



Reducing Harm, Supporting Recovery Progress 2018 and Planned Activity 2019

Drugs Policy Unit, Dept of Health

26/04/19

Progress Updated by Lead Agencies

Goal One: Promote and Protect Health and Wellbeing

<i>RHSR</i> Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>1.1.1 (a) Develop an initiative to ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority Lead: DOH Partners: HSE</p>		<ul style="list-style-type: none"> • Drugs Policy Unit and Health and Wellbeing Division to develop initiative in conjunction with HSE • Health and Wellbeing Unit to establish a Clinical Lead for Alcohol Programmes 		
<p>1.1.1 (b) Promote the use of evidence-based approaches to mobilising community action on alcohol Lead: DOH Partners: HSE, DATFs</p>		<ul style="list-style-type: none"> • Drugs Policy Unit scoped out a new scheme and partners to develop and administer fund 	<ul style="list-style-type: none"> • Funding options to be finalised in early 2019 	
<p>1.1.2 (a) Organise a yearly national forum on evidence-based and effective practice on drug and alcohol education Lead: HRB Partners: HSE, DOH, DES, DCYA</p>	<ul style="list-style-type: none"> • Meeting held • Also covered transfer of functions from National Advisory Committee on Drugs and Alcohol to HRB 	<ul style="list-style-type: none"> • HRB organised National Drugs Forum with DOH in Q4, Scope extended to cover themes of good practice in prevention, harm reduction, dual diagnosis and social reintegration. 	<ul style="list-style-type: none"> • Organise annual National Drugs Forum 	<ul style="list-style-type: none"> • Organise annual National Drugs Forum
<p>1.1.2 (b) Develop a guidance document to ensure substance use education is delivered in accordance with quality standards Lead: HRB</p>	<ul style="list-style-type: none"> • Meeting held • Also covered transfer of functions from National Advisory Committee on Drugs and Alcohol to HRB 	<ul style="list-style-type: none"> • No progress made. This action deferred due to resource constraints arising from the 2019 general population survey on drug use. 	<ul style="list-style-type: none"> • Resource constraints will continue in 2019 so this action will most likely be deferred until 2020. 	<ul style="list-style-type: none"> • Develop guidance document in consultation with relevant partners. Stage 1 will review existing quality standards in prevention

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<p>1.2.3 (a) Promote continued effective communications between local schools and Drug and Alcohol Task Forces given the importance placed on the continued building of strong school community links Lead: DES, DATFs (Joint) RDATF Coordinators Network</p>	<ul style="list-style-type: none"> • ETB Directors of Schools briefed on new Strategy and the importance of links between ETBs and the relevant DATFs • RDATF's continue to support the work of the funded Project related to this action 	<ul style="list-style-type: none"> • DES published Wellbeing Policy Statement and Framework for Practice in July 2018. Work advancing to put in place the optimal structures to ensure coherent structures to implement • RDATF Co-ordinators Network met with DES • RDATF submitted composite status update • Most RDATFs have dedicated lead for prevention & education work in their regions and subcommittee structures 	<ul style="list-style-type: none"> • Work by the Wellbeing Steering Committee to establish optimal structures will progress in 2019 • RDATF's to reconvene meeting with DES in Q1 2019 to revise report on prevention and education work programmes to identify models of best practise 	<ul style="list-style-type: none"> • Work will continue to advance in accordance with the Implementation Plan of the Wellbeing Policy Statement
<p>1.2.3 (b) Ensure that all SPHE teachers, guidance counsellors and Home School Community Liaison co-ordinators can avail of continuing professional development Lead: DES</p>	<ul style="list-style-type: none"> • DES teacher support services has programme of CPD for Wellbeing available to newly qualified teachers & serving teachers at primary and post primary level • Support available from NEPS for all schools 	<ul style="list-style-type: none"> • Programme of support provided by DES teacher support services, to newly qualified teachers and serving teachers at primary and post-primary in 2018 	<ul style="list-style-type: none"> • Workplans of the PDST and JCT for 2019 onwards will take account of developments under the Wellbeing Policy Statement • Consultation with partners and preparation and roll out from September 2019 of a programme of support to schools and centres for education in relation to the Wellbeing Policy Statement and Framework for Practice • Continuation of existing SPHE, CPD available to school • Programme of support to be developed by DES support services in area of Wellbeing 	<ul style="list-style-type: none"> • Workplans of the PDST and JCT for 2019 onwards will take account of developments under the Wellbeing Policy Statement

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<p>1.2.4 (a) Commence and roll out a national programme to support the implementation of the Wellbeing Guidelines to all primary and post-primary schools Lead: DES</p>	<ul style="list-style-type: none"> • Junior Cycle Wellbeing Guidelines introduced to Post primary schools • Friends Programme offered to all DEIS schools in 2017 • Incredible Years Programme offered to all DEIS primary schools • Project on Student Support Teams completed • Training in 3rd edition of Responding to Critical Incidents Guidelines and Resource Materials for schools • SafeTALK training provided through teacher Education Centres • Progress on aligning relevant support services made through collaborative practice facilitated by a DES steering committee for wellbeing 	<ul style="list-style-type: none"> • All schools offered a day of CPD to support the Junior Cycle Wellbeing Guidelines • Wellbeing Policy Statement and framework published. • Continued roll out of J Wellbeing Guidelines • Project on Student Support Teams extended to 20 DEIS schools • Development of training materials for psychologists and support services • Continued oversight of developments by DES Wellbeing Steering Committee including aligning supports for implementation 	<ul style="list-style-type: none"> • Continued support provided for implementation of Junior Cycle Wellbeing Guidelines • Development of supports for schools with the implementation of the Wellbeing Policy Statement and Framework for Practice • Complete exercise to map CPD supports available for wellbeing through the DES funded support services • Continued roll out of Friends Programme to DEIS schools • Continued roll out of Incredible Years to DEIS primary schools • Student support team project extension in train in 22 schools in Donegal, Dublin and Cork during 2018 2019 • Critical Incidents Response training continued • Continued training in SafeTALK provided through the Education Centres • CPD Wellbeing Sub-group comprised of the support services in place to develop CPD support and continued development of wellbeing resources. • Review the pilot provision of SafeTALK training in Education Centre 	<ul style="list-style-type: none"> • Continued support provided for implementation of Junior Cycle Wellbeing Guidelines • Provide supports to assist schools with the implementation of the Wellbeing Policy Statement and Framework for Practice
<p>1.2.4 (b) Develop Wellbeing Guidelines for Centres of Education and Training Lead: DES</p>	<ul style="list-style-type: none"> • Draft for consultation finalised 	<ul style="list-style-type: none"> • Consultation with partners and finalisation of document 	<ul style="list-style-type: none"> • Centres for Education supported through the roll out of training for implementation of the Wellbeing Policy Statement and Framework for Practice 	

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<p>1.2.5 (a) Provide a continuum of support including a Student Support Plan as appropriate, for young people who are encountering difficulty in mainstream education Lead: DES Partners: HSE</p>	<ul style="list-style-type: none"> • NEPS psychologist continue to work with schools in promoting the continuum of support • NEPS collaborates with the NCSE in this work • Student Support Team Project incorporates support for continuum of support approach by supporting schools to have a structure in place 	<ul style="list-style-type: none"> • Continued • Continued • NEPS psychologists support schools in implementing a continuum of support 	<ul style="list-style-type: none"> • Continued • Continued • Continued 	
<p>1.2.5 (b) Provide access to timely appropriate interventions such as resilience-building programmes, and/or counselling, educational assessments and/or clinical psychological assessments, as appropriate Lead: DES, HSE, TUSLA (Joint)</p>	<ul style="list-style-type: none"> • Additional recruitment of NEPS psychologists - 10 additional posts • Friends Resilience building programme and Incredible Years classroom management training provided for teachers. All DEIS schools targeted • Funding to V & C services to provide resilience-building programmes e.g. Youth Advocacy Programme, Incredible Years. • Developing a National Commissioning Framework to guide areas on commissioning practice around parenting support 	<ul style="list-style-type: none"> • 10 additional posts promised in 2018 to be appointed in September • National Commissioning Framework to be disseminated to guide commissioning practice across the country • Focus on further developing therapeutic services in 2018 	<ul style="list-style-type: none"> • Progress made in the appointment of the ten posts. • Friends Resilience programme rolled out to all DEIS schools and Incredible Years Programme rolled out to DEIS primary schools 	

