plans.</p>
Action 4	<p>Foster community engagement in areas most affected by the drug problem through the establishment and support of appropriate drug networks.</p> <p>Drugs Task Forces, Department of Health (formerly Office of the Minister for Drugs), Community & Voluntary sectors</p>	<p>Drugs Task Forces play a key role in fostering community engagement through establishing and supporting drug networks at local level.</p> <p>The Community and Voluntary sectors are fully engaged in the operation of the NDS through their participation in national, regional and local fora.</p>
Action 5	<p>Develop a framework to provide an appropriate response to the issue of drug-related intimidation in the community.</p> <p>An Garda Síochána (Lead Role) with support from Family Support Network; Department of Justice & Equality</p>	<p>As a result of concerns being raised regarding the use of threats and intimidation linked to drug related debt a framework for tackling this problem has been put in place by An Garda Síochána.</p> <p>Under this framework a “Drug-Related Intimidation Programme” has been established by the Drugs and Organised Crime Bureau in conjunction with the community based National Family Support Network (NFSN). The purpose of this programme is to respond to the needs of drug users and their family members who experience drug related intimidation to repay drug debts etc.</p>

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		<p>As part of this programme, a Garda Inspector has been selected in each Garda Division to manage this issue. Each Garda Inspector will act as a single point of contact for individuals (or for representatives of the NFSN acting on individuals/families behalf) in responding to any issues of drug related intimidation being experienced. An Garda Síochána will deal with the issue of drug related intimidation in a confidential and secure manner.</p> <p>More information in relation to the programme is available at www.garda.ie, www.fsn.ie and www.drugs.ie</p>
Action 6	<p>Put in place an integrated system to track the progression of offenders with drug-related offences through the criminal justice system</p> <p>Department of Justice & Equality (Lead Role) with support from An Garda Síochána; The Courts Service; Irish Prison Service</p>	<p>During 2015 the Department appointed a Chief Information Officer who has developed the concept of the Justice and Equality Information Hub.</p> <p>Three Pathfinder projects have been identified and approved by the Department's Management Board to prove the concept. One of these projects involves the collaborative exchange of information between An Garda Síochána, the Prison Service and the Probation Service on a Common Offender Management system hosted by the Department (Joint Approach to reducing crime (JARC.initiative) Version 1 is under development at end 2015 and will go live in Q1 2016.</p> <p>Candidates for extending the concept based on use of web-services rather than specific system to system integration which are limiting when more than two organisations are involved will include progression of offenders in various categories through an end to end model of the Criminal Justice System.</p> <p>The Criminal Justice element of the work is being progressed together with a newly established Working Group on Data Needs & Interoperability.</p> <p>In parallel with this the Chief Information Officer is working with the Central Statistics Office (CSO) and other stakeholders to put in place a comprehensive model of the Justice & Equality sectors data and analytic capacity in line with recent developments jointly led by the CSO and the Department of Public Expenditure & Reform (D/PER) .</p> <p>This includes establishing the Justice & Equality branch of the Irish Government Economic Evaluation Service to develop methods of systematically developing and evaluating policy interventions. This element will be supported by another of the 3 Pathfinder projects – OurSources a catalogue of all information systems held in or available to the Department and its agencies.</p>
Action 7	<p>Develop an initiative to target adults involved in the drugs trade who are using young children (some under the legal age of culpability) to engage in illegal activities associated with the drug trade.</p> <p>An Garda Síochána (Lead Role)</p>	<p>A framework has been developed and is now in place on a National level, whereby an Inspector has been nominated in every Garda Division nationwide to ensure that there is an appropriate Garda response to target adults involved in the drugs trade who use children to engage in illegal activities associated with the drugs trade.</p> <p>All information will be dealt with at local level and will be acted upon in a way that does not put any</p>

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		<p>child or their family at risk or further risk of harm from Criminal Adults who have used children to assist in the illicit trade.</p> <p>An Garda Síochána will notify the HSE in appropriate circumstances.</p>
Action 8	<p>Continue to implement increased security procedures in prisons, including the development of the drug detection dog service.</p> <p>Irish Prison Service (Lead Role)</p>	<p>Introduction of a free confidential telephone line, ensuring that prisoners, visitors, staff or members of the public with information on the trafficking of prohibited items into our prisons can pass on that information in the strictest confidence.</p> <p>Continued standard searching procedures for all persons entering our prisons.</p>
Action 9	<p>In relation to drugs and driving:</p> <ul style="list-style-type: none"> • implement random road side drug testing as soon as this is technically and legally possible; • review legislation on the issue of driving under the influence of drugs and consider appropriate enforcement options; • expand the forensic analysis programme of the Medical Bureau of Road Safety to deal with drug driving; • train Gardaí, doctors and nurses in all relevant issues around drugs/driving; and • introduce detailed examination of full toxicology reports of all drivers involved in fatal road traffic accidents to ascertain the level of drug use involved. <p>Department of Transport (Lead Role) with support from Road Safety Authority, An Garda Síochána, HSE, Medical Bureau of Road Safety</p>	<p><i>Implement random road side drug testing as soon as this is technically and legally possible</i> The Road Traffic Bill 2016 was published on 5 January 2016. It is progressing through the houses of the Oireachtas (passed in the Seanad on 26 January 2016) and once enacted, roadside drug testing will commence. Roadside drug testing expected to be operational by summer 2016.</p> <p><i>Review legislation on the issue of driving under the influence of drugs and consider appropriate enforcement options</i> A review of the legislation in this area is now complete. Provision to allow for roadside impairment testing was made in the Road Traffic Act 2014. Provision has been made in the Road Traffic Bill 2016 to create a new offence of driving with the presence of 3 specified drugs in your blood – Cannabis; Cocaine and Heroin – above specified thresholds.</p> <p><i>Expand the forensic analysis programme of the Medical Bureau of Road Safety to deal with drug driving;</i> A forensic analysis programme dealing with Driving under the influence of drugs has been in operation at the MBRS since 2000. This programme has been developed further. There is more to do but good progress has been made.</p> <p><i>Train Gardaí, doctors and nurses in all relevant issues around drugs/driving;</i> Gardaí have been trained in impairment testing and will be trained to use the new roadside drug devices over the coming months.</p> <p><i>Introduce detailed examination of full toxicology reports of all drivers involved in fatal road traffic accidents to ascertain the level of drug use involved;</i> Action 119 of the Road Safety Strategy 2013 – 2020, RSA is to provide data on the number of fatalities where the deceased had a positive toxicology for alcohol or drugs. Work is progressing in this area.</p>

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Action 10	<p>Engage in appropriate enforcement strategies to ensure compliance with the prohibition of the sale of alcohol to persons under 18 years of age. An Garda Síochána (Lead Role)</p> <p>Further reforms to the licensing laws to combat the sale or supply of alcohol to persons under 18 years of age should be considered where they are justified by reference to an evidence-based approach. An Department of Justice & Equality (Lead Role)</p>	<p>The Intoxicating Liquor Acts 1988 to 2010 already contain comprehensive provisions to combat the sale and supply of intoxicating liquor to persons under 18 years of age; this area of the law is subject to ongoing monitoring and review.</p> <p>An example of this includes section 14 of the Intoxicating Liquor Act 2008 which makes provision for the test purchasing of alcohol products. The primary objective of the scheme, which entered into force on 1 October 2010, is to enable An Garda Síochána to target those licensed premises which are suspected of engaging in illegal sales of alcohol to young people.</p> <p>Following a review by the Minister for Health and the Minister for Justice and Equality of the best way to implement the separation of alcohol products from other products in mixed trading premises, the Government approved the transfer of policy responsibility for structural separation to the Minister and Department of Health, the repeal of section 9 of the Intoxicating Liquor Act 2008 and the inclusion of provisions on structural separation in the Public Health (Alcohol) Bill 2015.</p> <p>The Public Health (Alcohol) Bill 2015 also gives the Minister for Health the power to make regulations prohibiting or restricting certain practices relating to the sale and supply of alcohol products similar to those currently set out in section 16 of the Intoxicating Liquor Act 2008 and repeals that section. Furthermore, the Bill provides for the repeal of section 20 of the Intoxicating Liquor Act 2003, which prohibits 'happy hours', and its replacement by a revised prohibition on the sale of alcohol products at a reduced price for a period shorter than three days.</p> <p>In terms of enforcement, An Garda Síochána has a working group in place to continue to develop appropriate enforcement and preventative strategies to address the issues raised in the Action.</p> <p>In this regard, test purchase operations began in 2011 and have continued to operate throughout the country.</p> <p>Furthermore, the National Age Card provides proof of age for young persons wishing to purchase alcohol and is now widely accepted by retailers as the preferred Proof of Age for young people.</p>
Action 11	<p>Continue to monitor the resources of the Forensic Science Laboratory, to ensure that appropriate levels are in place to facilitate timely prosecution of offenders, as well as purity/potency testing on seized drugs.</p> <p>Department of Justice & Equality (Lead Role)</p>	<p>Funding has been allocated in the capital expenditure programme for the construction of a purpose-built new laboratory, with construction due to commence in 2019. Given the urgency of the need for a new facility, opportunities will be sought to bring forward the start date of construction.</p> <p>In the 2016 estimates over €1 million in additional funding was allocated to Forensic Science Ireland (FSI) for staffing and recruitment of additional staff members is already underway, with a particular focus on the recruitment of more Forensic Scientists Grade 3.</p> <p>The DNA database was launched on 20 November 2015 and is being utilised by the Garda Síochána and FSI.</p>

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Action 12	<p>Contribute to the timely prosecution of drug-related offences by the introduction of a presumptive testing regime, in appropriate circumstances.</p> <p>Department of Justice & Equality (Lead Role) with support from An Garda Síochána; Forensic Science Laboratory</p>	<p>Presumptive testing is a term used for scientific analysis which can give an indication that a substance of interest is present in a sample.</p> <p>An Garda Síochána introduced a Presumptive Drug Testing process (PDT) on a National level in February 2010 in which particular controlled drugs may be tested (subject to certain conditions) by trained members of An Garda Síochána. PDT provides a process for certain controlled drugs e.g. Cannabis Resin, Cannabis Herb and Cocaine, to be examined locally by trained Garda personnel without reference to the Forensic Science Ireland. The Programme operates on a National level and its effectiveness is monitored on an on-going basis.</p>
Action 13	<p>Review the current operation and effectiveness of the Drug Court, including the exploration of other international models.</p> <p>Department of Justice & Equality (Lead Role)</p>	<p>The matter will be progressed alongside wider justice reforms that are also currently under consideration such as the proposal to establish a Community Court. A working group of Justice Sector officials has been examining proposals for the development of a 'Community Justice Intervention' initiative aimed at tackling low level offenders and effectively addressing their offending behaviour.</p>
Actions 14 & 15	<p>Monitor the activities of headshops, and all businesses involved in the sale of psychoactive substances, with the objective of ensuring that no illegal activity is undertaken.</p> <p>Ensure that steps are taken to reform legislation in this respect where it is deemed to be appropriate.</p> <p>Keep drugs-related legislation under continuous review, with particular focus on new synthetic substances, new or changed uses of psychoactive substances, and against the background of EU and broader international experience and best practice.</p> <p>Department of Health (Lead Role); with support from An Garda Síochána; Department of Justice & Equality; Revenue's Customs Service; Irish Medicines Board; Department of Environment, Community & Local Government; Community & Voluntary sectors</p>	<p>Following a Court of Appeal decision on 10 March 2015 which declared section 2(2) of the Misuse of Drug Act to be unconstitutional owing to a lack of principles and policies to guide the Government in its decision-making, all substances declared controlled under that section became decontrolled. The Misuse of Drugs (Amendment) Act 2015 was urgently enacted to recontrol all these substances and confirmed the Ministerial regulations.</p> <p>A Bill to amend the Misuse of Drugs Act to restore the Government's power to declare substances to be controlled and to clarify the provisions under which Ministerial orders and regulations are made is currently being drafted and is listed in the Government Legislative Programme for publication in 2016. Once enacted, the Government may declare new substances controlled under the Act, including new psychoactive substances. It will also be possible to make new Regulations introducing stricter controls on controlled drugs, if so required.</p>
Action 16	<p>Keep legislation under continuous review to deal with the evolving situation in regard to drug precursors, against the background of EU and broader international experience and best practice.</p> <p>Department of Health (Lead Role) with support from Revenue's Customs Service; Irish Medicines Board; Community & Voluntary sectors</p>	<p><u>Precursors</u></p> <p>The European Communities (Control of Drug Precursors) Regulations 2009 gave effect to Regulations (EC) No 273/2004 and (EC) No 111/2005 on drug precursors. The Department is currently preparing an update to these Regulations.</p>

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Action 17	<p>Continue to work with partners at EU and other international levels to intercept drugs, and precursors for diversion to the manufacture of drugs, being trafficked to Ireland.</p> <p>An Garda Síochána, Revenue's Customs Service (joint Lead Role); with support from Department of Justice & Equality; Department of Foreign Affairs & Trade</p>	<p>During 2015, An Garda Síochána and Revenue's Customs Service carried out a number of successful joint operations resulting in a number of significant seizures. An Garda Síochána and Revenue Customs, in cooperation with their international law enforcement colleagues, have also had a number of significant seizures. An Garda Síochána continue to liaise with their international counterparts.</p> <p>The Maritime Analysis and Operations Centre – Narcotics (which includes representatives of An Garda Síochána and Revenue's Custom Service) sea operations resulted in significant seizures in 2015.</p> <p>An Garda Síochána maintains a strategic partnership with the Police Service in Northern Ireland and many other European Jurisdictions and embarks on joint strategic and tactical investigations into drug trafficking activities impacting on this jurisdiction. This is a continuing strategy of An Garda Síochána involving a multi-agency approach on both a national and international level.</p> <p>Revenue's Customs Service continues to collaborate at national level with An Garda Síochána and the Naval Service and at international level with our partners in significant and on-going operations.</p> <p>Revenue's drug seizures this year are set out in the attachment (Appendix I). Revenue's Customs Service has continued to be embedded in joint investigations as a result of Revenue approving and implementing 71 joint controlled delivery operations involving Revenue's Customs Service and An Garda Síochána, and/or the Irish Medicines Board in 2015. This figure is an increase on 2014 figure of 46 joint controlled deliveries.</p> <p>Revenue's Customs Service also participated in several international operations including:</p> <ul style="list-style-type: none"> • Operation PANGEA VIII, which was an international World Customs Organisation (WCO)/Interpol operation targeting trade in illicit/counterfeit medicines and internet pharmacies; • Operation Jetstream, a joint EU regional maritime Customs Operation. • Operation BlueAmber, a Europol and EMPACT led EU wide operation focusing on drugs and synthetic drugs. • Operation Sasha, a joint EU approved operation focusing on drug precursor traffic from China and India. • Operation Costalot, a Europol and EMPACT led operation focussing on cocaine smuggling from Central and South America. • Operation Catalyst, which was an international World Customs Organisation (WCO) operation focussing on Air Cargo and Mail for the smuggling of illicit goods.

