Reducing Harm, Supporting Recovery
Progress Report 2020

Drugs Policy and Social Inclusion Unit
Dept of Health

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Overview

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

The vision of the strategy is for

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

The strategy is structured around five strategic goals. The 50 actions to support these goals are outlined in the Action Plan and are to be delivered over the period 2017-2020. The implementation of these actions is monitored though the national oversight structures, supported by the coordinated system of monitoring, research and evaluation set out in the strategy. This progress report has been prepared by the lead agencies and reports on the implementation of the actions to the end of 2020. This report also reports on the status of the actions, across 5 settings:

Black – action not yet scheduled to start	Green – action broadly on track	Amber – action progressing but with a minor delivery issue	Red – action delayed with a significant delivery issue	Blue – action fully completed

The table below gives an overview of the progress to the end of 2020 on implementation of the 50 actions contained in Reducing Harm Supporting Recovery.

Strategic Goals	Black	Green	Amber	Red	Blue
Goal One: Promote and Protect Health and Wellbeing		2	3	2	4
Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery		6	5	3	3
Goal Three: Address the harms of drug markets and reduce access to drugs for harmful use.		3	1	1	2
Goal Four: Support participation of individuals, families and communities		2		1	2
Goal Five: Develop sound and comprehensive evidence-informed policies and actions.		1	3		
Strengthen the performance of the strategy				1	
Total		14	12	8	11

This indicates that 25 actions have been delivered, either completely or broadly on track. A further 20 actions are progressing but with a minor or major delivery issue.

Goal One: Promote and Protect Health and Wellbeing

RHSR Strategic Action	Delivered	Lead role	Action during 2020	Traffic Light signal for Action
1.1.1 Ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority	1.1.1 (a) Develop an initiative to ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority	DOH	A prevention and education initiative encompassing 1.1 was under development. Funding for this initiative was reallocated for the restoration of drug and alcohol services, in the context of Covid-19 in 2020. Introduction of a Community Alcohol on Alcohol Programme	Red
	1.1.1 (b) Promote the use of evidence-based approaches to mobilising community action on alcohol	DOH	Review approaches to prevention and education, building on best practice. The HSE funds the Alcohol Forum to support community mobilisation on alcohol.	
1.1.2 Improve the delivery of substance use education across all sectors, including youth services, services for people using substances and other relevant sectors.	1.1.2 (a) Organise a yearly national forum on evidence-based and effective practice on drug and alcohol education	HRB	The planned National Drugs Forum was not held in 2020 due to COVID-19 restrictions. The HRB are planning an online forum in March or April 2021	Red
	1.1.2(b) Develop a guidance document to ensure substance use education is delivered in accordance with quality standards.	HRB	Deferred following discussion with DoH	
1.2.3 Support the SPHE programme.	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	DES, DATFs (Joint)	Following a number of meetings between the DoE and Regional DATF Coordinators network representatives on the National Oversight Committee for the Drugs Strategy, the Regional DATF Coordinator reps developed a discussion paper which was then discussed and agreed with LDATF Coordinators network. This was then used to inform a support guide for schools and parents with links to evidence informed and recognised resources and publications, signposting to area-based support along with DATFs and contact details. This was developed in 2020 and is currently being finalised. It will be circulated to schools in 2021, as soon as it is possible to do so when there is a resumption of 'normal services' - including the issue of bulk mail to schools by DES.	Green

