



Reducing Harm, Supporting Recovery
National Drugs Strategy 2017-2025

National Drugs Strategy

Strategic Action Plan 2023-2024



An Roinn Sláinte
Department of Health

Foreword from Minister for Public Health, Wellbeing and the National Drugs Strategy Hildegarde Naughton TD

The strategic action plan 2023-2024 marks a significant milestone in the further implementation of the National Drugs Strategy.

The plan is based on the six strategic priorities identified following the mid-term review of the strategy in 2021:

1. Strengthen the prevention of drug and alcohol use and the associated harms among children and young people;
2. Enhance access to and delivery of drug and alcohol services in the community;
3. Develop integrated care pathways for high-risk drug users to achieve better health outcomes;
4. Address the social determinants and consequences of drug use in disadvantaged communities;
5. Promote alternatives to coercive sanctions for drug-related offences;
6. Strengthen evidence-informed and outcomes-focused practice, services, policies and strategy implementation.

The priorities are designed to strengthen the health-led approach to drugs, reflect commitments in the Programme for Government and align with the EU Drugs Strategy & Action Plan. By having a few key strategic priorities, supported by relevant actions, we can provide greater coherence to the strategy and facilitate cross-pillar and cross-government coordination.

The action plan was developed by strategic implementation groups reporting to the national oversight committee. The membership of the groups comprised of representatives from Government departments and agencies, drug and alcohol taskforces and civil society, with an independent chairperson

The national oversight structures ensure that civil society has a strong voice in drugs policy and that community and voluntary groups are centrally involved in reducing drug-related harm.

The strategic action plan has a total of 34 actions, with between four and eight actions aligned with each strategic priority. Work on implementing many of the actions has already commenced and progress will be reported on a quarterly basis.

In tandem with the new strategic action plan and the structures that have been put in place to support them, in 2021, over €144 million was spent on addiction services, with a further €11.7 million allocated in budgets 2022 and 2023 to support the National Drug Strategy.

To further support the implementation of the National Drugs Strategy, the Department of Health is developing an initiative to map the range of drug and alcohol services across the country.

I believe that the strategic action plan, with its concrete actions, will make a measurable difference to the lives of people affected by drug use.

I am conscious that the Citizens' Assembly on Drug Use will report to the Oireachtas in 2024, as this strategic action plan comes to an end. The recommendations of the Citizens' Assembly will provide the building blocks for the next national drugs strategy and strategic action plan in 2025.

I would like to commend all the stakeholders for their work, and I pledge my support to implement the strategic action plan and to deliver positive change for individuals, families and communities impacted by drugs

Strategic Priority 1

Strengthen the prevention of drug and alcohol use and the associated harms among children and young people

Action	Action description	Key deliverable	Lead(s)
1.1	Develop an integrated framework to strengthen the prevention of alcohol and other drugs and associated harms amongst young people.	1. Full map of prevention stakeholders 2. Common definition of prevention for all prevention service providers, 3. Framework with common 'Prevention pathway' developed for young people	DOH, HRB
1.2	Build the capacity of services to recognise hidden harm and to support families in the communities affected by substance use, to mitigate the risk and reduce the impact.	1. Finalise training content to develop a Training implementation plan including Train the Trainer, 2. National training implementation, 3.Capacity building	Tusla, HSE
1.3	Implement the Prevention & Education Funding Programme	1. Finalise the programme, 2. Launch, 3. Selection of proposals, 4. Commencement of activities, 5 Monitoring the programme	DoH
1.4	Develop, implement and evaluate a multi component environmental community action on alcohol project modelled on best practice.	1. Finalise & agree programme with TF's in implementation sites, 2. Secure funding for implementation & evaluation , 3. Publish evaluation findings (reports & peer reviewed articles), 4. Agree national standardised model & toolkit to support scaling up	HSE
1.5	Ensure the development of a national addiction service for U-18s which is cohesive, supported and well governed.	1. Complete gap analysis of service, 2. Service level plan , inc. referral pathways and governance, 3. Completion of recruitment	HSE
1.6	Mitigate the risk and impact of 'grooming' for young people in illicit drug distribution.	1. Cross departmental discussion, ID of common risk factors an, 3. d potential intervention points, 2. Plan ID for tackling with possible pilot options, 3. Plan of intervention to commence	DoJ AGS DAFT CS
1.7	Work to mitigate the risk and impact of hidden harm and consider foetal alcohol spectrum disorders as a particular form of hidden harm.	Foetal alcohol spectrum disorders – to consider this a particular form of hidden harm, and to mitigate risk and impact	HSE Tusla C&V
1.8	Support the Social Personal and Health Education Curriculum (SPHE) Programme	Ensure that all SPHE teachers, guidance counsellors and Home School Community Liaison co-ordinators can avail of continuing professional development.	DoE