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		<ul style="list-style-type: none"> • Operation Postman, A UN – International Narcotics Control Board (INCB) operation on New Psychoactive Substances (NPS). This initiative supports national authorities' efforts to prevent non-scheduled NPS from reaching consumer markets • Operation MMA, An INCB operation focusing on all suspicious orders and shipments of methylamine (drug precursor). <p>Revenue is engaged at an international level with the EU Customs Cooperative Working Party (CCWP), the World Customs Organisation (WCO), Europol, and the European Multi-disciplined Platform Against Criminal Threats (EMPACT) and MAOC-N in on-going actions aimed at intercepting and preventing the trafficking of drugs, illicit medicines, new psychoactive substances and drug precursors</p>
Action 18	<p>Monitor the volume of drugs seized in the Irish jurisdiction on an annual basis as a percentage of total European seizures, based on EMCDDA figures.</p> <p>An Garda Síochána (Lead role); with support from Revenue's Customs Service; Department of Health; Health Research Board</p>	<p>The scale of illicit drug supply in Europe is a priority of the current EU Drug Strategy and Action plan. The EMCDDA have initiated a process to develop indicators for monitoring drug supply in Europe.</p> <p>An Garda Síochána consistently monitors the volume of controlled drugs seized in this jurisdiction and provides data on Drug Supply indicators to the EMCDDA to facilitate the collection of figures at a European level. The information supplied forms part of the EMCDDA's Annual Report.</p> <p>On behalf of An Garda Síochána the Drugs and Organised Crime Bureau attends and contributes to meetings at the EMCDDA in Lisbon, in relation to European trends around the issue of controlled drugs. Also, when new Psychoactive Substances or cases of interest are discovered in Ireland, Europol and the EMCDDA are informed through the Early Warning Emerging Trends sub-group of the National Advisory Committee on Drugs and Alcohol.</p>

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Action 19	<p>Develop a framework for the future design of targeted prevention and education interventions in relation to drugs and alcohol, using a tiered or graduated approach</p> <p>Department of Health (formerly Office of the Minister for Drugs) (Lead Role) with support from HSE; Department of Education & Skills; Department of Children & Youth Affairs; An Garda Síochána; Drugs Task Forces and Service Providers</p>	<p>This action is being implemented in the context of the National Substance Misuse Strategy, which contains a specific action proposing the further development of a co-ordinated approach to prevention and education interventions in relation to alcohol and drugs as a co-operative effort between all stakeholders, including educational organisations, sporting organisations, community services, youth organisations and services and workplaces.</p> <p>In line with the National Substance Misuse Strategy, the Dormant Accounts Fund 2015 included funding of approximately €1m for a substance misuse measure designed to support an integrated and evidence-based approach to prevention and education interventions aimed at tackling problem drug and alcohol misuse at the local level. In December 2015, grants between €20,000 and €45,000 were</p>

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		<p>awarded to 23 Drug and Alcohol Task Forces in respect of substance misuse prevention initiatives in their local Task Force areas. These initiatives to be rolled out over 2016 will include activities such as; community mobilisation, the development of drug and alcohol policies, the review and evaluation of drug and alcohol policies and local and regional drug and alcohol awareness campaigns.</p>
<p>Action 20 & 21</p>	<p>Improve the delivery of Social & Personal Health Education (SPHE) in primary and post-primary schools through:</p> <ul style="list-style-type: none"> • the implementation of the recommendations of the SPHE evaluation in post-primary schools; and • the development of a whole school approach to substance use education in the context of SPHE <p>Department of Education & Skills (Lead Role) with support from Department of Health; HSE</p> <p>Ensure that substance use policies are in place in all schools and are implemented.</p> <p>Monitor the effectiveness of the implementation of substance use policies in schools through the whole-school evaluation process and the inspectorate system and ensure that best practice is disseminated to all schools.</p> <p>Department of Education & Skills (Lead Role)</p>	<p>The recommendations in Looking at Social, Personal and Health Education: Teaching and Learning in Post-Primary Schools (DES, 2013) are being progressed in the context of overall policy development in relation to SPHE and wider curricular reform. The Department's Inspectorate continues to monitor the effectiveness of the implementation of substance use policies in schools through the whole-school evaluation process and the inspectorate system. Evaluations of SPHE provision continue through the Inspectorate's programme of whole-school evaluation.</p> <p>Implementation of the recommendations contained the report of the Working Group on Educational Materials for use in Social Personal and Health Education (SPHE), with particular reference to Substance Use Education, is continuing. The report set out a series of recommendations aimed at assisting teaching staff and schools/centres for education in the delivery of the SPHE programme with a view to complementing actions specified in the National Drugs Strategy 2009-2016.</p> <p>In 2015, the cross-sectoral Health and Well-Being team in the Professional Development Service for Teachers (PDST) continued to be responsible for the SPHE curriculum, including substance misuse.</p> <p>The Department of Education and Skills, the Department of Health and the HSE continued to collaborate under the Health and Well-Being partnership arrangement. This Partnership is delivered in the context of the overarching framework of Healthy Ireland, a whole-of-Government and whole-of-society approach to improving health and well-being and the quality of people's lives. The Partnership is designed to assist schools and teachers in the promotion of health and well-being in the school community. There are two strands to the partnership, one delivered by The Department of Education and Skills – the school curriculum – and the Health Promoting School delivered by the HSE.</p> <p>The PDST provides support to schools with the development and review of substance use policies and with planning lessons and choosing appropriate teaching materials. The primary resource recommended for use in schools is the Walk Tall Programme. The Walk Tall programme has been updated and revised and will be available to schools, through national professional development seminars in Sept 2016. It is intended to develop workshops for teachers based on the methodologies of the revised programme and web resources and school support will also be available to further embed practice.</p> <p>In 2015, a series of training events for teachers in the area of Wellbeing were supported by the PDST.</p> <p>Support materials for primary schools in the area of substance misuse prevention education are available on the PDST website www.pdst.ie. The 'resources' section of the www.sphe.ie website has a section on Alcohol and Drugs which has post-primary teaching resources, policy and useful links</p>

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		<p>available to download.</p> <p>Results of the 2015 Lifeskills survey are currently being analysed. Analysis so far indicates that 95% of post primary schools have or are progressing a Substance Abuse Policy. Results also indicate that a significant number of those schools consulted parents in preparing the policy.</p> <p>As outlined in the Framework for Junior Cycle 2015, from 2017 onwards, SPHE along with PE and CSPE will be incorporated into a new area of learning called 'Wellbeing'. It will be compulsory for schools to offer this new area of learning and between 300 and 400 hours will be available for this area.</p>
Action 22	<p>Promote the putting in place of substance misuse policies and the development of a brief interventions approach, where appropriate, in:</p> <ul style="list-style-type: none"> • informal education sector; • training centres; • 3rd level institutions; • Workplaces; and • Youth, sport and community organisations <p>Department of Health (formerly Office of the Minister for Drugs) (Lead) and all other relevant Departments/ Agencies</p>	<p>This Action has been superseded by Action 2 (Prevention Pillar) and Action 2 (Treatment and Rehabilitation Pillar) of the National Substance Misuse Strategy.</p>
Action 23	<p>Implement SPHE in Youthreach Centres of Education and in Youth Encounter Projects and ensure that substance misuse policies are in place in these recognised Centres for Education.</p> <p>Implement age appropriate substance prevention/ awareness programmes in training settings, including VTOS and Community Training facilities.</p> <p>Introduce monitoring and follow-up procedures in relation to substance prevention activity in the above settings.</p> <p>Department of Education & Skills (lead) with support from FÁS (now Solas)</p>	<p>As part of the Youthreach Quality Framework Initiative (QFI), the overall social, personal and health education needs of participants are assessed and a programme of learning in the area of SPHE is developed and delivered based on needs. All Youthreach programmes have staff trained in the Substance Abuse Prevention Programme that they implement. Education and Training Board (ETB) Youthreach centres continue to be evaluated by the Inspectorate of the Department of Education and Skills.</p> <p>SPHE is included in the range of subjects offered by Youth Encounter Projects (YEPs). The schools run programmes such as STOP, THINK, DO, and the Copping on Programme. The Department funds an Education Worker Post in the Talbot Centre and the Education Worker provides information sessions and training workshops to all staff in one of the YEPs.</p> <p>Drug education is included in VTOS, Community training and other adult education programmes as required.</p>

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<p>Action 24</p>	<p>Co-ordinate the activities and funding of youth interventions in out-of-school settings (including the non-formal youth sector) to optimise their impact through targeting risk factors, while developing protective factors for youth at risk.</p> <p>Department of Children & Youth Affairs (Lead)</p>	<p>Implementation of <i>Better Outcomes, Brighter Futures (BOBF)</i> is on-going. An implementation plan has been developed for 2014-2017 which outlines the actions departments and agencies will be undertaking under each of the 163 policy commitments for children and young people. These are arranged under the six Transformational Goals and National Outcomes. It also states interim outcomes for 2017, to allow for mid-point review. The first annual report for BOBF gives a summary of the progress made in the first year of implementation, both in terms of the establishment of implementation infrastructure and in the progression of commitments. Both the implementation plan and the annual report are available to the public on the Department's website: dcya.gov.ie</p> <p>All of these structures have been established and are operational. As well as this, there has been considerable development of the Children and Young People's Services Committees (CYPSCs), which bring together local providers of services for children and young people, and are now the focus of interagency work at a local level.</p> <p>The Consortium meets three times a year, and has overall responsibility for the implementation of BOBF, and its constituent strategies. The Consortium also includes representation from the Children and Young People's Services Committees (CYPSC), National Steering Group and the Advisory Council.</p> <p>The Sponsors group is a subgroup of the Consortium, made up of high level officials from the Departments of Health, Education and Skills, Children and Youth Affairs, Social Protection and Environment, Community and Local Government. Each Sponsor has responsibility for one of the National Outcomes. The Sponsors identified a number of cross sectoral priorities for progression in 2015, which required whole of Government attention. These were: the development of the National Physical Activity Plan, the inclusion of children with additional needs in early years education, prevention and early intervention, child and youth poverty and the development of Local Community Development Plans (LCDCs). These were then developed with the Advisory Council. Cross sectoral priorities for 2016 are: Obesity, review of DEIS, prevention and early intervention, child poverty, and homelessness.</p> <p>The Advisory Council was established in November 2014. It contains members from the community and voluntary sector in the areas of early years, children and youth, as well as independent experts and individuals nominated by the Minister. The Council have developed a work plan for 2016. Key areas for progression include: human rights and equality, universality, child homelessness, early years care and education, prevention and early intervention, mental health and wellbeing, child poverty, community and voluntary sector participation on CYPSCs. The Council has also formed two subgroups to progress the issues of child poverty and prevention and early intervention with officials from the Department of Social Protection and the Department of Children and Youth Affairs, respectively.</p> <p><u>The National Youth Strategy</u> The National Youth Strategy 2015-2020 was launched on 8th October, 2015. The strategy sets out</p>

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		<p>Government's aims for young people, aged 10 to 24 years, so that they are active and healthy, achieving their full potential in learning and development, safe and protected from harm, have economic security and opportunity and are connected and contributing to their world. The implementation structures established by the Department under <i>Better Outcomes Brighter Futures, the National Policy Framework for Children and Young People</i> will oversee the roll out of the National Youth Strategy.</p> <p><u>Value for Money and Policy Review</u> The <i>Value for Money and Policy Review of the Youth Funding programmes 2014</i> examined three targeted funding schemes which support the provision of youth services for young people who are at risk of drugs, alcohol misuse, early school leaving, homelessness or who are living in disadvantaged communities. Overall, the review found that the youth programmes can provide a significant contribution to improving outcomes for young people and should be considered for on-going public funding. The review makes a number of recommendations for the future operation of the youth schemes and their development in the years ahead to ensure an evidence-based and outcomes focussed programme designed to secure the optimal outcomes for young people. The implementation of the recommendations in the review will commence in the context of the roll out of the new National Youth Strategy 2015-2020.</p> <p>The Quality Standards initiatives continued to be implemented and enhanced throughout 2015. All DCYA funded youth work projects and national organisations are now engaged in the process with a number of them entering the second 3 year quality improvement cycle. In support of this process, three Quality Standards Officers from the City of Dublin Education and Training Board were co-located in the Department of Children and Youth Affairs. Their role includes ensuring better cohesion between the national youth policy and the practice in youth affairs.</p> <p>A strategic review of the implementation of the National Quality Framework (NQS) for youth work in order to determine its future role and format in the current policy context is planned for 2016.</p> <p>The standards for clubs and groups continued to be implemented by both the national youth organisations and the Education and Training boards. A range of resources and tools have been developed to support the voluntary youth services in implementing the standard.</p>
Action 25	<p>Continue to develop facilities for both the general youth population and those most at risk through:</p> <ul style="list-style-type: none"> • increased access to community, sports and school facilities in out of school hours; and • the development of youth cafés. <p>Department of Children & Youth Affairs (Lead) with support from Department of Education & Skills</p>	<p>The Department of Children and Youth Affairs administers a range of funding schemes and programmes to support the provision of youth services to young people throughout the country including those from disadvantaged communities. In 2015, funding of €49.93m has been provided to DCYA for these schemes.</p> <p>Youth service programmes and activities: This funding supports the delivery of a range of youth work programmes and services by the voluntary youth sector for all young people, including those from disadvantaged communities, by the voluntary youth work sector.</p>

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		<p>Details of funding allocated under the schemes of most relevance to the Drugs Strategy are:</p> <ul style="list-style-type: none"> ▪ Special Projects for Youth – grant-aid is made available in respect of out-of-school projects for disadvantaged young people. Priority is given to projects in the spheres of special youth work initiatives, young homeless people, young people at risk of substance abuse and young travellers. (102,899 young people supported) €14.4m in 2015 ▪ Young Peoples Facilities and Services Fund (Round 1 and 2) – this fund was established by the Government in 1998 to assist in the development of preventative strategies in a targeted manner through the development of youth facilities, including sports and recreational facilities, and services in disadvantaged areas where a significant drug problem exists or has the potential to develop. 90 mainstreamed projects under the Young Peoples Facilities and Services Fund (Round 1) (104,528 young people supported). 142 current projects supported under Young Peoples Facilities and Services Fund (Round 2) (534,762 young people supported) €18.397m in 2015 ▪ Youth Information Centres – The aim of this programme, which funds 25 Youth Information Centres, is to provide young people with access to information on rights, opportunities, benefits, health, welfare and other matters. €1.234m in 2015 ▪ Local Drug and Alcohol Task Force projects – Responsibility for 21 youth related projects transferred to the OMCYA from DES in January 2011. These projects, targeting young people under the various pillars of the National Drugs Strategy, provide a range of supports for young people by way of targeted drug prevention and awareness programmes as well as referrals. €1.151m in 2015 <p>National Youth Health Programme – is a partnership between Youth Affairs Unit, Health Service Executive (HSE) and the National Youth Council of Ireland. It aims to provide a broad-based, flexible health promotion/education support and training programme to youth organisations and those working with young people in the non-formal education sector. €0.080m in 2015</p> <p>In 2015 DCYA provided €5m in Capital Funding for a Youth Capital Scheme.</p> <p>Under the scheme staff led youth projects funded under the Special Projects for Youth Scheme (SPY), Youth Information Centres (YICs), Young People’s Facilities and Services Fund (YPFSF) and Local Drugs Task Force (LDTF) (21 mainstreamed projects) were eligible to apply. Grants were allocated for the up-grade or replacement of equipment, for example, computer/software updates, sports equipment, multi-media equipment, furnishing upgrades to improve the facilities and equipment available for projects working with young people in their communities.</p> <p>Capital grants were allocated to 16 youth projects and organisations throughout the country for small to medium scale equipment and upgrade projects.</p>