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<p>1.2.5 (c) Implement School Attendance Strategies in line with TUSLA's guidance Lead: TUSLA Partners: DES</p>	<ul style="list-style-type: none"> • As of November 3rd 2017 52.5% of schools had submitted their completed strategy • Tusla EWS currently have a dedicated staff member • Principals of DEIS and Director of EWS discussing submission of strategies 	<ul style="list-style-type: none"> • Follow up on any outstanding schools that have not submitted a strategy. • Logging and filing all strategies so they are available as appropriate to Tusla EWS 		
<p>1.2.5 (d) Prioritise initiatives under the new DEIS programme to address early school leaving Lead: DES Partners: TUSLA</p>	<ul style="list-style-type: none"> • The Plan was launched in February 2017 • 79 new school included in programme and 30 schools upgraded from Band 2 to Band 1, all now receiving resources under the Programme • HSCL scheme extended to a number of new schools • EWS has provided Induction CPD for both HSCL Co-ordinators and School Principals. • National HSCL CPD supported by PPFS is being delivered nationally to all 416 HSCL Coordinators and their Principals. • Reform model for SCP developed by an expert group 	<ul style="list-style-type: none"> • Working groups established by the DEIS Steering Committee will consider and report on issues that are central to supporting DEIS Schools • A Monitoring and Evaluation Framework will be designed re impact of resources and subsequent outcomes • DES & Tusla to liaise on the development of new School Completion Strategy • Provide ongoing CPD, Line Management & support to all 416 HSCL Coordinators • Deliver integrated CPD to the 3 EWS strands EWS< HSCL & SCP • Ongoing development of the EWS Integrated Management Team and Structure • Continue to progress SCP reform programme • SCP will be extended to include schools coming into DEIS from September 2018 		

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<p>1.2.5 (e) Provide supports including homework clubs, additional tuition, career guidance/ counselling support, community awareness of drugs programme and youth work in collaboration with schools and other youth programmes/schemes Lead: DRCD</p>	<ul style="list-style-type: none"> • SICAP is on track to meet its targets for 2017 • SICAP Programme Implementers have engaged with local and regional DATF's 	<ul style="list-style-type: none"> • SICAP 2018 – 2022 commenced January 1st and continues to target and engage with marginalised individuals from target groups and local community groups • 40 of the 46 Lot areas implemented 115 actions providing a range of supports and activities including personal development and educational courses; suicide awareness and prevention initiatives; guidance; promotion of health and wellbeing; youth work 	<ul style="list-style-type: none"> • Annual plans for 2019 are currently under review. It is likely that some of the 2018 actions will continue into 2019 	
<p>1.2.6 Review Senior Cycle programmes and Vocational Pathways in senior cycle with a view to recommending areas for development Lead: DES</p>	<ul style="list-style-type: none"> • Research on international developments due to be published in Q1, 2018 • The NCCA commissioned a report from the ESRI on LCA which is due to be finalised by the end of 2017 	<ul style="list-style-type: none"> • The NCCA commenced a public consultation process. and held a conference on Senior Cycle Review: International Perspectives on 20 February 2018 	<ul style="list-style-type: none"> • National seminars and public consultation continues. • Final advisory report to be received by the Minister for Education & Skills in June 2019 	
<p>1.2.7 Engage with property owners and school authorities to facilitate increased use of school buildings, where feasible, for afterschool care and out of hours use to support local communities Lead: DES</p>	<ul style="list-style-type: none"> • Guidelines on the use of School Buildings outside of school hours have been published on the DES website 	<ul style="list-style-type: none"> • N/A 		

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<p>1.2.8 Develop a new scheme to provide targeted, appropriate and effective services for young people at risk of substance misuse, focused on socially and economically disadvantaged communities Lead: DOH Partners: DCYA, HSE, DATFs</p>		<ul style="list-style-type: none"> • DPU scoped out new scheme • SSC meeting held in March to agree the theme (benzodiazepine use) • DPU scoped out partners to develop and administer the fund 	<ul style="list-style-type: none"> • Funding options to be finalised in early 2019 	
<p>1.3.9 (a) Develop and adopt evidence-based family and parenting skills programmes for services engaging with high risk families impacted by problematic substance use Lead: HSE, TUSLA (Joint) Partners: NFSN, C&V sectors</p>	<ul style="list-style-type: none"> • Completed and plan to launch in Q4 • Currently finalising practice guide for sign off in Q4 • Tusla has adopted the Signs of Safety Framework to enable it to work with families to build on their resilience and strengths 	<ul style="list-style-type: none"> • Development of the joint training programme on Hidden Harm commenced with staff from TUSLA and HSE currently drafting the modules based on the practice guide • Tusla provides significant funding to C&V providers to provide range of parenting and family support programmes to support high-risk families 	<ul style="list-style-type: none"> • Tusla National Parenting Commissioning Framework to be launched in 2019 • HSE Tusla engagement with NFSN in 2018 and partners to continue in 2019 	
<p>1.3.9 (b) Build awareness of the hidden harm of parental substance misuse with the aim of increasing responsiveness to affected children Lead: HSE, TUSLA (Joint) Partners: NFSN, C&V sectors</p>	<ul style="list-style-type: none"> • HSE: Provided documentation inclusive of strategic statement and LISTSERV an online resource for relevant information • Tusla: Publication of conjoint statement and Practice Guide 	<ul style="list-style-type: none"> • Development and dissemination of conjoint training (including training of trainers) between Tusla and HSE addiction services staff on Hidden Harm 	<ul style="list-style-type: none"> • Launch of HSE and Tusla Hidden Harm Strategic Statement and Practice Guide in January 2019 • Joint HSE Tusla training modules for development Q1 and rolled out nationally in Q3 & Q4 2019 	

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<p>1.3.9 (c) Develop protocols between addiction services, maternity services and children's health and social care services that will facilitate a coordinated response to the needs of children affected by parental substance misuse Lead: HSE, TUSLA (Joint) Partners: NFSN, C&V sectors</p>	<ul style="list-style-type: none"> National Practice Guide on HH references these messages on a conjoint agency basis 	<ul style="list-style-type: none"> As per above- Dissemination & training on HH Practice Guide 	<ul style="list-style-type: none"> As per above 	
<p>1.3.9 (d) Ensure adult substance use services identify clients who have dependent children and contribute actively to meeting their needs either directly or through referral to or liaison with other appropriate services, including those in the non-statutory sector Lead: HSE, TUSLA (Joint) Partners: NFSN, C&V sectors</p>	<ul style="list-style-type: none"> HSE amended NDTRS form to capture data in relation to children of adults attending services Publication of conjoint statement and Practice Guide 	<ul style="list-style-type: none"> As per above (b) Promotion of referral and response pathways between agencies contained in Practice guide on HH 	<ul style="list-style-type: none"> As per above (b) 	
<p>1.3.10 Consider how best to provide necessary once-off supports for Care Leavers to gain practical life-long skills in line with Action 69 of the Ryan Report in order to reduce their risk of developing substance use problems Lead: TUSLA</p>	<ul style="list-style-type: none"> Currently there are 12 interagency steering committees for aftercare nationally with 2 additional committees currently been developed Tusla are currently convening a working group to support the implementation of the Joint Protocol between Tusla and the HSE to ensure robust implementation of the protocol 	<ul style="list-style-type: none"> Roll-out of inter-agency steering committees and further resourcing of Aftercare Services Full implementation of the HSE/ Tusla Joint Protocol 	<ul style="list-style-type: none"> Roll-out of inter-agency steering committees and further resourcing of Aftercare Services Full implementation of the HSE/ Tusla Joint Protocol 	

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<p>1.3.11 Establish a working group to examine the evidence in relation to early harm reduction responses, such as drug testing, amnesty bins and media campaigns, to current and emerging trends including the use of new psychoactive substances and image and performance enhancing drugs and other high risk behaviours, including chemsex Lead: HSE Partner: DOH</p>	<ul style="list-style-type: none"> • Collated information in relation to Drug testing and NPS trends. Chemsex clinic established in NDTC 	<ul style="list-style-type: none"> • Counsellor recruited for 'G' clinic in NDTC • Significant increase in treatment episodes at clinic with 46 treatment episodes in 2018 • Cocaine campaign launched in July 2018 • Harm Reduction leaflets to 2 festivals in Q4 • Press release ahead of Festival season • Staff member recruited to support action in National Office 	<ul style="list-style-type: none"> • Working Group to be developed early 2019 to examine responses at festivals to include drug testing • Comms Festival campaign • Working with USI and student campaign • Respond with media campaigns as issues emerge • Features on drugs.ie with drug trends updates 	<ul style="list-style-type: none"> •

Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

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<p>2.1.12 (a) Develop a competency framework on key working, care planning and case management Lead: HSE</p>	<ul style="list-style-type: none"> Tender has been awarded and a steering group has been convened for the project initiation. 	<ul style="list-style-type: none"> Consultation on Competency Framework with key stakeholders completed Draft Competency Framework completed and sent to printers in Q4 	<ul style="list-style-type: none"> Consultation on draft with key stakeholders Sign off of Competency Framework Conduct training needs analysis with addiction and homeless services based on new competency framework 	
<p>2.1.12 (b) Extend the training programme on the key processes of the National Drugs Rehabilitation Framework Lead: HSE</p>	<ul style="list-style-type: none"> Learning objectives & structure of training developed in consultation with the Rehabilitation Drivers. Content in development with drugs.ie 3 sessions drafted & being consulted upon SAOR 2 on-line resources being developed. 793 people completed one day training on SAOR 	<ul style="list-style-type: none"> Continued to roll out SAOR training, exceeding training target for SAOR by over 80% with >1400 people trained (target 800) SAOR (2nd. Ed) draft training pack including eLearning and online resources developed, pilot phase of 1-day training completed NDRF eLearning transferred to new developer 	<ul style="list-style-type: none"> Continue to roll out SAOR training Sign off on new SAOR II training pack, including elearning and online resources Upskill existing SAOR trainers Deliver SAOR Train the Trainer programme for 15 new SAOR trainers. NDRF eLearning programme to be completed and made available by Q3 	
<p>2.1.13 (a) Identify and address gaps in provision within Tier 1, 2, 3 and 4 services Lead: HSE Partners: C&V sectors, DATFs</p>	<ul style="list-style-type: none"> Mapping carried out and priority areas highlighted in the 2018 Estimates 	<ul style="list-style-type: none"> €1.5m funding allocated in 2018 (relating to €3.25m full year funding). At full operation this represents 25.6 WTEs and ancillary staffing costs, €525k Section 39 funding and €80k training Strengthened Governance Structures Provided treatment to individuals with the most complex problems on a national level 	<ul style="list-style-type: none"> Full rollout of planned services in 2018 Expand prioritised services Providing additional governance supports Step-up stabilisation service Expand mental health services for people with alcohol addiction presenting in acute hospitals Development of community mental health service 	

Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

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<p>2.1.13 (b) Increase the number of treatment episodes provided across the range of services available, including:</p> <ul style="list-style-type: none"> • Low Threshold • Stabilisation • Detoxification • Rehabilitation • Step-down • After-Care <p>Lead: HSE Partners: C&V sectors, DATFs</p>	<ul style="list-style-type: none"> • 94 extra Tier 4 episodes • 98% over 18s commenced treatment within 1month. • 98.6 % under-18s commenced treatment within 1 week. • 9,731 patients received OST excluding prisons.. • 690 pharmacies catered for 6,819 patients. 	<ul style="list-style-type: none"> • As at end of September '18 preliminary data from HSE KPI (reporting period Jan to June '18): • 93 % (2,106) of over 18s commenced treatment within 1 calendar month. • 99 % (157) of under-18s commenced treatment within 1 week 	<ul style="list-style-type: none"> • Dependent on outcome of Estimates re development of services 	<ul style="list-style-type: none"> •
<p>2.1.13 (c) Strengthen the capacity of services to address complex needs Lead: HSE Partners: C&V sectors, DATFs</p>	<ul style="list-style-type: none"> • Providing an additional 8 inreach Primary Care specialist clinics in Dublin. 	<ul style="list-style-type: none"> • Development of SIF - ongoing • Development of Dual Diagnosis programme - ongoing • Inreach and wrap around support for homeless population expanded via commissioning model to provide GP service, nursing clinics and mental health case management. Service tailored to needs of this vulnerable group 	<ul style="list-style-type: none"> • Service to continue via the Safetynet Homeless Primary Care team (HPCT) that the HSE has commissioned to provide In Reach and Out Reach GP and Nursing services in a number of emergency accommodations and via a mobile health clinic. 	
<p>2.1.14 Examine potential mechanisms to increase access to OSTs such as the expansion of GP prescribing, nurse-led prescribing and the provision of OSTs in community-based settings and homeless services Lead: HSE Partners: DOH</p>	<ul style="list-style-type: none"> • Expansion of OST via Safetynet • 9731 patients received OST excluding prisons (4193 patients -356 GPs in the community • 6819 patients -690 pharmacies 	<ul style="list-style-type: none"> • End September '18 9,822 patients received OST excluding prisons. • Streamlined training for GPs to progress to level 2 status in conjunction with the ICGP • Suboxone training provided for HSE staff and level 2 GPs with ICGP • As end of Q3: 164 patients registered for suboxone treatment. An increase of 50% since 2017. Await final 2018 figure 	<ul style="list-style-type: none"> • Continue to expand access to suboxone on a full year basis 	

Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

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<p>2.1.15 Implement the HSE National Clinical Guidelines on OST and review in line with National Clinical Effectiveness Committee processes Lead: HSE Partners: DOH</p>	<ul style="list-style-type: none"> Dissemination via HSE services, ICGP, PSI and CPI 	<ul style="list-style-type: none"> Ongoing implementation of current OST National Guidelines (progress on non-direct supervision of urinalysis) Work continuing on prescribing guidelines of OST in Hospitals 	<ul style="list-style-type: none"> Arrange meeting with NCEC to discuss process 	
<p>2.1.16 Develop and broaden the range of peer-led, mutual aid and family support programmes in accordance with best practice Lead: HSE Partners: C&V sectors, UISCE, NFSN</p>	<ul style="list-style-type: none"> Supported the pilot of SMART recovery 46 meetings providing access to 460 people weekly 	<ul style="list-style-type: none"> Coordinator recruited for Recovery Academy of Ireland SMART transitioned from pilot to mainstream project (UISCE) Proposal for advocacy policy/training project for PWUD and family members to support the community to self-advocate 	<ul style="list-style-type: none"> Programmes to continue in 2019 (UISCE) Dependent on funding/resources: undertake the aforementioned advocacy policy/training project 	
<p>2.1.17 (a) Develop addiction specific bereavement support programmes and support the provision of respite for family members Lead: TUSLA Partners: HSE, NFSN</p>		<ul style="list-style-type: none"> HSE Tusla and NFSN meeting held in Q4 to work together on joint actions for strategy 	<ul style="list-style-type: none"> NFSN Bereavement Report and new Bereavement Support Programme launched September 2018 	
<p>2.1.17 (b) Support families with non-violent resistance training to address child to parent violence Lead: TUSLA Partners: HSE, NFSN</p>		<ul style="list-style-type: none"> NFSN plan in place for NVR training supported by Tusla 	<ul style="list-style-type: none"> Tusla National Parenting Commissioning Framework to be disseminated to guide commissioning NFSN trainers delivering Non-violent resistance training in 2019 	
<p>2.1.17 (c) Support those caring for children/young people in their family as a result of substance misuse to access relevant information,</p>	<ul style="list-style-type: none"> Developed 104 Parenting Support Champions across the country 	<ul style="list-style-type: none"> Further roll-out of Tusla's Early Intervention Model and Meitheal 	<ul style="list-style-type: none"> Tusla led Child and Family Support Networks and Meitheal Practice model 	

supports and services Lead: TUSLA Partners: HSE, NFSN			available nationally for families to access relevant community based information, supports and services	
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Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>2.1.18 (a) Monitor and support the implementation of the Department of Social Protection's Programme Framework for Community Employment Drug Rehabilitation Schemes, based on an integrated inter-agency approach Lead: DEASP Partners: HSE,C&V sectors, other relevant Depts and Agencies</p>	<ul style="list-style-type: none"> • CE drug rehabilitation programme delivered and monitored • Allocation of places for individuals in recovery from addiction monitored • A number of new drug schemes commenced outside Dublin and continue to avail of the special conditions 	<ul style="list-style-type: none"> • Respond to the needs of participants referred to the CE DRP • Support the transition of referred participants • Continue working with the CE Drug Advisory Group to identify and address ongoing needs of referred participants on CE 	<ul style="list-style-type: none"> • Help Individuals affected by substance misuse to build recovery capital • Work with the CE drug advisory group to identify and address barriers to accessing education, training and employment 	
<p>2.1.18 (b) Utilise SICAP to improve the life chances & opportunities of those who are marginalised in society, living in poverty or in unemployment through community development approaches, targeted supports and interagency collaboration Lead: DRCD</p>	<ul style="list-style-type: none"> • Over 8,000 people received labour market training, 4,500 set up their own business and 1,700 moved into employment in 2017 	<ul style="list-style-type: none"> • SICAP 2018 – 2022 commenced January 1st • SICAP's target groups expanded to include the over 65s and disadvantaged women • KPI targets for 2018 achieved. At 20/12/2018: 2,470 local community groups supported (KPI 1) and 30,628 individual supported • 26 of the 46 Lot areas implemented a total of 37 actions specifically targeting or addressing substance misuse • 9 of the lot areas identified substance misuse as an emerging need group in their area and have recorded supports to 65 individuals with substance or addiction issues 	<ul style="list-style-type: none"> • Annual plans for 2019 are currently under review. It is likely that some of the 2018 actions will continue into 2019. 	

Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

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<p>2.1.19 Establish a Working Group to:</p> <ul style="list-style-type: none"> - Examine the range of progression options for those exiting treatment, prison, Community Employment schemes including key skills training and community participation with a view to developing a new programme of supported care and employment - Identify & remedy barriers to accessing the range of educational, personal development, training & employment opportunities & supports, including gender specific barriers and the lack of childcare provision, for those in recovery <p>Lead: DOH Partners: HSE,DSP, IPS, other relevant Depts and Agencies</p>			<ul style="list-style-type: none"> • To be examined in conjunction with proposed Inter-departmental Group on CE Social Inclusion Schemes 	
<p>2.1.20 (a) Strengthen links between maternity services and addiction services</p> <p>Lead: DOH Partners: HSE</p>		<ul style="list-style-type: none"> • National Women and Infants Health Programme (NWIHP) established group comprising medical social work reps from each maternity networks. 	<ul style="list-style-type: none"> • Group will continue developing a workload measurement tool, conducting a gap analysis and reviewing possible models of services 	
<p>2.1.20 (b) Quantify the need for additional residential placements for pregnant and postnatal women who need in-patient treatment for addiction to drugs and/or alcohol across the country Lead: DOH Partners: HSE</p>		<ul style="list-style-type: none"> • The NWIHP will also be engaging collaboratively with the HSE's National Social Inclusion Office and the HSE's Mental Health Directorate in relation to this area in order to assess demand 	<ul style="list-style-type: none"> • Will be considered as part of group (above) • NWIHP to engage with HSE's National Social Inclusion Office and the HSE's Mental Health Directorate to assess demand 	

Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>2.1.20 © Develop services to meet that need ensuring that such facilities support the development of the mother-baby relationship Lead: DOH Partners: HSE</p>			<ul style="list-style-type: none"> NWIHP focused on developing community midwifery service (hospital midwives to provide antenatal and postnatal care in the community) 	
<p>2.1.20 (d) Provide dedicated support for pregnant women with alcohol dependency, including examining the need to expand the role of the Drug Liaison Midwife (DLM) in this regard. Any such expansion will likely generate a need to further increase the number of such midwives Lead: DOH Partners: HSE</p>		<ul style="list-style-type: none"> Meetings took place between HSE and relevant units of DOH Number of Drug and Alcohol Liaison Midwives was increased to 5 	<ul style="list-style-type: none"> 2 additional Drug and Alcohol Liaison Midwives to be employed 	
<p>2.1.20 (e) Resource the National Women and Infants Health Programme (NWIHP) to provide drug liaison midwives and specialist medical social workers in all maternity networks Lead: DOH Partners: HSE</p>		<ul style="list-style-type: none"> NWIHP was granted funding to allocate six medical social workers nationally; one to each Maternity Network 2 additional Drug and Alcohol Liaison Midwives provided (CHO 3 and CHO 4) 	<ul style="list-style-type: none"> 2 additional Drug and Alcohol Liaison Midwives to be employed 	
<p>2.1.20 (f) Support maternity hospitals/ units to strengthen their methods of detecting alcohol abuse and supporting women to reduce their intake Lead: DOH Partners: HSE</p>		<ul style="list-style-type: none"> NWIHP and HSE Health & Wellbeing developed maternity related MECC curriculum and online programme for staff Alcohol and the risks are core component of this MECC initiative 	<ul style="list-style-type: none"> Initiative to be piloted in South/South West Maternity Network Evaluate pilot and nationalise the programme 	

Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>2.1.20 (g) Engage the NWIHP to develop a consistent approach to informing women about the risks of alcohol consumption during pregnancy Lead: DOH Partners: HSE</p>			<ul style="list-style-type: none"> • See above 	
<p>2.1.21 (a) Increase the range of wrap-around community and residential services equipped to meet the needs of women who are using drugs and/or alcohol in a harmful manner, including those with children and those who are pregnant Lead: HSE Partners: DOH, DATFs</p>	<ul style="list-style-type: none"> • Funded Daisy House as a Step down women's specific service 	<ul style="list-style-type: none"> • Expanded PUP to Community setting 	<ul style="list-style-type: none"> • Engage with section 39 providers to build capacity of services with a view to expanding in 2020 	
<p>2.1.21 (b) Develop interventions to address gender and cultural specific risk factors for not taking up treatment Lead: HSE Partners: DOH, DATFs</p>	<ul style="list-style-type: none"> • Intercultural awareness and practice in health and social care training and a toolkit has been developed and rolled out in CHO 5 	<ul style="list-style-type: none"> • Examining expansion of training • Intercultural awareness training is being adapted to an elearning programme 	<ul style="list-style-type: none"> • Elearning to be rolled out from Q3 	
<p>2.1.22 (a) Identify and address gaps in child and adolescent service provision Lead: HSE, TUSLA (Joint) Partners: C&V sectors, DATFs</p>	<ul style="list-style-type: none"> • Addiction staff scoping exercise • current under 18 service provision & review of Tier 4 provision carried out • additional funding was approved 	<ul style="list-style-type: none"> • Tusla examining its requirements around therapeutic services for children and young people. • Discussions commenced in Q4 between HSE and TUSLA 	<ul style="list-style-type: none"> • Series of 4 workshops planned around the country in Q2 to examine current service provision and explore the development of adolescent services including telepsychiatry support 	

Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>2.1.22 (b) Develop multi-disciplinary child and adolescent teams Lead: HSE, TUSLA (Joint) Partners: C&V sectors, DATFs</p>	<ul style="list-style-type: none"> HSE is currently expanding multidisciplinary C&A teams (4 CNS & 2 counsellors nationally) 	<ul style="list-style-type: none"> Ongoing development of team structure and working nationally HSE Staff members for adolescent services recruited in 3 CHO areas (1,2and 3)and teams in CHO areas 6,7, 8 and 9 	<ul style="list-style-type: none"> Recruit staff in HSE adolescent services in CHO 4,5 and expand team in CHO 8 and 9 	
<p>2.1.22 (c) Develop better interagency cooperation between problem substance use and child and family services Lead: HSE, TUSLA (Joint) Partners: C&V sectors, DATFs</p>		<ul style="list-style-type: none"> HSE Social Inclusion, TUSLA and NFSN meetings in place Q3 	<ul style="list-style-type: none"> Adolescent treatment workshops will also enhance interagency cooperation 	
<p>2.1.23 Examine the need for the development of specialist services to meet the needs of older people with long term substance use issues Lead: HSE Partners: C&V sectors, DATFs</p>		<ul style="list-style-type: none"> Initial meetings to be held within the HSE Adolescent treatment workshops will also enhance interagency cooperation 	<ul style="list-style-type: none"> Commissioning research in 2019 in one CHO area to look at the issues for planning and developing services for this cohort 	
<p>2.1.24 (a) Support the new Mental Health Clinical Programme to address dual diagnosis Lead: HSE Partners: DOH, IPS, C&V sectors</p>	<ul style="list-style-type: none"> Clinical Lead appointed TOR for working group developed Working group has been established 	<ul style="list-style-type: none"> Review of best practice by HRB completed Model of care in development but some delay in process identified in Q4 Current delay due to Clinical Lead being stepped down 	<ul style="list-style-type: none"> Plan to engage with service users and Family Support Publish HRB commissioned Realist review research Publish Model of Care following sign off by HSE and College of Psychiatrists Dependent on advertising and appointing Clinical Lead 	

Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>2.1.24 (b) Develop joint protocols between mental health services and drug and alcohol services with the objective of undertaking an assessment with integrated care planning in line with the National Drug Rehabilitation Framework Lead: HSE Partners: DOH, IPS, C&V sectors</p>		<ul style="list-style-type: none"> • Dependant on Model of Care being established (above) 		
<p>2.1.25 (a) Increase the number of detoxification, stabilisation and rehabilitation beds Lead: HSE Partners: C&V sectors</p>	<ul style="list-style-type: none"> • 148 detox/stabilisation beds (19 inpatient, 125 community, 4 adolescent) • 643 residential beds (625 adult, 18 adolescent) 	<ul style="list-style-type: none"> • Additional residential places provided in Daisy House and Suimhneas accounting for 26 episodes 	<ul style="list-style-type: none"> • Plan to provide 8 bedded stabilisation unit in CHO 4 and step down drug and alcohol free residential unit in CHO 9 	
<p>2.1.25 (b) Provide additional/enhanced assessment, key working, care planning and case management. This entails person-centred holistic care planning, including identifying and building social and recovery capital Lead: HSE Partners: LAs, C&V sectors</p>	<ul style="list-style-type: none"> • 71% over 18 yrs had a keyworker and 74% had a care plan. • 76% of people under 18 and 77% care plan 	<ul style="list-style-type: none"> • As at end of September '18: <ul style="list-style-type: none"> • 58.5% over 18 yrs had a keyworker and 70.5% had a care plan. • 94% of people under 18 had a keyworker and 94% had a care plan 	<ul style="list-style-type: none"> • Rollout of NDRF training will enhance implementation of the key processes of the NDRF: key working care planning, case management. (See Action 2.1.12 b) 	
<p>2.1.25 (c) Ensure in-reach support during treatment and rehabilitation to prevent homelessness on discharge to ensure that housing and supports are in place Lead: HSE Partners: LAs, C&V sectors</p>	<ul style="list-style-type: none"> • In-reach support provided in Dublin region. • Protocol developed & feedback being collated • Pilot activity CHO 2, 5, 6, 7 & 9 with systems in place to progress hospital discharge incl recruitment of Social Workers 	<ul style="list-style-type: none"> • HSE and LAs and C&V sectors ensure integrated joint working through shared assessment and care planning (CHO 4, 5, 7, 9). • Homeless Action Teams continued to provide a safe and supportive low-threshold, post treatment, move-on service 	<ul style="list-style-type: none"> • via Housing First HSE will provide wrap-around support, to 200 housing first tenancies nationwide and support enhancement of care pathways so people experiencing (or at risk of) homelessness leave hospitals with supports in place. 	

Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>2.1.25 (d) Ensure resourcing and enhanced cooperation arrangements between non-governmental service providers and State organisations, involved in the delivery of addiction treatment and housing services, so that the drug rehabilitation pathway is linked to sustainable supported housing-led/housing first tenancy arrangements Lead: DOH, DHPLG (Joint) Partners: HSE, LAs, C&V sectors</p>	<ul style="list-style-type: none"> • Proposal being developed for Atlantic Philanthropies (Service Reform Fund) 	<ul style="list-style-type: none"> • DoH and DHPLG agreed national implementation plan for Housing First • Agreed on two programmes for 2019 • Discussions on integrated model of care for addiction and homelessness in the North East Inner City are continuing 	<ul style="list-style-type: none"> • Implementation of two programmes: integrated services for co-occurring mental health, addiction and social exclusion concerns; and health and addiction services, with a particular focus on homelessness. 	
<p>2.1.25 (e) Develop the provision of gender and culturally specific step down services, particularly housing, for women and their children progressing from residential rehabilitation treatment who are at risk of discharge into homelessness Lead: HSE, LAs (Joint) Partners: DOH, DHPLG, C&V sectors</p>	<ul style="list-style-type: none"> • Ongoing work with section 39 providers to enhance capacity in this area specifically Daisy House 	<ul style="list-style-type: none"> • Daisy House service supported 	<ul style="list-style-type: none"> • Planning meeting with service providers and DRHE with a view to opening residential aftercare 	
<p>2.1.26 (a) Provide training to enable the delivery of screening, brief intervention and onward referral in line with national screening and brief intervention protocols for problem substance use Lead: IPS, PS Partners: AGS, HSE</p>	<ul style="list-style-type: none"> • Review commenced – 6 month timeframe. • 90 Probation Staff have been trained in the use of the SAOR model. • Probation Service engagement with National Social Inclusion Office working group on implementation of updated SOAR 2. 	<ul style="list-style-type: none"> • SAOR Training to 146 PS staff and all new PO entrants • PS part of working group in e-learning of SAOR 2. • IPS Investigating peer to peer training for SAOR model • Joint training on referrals to appropriate community supports • All new committals to prison referred for screening and intervention where appropriate 	<ul style="list-style-type: none"> • Further training events in SAOR scheduled with Social Inclusion HSE. • Look at interagency training options for PS & IPS staff on SAOR and broader substance misuse areas. • IPS will develop peer to peer model of training with PS • IPS to continue screening and referrals 	

Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>2.1.26 (b) Further develop the range of service specific problem substance use interventions in line with best international practice Lead: IPS, PS</p>	<ul style="list-style-type: none"> Review commenced – 6 month timeframe. Alcohol and Offending & Alcohol Awareness programmes rolled out. 	<ul style="list-style-type: none"> Survey designed with CSO in relation to substance misuse among PS Service Users. Audit of current PS substance misuse interventions completed. Interagency model of continuum of care between IPS and PS implemented. Information sessions on substance misuse provided to Probation staff. IPS joint training with PS delivered New joint consent, referral and interagency process flow developed and circulated 	<ul style="list-style-type: none"> Data from Survey Research collated and analysed. Report compiled to reflect outcomes. Programme development in response to research findings. Training options in response to research findings Scope out further options to provide intervention / supports for Service Users presenting with substance misuse issues. IPS joint review with PS of all CBO funding and SLA IPS new joint criteria for CBO's to be agreed with PS 	
<p>2.1.26 (c) Determine the prevalence of NPS use in prison settings with a view to developing specific training for staff and appropriate interventions Lead: IPS Partners: HSE</p>	<ul style="list-style-type: none"> Roll out to all services to inform staff of the management and response to prisoners presenting with NPS intoxication 	<ul style="list-style-type: none"> Involved in the development of international guidance for response to NPS in prison environment International clinical response guidelines issued to all areas 	<ul style="list-style-type: none"> Maintain surveillance and vigilance Increase possibility of testing and reporting on new substances with HSE partners 	
<p>2.1.27 (a) Foster engagement with representatives of these communities (Travellers, LGBTI, new communities, sex workers and homeless people), and/or services working with them, as appropriate Lead: HSE Partners: C&V sectors</p>		<ul style="list-style-type: none"> Ongoing dialogue with representatives from these communities Intercultural Health Strategy completed 	<ul style="list-style-type: none"> Continue engagement with communities. HSE National Intercultural Health Strategy to launch in Q1 	<ul style="list-style-type: none">

Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>2.1.27 (b) Consider the need for specialist referral pathways for specific groups who may not otherwise attend traditional addiction services (i.e. those who engage in chemsex) Lead: HSE Partners: C&V sectors</p>	<ul style="list-style-type: none"> • Chemsex clinic established 	<ul style="list-style-type: none"> • Engage with NGO sector and Public Health department of HSE re this issue • Referral pathway for Chemsex service developed. In 2018 there were 46 referrals for detoxification • Training initiative on chemsex developed 	<ul style="list-style-type: none"> • Continue to provide training on chemsex. Target initially Emergency departments • Work on research re prevalence of use • Continue detox 'G' clinic in the NDTC and where necessary, St Michaels ward in Beaumont 	
<p>2.1.27 (c) Provide anti-racism, cultural competency and equality training to service providers Lead: HSE Partners: C&V sectors</p>	<ul style="list-style-type: none"> • See action 2.1.21(b) 	<ul style="list-style-type: none"> • Adopted Intercultural awareness into an elearning programme to allow for greater access 	<ul style="list-style-type: none"> • 'elearning' will be available from the end of Q2 	

Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>2.1.27 (d) Ensure all services engage in ethnic equality monitoring by reporting on the nationality, ethnicity and cultural background of service users for the NDTRS and treat related disclosures with sensitivity Lead: HSE Partners: C&V sectors</p>	<ul style="list-style-type: none"> • NDTRS form enhanced to capture data 	<ul style="list-style-type: none"> • Ongoing evaluation of compliance in the context of SLA meetings 	<ul style="list-style-type: none"> • Continue to review reporting 	
<p>2.2.28 (a) Expand needle exchange programmes Lead: HSE Partners: C&V sectors</p>	<ul style="list-style-type: none"> • Pharmacy needle exchange prog links with outreach teams strengthened. • Harm reduction training and expansion of pharmacy needle exchange to homeless agencies 	<ul style="list-style-type: none"> • Needle Exchange programme continued with increase in Pharmacy transactions of between 25-33% in some areas • Foil provision expanded in 2018 	<ul style="list-style-type: none"> • Continue PNex programme and expand foil provision • Target iPED users from early 2019. Engage with this cohort to provide a tailored approach 	
<p>2.2.28 (b) Increase the availability of screening and treatment for blood borne viruses and communicable diseases Lead: HSE Partners: C&V sectors</p>	<ul style="list-style-type: none"> • BBV training provided Pharmacy staff & sexual health staff 	<ul style="list-style-type: none"> • Planned to be a service available in SIF • National Screening Guidelines published 	<ul style="list-style-type: none"> • National Screening guidelines will continue to be implemented 	
<p>2.2.28 (c) Increase the uptake of Hepatitis C treatment Lead: HSE Partners: C&V sectors</p>	<ul style="list-style-type: none"> • Expanded to community service in 2018. • Reached and spent allocation in 2018. • Service operation in 2 sites with a 3rd ready to commence 	<ul style="list-style-type: none"> • Further expansion of Community Hep C treatment • Community Hep C treatment established in 4 Addiction centre locations in the Dublin area 	<ul style="list-style-type: none"> • Community Hep C treatment to extend outside Dublin with Limerick an initial site. • Specific pharmacist to be recruited 	

Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>2.2.29 Establish a pilot supervised injecting facility and evaluating the effectiveness of the initiative Lead: HSE Partners: DOH, UISCE, Dublin City Council, Relevant LAs, C&V sectors</p>	<ul style="list-style-type: none"> • Invitation on eTender published • Tenders being evaluated at present 	<ul style="list-style-type: none"> • Engage with local stakeholders • Service provider identified • Planning was sought and currently service provider is engaging with DCC re specific requirements 	<ul style="list-style-type: none"> • Continue engagement with local stakeholders via Community Liaison worker and service. • Engage with the planning process and establish service • HSE, DOH, DCC and Service provider to continue to meet • (UISCE) Support opening of facility • Engage with community of PWUD regarding specific needs once facility opens 	
<p>2.2.30 (a) Finalise HSE-led Overdose Prevention Strategy with a particular focus on implementing preventative measures to target high-risk cohorts of the drug-using population and known overdose risk periods Lead: HSE Partners: DOH</p>	<ul style="list-style-type: none"> • Document developed and needs to be finalised and signed off 	<ul style="list-style-type: none"> • Overdose Prevention strategy was reviewed and needs updating in light of naloxone developments over the last 2 years (see action 2.2.30 (b)) 	<ul style="list-style-type: none"> • Update Overdose prevention strategy 	
<p>2.2.30 (b) Expand the availability of Naloxone to people who use drugs, their peers, and family members Lead: HSE Partners: C&V sectors, UISCE, NFSN, DATFs</p>	<ul style="list-style-type: none"> • Total provision of product: 327: CHO 4, 5, 6,7,9 and two community GPs (CHO9 and CHO 7). • Training to HSE staff (14 CHO 7, 3 CHO 3), Homeless Services (19 CHO 7), Voluntary Section 39 and LDATF (50 CHO 7 (5 Peer workers)). • Completed Train the trainer (14- UISCE and Homeless services). 	<ul style="list-style-type: none"> • Programme continued throughout 2018 • Nasal naloxone introduced in September after launch on IOAD. 675 nasal kits distributed in 2018 by end of November • 1135 intramuscular kits distributed by end of November 2018 • Recorded use of Naloxone on 190 occasions in 2018 	<ul style="list-style-type: none"> • Continue the rollout of the Naloxone programme with training and provision of intranasal product • (UISCE) Publish Naloxone/Overdose Brass Munkie Magazine special • Educate community of PWUD re Naloxone at outreach outings • Promote training opportunities and provide 	

		<ul style="list-style-type: none">• (UISCE) In partnership with several services International Overdose Awareness Day event organised	training to the community	
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Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>2.2.30 (c) Develop synergies between Reducing Harm, Supporting Recovery and other relevant strategies and frameworks in particular “Connecting for Life” whose primary aim is to reduce suicide rates in the whole population and amongst specified priority groups Lead: DOH Partners: HSE</p>			<ul style="list-style-type: none"> DoH and Mental Health Division (HSE) to identify synergies and agree action 	
<p>2.2.30 (d) Provide suicide prevention training to staff working with young people in the area of alcohol and substance use, in line with “Connecting for Life” Lead: HSE Partners: DOH</p>	<ul style="list-style-type: none"> ‘STORM’ suicide prevention training provided to 50 staff in CHO 4. Further training ongoing in CHO 1 and 3 	<ul style="list-style-type: none"> Continue to prioritise Addiction staff for appropriate Suicide prevention training This has been slower than anticipated due to capacity issues from the training point of view 	<ul style="list-style-type: none"> Staff in Addiction and traveller health services to be prioritised for suicide prevention training Develop and implement a range of agency and inter-agency operational protocols (including protocols for sharing information and protocols in respect of young people) to assist organisations to work collaboratively in relation to suicide prevention. NOSP to partner (CfL 3.1.2) 	

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

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>3.1.31 Keep legislation under review, against the background of national, EU and broader international experiences and best practice, to deal with emerging trends, including:</p> <ul style="list-style-type: none"> - new synthetic substances; - new or changed uses of psychoactive substances; and - the evolving situation with regard to drug precursors and the surface web and dark net drug markets <p>Lead: DOH, DJE (Joint) Partners: AGS, Revenue, HPRA</p>	<ul style="list-style-type: none"> • Legislation was reviewed and amended as necessary 	<ul style="list-style-type: none"> • Legislation was reviewed and amended as necessary 	<ul style="list-style-type: none"> • Legislation will be reviewed and amended as necessary 	
<p>3.1.32 Implement the measures relating to the testing of drivers for drugs and alcohol contained in the Road Traffic Act 2016</p> <p>Lead: DTTAS</p>	<ul style="list-style-type: none"> • Measures implemented since April 2017. 	<ul style="list-style-type: none"> • Drivers tested using preliminary drug testing at the roadside and in Garda stations during 2018 	<ul style="list-style-type: none"> • Drivers will continue to be tested using preliminary drug testing at the roadside and in Garda stations during 2019 	
<p>3.1.33 Implement the recommendations of the Final Report of the Working Group on a Strategic Review of Penal Policy of July 2014 relating to drug-offending behaviours</p> <p>Lead: DJE</p>	<ul style="list-style-type: none"> • Awaiting publication of the Implementation Plan of Alcohol and Drug Treatment Services to Offenders based on the independent review of same. 	<ul style="list-style-type: none"> • Implement Plan • IPS joint working with PS in implementation of the recommendations of the review • These actions incorporate an amalgamation of 2.1.19; 2.1.24(a);2.1.24(b); 2.1.26(a); 2.1.26(b) & 2.1.26© 	<ul style="list-style-type: none"> • Continuation of Implementation action plans as identified in 2.1.19 2.1.24(a);2.1.24(b); 2.1.26(a); 2.1.26(b) & 2.1.26© 	

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

<i>RHSR</i> Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>3.1.34 (a) Carry out an independent evaluation of the Drug Treatment Court Lead: DJE</p>		<ul style="list-style-type: none"> Discussions about the mapping of the future direction and objectives of the DTC were initiated and discussions have taken place with the Courts Service to progress an independent evaluation of the DTC 	<ul style="list-style-type: none"> Continue discussions with the Courts Service to take place with a view to appointing independent evaluators by Q.4 2019 	<ul style="list-style-type: none"> Independent evaluation of the Drug Treatment Court to be completed by end 2020
<p>3.1.34 (b) Continue to support the operation of the Drug Treatment Court, having regard to recommendations made in 2013 review, pending the outcome of the evaluation Lead: DJE</p>	<ul style="list-style-type: none"> Personal Progress Credit Chart system updated quarterly to gather objective data on participants and their progress. Efforts continued to promote the Drug Treatment Court (DTC) to achieve new referrals to the DTC programme, with ongoing liaison between stakeholders 	<ul style="list-style-type: none"> Efforts continued to promote the DTC to achieve new referrals to the DTC programme, with ongoing liaison between stakeholders 	<ul style="list-style-type: none"> Continue efforts to promote the DTC to achieve new referrals to the DTC programme, with ongoing liaison between stakeholders 	<ul style="list-style-type: none"> Continue efforts to promote the DTC to achieve new referrals to the DTC programme, with ongoing liaison between stakeholders
<p>3.1.35 Establish a Working Group to consider the approaches taken in other jurisdictions to the possession of small quantities of drugs for personal use in light of the Report of the Joint Committee on Justice, Defence and Equality on a Harm Reducing and Rehabilitative approach to possession of small amounts of illegal drugs Lead: DJE, DOH (Joint) Partners: AGS, Relevant Depts and Agencies</p>	<ul style="list-style-type: none"> Working Group established Chair appointed First meeting took place 12th December Tender process for research commenced 	<ul style="list-style-type: none"> Research completed and report submitted to group Public consultation completed Focus groups completed Open Policy Debate Completed 13 meetings held of working group 	<ul style="list-style-type: none"> Finalise report and recommendations (end Q1) Present recommendations to relevant Ministers Develop implementation plan for recommendations agreed by Government 	<ul style="list-style-type: none"> Implement recommendations agreed by Government