	1.2.3 (b) Ensure that all SPHE teachers, guidance counsellors and Home School Community Liaison co-ordinators can avail of continuing professional development.	DES	Resources to support the Junior Cycle short course on SPHE were developed by the HSE in consultation with the NCCA and the DES. Work continues on supporting schools as they embark on their Wellbeing Promotion Process. This involves schools reviewing all aspects of their wellbeing promotion across the curriculum, culture and environment, policy and planning and relationships and partnerships. The PDST developed Continuing Professional Development (CPD) on wellbeing promotion which is due to be rolled out in face-to-face training in Sept 2021. Meanwhile the PDST are developing online materials and webinars. A comprehensive programme of CPD to support the SPHE programme was provided by DES teacher support services to newly qualified and serving teachers at primary and post-primary. Due to the COVID-19 pandemic, the delivery of CPD moved online during 2020. This did not affect the level of CPD provided for teachers as they continued to access regular CPD events and the level of CPD provided was similar to 2019. The CPD directory of opportunities relevant to wellbeing (including SPHE) has been updated for the 2020/21 school year and can be found on the following page: https://www.gov.ie/en/publication/af24b-wellbeing-guidance-documents-for-parents-students-and-schools/#school-staff-primary-schools All newly appointed HSCL co-ordinators received induction in 2020.	
1.2.4 Promote a health promotion approach to addressing substance misuse.	1.2.4(a) In line with the Action Plan for Education, commence and roll out a national programme to support the implementation of the Wellbeing Guidelines to all primary and post-primary school	DES	The wellbeing guidelines are replaced by the Wellbeing Policy and Framework for Practice. Work continues on supporting schools as they embark on their Wellbeing Promotion Process which is outlined in the Wellbeing Policy and Framework for Practice. This involves schools reviewing all aspects of their wellbeing promotion across the curriculum, culture and environment, policy and planning and relationships and partnerships. The Wellbeing Policy sets outs standards for wellbeing practices across the Continuum of Support at the whole school preventative level (Support for All) and also at the targeted and more individualised levels (Support for Some and Few). Further work is required on the process for use in all centres of education. An Action Research Project concluded in 2020 which is informing the development of wellbeing CPD for schools. In view of the various challenges facing schools on resumption in September 2020, schools are being given the option to defer the increase of wellbeing provision at Junior Cycle from 300 to 400 hours by one year, until the 2021/22 academic year.	Amber
	1.2.4(b) In line with the Action Plan for Education, develop Wellbeing Guidelines for Centres of Education and Training.	DES	Further engagement on this required and some of the centres for example Youthreach etc are now part of the new Higher Education Department. The focus in 2020 was supporting the wellbieing of all during Covid19.	
1.2.5 Improve supports for		DES	The DEIS Plan 2017 continued to be implemented in 2020, as set out under action 1.2.5(a) above, to	Green

young people at risk of early substance use.	1.2.5(a) Provide a continuum of support including a Student Support Plan as appropriate, for young people who are encountering difficulty in mainstream education;		support students at greatest risk of educational disadvantage including early school leaving. This included the range of additional measures provided in response to the impact of Covid-19 including the summer education programme in 890 DEIS schools aimed to help students renew relationships, routines and connections with school and with learning ahead of the re-opening of schools in September and help to support ongoing social development and wellbeing	
	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	DES, HSE, TUSLA (Joint)	NEPS continued to provide its school-based psychological service to all primary and post primary schools through the application of psychological theory and practice to support the wellbeing, academic, social and emotional development of all learners. During school closures NEPS psychologists continued to provide a service to schools via remote access. NEPS service includes a casework service to schools through the assigned NEPS psychologist. Psychologists provide consultation in relation to appropriate therapeutic interventions to be delivered in the school setting and engage in direct work with individual students as appropriate. In 2020 due to Covid19 some elements of casework service was modified to ensure compliance with public health and schools' safety measures. As is normally the case, in the event that the need for a more targeted counselling or a specialised intervention was identified by the NEPS psychologist, a referral was made to an outside agency for evaluation and ongoing support. In addition to casework NEPS psychologists worked with teachers to build their capacity by offering training and guidance for teachers.	
	1.2.5(c) Implement School Attendance Strategies in line with TUSLA's guidance	TUSLA	Completed	
	1.2.5(d) Prioritise initiatives under the new DEIS programme to address early school leaving	DES	The DEIS Plan 2017 continued to be implemented in 2020, as set out under action 1.2.5(a) above, to support students at greatest risk of educational disadvantage including early school leaving. This included the range of additional measures provided in response to the impact of Covid-19 including the summer education programme in 890 DEIS schools aimed to help students renew relationships, routines and connections with school and with learning ahead of the re-opening of schools in September and help to support ongoing social development and wellbeing	
	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/scheme	DHPLG	The COVID-19 restrictions had an impact on the delivery of activities in 2020. However, LDCs were able to continue to provide supports and to offer some services online/by phone. Many activities in 2020 were continued from 2019 and included: o wellbeing and resilience programmes, o initiatives to address rural and social isolation, o supporting men's sheds and women's groups, o suicide awareness and prevention initiatives, o supports to LGBT community, o developmental youth work, o empowering communities to address health and wellbeing issues, o child and family supports, o raising awareness of mental health issues, and o friendly call service.	