	Prevention Pillar Actions	Progress to Date in Implementation of Action
<p>Action 26</p>	<p>Implement a uniform set of drugs and alcohol education standards, using the DEWF framework being implemented by Drugs Task Forces at present.</p> <p>Department of Health (formerly Office of the Minister for Drugs) (Lead) with support from Department of Education & Skills; HSE</p>	<p>This Action has been superseded by Action 2 (Prevention Pillar) and Action 2 (Treatment and Rehabilitation Pillar) of the National Substance Misuse Strategy.</p> <p>The National Substance Misuse Strategy recommends to: Further develop a co-ordinated approach to prevention and education interventions in relation to alcohol and drugs as a co-operative effort between all stakeholders in :</p> <ul style="list-style-type: none"> • Educational institutions (including third level) • Sporting organisations • Community organisations • Youth organisations and services and • Workplaces. <p>The HSE provided funding of €10,000 to UCC and USI to undertake the REACT project (Responding to excessive Alcohol Consumption in Third level) This project aims to establish an awards / accreditation scheme in the third level sector that will recognise those institutions efforts to reduce alcohol related harm.</p> <p>The No Name club are funded for €150,000 in order to deliver training; establish more clubs; contribute to National Youth forums and policy development; regional conferences on drugs and alcohol; to develop and embed HP&I principles within the No Name club</p> <p>Community Action on Alcohol project has been established to support the development of evidence based alcohol action plans at community level.</p> <p>Under, Better Outcomes Brighter Futures-the National Policy Framework for children and young people 2014-2020, the Department of Children and Youth Affairs, has committed to the development and roll out of Children and Young People’s Services Committees (CYPSC) to engage in joint planning of services for children and young people. CYPSC include non-governmental organisations and various statutory agencies/bodies (including Tusla, Health Service Executive, Education and Training Boards, Educational Welfare Services, Local Authorities, Youth Services and Community Organisations)). The Committees link in with Local and Community Development Committees, which consist of Local Authority members and officials, State agencies and people actively working with local development, community development, and economic, cultural and environmental organisations. There are 22 CYPSC established at present in Ireland across 22 counties and 25 local authority areas.</p>
<p>Action 27</p>	<p>Further develop a national website to provide fully integrated information and access to a National Helpline.</p> <p>HSE (lead) & relevant agencies</p>	<p>Site visits</p> <p>During 2015 the drugs.ie site received a total of 1,423,061 unique visits. This corresponded to a total of 2,160,940 page views on the site, which represents the total ‘international’ traffic to the site during this period – traffic from all countries - including Ireland.</p>

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<p>The total Irish visits to the site in 2015 were 151,446. This is significant in that again in 2015 the site was not promoted through any national drug awareness campaigns. The Ana Liffey Drug Project has recently been accepted onto the Google's Benevity Programme for NGO's. As a result of this, the drugs.ie site will benefit from significant free Google Awards support. This should assist in increasing Irish traffic in 2016.</p> <p>Social media During 2015 drugs.ie continued their ongoing social media campaign in order to increase their reach across Facebook and Twitter. Drugs.ie now has:</p> <ul style="list-style-type: none"> • 16,542 Facebook followers – 24% increase on 2014 • 7,828 Twitter followers – 12% increase on 2014 <p>Drugs.ie was invited onto the Steering Committee for the Alcohol Health Alliance Ireland (Alcohol Action Ireland/RCPI/HSE) to provide digital/social media support to the alliance. As part of this work, drugs.ie produced a series of videos, graphics and a coordinated social media plan for 2015 activities.</p> <p>Services directory During 2015, drugs.ie continued to engage with the HSE National Social Inclusion Office to finalise the redevelopment of the drugs.ie services directory. The new directory went live in the last quarter of 2015. The new National Directory of Drugs and Alcohol Services contains significantly more information in relation to individual services.</p> <p>Emerging trends/information campaigns During 2015 drugs.ie worked on 3 significant information campaigns in relation to emerging trends. All campaigns materials can be downloaded on the new campaigns section of the site.</p> <ul style="list-style-type: none"> • <i>'What's in the pill'</i> ecstasy campaign: A number of pills recently sold as ecstasy have been tested and found to contain substances other than MDMA. MDMA, and many of these substances, have been linked to hospitalisations and deaths. A key message of the campaign is that there is no way of telling what is in a pill just by looking at it. The 'What's in the Pill?' campaign was the result of a collaboration between three Dublin Universities – DIT, TCD, and UCD and drugs.ie. Resources created include a webpage, poster and factsheet. Posters and factsheets were distributed on campus as well as promoted on social media and via the drugs.ie website. Since launching the campaign in Dublin's Mansion House the campaign achieved widespread media attention and has now been rolled out among 13 third level institutes in Ireland. • <i>PMA/PMMA campaign</i>: Similar to the 'What's in the Pill' campaign this campaign was produced as a result of the emergence of PMA/PMMA being passed off as ecstasy - resulting in hospitalisations and deaths. A video, webpage, factsheet and poster were developed. • <i>Butane gas</i>: There has been a spike in clients presenting to drug services and reporting 'huffing' butane gas - from cigarette lighter refills, canisters or aerosol sprays. As a result, drugs.ie has produced a campaign on Butane – a webpage, poster and factsheet. These were distributed to

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<p>services.</p> <p>Online drug self-assessment and brief intervention Drugs.ie launched an interactive drug 'self-assessment and brief intervention' resource. The resource will enable individuals over the age of eighteen to complete an online test to identify harmful drug use. On completing the test, the user receives personalised video feedback based on their specific responses, with suggestions on what to do in order to change any risks relating to their drug use. It is the first of its kind internationally to provide the brief intervention component in video format.</p> <p>This interactive resource uses the 'Drug Use Disorders Identification Test' (DUDIT) screening tool. The DUDIT was developed as a parallel instrument to the AUDIT (Alcohol Use Disorders Identification Test) for identification of individuals with drug-related problems.</p> <p>LiveHelper Drugs.ie continued to provide the online information and support chat service 'LiveHelp'. A total of 403 engagements were recorded for 2015. It is hoped with the support from Google Awards to increase this in 2016.</p> <p>eLearning on drugs.ie Drugs.ie continued to develop content for its online eLearning platform (Moodle) in 2015. In addition to the 'Quality Standards for Drug and Alcohol Services' online training, the eLearning platform now contains online training relation to 'Service User Confidentiality'. This is being piloted and will be offered to services in early 2016. Further content has also been planned.</p> <p>'Let's Talk about Drugs' National Youth Media Awards In 2015 drugs.ie assumed responsibility for managing the 'Let's Talk about Drugs' media awards, following the demise of the GBRD project. The awards encourage discussion of drug-related issues by inviting young people to submit a piece of original content relating to drug and/or alcohol use. Over 1,000 young people were involved in producing over 600 entries. Entries were accepted during the first quarter of 2015 and judging also took place in this quarter. The awards ceremony was held in April the Department of Education Clock Tower Building, Dublin. Dr Ciara Kelly from Operation Transformation presented some of the prizes on the day. Minister of State Aodhan O'Riordan also attended and gave an opening address.</p> <p>Action on Alcohol Week Drugs.ie continued to provide support for the planning of Action on Alcohol Week 2015 and provided specific support for the social media campaign. During the week the hashtag #alcoholharm top trended in Ireland.</p> <p>Further activities in 2015 included:</p> <ul style="list-style-type: none"> • Drugs.ie continued production and dissemination of the drugs.ie eBulletin in 2014. Four eBulletins were produced in 2015 and there are currently 1,708 subscribers to the eBulletin list – 20% increase on 2014

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<ul style="list-style-type: none"> • A further 41 videos were uploaded to the site, including various conference presentations. The site now has a total of 205 videos. • The research section on drugs.ie has been further developed to include all the relevant Irish research published during 2015. • Drugs.ie provided online support to the Naloxone Demonstration Model. A Naloxone section was developed on the site – containing information on the project, a series of training videos and a 'Naloxone & Overdose Frontline Workers Pack'; and an FAQ section. • A 'Safer Disposal' section was added to the site. This section contains information for the general public on what drug paraphernalia is; What to do if you find drug litter; What are the risks; What to do if you receive a needle stick injury. This information is contained in text and video format. Also included is a list of Local Authority Safer Disposal Litter Contacts – to report discarded paraphernalia. • Drugs.ie provided online support for and promoted a number of initiatives on the site and across social media channels during 2015, including: International Overdose Awareness Day; the Recovery Walk; Crimestoppers Campaign; the HSE Mid-West Drug & Alcohol Service group cannabis treatment programmes; Alcohol Health Alliance Ireland campaign; HSE Keltoi & HSE NATP Training: Seeking Safety Therapy; Hello Sunday Morning; Cork Local Drug and Alcohol Task Force Strategic Plan 2015-2017 Launch; Drugs: What you need to know in 2015 (videos of presentation by Des Corrigan, former Chair NACAD); The RISE Foundation 'New Sober St. Patrick's Day'; a 'Better City for All' seminar; Irish Street Medicine Symposium; • Production of an information video on Hepatitis C for World Hepatitis Day 2015. • A total of 673 news stories were published on the site in 2015.
Action 28	<p>Develop a sustained range of awareness campaigns that:</p> <ul style="list-style-type: none"> • ensure that local and regional campaigns complement and add value to national campaigns; • optimise the use of ICT in drugs and alcohol awareness initiatives (e.g. through internet search engines and social network websites); • 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; • target: <ul style="list-style-type: none"> - third level educational institutions, workplaces and recreational venues; - at risk groups (Travellers, new communities, LGBTs, homeless people, prisoners and, sex workers); and - education/awareness among drug users to minimise the levels of usage and to promote harm reduction measures. <p>HSE (Lead) with support from DTFs and other relevant agencies</p>	<p>In addition to assisting the Department of Health with the initiative through the Dormant Accounts to support community and voluntary groups to undertake once off prevention initiatives in line with the National Substance Misuse Strategy, specific activities in CHO areas during 2015 include:</p> <p>CHO 8: HSE CADS in partnership with the MRDATF hosted a Cannabis conference in Nov 2015 which was attended by Prevention/Education/treatment and Rehabilitation service for U18 and O18's. This launched the MRDATF Drug & Alcohol Awareness week where HSE CADS provided and supported D&A initiatives and learning / information sessions throughout the week.</p> <p>CHO 5: Carlow Kilkenny National Learning Network Student Education Programme</p> <ul style="list-style-type: none"> • Provided Substance Misuse education to students with special needs. <p>Carlow College Thirds level</p> <ul style="list-style-type: none"> • Reviewed policy • Delivered substance misuse programme to Students

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<p>Kilkenny Ormond College Third level</p> <ul style="list-style-type: none"> • Substance misuse awareness Programme <p>Kilkenny GAA</p> <ul style="list-style-type: none"> • Delivered Substance Misuse Awareness <p>Defence Forces</p> <ul style="list-style-type: none"> • Delivered Substance Misuse awareness programme <p>Travellers Health</p> <ul style="list-style-type: none"> • Provided Substance Misuse Awareness Education <p>South Tipperary</p> <p>Set up Local Awareness Campaign in South Tipperary Substance Misuse Service in</p> <ul style="list-style-type: none"> • Needle Exchange • Overdose Prevention • Wound Management • Hepatitis HIV • Mental Health Awareness <p>CHO 1: HSE Alcohol Awareness Campaign 2015 rolled out in Cavan and Monaghan in association with the Alcohol Forum and the 2015 theme: "Being in the know about Alcohol harms".</p> <p>Events included information and health promotion in Cavan and Monaghan Hospitals, training in Alcohol Screening & Brief Interventions with Youth workers and with Traveller Women's Health Initiative. Art project with young women from Youthreach on Alcohol and Women, culminating in a public display of art work.</p> <p>The re-constitution of the Drug & Alcohol Forum (DAF) in County Cavan ensures coordination in the development and implementation of future awareness campaigns. Membership includes HSE Addiction Service, CMETB, An Garda Siochana, County Council, FRC's, Traveller Agencies, Service User reps., NE-RDATF and TUSLA. Monaghan County Council, through LCDC, considering a similar County wide structure.</p> <p>CHO 9: The Dublin North HSE Addiction Service is represented on the six Drug and Alcohol Task Forces in the CHO Area 9 catchment. There are also HSE representatives on various sub-committees such as education prevention and treatment and rehabilitation. The HSE representatives engage in many of the Task Force awareness campaigns and are a key player in the roll out of various initiatives such as 'Boxing Cleaver', funding Addiction courses, assisting with awareness and education campaigns etc.</p> <p>CHO 9: The HSE Addiction Service has also funded a DATF community alcohol project and has provided</p>

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<p>clinical governance to nurses working in the alcohol project which has now been extended.</p> <p>The Addiction Service has also developed a partnership with Gardai and Dublin City Council to develop an assertive Case management programme that seeks to target specific individuals who are causing anti-social behaviour in Dublin City Centre. The caseworkers (funded by the HSE) work with clients to develop a care plan for specific individual's known to the gardai so that they are provided with an opportunity to enter into treatment. The street teams comprise of gardai, homeless executive workers and HSE and the Ana Liffey have joined resources to offer individuals assistance with case managed support services and integrated pathways of care. The pilot programme is currently undergoing an independent review and it is hoped that if this pilot is effective the numbers of homeless and open drug users will be reduced significantly.</p> <p>The HSE Soilse programme offer drug free day services to clients who have exited residential rehabilitation programmes. Soilse continue to raise awareness about the merits of entering into rehabilitation programmes following their report 'Recovery-a contagious paradigm'. Soilse met with the Dail Health Committee in 2015 to discuss how the concept of 'recovery' can become a reality.</p> <p>The Talbot centre is also a HSE family support and education centre who run a programme for statutory and voluntary representatives each year entitled 'Learning Together, Working Together'. This programme has been hugely successful raising awareness with staff working in the gardai, probation services, and voluntary sector.</p>
Action 29	<p>Develop a series of prevention measures that focus on the family under the following programme headings:</p> <ul style="list-style-type: none"> • supports for families experiencing difficulties due to drug/alcohol use; • parenting skills; and • targeted measures focusing on the children of problem drug and/or alcohol users aimed at breaking the cycle and safeguarding the next generation <p>HSE and Department of Education & Skills (joint leads); with support from Department of Children & Youth Affairs; Department of Social Protection; Drugs Task Forces and Service Providers</p>	<p>The Hidden Harm project continued into 2015.</p> <p>Specific activities in CHO areas during 2015 include:</p> <p>CHO 8: HSE CADS Midlands Area is one of the Learning sites for the Hidden Harm Project.</p> <p>The CADS Regional Manager is a member of the North South Ministerial Group, the Hidden Harm National Steering Group, the Project Learning Group and the Education & Training and Communications groups.</p> <p>The Strategic Statement "Seeing Through Hidden Harm to Brighter Futures" has been developed in 2015 and is awaiting approval from both the HSE and TUSLA.</p> <p>A Hidden Harm leaflet was produced this year between ourselves and our counterparts in NI. The leaflets will be distributed in Northern Ireland and among staff in the 3 practice change sites. They will eventually be distributed nationally. The TOR for the Practice Change sites is being developed.</p> <p>HSE CADS applied to the MRDATF for funding to roll out the "Taking the Lid off "and "Rory" Training. This application was successful and a two day training course was rolled out in Q4 2015 which was attended by HSE CADS, TUSLA, MQI, ALDP, Family Support Network, Health & Well Being and</p>