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

<i>RHSR</i> Action and Roles	<i>RHSR</i> Action and Roles	<i>RHSR</i> Action and Roles	<i>RHSR</i> Action and Roles	<i>RHSR</i> Action and Roles
<p>3.2.36 Invest in capacity building measures to support the role of law enforcement authorities in monitoring drug markets, in particular new drug markets, surface web and darknet drug markets Lead: AGS, Revenue (Joint) Partners: DOH, DJE, HPRA</p>	<ul style="list-style-type: none"> Information supplied to the EMCDDA forms part of their Annual Report and Irelands Country drug report 2017. AGS attended and contributed to meetings at EU level re EU trends of controlled drugs & Darknet. AGS & Revenue's Customs Service have carried out a number of successful joint operations resulting in significant seizures. 	<ul style="list-style-type: none"> Information supplied to the EMCDDA forms part of their Annual Report and Irelands Country drug report. AGS attended and contributed to meetings at EU level re EU trends of controlled drugs & Darknet. Continued liaison with Revenue Customs services and HPRA & carried out a number of successful joint operations resulting in significant seizures An Garda Síochána continue to collaborate at national level and at international level with law enforcement partners. 	<ul style="list-style-type: none"> An Garda Síochána continue EWET & supply data to the EMCDDA. Information supplied to the EMCDDA forms part of their Annual Report and Irelands Country drug report. Continued liaison with Revenue Customs services and HPRA. An Garda Síochána continue to collaborate at national level and at international level with law enforcement partners. 	<ul style="list-style-type: none">
<p>3.2.37 Subject to the completion of the Garda examination of Community Impact Statements, bring forward recommendations on their implementation Lead: AGS</p>		<ul style="list-style-type: none"> The Policing Plan 2018 supports evolution of Community Policing ethos and our community-oriented philosophy. 	<ul style="list-style-type: none"> This issue is being considered by AGS in line with its approach and commitments to Community Policing. 	

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

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>3.3.38 (a) Continue to develop systems to monitor changing drug trends in line with the EU Early Warning System Lead: DOH Partners: HSE, HRB, FSI, State Lab, MBRS, AGS</p>		<ul style="list-style-type: none"> • HRB appointed a Research Officer to: • Represent the HRB on the EWET and attending meetings of the sub-committee • Prepare and submit an annual report on the activities of the EWET to the EMCDDA 	<ul style="list-style-type: none"> • EWET sub-committee to be re-established by end Q1 • Chair will be appointed and secretariat provided • Members will be appointed and the role and Terms of Reference agreed 	
<p>3.3.38 (b) Complete the development of the HSE public alert system for adverse events due to drugs and commence implementation Lead: HSE Partners: DOH, DJE (Action continued overleaf)</p>		<ul style="list-style-type: none"> • Information obtained from other jurisdictions. • Discussions held with Public health to include Addiction Service managers 		
<p>3.3.38 (c) Support government funded laboratories, tasked with analysis of drugs of abuse, to engage in novel analytical development work, in relation to psychoactive drugs but especially new psychoactive substances (licit or illicit) Lead: DPER, DTTAS</p>				

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

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>3.3.38 (d) Provide funding in the capital expenditure programme for the construction of a purpose built new laboratory for Forensic Science Ireland with €6m prioritised to commence the project immediately Lead: DJE</p>	<ul style="list-style-type: none"> Enabling works commenced including electricity and gas connections. Fibre line installed. 	<ul style="list-style-type: none"> Enabling works completed Main Construction Tender issued in Dec 2018 	<ul style="list-style-type: none"> M&E tender to issue in January, with construction commencing in Q2 2019 	
<p>3.3.38 (e) Strengthen the legal robustness of Presumptive Drug Testing (PDT) to contribute to the timely prosecution of Section (3) drug-related offences Lead: DJE</p>		<ul style="list-style-type: none"> The strengthening of the legal aspects of PDT explored and is on-going. 	<ul style="list-style-type: none"> FSI working closely with an Garda Síochána and the DPP to improve the effectiveness of PDT 	

Goal Four: Support participation of individuals, families and communities

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>4.1.39 Support and promote community participation in all local, regional and national structures Lead: DOH Partners: C&V sectors, LAs, DCRD, DATFs</p>	<ul style="list-style-type: none"> All stakeholders represented on NOC and SSC including the community sector, National Family Support Network, UISCE, the National Voluntary Drug and Alcohol Sector as well as the Task Force chairs and coordinators networks 	<ul style="list-style-type: none"> DoH funded a Policy and Communications role for the NVDAS National Drugs Forum held (UISCE) Supported services to develop and implement service user engagement policies Based organisation developments on input provided by community of PWUD 	<ul style="list-style-type: none"> Continue to support Citywide, NFSN, UISCE and NVDAS to participate in structures Hold annual National Drugs Forum 	<ul style="list-style-type: none"> Continue to support Citywide, NFSN, UISCE and NVDAS to participate in structures Hold annual National Drugs Forum
<p>4.1.40 Develop and pilot a Community Impact Assessment Tool in order to measure the impact of drug-related crime and wider public nuisance issues on communities Lead: C&V sectors</p>	<ul style="list-style-type: none"> Proposal discussed at meeting with the Garda Commissioner and Senior Officers. The three CPFs have made presentations to the relevant JPC in their area (Dublin North Central, Fingal and Dublin South Central) Meeting with the Head of AGS Analysis and further refinement of the tool. 	<ul style="list-style-type: none"> Benchmark assessments have been carried out in 2 areas – NIC, Canals – and action plans agreed through Local Policing Forum. Pilot in Blanchardstown commenced in December 2018. 	<ul style="list-style-type: none"> Follow-up assessments in NIC and Canals Q2 to look at impact of actions Continue assessment in Blanchardstown. Agree action plan and carry out follow up assessment through Safer Blanchardstown forum. An Independent evaluation process will be designed and will be carried out across the 3 sites 	
<p>4.1.41 Build on the achievements of Local Policing Fora in providing an effective mechanism for building and maintaining relationships between an Garda Síochána and the local communities, in particular in relation to the impact of the drugs trade Lead: DJE, AGS</p>	<ul style="list-style-type: none"> AGS's Modernisation and Renewal Programme has given all Gardaí irrespective of rank a role to play in addressing community policing issues. With the work of the GNDOCB over €100m worth of drugs has been seized. 	<ul style="list-style-type: none"> Commission on the Future of Policing in Ireland report Major recommendation on community policing and new District Policing Model GNDOCB seized over €28 million of drugs in intelligence led operations with the support of our partners and local communities 	<ul style="list-style-type: none"> The Government will continue to monitor the implementation of recommendations contained in the report, during the period 2019 – 2022 	

Goal Four: Support participation of individuals, families and communities

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>4.1.42 Carry out an evaluation of the Drug-Related Intimidation Reporting Programme to strengthen its effectiveness and, if appropriate, develop measures to raise public awareness of the programme</p> <p>Lead: AGS, NFSN</p>	<ul style="list-style-type: none"> • Funding proposal submitted on 28.11.17 to DPU. • Meeting held with AGS in September re initial process of evaluation plan. • Updated Inspectors list 2017. Shared with NFSN. • Garda website updated 	<ul style="list-style-type: none"> • Seminar held with AGS nominated inspectors and NFSN in Feb to re-fresh on DRI training programme • Two Drug training programmes held by AGS and NFSN presented on DRI training programme. • DRI programme evaluated for NFSN with family support workers and evaluated by DOCB with nominated inspectors • 4 Regional DRI trainings held – 85 trainees. • Presented on the DRI programme to the National Drug Policy Forum 	<ul style="list-style-type: none"> • Develop Action Plan from outcomes of evaluations • Review training in line with evaluations • Train the trainer of regional workers who can assist with DRI training/provide local input • Take steps to promote the DRI programme nationally, review promotional material. • AGS Drug Training Programme (May/October) with input from NFSN 	<ul style="list-style-type: none"> • Annual review forum with AGS, NFSN, DRI Trainers and Nominated Inspectors for ongoing review/updates. • Continuation of local and regional training • Continuation of local and national promotion of programme
<p>4.2.43 Require the delivery of services within a Quality Assurance Framework</p> <p>Lead: DOH Partner: HSE</p>				<ul style="list-style-type: none"> • Undertake an audit of services
<p>4.2.44 Actively support frontline services through capacity building measures using evidence-based models of participation in line with best practice</p> <p>Lead: DOH Partner: Relevant Depts and Agencies, C&V sectors, DATFs, Networks of people who use drugs & alcohol, Family Support Networks</p>		<ul style="list-style-type: none"> • Annual National Drugs Forum was held in Q4 which focused on building communities of practice 	<ul style="list-style-type: none"> • Hold annual National Drugs Forum 	<ul style="list-style-type: none"> • Hold annual National Drugs Forum

Goal Five: Develop sound and comprehensive evidence-informed policies and actions