Strategic Priority 2

Enhance access to and delivery of drug and alcohol services in the community

Action	Action description	Key deliverables	Lead(s)
2.1	Promote contribution of Drug and Alcohol Services through the Community Services Enhancement Fund and monitor its implementation.	CSEF Funding allocated to CHOs July 2022. CHOs assess population needs. Services commenced.	HSE/ CHOs
2.2	Maximise and strengthen the provision of evidence based family services to families affected by drug and alcohol use.	Support NSIO to undertake mapping exercise/audit of family support services to identify gaps or other issues. HSE to continue rollout of 5 Step method via DoH funding.	HSE /CHOs
2.3	Strengthen the implementation of the National Drugs Rehabilitation Framework	Promote the Competency Framework for Homeless and Addiction Services. promote the training programme on the key processes of the National Drugs Rehabilitation Framework. Support the full implementation of the Combined Assessment and Careplan tool on completion of evaluation.	DoH
2.4	Support the implementation of the HSE's Mental Health Clinical Programme on dual diagnosis.	HSE Clinical Programme has developed Model of Care. Designated pilot sites identified. Recruitment to commence in Q1 2023. Awaiting sign off of approval by College of Psychologists of Ireland	HSE/CHOs
2.5	Support travellers with drug and alcohol issues to access culturally appropriate addiction services by linking in with the Traveller Implementation Group on Action 33 of the Traveller Action Plan.	Milestones under development	

Strategic Priority 3

Develop harm reduction responses and integrated care pathways for high-risk drug users

SIG Action	Action description	Key deliverables	Lead(s)
3.1	Develop an Inclusion Health Approach for People who are homeless and in Addiction	1.Housing First Initiative-National Programme-request update on implementation. 2.Integration between Homeless,Addiction and Primary Care service-Enhanced Community Care Networks-ensuring there is representation of Homeless and Addiction services on Chronic Disease groups.	HSE/MH/Slaintecare LA/Dept of Housing. RDATAF. LDATF
3.2	Ensure Pathways to access treatment for High Risk Groups	1. Develop a care and case management interagency approach/Framework between Irish Prison Service,Probation and Mental Health/HSE. 2.National Hep C Treatment programme-Monitor implementation of Community DAA treatment within OAT services. 3. Develop a pathway for shared care between community addiction/mental health services and Irish Prison Services-from incarceration to release. 4.Provision of Naloxone on release from prison. 5. Improve access to Addiction services for high risk drug and alcohol users across spectrum of substances.6.Implement evidence based practice/interventions for problematic substance misuse including:Cocaine,Benzodiazepine,Codeine.Ensuring services can respond in an evidence based approach.	HSE,IPS,Probation
3.3	Increase residential treatment and step down accommodation.	1. Map current residential treatment and stepdown facilities	HSE, NGOs
3.4	Open Medically Supervised Injection Facility	Monitor progress	MQI/HSE
3.5	Consider the mental health and addiction challenges of those imprisoned	1.Intiatives in NEIC (health navigator Clair healy),Mountjoy and Dochas.Ask for update from CHO9/HSE regarding goals,outcomes,time measures. 2. Identify current models of health divergent programmes throughout CHOs,including monitor the progress of Health Diversion pilot sites-Mental health divergence with AGS,CAST model in Limerick.Aim to divert	IPS

		from courts. Picles model-rollout to other prisons.	
3.6	Improve the process of identifying substances of concern	Laboratory tested results. Care pathways for EDs and clinics.	HSE National Addiction service.