1.2.6 Ensure those who do not seem to thrive in a traditional academic setting complete their education.	Review Senior Cycle programmes and Vocational Pathways in senior cycle with a view to recommending areas for development.	DES	Arising from the impact of Covid on schools and the delivery of the examinations, the focus for the Department (and still remains) was the continuation of education and the safe planning and delivery of the Leaving Certificate examination. The NCCA is now finalising its advisory report for the Minister for Education and the Department. The report is expected to be received early in 2021. The advisory report will look at priority areas, longer-term goals and a proposed timeline and advice on the pace and scale of developments in senior cycle. Areas for development will include senior cycle programmes and pathways, curriculum specifications and assessment. As set out in Action 1.2.5(a) the DEIS Programme continued to support those most at risk of educational disadvantage to experience improved educational outcomes	Amber
1.2.7 Facilitate increased use of school buildings, where feasible, for afterschool care and out of hours use to support local communities.	Engage with property owners and school authorities to facilitate increased use of school buildings, where feasible, for afterschool care and out of hours use to support local communities.	DES	Completed	Blue
1.2.8 Improve services for young people at risk of substance misuse in socially and economically disadvantaged communities.	Develop a new scheme to provide targeted, appropriate and effective services for young people at risk of substance misuse, focused on socially and economically disadvantaged communities.	DOH	Completed	Blue
1.3.9 Mitigate the risk and reduce the impact of parental substance misuse on babies and young children	1.3.9(a) Develop and adopt evidence-based family and parenting skills programmes for services engaging with high risk families impacted by problematic substance use	HSE, TUSLA (Joint lead)	Reference activity for 2020 in action 2.1.17 Further strengthen services to support families affected by substance misuse	Amber
	1.3.9(b) Build awareness of the hidden harm of parental substance misuse with the aim of increasing responsiveness to affected children	HSE, TUSLA (Joint lead)	Training development completed end July 2020. However, pilot implementation delayed to 2021 due to COVID 19 restrictions. Hidden harm e-learning programme available on HSELand and TUSLA with 1819 successful completions to end of 2020.	

	1.3.9(c) Develop protocols between addiction services, maternity services and children's health and social care services that will facilitate a coordinated response to the needs of children affected by parental substance misuse	HSE, TUSLA (Joint lead)	Children First guidance and legislation 2017 underpins Hidden Harm training and interagency cooperation and places a number of statutory obligations on specific groups of professionals and on particular organisations providing services to children. Training development completed end July 2020. However, pilot implementation delayed to 2021 due to COVID 19 restrictions	
	1.3.9(d) Ensure adult substance use services identify clients who have dependent children and contribute actively to meeting their needs either directly or through referral to or liaison with other appropriate services, including those in the non-statutory sector	HSE, TUSLA (Joint lead)	A process has been identified to identify clients with dependent children, using the NDTRS. Training development will be completed end July 2020. However, pilot implementation delayed due to COVID.	
1.3.10 Strengthen the life-skills of young people leaving care in order to reduce their risk of developing substance use problems	Consider how best to provide necessary once-off supports for Care Leavers to gain practical life-long skills in line with Action 69 of the Ryan Report in order to reduce their risk of developing substance use problems.	TUSLA	Completed	Blue
1.3.11 Strengthen early harm reduction responses to current and emerging trends and patterns of drug use.	Establishing a working group to examine the evidence in relation to early harm reduction responses, such as drug testing, amnesty bins and media campaigns, to current and emerging trends including the use of new psychoactive substances and image and performance enhancing drugs and other high risk behaviours, including chemsex.	HSE	Working group established. Working group report, highlighting international evidence, best practice and key recommendations based on the group's evidence review, is under review at present and aim for publication in Q2 2021. Market research in relation to drug use in the night-time economy is completed. Market research into young people's knowledge and attitudes towards cannabis and cannabis related messages currently underway with cohorts under and over the age of 18 years old. Content developed with USI on club drug use and overdose, and new booklets sent to all third level institutions. HSE and HRB contributed to the development of the EMCDDA survey due for launch in 2021 which will aim to capture use among those not presenting to traditional addiction services over the last 12 month. TCD report on the findings of the 2019 festival drug use survey completed and awaiting publication. Completed review of evidence from other countries and consider the possibility of conducting a pooled urine or wastewater study to improve knowledge on trends if feasible, and wastewater epidemiology is being reviewed to assist in identifying peaks in use patterns. As regards harm reduction, new benzodiazepine awareness information, 3 advisory notices issued by the national clinical lead on new benzodiazepines, new naloxone content added to drugs.ie as well as the development of a number of COVID-19 specific harm reduction resources. Club Drug Clinic continues to operate in the NDTC after brief closure due to Covid-19.	Blue