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<p>Nursing Staff.</p> <p>CHO 5: <i>Carlow Kilkenny</i> Functional Family Therapy (FFT) available in Kilkenny.</p> <p>Substance Misuse offered a Family Programme including:</p> <ul style="list-style-type: none"> • Family Effects • Family Therapy • Addiction Counselling overview • Referral Pathways. <p>Parent's night in Schools as part of whole school approach in 13 schools.</p> <p><i>South Tipperary</i> Provide Services for families access to an initial assessment each Monday afternoon for those who wish to avail of Substance Misuse Services and or advice in the South Tipperary area</p> <p><i>Wexford</i> The Wexford substance misuse service provided feedback on the Hidden harm working document and plan.</p> <p>The Wexford substance misuse service commenced discussions with CAMAS re; joint working with children access both services. Date set to meet with Consultant psychiatrist in January 2016 to explore and develop pathways and joint working procedures.</p> <p>In 2015, drug education sessions were provided jointly by HSE and Commarket to Tusla staff.</p> <p>CHO 9: HSE and the NE-RDATF Prevention Education Sub-Committee submitted a proposal to Dormant Accounts for funding of Strengthening Families Program in Cavan and Monaghan in 2016 to provide support for families experiencing problems or due to drug & alcohol misuse. An evaluation of these programs is planned to examine the utility of this type program in a rural setting.</p> <p>CHO3: In conjunction with the MWRDATF continued to roll-out and support the <i>Lets Learnt About Drugs & Alcohol Together Programme</i>, which works with 2nd Year students and their parents/guardians in post-primary schools in relation to drug and alcohol awareness and parenting skills.</p> <p>HSE addiction services CHO 3 is a members of a Tusla lead strategic group in the Mid-West looking at the complex needs of children and families and how best to co-ordinate effective responses to these needs</p>

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<p>CHO 1: North West Mental Health Addiction Service The HSE Mental Health Addiction Service has supported the drawing up of the strategic statement which was completed this year and due for launch in 2016. The NW is a designated pilot site for practice change in 2016.</p> <p>All Addiction staff have completed child first training.</p> <p>2 staff training received the M-PACT training. (Targeted family support programme for parental substance misuse) Pilot programmes planed across the NW 2016.</p> <p>The Youth Addiction Service offers:</p> <ul style="list-style-type: none"> • Counselling and support offered to young people who misuse alcohol and/or substances and their families. • Support offered to parents/guardians attending the service • Counselling and support offered to young people counselling parental substance misuse. <p>Adult service offers counselling support to family members of alcohol and/or substance misuse.</p> <p>Donegal MH Addiction Service 2 staff have completed Meitheil Training and have participated in the roll out of Meitheil across North Donegal</p> <p>The manager continues to support the SFP programme and sits on the advisory board</p> <p>The manager also is a member of the Family Support Advisory Forum in Donegal which is tasked to look at service provision for families across the county. This forum is made up of HSE & Tusla representatives.</p> <p>Sligo/Leitrim MH Addiction Service Referral & Shared Care Protocol was developed between Task Force Tier two Youth Service and HSE Addiction Service. Satellite Youth Addiction Counselling was held in youth services venues across the catchment area.</p> <p>CHO 9: The HSE Addiction Service in CHO Area 9 established a sub committee working with the National Drug and Alcohol Training Programme lead to introduce staff training in brief intervention and hidden harm.</p> <p>Keltoi (the HSE residential treatment and Education Centre) worked with the committee to run a training seminar on trauma and addiction. The seminar was very successful with over 200 attendees. The seminar highlighted the role that hidden trauma has in developing an addiction. Further training will be developed in 2016 to the voluntary sector working with drug users and their families.</p>

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<p>Mindfulness training was initiated by Keltoi and over 60 individuals working in the area of drug and alcohol services attended and completed the training.</p> <p>The Addiction Service in CHO Area 9 continued to support 'Strengthening Families Initiatives' and other such interventions such as CBT, CRA and ACRA through our SLA process with all 6 DATFs.</p>
<p>Action 30</p>	<p>Develop selective prevention measures aimed at reducing underage and binge drinking.</p> <p>HSE (Lead) with support from Department of Health; Drugs Task Forces and Service Providers</p>	<p>The Community Action on Alcohol Pilot Project was successfully completed during 2015,</p> <p>An external evaluation of the Pilot Project was carried out.</p> <p>A conference is planned for January 2016 with the intention of sending a call for Expressions of Interest Community Action on Alcohol 2016 in more DATF areas.</p> <p>Specific activities in CHO areas during 2015 include:</p> <p>CHO 5: Carlow/Kilkenny Substance Misuse Awareness Programme was carried out in 13 Kilkenny Primary Schools "Be Smart Don't Start". This covers:</p> <ul style="list-style-type: none"> • Whole school approach • One day teacher training • Develop and update School Policy on Substance Misuse • Develop Teachers Programme for 6th Class • Parents information evening • Oversee student poster competition • Research arranges for 2016 with WIT <p>Post Primary Pupils Cannabis Education Seminar held:</p> <ul style="list-style-type: none"> • This was an interagency seminary with Tier 4, Substance Misuse and An Garda Siochana <p>Work undertaken with Carlow Youthreach, to:</p> <ul style="list-style-type: none"> • Understand Substance Misuse • Understand the cycle of Substance Misuse • Examining referral pathways • Understanding policy <p>Engaged with Tusla Outreach programme</p> <ul style="list-style-type: none"> • Delivered Substance misuse awareness programme to front line workers

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<p>Health Promotion</p> <ul style="list-style-type: none"> Worked with Health Promotion to deliver Substance misuse input as part of School programme <p>South Tipperary Provided initial assessments for young people over the age of 12, every Monday afternoon with the South Tipperary Substance Misuse Service and thereafter on going support to a relevant referred service.</p> <p>Wexford An adolescent open access service was provided in Wexford town.</p> <p>CHO 9: Addiction Service CHO Area 9 have supported the development of the Alcohol Care Service which is a partnership approach with three drug and alcohol task forces and other various voluntary projects in Ballymun, Finglas/Cabra and North Dublin Regional area. The project is led by a GP and supported by nursing specialists. The pilot project was evaluated and it is anticipated that the project will continue to be delivered in 2016.</p> <p>The SASSY programme is a consultant psychiatrist led under-18 service that treats individuals with a substance misuse. The service has expanded geographical boundaries to provide auxiliary services in Blanchardstown and Dublin North County. The programme works with Crosscare and Dublin North County Regional Drug and Alcohol Task Force.</p>
Action 31	<p>Maintain the focus of existing programmes targeting Early School Leaving and the retention of students in schools.</p> <p>Improve the measurement of the outcomes of such programmes in order to target and expand them in areas of greatest need.</p> <p>Department of Education & Skills (Lead)</p>	<p>In the 2015/2016 school year, there are 836 schools (circa 168,000 pupils) participating in the DEIS Programme (849 school in 2014/15). Under DEIS, there are a range of supports provided to help address ESL and the retention of students in schools. These include:</p> <ul style="list-style-type: none"> a lower Pupil Teacher Ratio (PTR) in DEIS Band 1 schools, allocation of administrative principal on lower enrolment additional funding based on level of disadvantage access to Home School Community Liaison Scheme and the School Completion Programme (SCP is now funded by the Dept. of Children & Youth Affairs) access to School Meals Programme, and access to literacy and numeracy supports.

	Prevention Pillar Actions	Progress to Date in Implementation of Action
		<p>As well as reduced PTR under DEIS, the 191 DEIS Band 1 urban primary schools also benefit from a higher allocation of permanent teachers under the General Allocation Model, the mechanism by which schools are allocated extra teaching hours to support students with high incidence special educational needs. All DEIS post primary schools have an improved staffing schedule of 18.25:1 in comparison to 19:1 in mainstream schools.</p> <p>Approximately €145m was allocated in 2015 to provide additional resources and supports for primary and post-primary DEIS schools which included funding from the Department of Social Protection for the School Meals Programme and funding from the Department of Children and Youth Affairs for the School Completion Programme.</p> <p>A process for the review of the DEIS Programme is currently underway in the Department. This process is being undertaken over the course of the current school year and will consider all issues pertaining to educational disadvantage in order to inform future policy direction in this important area. While this process is underway, it is not intended to make any changes to the current programme.</p> <p>School Retention Rates</p> <p>In January 2015, the Department published its eighth report on school retention in Ireland. It is based on the Post Primary Pupil Database for the cohort of entrants to the first year of the Junior cycle in 2008 - this cohort sat the Leaving Certificate Examination in either 2013 or 2014. The main results show:</p> <ul style="list-style-type: none"> • The number of students completing the Leaving Certificate continued to increase with 90.6% of the 2008 entry completing the Leaving Certificate. • The average retention rate for DEIS second level schools continues to increase and is at a rate of 82.1% for the 2008 cohort of entrants, this is increased from a rate of 68.2% for the 2001 cohort. • There is approximately a 3% difference in the Junior Certificate Retention Rate between DEIS and non-DEIS schools. • The Leaving Certificate Retention Rates for the 2008 Cohort in DEIS schools is around 8.5% lower than the national average rate. • The Improvement in DEIS schools Retention rates in recent years has been significantly higher than the overall improvement nationally.

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
Action 32	<p>Develop a comprehensive integrated national treatment and rehabilitation service for all substance users using a 4-tier model approach. This will incorporate:</p> <ul style="list-style-type: none"> • the ongoing development of the spread and range of treatment services; • the recommendations of the Report of the Working Group on Drugs Rehabilitation; • the recommendations of the Report of the HSE Working Group on Residential Treatment & Rehabilitation (Substance Abuse); and • the provision of access to substance misuse treatment within one month of assessment. <p>HSE (Lead)</p>	<p>CHO 8: Continued to work with and develop CADS (Community Alcohol & Drug Service) in the Midlands Area. A second (pilot) session was put in place, provided by the CADS Consultant who specialises in Substance Misuse. This is to reduce the waiting times for assessment and treatment.</p> <p>CHO 5: Waterford Ongoing implementation of the NDRF across a range of providers including Homeless services i.e. Simon -Housing First, Focus Ireland as well as the Probation Service.</p> <p>Full use of screening and brief intervention as well as initial assessment in the community, ensured that psychosocial supports are in place from the start of treatment and links are made with the Family Support Networks in the local area if appropriate.</p> <p>The referral process has been streamlined to ensure that medical/nursing assessment happens without delay and waiting times for OST or other medical intervention remains at a minimum.</p> <p>A clear referral pathway/process ensured that service user's needs are addressed from the beginning and are focused on individual and family recovery.</p> <p>Attended meetings with the Waterford HAT and mental health services weekly to discuss referrals and ensure that all identified needs are met as well as addressing blocks and gaps.</p> <p>Carlow/Kilkenny 4 Rehabilitation Framework Training days were provided for Tusla, Youth Services, Homeless Services, Mental Health Social Workers and Traveller Support Workers in Carlow/Kilkenny in February 2015 Follow up meeting were held with Tusla in Sept 2015. A follow up meeting was held with Homeless services in Dec 2015.</p> <p>In Carlow/Kilkenny clients have access to a drop in services which operates on a weekly basis. Therefore clients can access our service within one week, although access to OST within one month sometimes is not possible because of capacity issues.</p> <p>South Tipperary Supported and facilitated NDRIC and the framework by using the system on a daily basis in South Tipperary, including:</p> <ul style="list-style-type: none"> • Screening • Referral • Initial Assessment • Care planning