Strategic Priority 4

Address the social determinants and consequences of drug use in disadvantaged communities

SIG Action	Action description	Lead(s)
4.1	Utilise SICAP to improve the life chances and opportunities of people affected by problematic substance use to build their recovery capital, through community development approaches, targeted supports and interagency collaboration development approaches, targeted supports and interagency collaboration	DRCD
4.2	Create a progression path for people in recovery from problematic drug and alcohol use to access education, training and employment pathways, including job placement, in their local area.	DSP
4.3	Enhance policing and safety in communities impacted by the drugs trade in conjunction with Local Community Safety Partnerships and other relevant structures.	DOJ
4.4	Implement, resource and draw lessons from the Drive model to address drug-related violence and intimidation, in conjunction with Local Community Safety Partnerships	National Drive Committee /Coord (to be confirmed)
4.5	Target drug and alcohol services at socially excluded groups at risk of drug and alcohol use in disadvantaged areas, through the use of population-based indicators (eg homelessness)	DRCD
4.6	Ensure that drug-related issues are prioritised in Government proposals to build stronger and more integrated responses to local area challenges, drawing on the experiences in Dublin Northeast Inner City, Drogheda and other local initiatives.	to be confirmed /Coordinator Drogheda Implementaion group

Strategic Priority 5

Promote alternatives to coercive sanctions for drug-related offences

SIG Action	Action description	Key deliverables	Lead(s)
5.1	Oversee and support the implementation of the Health Diversion Programme (HDP).	1. Establishment of the ICT referral system. 2. Recruitment of SAOR Practitioners. 3 Agree operational procedures. 4. Training of AGS members. 5. Communications Plan. 6. Mechanism to enable HDP come into effect. 7. Date for implementation of HDP. 8. Monitor and Evaluate HPD	HSE and An Garda Siochána
5.2	Map alcohol/drug treatment service provision nationally, incorporating service availability and referral options for those going through the criminal justice system who use drugs and/or alcohol problematically.	1. Assess if achievable within current structures or external. 2. Complete exercise based on decision. 3. Report outcome to the National Oversight Committee	Department of Justice, Probation Service, HSE
5.3	Evaluate the Dublin Drug Treatment Court and recommend the future direction of Drug Treatment Courts nationwide.	1. Identify funding. 2. Tendering process.	Department of Justice
5.4	Strengthen policy and practice with regard to alternatives to coercive sanctions and share learning with EU member states.	1. Identify current initiatives (Adult caution, Court diversions, Law Engagement & Assisted Recovery (LEAR) project, etc.). 2. Secure funding for report. 3. Report findings to NOC. 4. Publish report. 5. Contribute to EU fora on alternatives to coercive sanctions.	Department of Health, SIG 5 Group

Strategic Priority 6

Strengthen evidence-informed and outcomes-focused practice, services, policies, and strategy implementation

SIG Action	Action description	Key deliverables	Lead(s)
6.1	Plan for the resourcing of evaluation of drug and alcohol interventions in line with policy priorities	Commission the design of a framework and toolkit for the structuring and planning of evaluation for drug and alcohol interventions. Develop a capacity-building programme to support the implementation and use of the toolkit. Plan for the resourcing of evaluation of drug and alcohol interventions in line with policy priorities.	DoH HSE
6.2	Design a system for reviewing recommendations and evidence from existing HRB, EMCDDA and Council of Europe publications in relation to policy and practice within the Irish context.	Consider the implementation of the findings from the HRB scoping review on rehabilitation outcomes, with a particular focus on data collection structures. Review the recommendations of the Council of Europe/Pompidou Group Gender and Drug Policy Handbook in the context of existing approaches and interventions within the Irish context and prioritise key actions accordingly. Design a system for reviewing recommendations and evidence from existing HRB, EMCDDA and Council of Europe publications in relation to policy and practice within the Irish context.	HRB DoH HSE
6.3	Review the current data monitoring systems to ensure they meet current and future needs in relation to informing practice and policy.	Review the current data monitoring systems to ensure they meet current needs in relation to informing practice and policy, as well as NOC and European Union. Explore current initial HRB/Department of Health work on identifying data	HRB

		<p>sources, data capture and indicators.</p> <p>Share emerging trends with EU partners and the British Irish Council. In regard to the British Irish Council this may include practice policy and innovation.</p>	
6.4	Support a population based approach to drug and alcohol service delivery	Provide evaluation and evidence base expertise in support of the implementation of a population-based approach in the planning, resourcing and delivery of drug and alcohol services under new regional structures. (RHAs)	DoH HSE
6.5	Provide expertise and guidance on the final evaluation of the implementation of the National Drugs Strategy.		DoH HRB