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>5.1.45 (a) Continue to monitor the drug situation and responses for national and international purposes using EMCDDA protocols and existing data collection systems, while ensuring that Ireland can respond to new data monitoring requests arising from the Oversight and the EU</p> <p>Lead: HRB Partners: HSE, DOH</p>	<ul style="list-style-type: none"> • TDI Data for 2016 submitted to EMCDDA on time & using the revised template (TDI 3) • Prevalence data on entries to treatment in 2016 submitted to the EMCDDA. • Data collection for 2015 deaths has been completed and submitted to the EMCDDA. • Data for 2016 prevalence of hepatitis B/C and HIV infection among injecting drug (IDUs) users submitted to EMCDDA. • Data from pharmacy-based needle exchange services for 2016 submitted to the EMCDDA • The most recently available data on drug seizures drug-related offences were submitted to the EMCDDA. Data on drug treatment in prisons were included in the HRB's report on prisons to the EMCDDA. • 	<ul style="list-style-type: none"> • TDI Data for 2017 submitted to EMCDDA • Prevalence data on entries to treatment in 2017 submitted to the EMCDDA. • Data collection for 2016 deaths completed and submitted to the EMCDDA. • Data for 2017 prevalence of hepatitis B/C and HIV infection among injecting drug (IDUs) users submitted to EMCDDA. • Data from pharmacy-based, low threshold (MQI and ALDP) and HSE needle exchange services for 2017 submitted to the EMCDDA • The most recently available data on drug seizures and drug-related offences were submitted to the EMCDDA. 2017 data on drug treatment in prisons were included in report on prisons to the EMCDDA • Commissioned 2019 general population survey. Four meetings of research advisory group. • 2017 treatment available on www.drugsandalcohol.ie 	<ul style="list-style-type: none"> • Report on following EMCDDA indicators <ul style="list-style-type: none"> • prevalence and patterns of drug use among the general population and • prevalence and patterns of problem drug use. • demand for drug treatment • drug-related deaths • Complete 2019 general population survey and report and report main findings. • 2018 treatment available on www.drugsandalcohol.ie 	<ul style="list-style-type: none"> • Report on following EMCDDA indicators <ul style="list-style-type: none"> • prevalence and patterns of drug use among the general population and • prevalence and patterns of problem drug use. • demand for drug treatment • drug-related deaths • Report additional findings from 2019 GPS • Commission report on Problem Drug Use (EMCDDA indicator) and publish findings. • 2019 treatment available on www.drugsandalcohol.ie

Goal Five: Develop sound and comprehensive evidence-informed policies and actions

<i>RHSR</i> Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>5.1.45 (b) Separate the organisation and budgeting of routine monitoring from research projects Lead: DOH</p>		<ul style="list-style-type: none"> Budget for monitoring and research has been separated 		
<p>5.1.45 (c) Request all remaining hospital emergency departments include the monitoring of attendances as a result of alcohol and drug use in their electronic patient system Lead: DOH</p>			<ul style="list-style-type: none"> Issue a request to the remaining EDs to include the monitoring of attendances as a result of alcohol and drug use 	
<p>5.1.45 (d) Develop a suitably integrated IT system which allows for the effective sharing and collection of appropriate outcome data Lead: HSE</p>	<ul style="list-style-type: none"> The ICT Project Initiation Document has been developed 	<ul style="list-style-type: none"> Completed systems analysis report on existing applications, & ICT requirements for Addiction Services Identify core technical requirements to enhance the service. Existing applications in use across Addiction Services are being reviewed but tied up with development of IHI from HSE 	<ul style="list-style-type: none"> Consideration to be given of the impact of GDPR and engagement with IT Department in HSE 	
<p>5.1.46 (a) Ensure that public funding is targeted at underlying need and supports the use of evidence-informed interventions and the evaluation of pilot initiatives Lead: DOH Partner: DES, DSP, DCYA, HSE, IPS, PS, HRB</p>		<ul style="list-style-type: none"> National Drugs Forum was held in Q4 which had a strong focus on sharing best practice 	<ul style="list-style-type: none"> Hold annual National Drugs Forum 	<ul style="list-style-type: none"> Hold annual National Drugs Forum

Goal Five: Develop sound and comprehensive evidence-informed policies and actions

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>5.1.46 (b) Designate the Health Research Board as a central information hub on evidence on the drugs situation and responses to it Lead: DOH</p>	<ul style="list-style-type: none"> • Meeting held, • Also covered transfer of functions from National Advisory Committee on Drugs and Alcohol to HRB 	<ul style="list-style-type: none"> • 2018 Work Programme agreed with HRB • Funding stream transferred to HRB 	<ul style="list-style-type: none"> • Completed 	
<p>5.1.46 (c) Ensure that mechanisms are in place to communicate this evidence in a timely manner to those working in relevant healthcare settings, including in acute and emergency care Lead: DOH</p>		<ul style="list-style-type: none"> • Drugs Forum was held in Q4 which brought together those working in the area to share evidence and best practice 	<ul style="list-style-type: none"> • Hold annual National Drugs Forum 	<ul style="list-style-type: none"> • Hold annual National Drugs Forum
<p>5.1.46 (d) Develop collaborative relationships with third level institutions in the area of drugs and alcohol so as to further government funded research priorities Lead: DOH Partner: HRB</p>			<ul style="list-style-type: none"> • Engage with the Irish Research Council 	
<p>5.1.47 Require all publicly funded drug and alcohol services to complete the NDTRS for all people who use services Lead: DOH, DJE (Lead) Partner: HSE, IPS, C&V sectors</p>		<ul style="list-style-type: none"> • Compliance monitored 	<ul style="list-style-type: none"> • Identify and address barriers to compliance 	

Goal Five: Develop sound and comprehensive evidence-informed policies and actions

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>5.1.48 Harness existing data sources in the drug and alcohol field in order to enhance service delivery and inform policy and planning across government and the community and voluntary sectors, and having done so, identify deficits in research in the field to enable the development of a prioritised programme on an annual basis Lead: DOH Partner: HSE, HRB</p>			<ul style="list-style-type: none"> • Complete General Population Survey 	<ul style="list-style-type: none"> • Review action following completion of General Population Survey
<p>5.1.49 Undertake a study on rehabilitation outcomes, which takes into account the experience of service users and their families, and examines their outcomes across multiple domains, building on work already undertaken Lead: DOH, HRB (Joint) Partner: HSE, UISCE, NFSN, C&V sectors</p>		<ul style="list-style-type: none"> • No progress made. This action deferred due to resource constraints arising from the 2019 general population survey on drug use • (UISCE) Provided advocacy to members of community of PWUD that requested support regarding their rehabilitation (access to services, etc) 	<ul style="list-style-type: none"> • Resource constraints will continue in 2019 so this action will most likely be deferred until 2020 • (UISCE) Engage with the community of PWUD to identify needs regarding rehabilitation outcomes • Work in partnership with services that promote work experience for PWUD and support individuals with their professional goals 	<ul style="list-style-type: none"> • HRB will commission a scoping exercise to review the existing work carried out to date in Ireland and the international literature on how rehabilitation outcomes are assessed and evaluated with a view to determining the best approach to be

Strengthening the Performance of the Strategy				
RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>6.1.50 (a) Phase in the introduction of a resource allocation model (RAM) to achieve a more equitable distribution of resources across Task Force areas Lead: DOH Partner: HSE</p>			<ul style="list-style-type: none"> • Develop implementation plan to operationalize a performance measurement system 	
<p>6.1.50 (b) Identify where significant changes in problem drug or alcohol use are found from one year to the next, or differences are observed between areas, and analyse why such differences have emerged with a view to successfully implementing the strategy and assisting DATFs improve their actions and interventions over time Lead: DOH Partner: HSE</p>				
<p>6.1.50 (c) Improve the alignment of Task Force boundaries Lead: DOH Partner: HSE</p>			<ul style="list-style-type: none"> • Review alignment of boundaries between Task Forces and CHOs 	
<p>6.1.50 (d) Ensure that Task Forces have appropriate arrangements in place for the selection and renewal of the Chair and members of the Task Force and have proper procedures in place for addressing conflict of interest Lead: DOH Partner: HSE</p>		<ul style="list-style-type: none"> • Working Group set up to review Task Force handbook and Code of Governance 	<ul style="list-style-type: none"> • Develop implementation plan to introduce new governance code for Task Forces 	

Strengthening the Performance of the Strategy

RHSR Action and Roles	Progress 2017	Progress 2018	Planned activity 2019	Planned activity 2020
<p>6.1.50 (e) Build the capacity of DATFs to participate in the Performance Measurement System</p> <p>Lead: DOH Partner: HSE</p>				
<p>6.1.50 (f) Coordinate a cross-Departmental approach at national and local level to allow for the gathering of the appropriate information and data streams to feed into the ongoing organic further development of the Performance Measurement Framework</p> <p>Lead: DOH Partner: HSE</p>	<ul style="list-style-type: none"> • Meeting held 			