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<ul style="list-style-type: none"> • Shared care and case management • Referral to Tier Four Services • Gaps and blocks <p>Commenced set up of Treatment and Rehabilitation Sub Group for 2016.</p> <p>Wexford</p> <ul style="list-style-type: none"> • The Regional Substance Misuse has lead in writing policy in conjunction with Tier 4 services detailing the criteria for admission. • Wexford statutory and non-statutory substance misuse services meet with Tier 4 treatment services for the purpose of provision of treatment and access to tier 4 treatment on a fortnightly bases. • HSE representative on the Wexford HAT team and in attendance of meetings. • Community detox is offered for Methadone, alcohol and Benzodiazepines by liaison nurses • Increase from Liaison nurse in 2015 to two nurses covering the Wexford area. • Referrals are made to Tier 4 services with relevant screening, assessment and care plans for post treatment. <p>CHO 1: HSE Primary Care Addiction Service continued to provide a range of interventions namely Initial Assessment, Comprehensive Assessment, Brief Intervention, Individual Counselling, Referral etc. for people from the Cavan and Monaghan area who present for alcohol treatment.</p> <p>Substance Misuse services are continued to be provided by the Community Drug Team who provide assessment, counselling, key working and opioid substitution and/or onward referral to other statutory and voluntary groups where appropriate.</p> <p>CHO 3:</p> <ul style="list-style-type: none"> • Weekly drop-in screenings are offered at 4 sites across the region (Ennis, Hospital Co Limerick, Limerick & Nenagh) to promote early engagement. • In conjunction with MWRDAF funded projects, jointly staffed drop-ins are offered in Kilrush, Co Clare & Roscrea, Co Tipperary. • Ongoing delivery of methadone programme, outreach and counselling; key working and case management • Ongoing delivery of education and training calendar targeting addiction and other professionals • Cannabis Treatment Group • Joint targeted outreach with Ana Liffey • Ongoing support & partnership of Novas Community Detox • Ongoing work with the residential treatment sector in relation to referrals, shared care and treatment planning <p>North West Mental Health Addiction Service</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>People who present for addiction treatment, are offered a range of interventions namely Initial Assessment, Comprehensive Assessment, Brief Intervention, Individual Counselling, Relapse Prevention Group, After Care Group and onward referral to other statutory and voluntary groups where appropriate.</p> <p>HSE North West continues to support General Practitioners and Clients in respect of alcohol and substance misuse concerns.</p> <p>In addition to the Tier four residential rehabilitation beds in the NW, service users have utilised the additional; national beds made available early this year.</p> <p>Sligo/Leitrim MH Addiction Service Review commenced of standardise assessment toolkit for use across service. Pilot and introduction planned early 2016.</p> <p>CHO 6&7 Commenced the implementation of the Rehabilitation Framework in five sites in 2015. Service users are referred to Rehabilitation Integration Workers who act as key workers and develop an integrated care plan with the service user. Rehab. Integration Workers liaise with the Care Team members and external agencies to meet the goals of the service user's care plan.</p> <p>HSE CHO 6&7 are now also represented on this Continuum of Care governance group, and have ensured that all service users can access beds on the continuum of care in tier 4 services and are working on standardising preparation for detox/stabilization.</p> <p>CHO 9: The HSE CHO Area 9 have started a 'Continuum of Care' committee that brings senior clinical team members from Cuan Dara Residential Detox, Keltoi Residential Rehabilitation, Rehabilitation Integration Services, St. Michael's Ward Beaumont, Soilse and Counselling together under the lead of a consultant Psychiatrist to ensure a seamless transition from drug use to rehabilitation. The steering group have developed protocols for working with and engaging with the Dublin Housing Executive and Community Welfare to ensure that clients wishing to become drug free are provided with every opportunity to do so through the sharing of a common care plan for clients.</p> <p>CHO Area 9 has maintained the Service Level Agreements with Coolmine and also has the HSE residential service Keltoi. Both units have seen an increase in bed capacity and this is likely to be maintained in 2016.</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
Action 33	<p>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.</p> <p>HSE (Lead) with support from Voluntary sector</p>	<p>Following discussions and meetings in 2015 an action has been agreed by the Mental Health and the Clinical Strategy and Programmes Directorates to progress Mental Health and Dual Diagnosis (addictions) as a Clinical Programme. This is anticipated to be actioned in 2016.</p> <p>Specific activities in CHO areas during 2015 include:</p> <p>CHO 8: Longford/Westmeath Community Alcohol & Drug Service</p> <ul style="list-style-type: none"> • The basis of all interventions by the Consultant Psychiatrist and Addiction Counsellors is the "Recovery Model" as outlined in Vision for Change (2006) • The Counselling Team, which is led by a Consultant Psychiatrist in Addiction, provides comprehensive assessments and a range of psychiatric /counselling interventions for dual diagnosis, including CBT, Motivational Interviewing, Brief Interventions, Solution Focused Therapy, Skills Training, Relapse Prevention, Family Interventions, Dialectical Behaviour Therapy, 12 Step Facilitation, Information and Education, Community Reinforcement Approach, CRAFT. • A Clinical Nurse Specialist in Addiction Counselling was recruited in May 2015. • Addiction Counsellors working with the Community Mental Health Teams provide Dialectical Behaviour Therapy for clients with substance misuse/mental health issues. • Review of comprehensive assessment tool (ongoing) • Provision of an extra Dual Diagnosis Outpatient Clinic in 2015. • Member of CADS Counselling Team attend weekly Care Plan & reviews meetings for inpatients with substance misuse issues at St. Loman's Psychiatric Hospital, Mullingar <p>CADS Addiction Counsellors liaise with all services providers and prioritise referrals from the following:</p> <ul style="list-style-type: none"> • St. Loman's Hospital for patients with substance misuse issues assessed but not admitted. • Psychiatric Community Liaison Nurses in the Midlands Regional Hospital Mullingar for patients who present with Dual Diagnosis. • Homeless services. • Intravenous drug users. • All sources when there are child welfare concerns. <p>Meetings have been held with Tusla/CADS and Paediatric services in Mullingar to improve the communication, referrals and related issues with babies being born to Mothers who are attending the addiction services with possible withdrawals.</p> <p>A referral/information form has been drafted by CADS and is pending approval from the Paediatric Dept in Mullingar Hospital. Once approved this will be piloted in Mullingar.</p> <p>Bimonthly interagency meetings have been held by HSE CADS in partnership with the Midland Regional Drug & Alcohol Task Force. Attendance includes members of HSE CADS, Midland Simon, Midland Regional Drug & Alcohol Task Force and funded voluntary agencies.</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>An interagency consent referral form is being developed which will support the interagency care plan; this is ongoing and will continue for the foreseeable future.</p> <p>CHO 5: Waterford- The service provides a weekly dual diagnosis clinic supporting clients with substance misuse and mental health needs. Weekly meetings are held between Mental Health Addiction Counsellors, Consultant Psychiatrist and staff from the Waterford SMS to discuss referrals and arrange for mental health review as appropriate.</p> <p>The Liaison Nurse based at University Hospital Waterford provides brief intervention, onward referral, training and support to Clinical staff regarding the <i>Alcohol Detoxification Policy</i>.</p> <p>Carlow/Kilkenny:</p> <ul style="list-style-type: none"> • 2 meetings have been held with CNM 3 Mental Health Carlow Kilkenny regarding referral pathways. A designated key contact has been identified in each service to ensure consistent communication between services. Meetings have been held with senior consultants in St Luke's Hospital to discuss referral pathways and screening tools and to explain NDRIC process. • The local Coordinator met with Mental Health Social Workers to explain screening. • Two nurses and one orderly from A&E acute setting Carlow/Kilkenny attended SAOR and Brief Intervention five day training in Nov/Dec 2015 • Carlow Kilkenny SMT Staff attend weekly Homeless Action Team meetings. • SMT met with Tusla to look at ways of working more cooperatively in Sept 15. • Mangers met in June 15 and teams met in Sept 15 • There has been however, an extensive waiting list in Carlow; clients waiting up to 10 months for Opiate Substitution Treatment. This is highlighted locally on risk register. Some client have been referred to Kilkenny/Dublin (through the national GP Coordinator) when these services have capacity to treat clients. Funding has been approved to develop service and a level 2 GP post has been advertised. <p>South Tipperary The South Tipperary Substance Misuse Service works with Mental Health Social Worker every Thursday morning to meet with clients who may have a query re mental health services this has been a very successful initiative and works very well for clients with Substance Misuse related issues and queries re mental health this will be on going into 2016</p> <p>The South Tipperary Substance Misuse Service sits on the South Eastern Recover College Sub group which aims to provide courses for people with dual diagnosis or one or other issues for the South Eastern region</p> <p>Wexford</p> <ul style="list-style-type: none"> • A Dialectical Behavioural Therapy course was under taken by a HSE counsellor, in order to

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>establish joint a DBT skills group between the HSE and the Cornmarket service.</p> <p>CHO 1: A HSE Integrated Addiction Oversight Group established in Cavan/Monaghan with representatives from Acute Services, Primary & Community Care, Mental Health & Public Health Nursing to develop and monitor HSE Addiction Services in the region.</p> <p>CHO3:</p> <ul style="list-style-type: none"> • Joint Mental Health / Addiction integrated care meetings are being piloted in Clare - where both teams bring complex cases for shared review – to develop a model for regional roll out <p>CHO 1: <i>North West Mental Health Addiction Service</i></p> <ul style="list-style-type: none"> • A psychiatric Liaison/SCAN Nurse screens and refers directly to local addiction services clients presenting to General Hospital with substance misuse concerns. • Weekly substance misuse screening & assessment clinics held in the Mental Health Approved Centre in the region. • Addiction staff attend weekly Community Mental Health Sector Team meetings. • Addiction staff facilitates the referral of Dual Diagnosis client to Tier 4 Drug & Alcohol residential programme. <p><i>Sligo/Leitrim MH Addiction Service</i></p> <ul style="list-style-type: none"> • Youth Addiction Counsellor attends CAMH Team Meeting. • Shared care working between Youth Addiction Service & CAMH Service. • Delivery of Alcohol & Drugs programme for MH service users. • Information sessions on illicit drugs to Mental Health Nursing Staff at the approved centre. • Information session on screening and brief intervention bi-annually to Mental Health NCHD. • Training delivered to GP's on cannabis • Addiction Counsellor assigned to work (17hrs per week) as part of the Mental Health Pilot Dialectic Behavioural Therapy Service (DBT) <p><i>Donegal MH Addiction Service</i></p> <ul style="list-style-type: none"> • Local Protocol developed for referral pathway for addiction team to refer directly to Community Mental Health for Out-Patient Consultation were required. • Addiction staff provides training and support to White Oaks (Tier 4) in relation to Dual Diagnosis. • Jigsaw Donegal is supported via the management team and the HSE youth Councillor carries out assessment on Jigsaw site when required. <p>CHO 9: The continued implementation of the Addiction Service review for Dublin North (2012) continues to be a focus and includes an emphasis of synergies in terms of human resources and services. To this end, the HSE have worked with various local, voluntary and statutory bodies to develop partnerships</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		and increase knowledge of Addictions.
Action 34	<p>Expand the availability of, and access to:</p> <ul style="list-style-type: none"> • detox facilities; • methadone services; • under-18 services; and • needle exchange services where required. <p>HSE (Lead)</p>	<p>During 2015, the HSE secured additional funding of €1.4 million to purchase additional treatment episodes in Tier 4 services.</p> <p>Specific activities in CHO areas during 2015 include:</p> <p>CHO 8: An external evaluation and roadmap was commissioned by HSE CADS in partnership with the Midland Regional Drug & Alcohol Task Force in Q1 2015 to evaluate current service provision within the Midlands Area and to develop a roadmap for the provision/potential reorientation of services for 2016 onwards. Consultation took place with a wide range of services and a draft model for Over and Under 18 services has been developed in line with the recommendations. A consultative workshop took place in November 2015 which gave a wide range of services in attendance the opportunity to review the draft model with a view to enhancing same. Existing services will continue until the new service model is in place.</p> <p>An interagency Paraphernalia working group for the Midlands Area was set up with members from HSE CADS & Environment, MRDATF, Westmeath Co. Co. and An Garda Síochána. A Protocol and a leaflet for safe disposal of drug related waste and litter was developed. The Protocol & leaflet was launched in Q3 2015 at a JPC meeting in Westmeath (this is a pilot for Westmeath only). This will be reviewed in Q1 2016 with the view of rolling this initiative out in the other 3 counties i.e. Laois/Longford & Offaly. Training was provided to An Garda Síochána and Westmeath County Council staff around safe disposal of drug litter. All Litter wardens and Garda cars have been provided with Sharps bins and HSE CADS have agreed to fund incineration of same.</p> <p>Funding was secured for a new purpose built Treatment Centre in Portlaoise, Co. Laois. The plans are drawn up and the final changes are waiting approval in Q4 2015. It is envisaged that the building of this facility will begin in Q2 2016.</p> <p>CHO 5: Waterford Increasing prescribing capacity available in primary care which allows for greater through-put for service users from level 2 clinics.</p> <p>Carlow/Kilkenny New National referral pathway developed to access Tier 4 Services which incorporates the NDRIC Process.</p> <p>South Tipperary In the South Tipperary Substance Misuse Service we can facilitate Detox in partnership with the clients GP for</p> <ul style="list-style-type: none"> • Alcohol

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<ul style="list-style-type: none"> • Benzodiazepines • Methadone • Opiates <p>There are two Methadone Clinics for service users in South Tipperary Substance Misuse Service and Support for all clients accessing Level one Services</p> <p>There are a number of services for Under-18s including: initial assessments and shared care work with relevant services.</p> <p>There is a full Needle Exchange Service for all Service users in the South Tipperary area.</p> <p>Wexford</p> <ul style="list-style-type: none"> • OST service provision in Wexford increased. Capacity went from 3 hours to 6 hours a week. • Increase in substance misuse liaison nurse from one nurse to two nurses. • Needle exchange provided on the Enniscorthy site all day every day. • Agreement to commence works on the Gorey health centre to facilitate the development of OST clinic. Funding agreed for same and work currently out to tender <p>CHO3</p> <ul style="list-style-type: none"> • Ongoing roll-out of methadone programme • Drop in screening for all opiate clients offered in 4 locations on a weekly basis • Ongoing liaison with community based Level 1 GPs and community pharmacies • Novas Community Detox team offers on-site meetings in the Limerick Methadone Clinic once a week • Ongoing hosting of the National Pharmacy Needle Exchange programme • Ongoing back-packing needle exchange offered by the outreach team • Ongoing counselling offered to young people aged 14-15 <p>CHO1</p> <p>North West Mental Health Addiction Service</p> <ul style="list-style-type: none"> • Detox – GP supported in the management of (Alcohol and/or benzodiazepines) in the community. • Referral to national detox beds – aftercare detox support offered by addictions services. • Needle Exchange – manage by national services – pharmacies contacted and advised of addiction services and referral routes. <p>Sligo/Leitrim MH Addiction Service</p> <ul style="list-style-type: none"> • Methadone - Adequate provision across the areas of level 1 GP's for methadone treatment • Under 18's - Referral & Shared Care Protocol developed between Task Force Tier two Youth Service and HSE Addiction Service • Satellite Youth Addiction Counselling held in youth services venues across the catchment area. • Youth Addiction Counsellors attends CAMH Team Meeting. • Shared care working between Youth Addiction Service & CAMH Service