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

RHSR Strategic Action	Delivered	Lead role	Action during 2020	Traffic Light signal for Action
2.1.12 Strengthen the implementation of the National Drugs Rehabilitation Framework.	**2.1.12 (a)** Develop a competency framework on key working, care planning and case management	HSE	The Competency Framework for Addiction Services and Homeless Services has been completed. The final consultation took place and amendments were made accordingly however, COVID priorities have delayed the publication	Green
	2.1.12 (b) Extend the training programme on the key processes of the National Drugs Rehabilitation Framework	HSE	The development of the NDRF elearning has been completed final quality control check delayed due to Covid. The SAOR screening and brief intervention, for problem alcohol and substance use, train the trainer programme was completed. Virtual classroom version of SAOR training, elearning is available on HSELand	
2.1.13 Expand the availability and geographical spread of relevant quality drug and alcohol services and improve the range of services available, based on identified need.	2.1.13 (a) Identifying and addressing gaps in provision within Tier 1, 2, 3 and 4 services;	HSE	Gaps in provision in Tiers 1 to 4 have been identified, and work progressed in 2020 to address these gaps. CHO1: Governance gaps addressed via recruitment of Clinical Lead and Assistant Director of Nursing (ADON) currently in progress. Alcohol liaison post in Sligo filled via agency. Cavan/Monaghan service enhanced with 5 day service provided by counselling, nursing, admin team CHO2: Outreach gap addressed via 2 new project workers operating at full capacity. Community Alcohol service currently recruiting staff and sourcing premises. CHO3: Waiting list addressed via new treatment services established and operational in Limerick and Ennis. Hep C treatment supported in Limerick CHO4: Governance gap addressed through recruitment of ADON. Clinical gaps addressed via additional counselling post and enhanced needle exchange. CHO5: Governance gap addressed with commencement of recruitment of Clinical Lead. Treatment gap addressed with new service in Gorey and South Tipperary. Overall capacity increased by 60 CHO6 & 7: Governance gap, Director of Nursing advertised and awaiting interview. Clinical gap addressed with move of Cuan Dara to St Lomans site, delayed due to Covid – anticipated in 2021. Clinical gaps addressed with new services in Kildare and Newbridge. New service planned for Athy, being renovated. Daisyhouse service is fully operational. CHO8: Clinical need and waiting list addressed via new clinics in the Midlands area. Now operational in Tullamore, Longford, Portlaoise and Mullingar. 3 new virtual clinics established to deal with increase in numbers. Governance being addressed via recruitment of ADON. CHO9: Governance addressed with Clinical lead post interviewed for and offered - Pending start date. Service gaps identified and supported via Suimhneas, Ashleigh House PUP programme, Recovery Academy and UISCE. Response by HSE Addiction Services, to the Covid pandemic, has resulted in the rapid initiation of 863 additional clients onto OST in 2020.	Green

	2.1.13 (b) Increasing the number of treatment episodes provided across the range of services available, including: • Low Threshold; • Stabilisation; • Detoxification; • Rehabilitation; • Step-down; • After-Care;	HSE	HSE Addiction Services response to the Covid pandemic has resulted in the rapid initiation of 863 additional clients onto OST in 2020.	
	2.1.13 (c) Strengthening the capacity of services to address complex needs	HSE	Guidelines on the rapid induction of clients to treatment developed in Q1 and modified in response to the ongoing pandemic. Safety net increased numbers in attendance. CHO3: Alcohol liaison nurse: Expand mental health services for people with alcohol addiction presenting in acute hospitals: Dual qualified mental health nurse (Governance through mental health), Work is ongoing in partnership with Mental Health Services to develop the model for integrated care between MH and community services and to fill the post CHO4: Mental health collaboration progressing with Alcohol Liaison nurse appointed and current recruitment of a Consultant Psychiatrist for service and under 18 Clinical Nurse Specialist CHO9: Recruitment processes in place for posts in relation to MH and Addition services in relation to Alcohol Liaison Nurse, 0.5 Consultant Psychiatrist and 5 Dual Qualified Mental Health nurses including 2 specifically for NEIC.	
2.1.14 Improve the availability of Opioid Substitution Treatments (OSTs).	Examining potential mechanisms to increase access to OSTs such as the expansion of GP prescribing, nurse-led prescribing and the provision of OSTs in community-based settings and homeless services.	HSE	Guidelines prepared for rapid induction of clients to treatment • The additional tier 3 expansion as outlined in 2.1.13(a) in CHO1, 3, 5, 6/7, 8. • Guidelines on the rapid induction of clients to treatment developed in Q1 and modified in response to the ongoing pandemic. • Virtual clinics established in CHO8 for GP prescribing to reduce waiting times. • Amendments to Misuse of Drugs regulations to allow for the electronic transfer via Healthmail between GPs and Pharmacies to reduce waiting times. • Availability of OST was widened extensively and additional homeless settings were able to engage people on OST. Total in treatment end Dec 2020: methadone 10,935 individuals, total Suboxone 423 individuals, a total increase over 2020 of 863 people on OST. • All areas in the country addressed need during the Covid pandemic accessing additional people into treatment via new clinics, increasing capacity and establishing new clinics with innovative ways of working.	Green
2.1.15 Enhance the quality and safety of care in the delivery of Opioid Substitution Treatment (OST).	Implementing the HSE National Clinical Guidelines on OST and reviewing in line with National Clinical Effectiveness Committee processes.	HSE	• Ongoing adherence to the OST guidelines continued across all CHO areas and the non-direct supervision of urines has become established. • New guidelines and advice on OST were developed and circulated to Clinicians in order to facilitate the safe, rapid induction of a large number of people onto OST. • The Guidelines in relation to the provision of OST in the Hospital setting were formally circulated by the HSE to all Acute and Mental Health Hospitals. • Guidelines around safe delivery of OST to individuals who were required to self isolate as a result of the Covid pandemic were issued. • Guidelines in relation to tele counselling/assessment were issued to services. • Other guidelines to enhance safety of care in the delivery of OST were issued to	Green