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>Donegal MH Addiction Service</p> <ul style="list-style-type: none"> • Methadone - Service continues to work towards the recruitment of Level 1 GP's for methadone treatment • Under 18's - Youth Councillor carries out assessment on Jigsaw site when required. • Facilitated Reduction from Opioid Substitution Therapy (FROST) commenced in 2015 for D12 and surrounding areas. Service Users reduce their methadone with the support of their prescribing GP while attending a year long structured 5-day a week support programme. <p>CHO 9: North Dublin facilities remain unchanged at present. However, it has been highlighted that there is a requirement for additional facilities and we are looking to establish additional detox and transition housing for clients in 2015. The HSE CHO Area 9 maintains a client base of an average 3,000 patients who attend for methadone maintenance. This is the largest drug using population in the country in some of the most disadvantaged areas in Ireland. We continue to promote the expansion of our SASSY under 18 programmes.</p> <p>CHO Area 9 continues to provide needle exchange services to our clients in CHO Area 9. The Outreach team is located at various health centres throughout the catchment and promote harm reduction, sexual awareness and the provision of needles.</p>
Action 35	<p>Review the Methadone Treatment Protocol to maximise the provision of treatment, to facilitate appropriate progression pathways (including exit from methadone treatment where appropriate) and to encourage engagement with services. The review will include engagement with the community and voluntary sectors. Examine and implement as appropriate, alternative substitute opiate treatment services.</p> <p>HSE (Lead)</p>	<p>In 2015 the HSE submitted a proposal to the Department of Health for a phased increase access to buprenorphine, buprenorphine/naloxone products. The HSE will be seeking to commence the implementation of this in 2016, within the context of available resources.</p> <p>Specific activities in CHO areas during 2015 include:</p> <p>CHO 8: CADS continue to work with Level 1 & 11 GP's within the community. The GP/Pharmacy liaison nurse works with and supports the Community GP's engaging in the Shared Care Programme. CADS also engage with all community and voluntary support services in the Midlands Area.</p> <p>CHO 5: Waterford An audit undertaken to measure standards within the OST clinic which demonstrated major improvements since the baseline audit in 2014. An action plan is in place to address further areas for improvement.</p> <p>South Tipperary Provided alternative Methadone detoxification services for clients who wish both avail of them in the South Tipperary area.</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>Provided outside services to avail of space on Methadone Clinic times to link in with service users who are accessing multiple services.</p> <p>This is facilitated throughout the week and 20 services now link in each week at no extra financial cost , SIMON, DSP, Mental Health Social Work etc</p> <p>Wexford</p> <ul style="list-style-type: none"> • Audit conducted on the OST files. • In 2015, BBV screen and vaccination commenced in Wexford OST clinic. This to continue and review/ audit in 2016. • Monitoring the ongoing OST waiting list.
Action 36	<p>Continue to develop and implement across health services the screening/assessment of people presenting with early indicators of drug and alcohol issues, utilising a uniform brief intervention tool, and including referral where appropriate.</p> <p>HSE (Lead) with support from Community & Voluntary sectors</p>	<p>During 2015, 4 SAOR Trainings delivered to a total of 141 participants during Q4. SAOR trainings delivered to 540 participants from Q1-Q4.</p> <p>Specific activities in CHO areas during 2015 include:</p> <p>CHO 8 HSE CADS in partnership with the Midlands Regional Drug & Alcohol Task Force continue to work to develop SAOR in the Midlands Area. The GP/Pharmacy Liaison Nurse attended the Train the Trainers Programme and will set out the delivery of this program in Q1 2016 across the Midlands Area</p> <p>CHO 5 South Tipperary The South Tipperary Substance Misuse Service works under NDRIC and uses the SAOR screening tool and NDRIC initial assessments</p> <p>Wexford Continue to implement NDRIC, Screening and assessment of clients Wexford substance misuse staff trained in train the trainer SAOR and SMART training. This training to then be rolled out across the county.</p> <p>CHO 1 HSE Alcohol Screening and Brief Intervention Project: SAOR Screening and Brief Intervention Train the Trainers Programme was delivered in NE region. Primary Care Addiction Counsellor coordinating HSE training across Cavan and Monaghan Primary Care Teams, Traveller Women's Health Initiative and Cavan Institute Social Care Students in 2016. HSE Alcohol Screening and Brief Intervention Project</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>CHO 4: The SAOR Screening and Brief Intervention Train the Trainer programme was piloted in CHO area 4 in 2014. Sixteen Trainers officially formed a panel of NATP SAOR trainers in May 2015 and have continued to provide training to 196 participants throughout 2015 and over 400 participants between 2013 and 2014. A further 4 SAOR Train the Trainer programmes commenced during 2015 with 18 participants taking part in the CHO Area 5, 10 in CHO Area 2, 20 in CHO Areas 9/10 and 10 in CHO Areas 7 and 8. These participants will continue the train the Trainer programme during 2016. The delivery of the Train the Trainer programme nationally was supported by staff in CHO Areas 2, 5 and 4.</p> <p>The SAOR one day screening and brief intervention training programme was delivered to a total of 540 Tier 1 to Tier 4 staff in 2015.</p> <p>The process of developing Implementation plans for the delivery of screening and brief intervention following training has begun in CHO areas involved in the SAOR Train the Trainer Programme. During 2015, CHO Area 4 has been working with specific services (Clinical Psychologists across adult mental health teams and CAMHS, Social workers in Cork University maternity hospital and Youth Justice Workers in Kerry) to train their teams and support them to implement screening and brief intervention into routine practice.</p> <p>A number of resources are in development to support services implementing screening and brief intervention into routine practice including; screening and brief intervention briefing papers and toolkits; e-learning programme, DVD resources and information materials.</p> <p>CHO 3 Screening & Brief Interventions for Problem Substance Use in Acute & Community Care Settings, 1 day course (NMBI approved) offered as part of the service's training calendar</p> <p>North West Mental Health Addiction Service Two courses delivered in the region (Screening & Brief Intervention).</p> <p>HSE Alcohol Screening and Brief Intervention Project</p> <p>The SAOR Screening and Brief Intervention Train the Trainer programme was piloted in CHO area 4 in 2014. Sixteen Trainers officially formed a panel of NATP SAOR trainers in May 2015 and have continued to provide training to 196 participants throughout 2015 and over 400 participants between 2013 and 2014. A further 4 SAOR Train the Trainer programmes commenced during 2015 with 18 participants taking part in the CHO Area 5, 10 in CHO Area 2, 20 in CHO Areas 9/10 and 10 in CHO Areas 7 and 8. These participants will continue the train the Trainer programme during 2016. The delivery of the Train the Trainer programme nationally was supported by staff in CHO Areas 2, 5 and 4.</p>

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		<p>The SAOR one day screening and brief intervention training programme was delivered to a total of 540 Tier 1 to Tier 4 staff in 2015.</p> <p>The process of developing Implementation plans for the delivery of screening and brief intervention following training has begun in CHO areas involved in the SAOR Train the Trainer Programme. During 2015, CHO Area 4 has been working with specific services (Clinical Psychologists across adult mental health teams and CAMHS, Social workers in Cork University maternity hospital and Youth Justice Workers in Kerry) to train their teams and support them to implement screening and brief intervention into routine practice.</p> <p>A number of resources are in development to support services implementing screening and brief intervention into routine practice including; screening and brief intervention briefing papers and toolkits; e-learning programme, DVD resources and information materials.</p> <p>All staff in CHO Area 9 have been offered training in brief interventions.</p>
<p>Action 37</p>	<p>Develop and implement a mechanism for early identification, and onward referral where appropriate, of substance misuse among under 18 service users in the wider statutory, community and voluntary sectors</p> <p>Department of Children & Youth Affairs (Lead Role) with support from An Garda Síochána, Irish Prison Service, The Probation Service, Department of Education & Skills; Schools and 3rd Level Institutions; Community & Voluntary sectors</p>	<p>The National Strategy for Research and Data on Children's Lives, 2011-2016, was published by the Department of Children and Youth Affairs in November 2011. The Action Plan component of the strategy contains a number of actions which will contribute to progress on Action 37, including: improved and increased use of existing research and data on the topic of alcohol and drugs in relation to children's lives (Action A10), mining of data sources to describe the interaction between drug use and youth offending and increased dissemination of existing information on drug misuse among children and young people (Action A16), and a feasibility study to identify sources and methods for developing a baseline indicator of substance misuse among youth at risk (Action C5). Progress made by the organisations responsible for each action up to the end of 2012 is reported in the National Strategy for Research and Data on Children's Lives, 2011-2016 Implementation Report published by the Research Unit of the DCYA in early 2013 and available at:</p> <p>http://dcya.gov.ie/viewdoc.asp?fn=/documents/Research/Implementation/ImplementationActionPlan.pdf</p> <p>The 2013 Implementation Report has been finalised. It will be published by the Research and Evaluation Unit of the DCYA in early 2016 and made available on its website.</p> <p>Summary Updates on A10 and A16 are as follows:</p> <p>A10: An anonymised dataset from the 2011 European School Survey Project on Alcohol and Other Drugs (ESPAD) Survey is being prepared in order to make it available through the Irish Social Science Data Archive for further analysis.</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>A16: The report 2013 NATIONAL REPORT (2012 Data) TO THE EMCDDA (European Monitoring Centre for Drugs and Drug Addiction), produced by the Health Research Board (HRB), includes information on national research into drug use among children and young people in Ireland.</p>
<p>Action 38</p>	<p>Develop a drugs interventions programme, incorporating a treatment referral option, for people (primarily youth and young adults) who come to the attention of the Gardaí and the Probation Service, due to behaviour caused by substance misuse.</p> <p>An Garda Síochána (lead), Department of Justice & Equality (Irish Youth Justice Service), HSE , Probation Service, Department of Children & Youth Affairs; Community & Voluntary Youth Services, Department of Health (formerly Office of the Minister for Drugs)</p>	<p>An Garda Síochána intends to provide information to persons for people (primarily youth and young adults) who have been arrested by Gardaí, due to behaviour caused by substance misuse by way of an Information Leaflet. In line with the overall strategic aims of the National Drugs Strategy 2009-2016, to provide information with the aim of reducing harm to individuals and society by the misuse of drugs and alcohol. It is envisaged that this Action will be fully implemented by the end of 2016.</p>
<p>Action 39</p>	<p>Maintain and develop treatment services dealing with Blood Borne Viruses (BBVs), with particular emphasis on Hepatitis C treatment services.</p> <p>HSE (Lead)</p>	<p>CHO 5: Waterford: BBV Screening and vaccination remains a priority area. All service users are offered screening and vaccination as appropriate at the commencement of treatment.</p> <p>An audit is in progress looking at rate of screening, vaccination and referral for HCV treatment.</p> <p>The Hepatitis C strategy identified that between 60-80% of intravenous drug users (IVDU) attending opiate substitute therapy services (OST) are Hepatitis C positive and may require referral to specialist consultant lead medical services. Currently service users in the South-East have issues regarding accessibility to services due to the geographical location of Hepatology Services. These services are based at either Cork University Hospital or St. Luke's Hospital in Kilkenny. Uptake of services is often poor due to the distance, lack of public transport and the expense.</p> <p>Project Echo is a co-management model of care (hub and spoke model) which enables service users with complex healthcare needs to access specialist medical knowledge i.e. putting local clinicians together with specialist teams at academic medical centres in fortnightly virtual clinics or tele-Echo clinics. The specialist clinicians based at St James Hospital Dublin (the hub) linked with level 2 G.P and nurse (the spoke) on a fortnightly basis to discuss co-management of service users who are Hepatitis C positive.</p> <p>Waterford was identified as a pilot site for the Project along with another 2 sites in Dublin. The pilot was conducted for a 6 month period commencing 27th March 2015. During this period 7 service users were jointly managed and fibroscans were undertaken with all the participants.</p> <p>South Tipperary The Substance Misuse Liaison nursing team and GPs in the South Tipperary Substance Misuse</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>Service provides</p> <ul style="list-style-type: none"> • Facilitate STI screening • BBV results • BBV education <p>BBV vaccinations</p> <p>Wexford BBV screening and vaccinations commenced in Wexford in 2015. To monitor and audit up-date in 2016. To monitor and review onwards referrals for HEP C treatment.</p> <p>HSE National Hepatitis C Strategy Implementation Committee co-ordinated a Hepatitis C education and awareness campaign to support World Hepatitis day on the 28th of July 2015. The campaign was supported by Drugs.ie, ICGP and HPSC. The HSE produced campaign posters and videos were produced in partnership with Drugs.ie. HSE staff were provided with information about Hepatitis C and encouraged to speak to patients or clients who might be at risk of having the virus and talk to them about getting tested.</p> <p>The development of national Hepatitis C Screening Guidelines is ongoing.</p> <p>North West Mental Health Addiction Service Support and onward referral for clients who have concerns regarding BBV</p> <p>CHO 6 & 7 To date approximately 500 patients (CHO 6 & 7) with advanced liver disease have been approved for treatment using direct acting antiviral (DDAs).</p> <p>A Clinical lead and Programme Manager have been appointed to ensure the continued rollout of treatment for patients in Ireland.</p> <p>E30 million has been made available to the HSE to support the National Hepatitis C treatment Programme- this is a significant commitment to ensure the continued provision of treatment to all persons in Ireland with Hepatitis C over the coming years.</p> <p>On a more local level 2015 saw the establishment of the Hepatitis C Partnership- A National collaborative Partnership of stakeholders working in the area of Hepatitis C. Those involved represent the statutory as well as the community and voluntary sector including HSE, Irish haemophilia association, Coolmine Drug treatment Centre, UISCE and National Drug Treatment Centre.</p> <p>The Partnership aims to provide centralised information and support to all those affected by Hepatitis C. They aim to strengthen and support information sharing, and partake in public awareness Campaigns for clients and promote testing, treatment and general health promotion in relation to</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>Hepatitis C. The re-launched website www.hepinfo.ie will be an information platform for this.</p> <p>The HSE Addiction Services Audit subgroup of the Clinical Governance Committee conducted an Audit in CHO 7 on Screening and referral for Hepatitis C by the Doctors in Addiction Treatment Centres.</p> <p>The report was published with help from the HSPC who provided statistical analysis. There was 98% compliance with testing for antibody, 95% of whom were tested for PCR / Antigen of whom 67% were positive, 86% of the PCR positive cohort were referred to Hepatology. Eighteen patients did not provide a history of IDU of this group 5 were antibody positive and of these 2 were PCR/Antigen positive.</p> <p>An Education meeting for GPs was organised by the GP coordinator with Community Response Hepatitis C Partnership on November 16th. Speakers included a Public Health Specialist, a Hepatologist and specialist Pharmacist from St. James Hospital.</p> <p>HSE National Hepatitis C Strategy Implementation Committee co-ordinated a Hepatitis C education and awareness campaign to support World Hepatitis day on the 28th of July 2015. The campaign was supported by Drugs.ie, ICGP and HPSC. The HSE produced campaign posters and videos were produced in partnership with Drugs.ie. HSE staff were provided with information about Hepatitis C and encouraged to speak to patients or clients who might be at risk of having the virus and talk to them about getting tested.</p> <p>The development of national Hepatitis C Screening Guidelines is ongoing.</p> <p>CHO 9 CHO 9 has a specialist Hepatitis nurse working with clients to promote awareness and health information for staff and external agencies.</p>
Action 40	<p>Develop a response to drug-related deaths through:</p> <ul style="list-style-type: none"> I. A National Overdose Prevention Strategy; II. A co-ordinated health response to the rise in deaths indirectly related to substance abuse; and III. A review of the regulatory framework in relation to prescribed drugs <p>HSE (Lead) with support from Department of Health.</p>	<p>The purpose of the Naloxone Demonstration Project was to test the feasibility of making Naloxone available for use by opioid users in order to prevent death from overdose.</p> <p>The product (Prenoxad TM 1mg/ml injection) is not licensed in Ireland but licensed and authorised in a member state injectable, administered via the parenteral route and formulated in a specific overdose pack. One of its advantages is that it has additional labelling to allow for lay administration.</p> <p>A central element of the Demonstration Project was the formal briefing of drug users and training of those close to them (e.g. service providers, front line workers and family members) in the use of Naloxone and in recognising and effectively managing overdose events.</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>The Demonstration Project aimed to involve 600 people receiving take-home Naloxone within the current legislative framework. The primary target population was drug users at risk of opioid overdose in the community and ex-prisoners on release.</p> <p>An external evaluation was carried out to document and report on the implementation. There were two elements to the evaluation: a process evaluation and an outcome evaluation.</p> <p>The aim of the process evaluation</p> <ul style="list-style-type: none"> • To determine the nature and quality of the programme implemented by investigating: • The implementation of the main elements of the programme. • The nature and quality of the training sessions. • Participants' views of the programme as a whole. <p>The aim of the outcome evaluation was to investigate:</p> <ul style="list-style-type: none"> • Learning and other outcomes from the training sessions. • Practical application of Naloxone in overdose events. • Practical application of other harm-reduction actions in overdose events. • The effect of Naloxone in reducing the number of fatal overdoses <p>The report is currently being finalised.</p> <p>Specific activities in CHO areas during 2015 include:</p> <p>CHO 5 Waterford Staff have been trained to deliver overdose prevention and naloxone training for service users. The project started in November 2015 and 12 service users have been trained and issued with Naloxone.</p> <p>South Tipperary All Staff in the South Tipperary Substance Misuse Team have been facilitated with ongoing</p> <ul style="list-style-type: none"> • Overdose and prevention training • Service users are reminded regularly of overdose information • Service users are provided with literature re overdose especially re higher risk times; Christmas etc <p>Wexford Drug Education Officer trained in OD. This training offered in 2015 to Wexford substance misuse, HSE, FDYS and Cornmarket.</p> <p>CHO3 Naloxone Demo Project was rolled out in Limerick.</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>A Naloxone pilot programme continues to be implemented in the prison service and it is anticipated that this will augment the national naloxone pilot programme being delivered in 2016.</p>
<p>Action 41</p>	<p>Support families trying to cope with substance-related problems, in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.</p> <p>HSE (Lead) with support from Family Support Agency; Depts and Agencies; Family Support Network; Drugs Task Forces; Community & Voluntary sectors.</p>	<p>Family support services are provided in the Midlands Area. The Family Therapist position has been increased from 1 to 4 days per week in the Midlands Area in Q4 2015. This will continue and will develop working relationships with the schools and youth services as well as TUSLA and other HSE services in the Midlands Area.</p> <p>The MRDATF in partnership with HSE were successful in securing funding in Q4 under Dormant Funds for 2015. This proposal centred on the development of a Midlands Area Community Substance Misuse Mobilisation Strategy for the four counties. IT also focuses on the engagement of difference sectors of the community, providing relevant training to stakeholders and implementing evidence interventions</p> <p>Waterford: 1: 1 and group support is available to all family members / concerned others. Family support needs are identified at the earliest possible time and service users are encouraged to include family members in their care plan if involved.</p> <p>Wexford In 2015 the Wexford team invited the family support group facilitators to meet with the team. In 2015 Wexford team meet Breda Fell and agreed in 216 to invite her and family support services to meet with the team on a quarterly bases.</p> <p>HSE Mid West CHO3</p> <ul style="list-style-type: none"> The Service continues to offer support to concerned persons (inclusive of under 18's) affected by a family member's substance misuse. <p>North West Mental Health Addiction Service Addiction service continues to offer support to person's (inclusive of u 18's) affected by a family members' substance misuse.</p>
<p>Action 42</p>	<p>Continue to develop and expand: (i) Service User Fora; HSE (Lead) and (ii) Drug User Fora Department of Health (formerly Office of the Minister for Drugs) (Lead) in line with the recommendations of the Report of the Working Group on Drugs Rehabilitation.</p>	<p>CHO 8: HSE CADS in partnership with the MRDATF are working towards developing joint service user/drug user fora in 2016. We have adopted a Service User Involvement framework which was developed by the Southern and South Eastern RDATEF in partnership with the HRB / HSE / MH Commission, HIQA and involving expertise from the Glasgow Homeless Network.</p> <p>A briefing on this model was delivered previously to HSE and MRDATF</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>MRDATF Development worker will be developing and supporting the roll out of this in partnership with HSE CADS to commence in Q2 2106</p> <p>CHO 5: <i>South Tipperary</i> Service users in South Tipperary are regularly involved in VOX pop and are always supported to include comments and suggestions. Focus groups are facilitated on particular issues In 2015 Clients have been involved in information dissemination on:</p> <ul style="list-style-type: none"> • Barriers to Education • Needle Disposal in public areas • Methadone review • Strategic planning and service users inputs • Changes to services <p><i>Wexford</i> Wexford service commenced the process of working with Quality Matters for the development of SOPS and MOPs in ailment with QUADS,</p> <p>HSE Mid West CHO3 Continue to work with the MWRDAF in relation to the development of service / drug user for a</p> <p>CHO 1 <i>North West Mental Health Addiction Service</i> In partnership with Task Force has been working towards development of Service User Fora in the North West.</p> <p><i>Donegal MH Addiction Service</i> Member of the newly formed national steering group to identify and introduced mechanism/system to gather information on Service Users experience of HSE Addiction Treatment and subsequently will gather service user experience under the Nursing Metrics.</p> <p>CHOs 6&7 DATF activity</p> <ul style="list-style-type: none"> • The South Inner City Task Force are providing ongoing training for service users through an external training provide Occam and the services users have facilitated a dual diagnosis conference. • The Bray local Task Force has an established service user fora since 2013 and is continuous in its development and two of the service users will become part of the T&R Committee. • Dun Laoghaire Rathdown Task force service user involvement is exercised through the services - the HSE and a member of SURF are working with the services in the area to generate a communication strategy that will include service users and will have direct links to local services,

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>the Local Policing Fora and community organisations.</p> <ul style="list-style-type: none"> • The East Coast Regional Task Force has commenced the implementation of the Service User framework to involve service users developmentally and strategically in their regional plan. • The Dublin 12 local Task force has established a Service user forum with a dedicated TUS worker to support it. • The South Western Regional Task Force supports ASK (addiction services Kildare) users forum. This is incorporated in to a special CE project ; this also offers service user advocacy and mentoring support for members and provides an advocacy module to service users, 2015 saw the development of a drug free social integration program ; The forum is represented on the TF and has a formal social media forum to communicate with service users • The Canal Communities Task Force has two service user representatives on the Task Force and the T&R committee, both are active nationally; they advocate for other service users and have strong links with the HSE. There is a local service user forum; there is a service user involvement committee; they produce a magazine Vocalyeze; the service users are involved with the Service Dialogue. • The Tallaght Task Force in conjunction with a service provider has trained and supported ten services users to participate on TDATAF subcommittees. TDATAF is committed to hearing and supporting the voice of service users in Tallaght. • The Ballyfermot Task Force has tasked the T&R sub group to engage in a process that will lead to the improvement of service user involvement • The Clondalkin Task force has a dedicated active service user forum in Clondalkin. <p>HSE Addiction Service CHO 6&7</p> <ul style="list-style-type: none"> • A nominated Service User participates on the management committee structure. • The Operational Management and Service Provider governance Committee are working with a SURF representative to provide advocacy to service users in both CHO 6 and CHO 7 and to work with Dun Laoghaire Rathdown Task force in developing a communication strategy that will be inclusive of service users in the area. • The HSE is involved with the Canal Communities service involvement working group to include service users in the consultation process for the 2016 National Drugs Strategy. It will also work with the South East Task Force in rolling out their service user training. • The HSE are working to support the Service User dialogue and will promote and support the next phase. • The Service user Charter was revised and disseminated across dispensing sites and satellite clinics, along with “Your Service Your Say” leaflets. <p>CHO 9: Service User participation in the Addiction Service in North Dublin strong. We include service user representation on our Clinical Governance committee and various working groups emerging from that committee. We also engage with our local service user forum, that is part of the implementation group for the Addiction Service review.</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>ii) The majority of Drug and Alcohol Task Forces (DATFs) have established service user fora or drug user fora to some degree. Some DATFs have developed a Service User Involvement Framework based on work of the SERDATF and SRDTF evidence based Service User Involvement Strategy, manual and training programme. A number of Task Forces are in the process of establishing Fora, or promoting service/drug user involvement through different means.</p>
Action 43	<p>Continue the expansion of treatment, rehabilitation and other health and social services in prisons.</p> <p>Develop an agreed protocol for the seamless provision of treatment services as a person moves between prison (including prisoners on remand) and the community.</p> <p>Irish Prison Service (Lead) with support from The Probation Service; HSE; Community & Voluntary sectors.</p>	<p>The Irish Prison Service National Drug Treatment & Recovery Centre (formerly the Medical Unit) launch has been deferred pending completion of an independent Review of Drug & Alcohol Treatment Service for Offenders, directed by the Minister for Justice & Equality and jointly funded by the IPS / Probation Service. The report is due in January 2016.</p> <p>In the interim the IPS Drug Treatment Programme (DTP) has increased capacity by 100% providing a formal DTP to 18 participants. The programmes run over 6 weeks (with a 2 week lead in) have an agreed protocol and work particularly well for sentenced prisoners.</p> <p>Recent IT developments facilitate improved communication between the Operations and Healthcare providers. In line with IPS release planning policy links are made with community addiction services to ensure continuation of treatment on release.</p> <p>IPS representative takes a lead on NDRIC – National Drug Rehabilitation Implementation Committee, which meet monthly, with representatives from the Probation Service, HSE, C&V groups.</p>
Action 44	<p>Address the treatment and rehabilitation needs of:</p> <ul style="list-style-type: none"> • Travellers; • New Communities; • LGBTs; • Homeless; and • Sex Workers <p>This should be facilitated by engagement with representatives of those communities and/or services working with those groups as appropriate.</p> <p>HSE (Lead) with support from Community & Voluntary sectors.</p>	<p>CHO 8: CHO 8 has inputted into the Local Economic and Community Plans 2016-2021 across the Midland Areas</p> <p>HSE Primary Care Addiction Service Cavan/Monaghan provided drug and alcohol screening and brief intervention training to Traveller Women Health Initiative in 2015 with SAOR Training to be delivered in 2016 with Travellers and staff as part of Alcohol Awareness Campaign 2016.</p> <p>HSE CADS continues to support and attend the HAT's . The GP/Pharmacy Liaison Nurse works closely with Midlands Simon by supporting this initiative.</p> <p>CHO 5 South Tipperary The South Tipperary Substance Misuse Service works in a Social Inclusion model and invites all services working under Social inclusion to work with them actively linking on shared care The South Tipperary Substance Misuse Service also employs a Social Inclusion Outreach worker to link and advocate with the Travelling Community and hard to reach males in the wider community this</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>has been a very successful initiative</p> <p>Wexford In 2015, the Drugs Education Officer (DEO) initiated training with Traveller's health project workers in the north of the county. In 2015, DEO meet with Men's hostel, OD, Nalaxone and Drug information and plan to role this training in 2016.</p> <p>CHO3</p> <ul style="list-style-type: none"> • The service continues to work closely with the Social Inclusion Homeless Directorate, HAT and services in the community and voluntary sector in relation homelessness • The service continues to work closely with the Social Inclusion Traveller Health Unit and is a member of the MWRDAF Traveller Sub-Group <p>CHO 1 North West Mental Health Addiction Service Addiction service represent ivies attend both HAT meeting in the NW (Sligo & Donegal)</p> <p>Sligo/Leitrim MH Addiction Service Addiction/social inclusion rep attends local & regional meetings in respect of Travellers, new communities and homeless.</p>
Action 45	<p>Develop a clinical and organisational governance framework for all treatment and rehabilitation services, in line with the Report of the Working Group Examining Quality & Standards for Addiction Services, and subject to a timeframe for compliance given the resource implications involved.</p> <p>HSE (Lead) with Support from Voluntary sector</p>	<p>During 2015 the HSE convened a group to review the existing clinical and general governance arrangements in the HSE addiction services in preparation of making recommendations regarding the appropriate governance structure setting out clear lines of authority, accountability and responsibility at all levels in the service in the best interests of service users and service providers</p> <p>The review is in the process of being finalised. This will be lead out by the National Clinical lead, to be commenced in Q1 2016.</p> <p>Specific activities in CHO areas during 2015 include:</p> <p>CHO Area 5 SOPS and MOPs under development in line with <i>Safer Better Healthcare</i>, HSE Policies and Quads requirements.</p> <p>Clinical Governance Meeting to look at clinical incidents, prescribing issues, drug related deaths, quality and standards, audit review, complaints etc.</p> <p>South Tipperary The South Tipperary Substance Misuse Coordinator is currently actively involved in developing policy</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>standards for the whole South Eastern region Staff in South Tipperary have been asked to link with developing SOPs and MOPs in the region this is an ongoing process into 2016</p> <p>Wexford Service lead establishing Quality and patient safety committee in 2016. Wexford coordinator to sit on same. Local coordinator sits on local HOD committee</p> <p>HSE Mid West CHO3</p> <ul style="list-style-type: none"> • The service continues to implement QuADS; with a clinical audit of counselling and outreach services carried out this year and a clinical audit of 1 NGO carried out <p>All RDTF funded projects are directed to develop in line with QuADs via the SLA process</p> <p>CHO 1 North West Mental Health Addiction Service</p> <ul style="list-style-type: none"> • Audit completed as part of Grant Aided agreements of P&P project benchmarked against QuADS standards. • Agencies advised of areas for development and support by Task Force to address same. <p>North West Mental Health Addiction Service</p> <ul style="list-style-type: none"> • Audit completed as part of Grant Aided agreements of P&P project benchmarked against QuADS standards. • Agencies advised of areas for development and support by Task Force to address same. <p>CHO 6&7 QuADS standards are in place in The Addiction Services CHO 6&7. Evidence to meet relevant standards has been agreed by all stakeholders and is being implemented. 90% of staff have received briefing sessions and managers have also had access to targeted information sessions with the objective of up skilling to implement agreed evidence with their discipline. The service is working towards being Audit ready in 2016.</p>
Action 46	<p>Develop a regulatory framework on a statutory basis for the provision of counselling within substance misuse services.</p> <p>Department of Health (lead); HSE</p>	<p>The primary focus of the Department of Health for the foreseeable future is the registration of the 12 health and social care professions designated under the Health & Social Care Professionals Act, 2005. In the interests of patient safety, work continues on the possible designation of Counsellors and Psychotherapists for regulation under the Health & Social Care Professionals Act, 2005.</p>
Action 47	<p>Develop national training standards for all involved in the provision of substance misuse services.</p>	<p>The National Addiction Training Programme (NATP) continued to implement training throughout 2015. During 2015 the NATP commissioned the production of 2 DVDs; 4 hours of demonstration of 2</p>

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
	<p>Coordinate training provision within a single national substance misuse framework. This will include the continued development of responsive training and educational courses and modules for people working in treatment and rehabilitation services to meet current and emerging needs.</p> <p>HSE (Lead) with support from voluntary sector; key academic institutions.</p>	<p>psychosocial skills (Motivational Interviewing, Community Reinforcement Approach). This is for use by practitioners in the field and will be available on drugs.ie.</p> <p>The NATP sponsored the development of SMART Recovery Meetings in Ireland which are based on empowering clients through psychosocial skills development at regular meetings to manage their substance misuse and associated mental health problems. A Development worker was appointed to co-ordinate and facilitate SMART training of service users and addiction staff.</p> <p>The NATP sponsored 10 places in a 2 day course on cognitive behavioural therapy and trauma focused work.</p> <p>Seeking Safety Therapy Training was held on 27th, 28th August in conjunction with Keltoi Trauma and Addiction Training Centre. 178 people attended the 2-day training delivered by Dr. Martha Schmitz. There was a significant positive evaluation to the training and Dr. Schmitz features on Drugs.ie. Interview with Dr. Scmitz to feature in Health Matters.</p> <p>The NATP drafted a Workforce Development Statement; a high level statement outlining a strategic approach to the development of a workforce development. Plans were developed to carry out a national training needs analysis and implementation plan.</p> <p>This work could not be progressed during 2015 due to a withdrawal of funding. Alternative arrangements are being made to progress during 2016.</p>
Action 48	<p>Develop an appropriate educational model for:</p> <p>(i) paramedic (ambulance service) Pre-Hospital Emergency Care Council (PHECC) and</p> <p>(ii) nurse and midwife training to ensure that those qualifying are familiar with relevant drug treatment issues and alternative care pathways. An Bord Altranais</p> <p>Include comprehensive coverage of problem substance issues in undergraduate doctor training.</p> <p>The Medical Council</p> <p>D/Health (now fulfilling lead role) with support from Pre-Hospital Emergency Care Council (PHECC), An Bord Altranais, The Medical Council</p>	<p>(i) PHECC has developed training materials for identification and management of patients who present with poisonings or overdose. Implementation of this is the responsibility of the service providers.</p> <p>(ii) All current education programmes approved by the Nursing and Midwifery Board of Ireland (NMBI) include health promotion, health education and disease prevention. NMBI Board has recently approved (quarter 4 2015) new Nurse Registration Programme Standards and Requirements and Midwife Registration Programme Standards and Requirements. Contained in the Standards and Requirements for nurse registration programmes are specific learning outcomes and in particular domains of competency which reads "understanding the nature of mental distress/illness and working with people who experience multiple and complex needs – including:</p> <ul style="list-style-type: none"> o Aetiology and epidemiology of substance misuse o care treatment approaches and service provision for persons with a diagnosis of substance misuse

	Treatment & Rehabilitation Pillar Actions	Progress to Date in Implementation of Action
		<p>The Standards and Requirements for Nurse Education programme also provide for Indicative content in relation mental health nursing and safe practice as it relates to knowledge of health policy including substance misuse. To support this learning there is also a requirement for Practice Placement Exemplars for the nurse registration programmes which lists addiction and alcohol services.</p> <p>The Midwife Registration Programme Standards and Requirements include in its indicative content for pharmacology - risk management in medication management. Midwifery practice – knowledge, skills and professional behaviors focuses on the identification, assessment, planning, implementation and evaluation of midwifery care for women experiencing perinatal mental health issues.</p> <p>Both registration programmes have a strong focus for indicative content addressing health promotion and wellbeing.</p> <p>NMBI issue guidance for practice to all registered nurses and midwives. The current guidance on Medication Management from 2007 is being reviewed. Standards for Medicines Management is a project being conducted in collaboration with the HSE ONMSD to revise this guidance. This also includes updating the accompanying e-learning programme. the programme includes a patient vignette involving MDA controlled medications and the nurses/midwives responsibilities in providing safe care of patients requiring MDAs, including appropriate education and supports. Anticipated publication of this work is planned forearly 2016..</p> <p>(i) The Council of Deans of Faculties with Medical Schools of Ireland (CDFMSI) considers that all teachers and undergraduate students of medical education and training should be familiar with all aspects of the effects and treatment of substance misuse. The CDFMSI will continue to endeavour to ensure that students and teachers across schools are familiar with the National Drugs Strategy.</p> <p>The Medical Council has statutory responsibility for the accreditation of medical schools providing education modules relating to medical practice. In addition to the teaching of curriculum content related to substance issues, and as previously noted by the Medical Council, there are educational opportunities provided to medical students throughout the course of their studies outside of teaching hospitals. These include community clinics (including psychiatric clinics) and drug treatment centres. The Medical Council's accreditation activity in this area is ongoing in nature, and comprises a blend of direct inspection and annual engagement via a returns process.</p>

	Research & Information Pillar Actions	Progress to Date in Implementation of Action
Action 49	<p>Continue to implement and develop, as appropriate, the five key EMCDDA epidemiological indicators and the associated data collection systems:</p> <p>(i) Prevalence and patterns of drug use among the general population (this will include the continuation of the Drug Prevalence Survey and ESPAD); National Advisory Committee on Drugs and Alcohol (NACDA) (Lead Role)</p> <p>(ii) Prevalence and patterns of problem drug use; NACDA (Lead Role)</p> <p>(iii) Demand for drug treatment; Health Research Board (HRB) (Lead Role)</p> <p>(iv) Drug-related deaths and mortality of drug users; HRB (Lead Role) and</p> <p>(v) Drug-related infectious diseases HRB (Lead Role)</p> <p>Consider the development of appropriate problem alcohol use epidemiological indicators and the associated data collection, building on existing monitoring systems and prevalence surveys. Department of Health (Lead Role)</p> <p>Support from HSE, HRB; NACDA and other relevant Departments and agencies as appropriate</p>	<p>(i) The Drug Prevalence Survey on drug use in the General Population has been undertaken. First Results will be published in Q1 2016</p> <p>(ii) The Study to estimate the prevalence of opioid use in Ireland is at an advanced stage and estimates for 2011, 2012, 2013 and 2014 will be available during Q1 2016</p> <p>(iii) Data for 2014 has been submitted to the EMCDDA on time and in the new revised TDI format. New data for 2014 will be available on the www.drugsandalcohol.ie website in February 2016. Data collection for 2015 is underway.</p> <p>(iv) Data collection for 2013 deaths has been completed and is published on line. Data has been submitted to the EMCDDA. Data collection for 2014 deaths has commenced.</p> <p>(v) Data for 2014 prevalence of hepatitis B/C and HIV infection among injecting drug (IDUs) users submitted to EMCDDA.</p> <p>The National Drug Treatment Reporting System, managed by the Health Research Board, continues to collect information on treated problem alcohol use in Ireland. The most recent treatment figures for 2009-2013 were published in June 2015.</p>
Action 50	<p>Develop, in association with the EMCDDA, and implement new indicators at national level for the following three areas:</p> <p>I. harm reduction;</p> <p>II. public expenditure; and</p> <p>III. drugs and crime.</p> <p>HRB (Lead Role)</p>	<p>(i) Data from pharmacy-based needle exchange services for 2013 submitted to the EMCDDA</p> <p>(ii) Public expenditure – Report on Ireland’s public expenditure 2014 organised according to EMCDDA analytical framework (i.e. UN’s Classification of Functions of Government [COFOG]) submitted to EMCDDA, October 2015.</p> <p>(iii) The most recently available data on drug seizures drug-related offences were submitted to the EMCDDA in October. For the first time data on drug treatment in prisons was included in the HRB’s report on prisons to the EMCDDA.</p>

	Research & Information Pillar Actions	Progress to Date in Implementation of Action
Action 51	<p>Monitoring problem substance (including alcohol) use among those presenting to hospital Emergency Departments</p> <p>HSE (Lead Role)</p>	<p>CHO 5: South Tipperary The South Tipperary Substance Misuse Service works with Emergency Departments and the General Hospital to link with patients in the hospital when they are inpatients this has been very successful to date</p> <p>Wexford Drug Education Officer to offer SAOR training to AE staff in Wexford general, public health nurses in 2016.</p> <p>CHO 1: HSE Integrated Addiction Oversight Group established in Cavan/Monaghan in 2015 with representatives from Acute Services, Primary & Community Care, Mental Health & Public Health Nursing to develop and monitor HSE Addiction Services in the region including protocol on alcohol detoxification in Acute settings, standardisation of recording procedures for alcohol screening and brief intervention, and internal recording systems i.e. HYPE coding for detoxification and substance misuse presentations.</p> <p>North West Mental Health Addiction Service Local Protocol is in place – The Psychiatric Liaison/SCAN Nurse offer clients presenting to General Hospital with substance misuse concerns screening and referral to local addiction services.</p> <p>Sligo/Leitrim MH Addiction Service Local protocol is in place - All young person's presenting to Emergency Department where alcohol and/or substance misuse is identified/factor at Sligo University Hospital are referred by Consultant Paediatrician for follow-up by the Youth Addiction Service</p>
Action 52	<p>Seek to put in place a unique identifier to facilitate the development of reporting systems in the health area while respecting the privacy rights of the individuals concerned.</p> <p>Department of Health (Lead Role)</p>	<p>The HSE is now finalising a detailed plan for the establishment and rollout of the Individual Health Identifier (IHI). A formal Memorandum of Agreement with the Department of Social Protection is being finalised and this will provide for access to its client database for the purposes of populating and maintaining the IHI register. The Department has initiated contact with the UK authorities with a view to getting formal agreement to using the NHS number format and using a dedicated block of NHS numbers.</p>
Action 53	<p>Implement the recommendations of the Review of the Coroner Service to reduce delays in reporting so that information is available on a timely basis for the NDRDI.</p> <p>Department of Justice & Equality (Lead Role)</p>	<p>The Coroner Service continued to work closely in 2015 with the National Drug Related Deaths Index (NDRDI) team based at the Health Research Board (HRB) in the ongoing recording of drug related deaths with the most recent report being published by the HRB in December 2015 (copy report is available at www.hrb.ie)</p>

	Research & Information Pillar Actions	Progress to Date in Implementation of Action
		In this regard the Coroners facilitate the work of the HRB in the operation of the Index, co-operating in full with the researchers who visit each Coroner's service annually in examining all inquest files
Action 54	<p>Consider the further development of systems monitoring changing drug trends in line with the EU Early Warning System</p> <p>National Advisory Committee on Drugs and Alcohol (Lead) with support from Department of Justice & Equality; Health Research Board; Department of Health (formerly Office of the Minister for Drugs); Forensic Science Laboratory</p>	Communication protocol for notification of drug use emergencies is being further developed.
Action 55	<p>The Minister of State, the OMD and the NACDA will develop and prioritise a research programme, revised on an annual basis. This would consider the following areas, among others, as possibilities for research:</p> <ul style="list-style-type: none"> • Areas of research recommended in the Report of the Working Group on Drugs Rehabilitation; • Harm reduction approaches, based on an evidence-based approach covering developments internationally; • Examining the evidence of the effectiveness of the progression of clients from substitute maintenance treatments to abstinence; • Psychosocial adjustment, and quality of life, of patients on long-term methadone maintenance treatment. • Examining the misuse and prolonged use of psychotropic drugs; • Factors influencing deaths that are indirectly related to drugs; • New developments in treatments for drugs; • The impact of alcohol and drugs on the Irish health and justice systems; • Further research on psychiatric co-morbidity among drug users; • Prevalence patterns of problem substance use among prisoners and homeless people <p>NACDA (Lead Role)</p> <ul style="list-style-type: none"> • Examining the feasibility of developing an indicator to monitor changes in the prevalence of substance misuse among youth at risk. <p>NACDA (Lead Role) with support from Department of Children & Youth Affairs</p>	<p>The research work program is continuing.</p> <p>The program for 2015 included a study to estimate the prevalence of children of or residing with substance misusing parents, in addition to those studies mentioned above, i.e. Drug Prevalence Survey on drug use in the General Population and to estimate the prevalence of opioid use in Ireland.</p> <p>NACDA was been unable to conduct rehabilitation research during 2015 due to lack of a researcher and a rehabilitation research budget.</p>

	Research & Information Pillar Actions	Progress to Date in Implementation of Action
Action 56	<p>Develop a research management framework in regard to problem substance use in Ireland; Disseminate research findings and models of best practice.</p> <p>NACDA (Lead Role) with support from HRB, Department of Health (formerly Office of the Minister for Drugs)</p>	<p>The NACDA is considering options for improved dissemination of research findings and models of best practice, Progress has been slow in light of a lack of research staff and a reduced budget.</p> <p>Research finding are widely circulated.</p> <p>The HRB National Drugs Library continued to promote the use of evidence in drugs work by providing a comprehensive collection of Irish research through its www.drugsandalcohol.ie website. The library provides an information service for all those involved drugs and alcohol work in Ireland.</p> <p>In October the library provided access to interactive tables based on the 2013 National Alcohol Diary survey. Interactive tables of the most recently available drug treatment data are available on the website</p> <p>In July the library commissioned the Public Health Department of Liverpool John Moores University to prepare an evidence briefing to support the work of the Steering Committee working on the new National Drugs Strategy. The evidence briefing will comprise a report on the drugs situation in Ireland, including a ten year trend analysis, and a series of reviews of high quality evidence in the areas of: continuum of care; harm reduction and prevention.</p>
	Co-ordination Pillar Actions	Progress to Date in Implementation of Action
Action 57	<p>Establish an Office of the Minister for Drugs with the roles and responsibilities outlined in chapter 6.</p> <p>D/CE&GA (Lead Role)</p>	<p>The OMD role was subsumed into the Department of Health in May 2011 and undertaken by Drugs Policy Unit.</p>
Action 58	<p>Establish the Oversight Forum on Drugs (OFD) with the terms of reference set out in chapter 6.</p> <p>D/CE&GA (Lead Role)</p>	<p>OFD has been established.</p>
Action 59	<p>Develop an overall performance management framework for the NDS across all Departments and Agencies to assess and monitor progress.</p> <p>D/Health (formerly OMD) (Lead Role)</p>	<p>The Performance Management is being undertaken by the Department of Health through the operation of the Oversight Forum on Drugs and through the monitoring of progress on the Actions of the National Drugs Strategy.</p> <p>Annual Reports monitoring the progress on the Actions of the National Drugs Strategy are published on the Department of Health website www.health.gov.ie</p>

	Research & Information Pillar Actions	Progress to Date in Implementation of Action
Action 60	<p>Continue to develop engagement with specifically identified at risk groups, including:</p> <ul style="list-style-type: none"> • Travellers; • New Communities; • LGBTs; • Homeless; and • Sex Workers <p>at the appropriate national/regional/local level in the design and planning of interventions under the NDS.</p> <p>D/Health (formerly OMD) (Lead Role)</p>	<p>A subgroup of the National Coordinating Committee for Drug and Alcohol Task Forces has reported on progress in advancing measures to implement this Action and Actions 41, 42 and 44.</p> <p>The subgroup has reviewed and updated the 2009 NDS Traveller Framework Document. The NCC is identifying lead agencies to implement recommendations in the document. The NCC will also feed into the National Traveller and Roma Inclusion Strategy.</p>
Action 61	<p>Develop protocols between relevant Departments and Agencies to ensure that a more co-ordinated approach is put in place to support Ireland's international role and responsibilities in relation to problem drug use.</p> <p>D/Health (formerly OMD) (Lead Role)</p>	<p>Protocols between relevant Departments and Agencies have been agreed.</p> <p>The International Drugs Issues Group, involving relevant Departments and Agencies, continues to meet on an ongoing basis.</p>
Action 62	<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> <p>D/Health (formerly OMD) (Lead Role)</p>	<p>The Report on the Review of Drugs Task Forces (2012) recommended a series of reforms to better equip the Task Forces to respond to the current pattern of drug and alcohol misuse.</p> <p>In line with the report, a National Coordinating Committee (NCC) for Drug and Alcohol Task Forces has been set up to drive implementation of the National Drugs Strategy at local and regional level. The Committee has agreed new terms of reference for Task Forces, provided guidance on how they can implement the National Substance Misuse Strategy and has requested details of the measures Task Forces need to take to comply with rules on selection of members. A sub-group has also been established to strengthen the mechanisms for measuring the impacts of Task Forces.</p> <p>The Department of Health has commissioned an external consultant to develop a performance measurement framework. It is intended that a Resource Allocation Model will be an integral part of this performance measurement system. This model will provide a means for targeting allocations on the basis of rational objectives and criteria, having regard to the drugs situation in the Task Force catchment areas and other demographic factors. This will help to facilitate more robust monitoring and assessment of the work of Task Forces by the Department.</p> <p>The NCC also looks at policy issues that impact on implementation of NDS at local and regional level and that arise from the implementation work on the ground.</p> <p>Funding of €22.59m in respect of Treatment & Rehabilitation community based initiatives has transferred from the Department of Health to the HSE in order to improve accountability for expenditure and simplify funding arrangements.</p>

	Research & Information Pillar Actions	Progress to Date in Implementation of Action
Action 63	Consider the need for/desirability of a dedicated treatment agency, looking at UK and international best practice models. OMD (Lead Role)	Following consideration of the matter it was decided not to pursue the establishment of a dedicated treatment agency for drugs.

Revenue Commissioners – Customs Service
Drug Seizures 2015

	Seizures	Volume	Value
Herbal Cannabis	831	618.27kg	€12,365,437.40
Cannabis Resin	193	7.76 kg	€46,556.88
Cocaine	75	95.17kg	€6,661,627.00
Heroin	17	0.19	€27,050.00
Other includes Amphetamines, Lsd, Ecstasy etc also Medicines	3,710	655.81 362.71 litres 1,139,161tablets	€3,993,146.00