			include: Contingency Planning for People Who Use Drugs, Medicines Management for Isolation Units, Safe Supply of Medicines during Covid 19, Overdose Response and Naloxone Guidance, methadone take home leaflets, guidance document for homeless and vulnerable people	
2.1.16 Improve relapse prevention and aftercare services.	Developing and broadening the range of peer-led, mutual aid and family support programmes in accordance with best practice.	HSE	• Continuing to support the work of SMART Recovery Ireland and the Recovery Academy of Ireland. • Specific resources developed and disseminated on drugs.ie on maintaining recovery during the stressful period of the Covid Pandemic. • Supported the development of the DoH guidance for drug and alcohol support groups and treatment programmes and other addiction treatment services, and associated poster.	Green
2.1.17 Further strengthen services to support families affected by substance misuse	2.1.17(a) Developing addiction specific bereavement support programmes and support the provision of respite for family members;	TUSLA	TUSLA provides a small grant for Bereavement counselling. Due to Covid19 Restrictions the programme was cut short, the facilitation of this programme in 2021 is being reviewed.	Amber
	2.1.17(b) Supporting families with non-violent resistance training to address child to parent violence	TUSLA	Covid Restrictions halted any hosting of this training however it is now available online and will be facilitated in 2021.	
	2.1.17 (c) Supporting those caring for children/young people in their family as a result of substance misuse to access relevant information, supports and services	TUSLA	NFSN in partnership with Treoir/Family Resource Centres & Kinship Carers established a new project 'Kinship care Ireland' - hosted by Treoir, 1 full time worker funded by Tusla. FSN provided recruitment and strategic planning support and remains on the steering group of the project.	
2.1.18 Help individuals affected by substance misuse to build their recovery capital.	2.1.18(a) Monitoring and supporting the implementation of the Department of Social Protection's Programme Framework for Community Employment Drug Rehabilitation Schemes, based on an integrated inter-agency approach	DSP	• Several online video meetings were held with the CE Drugs Advisory Group throughout the year with actions identified • Schemes have continued, where possible, to help those affected by substance abuse to continue to build recovery capital. Stakeholder Meeting are continuing to take place with emphasis being placed on developing DRP's in the regions. Consideration is being given to Participants of DRP's to extend their contract to allow them to retain their programme through the Covid 19 pandemic. Programmes continue to be delivered to individuals through social media platforms or telecommunication.	Amber
	2.1.18(b) Utilising SICAP to improve the life chances and opportunities of those who are marginalised in society, living in poverty or in unemployment through community development approaches, targeted supports and	DHPLG now DRCD	• The COVID-19 restrictions had an impact on the delivery of activities in 2020. However, LDCs were able to provide some supports and to offer services online/by phone. Many activities in 2020 were continued from 2019 and included: - Engaging with other stakeholders (e.g. drugs & alcohol tasks force, drugs prevention committees, treatment and rehabilitation / counselling services, etc.) working to address drug and alcohol abuse in the community. - Mental health and wellbeing initiatives - Counselling and personal development services	

	interagency collaboration		- Life skills and training - Referrals to other services • Substances misusers are not a named target group of SICAP but 5 of the Lot areas (51 lot areas across the country) have identified substance misuse as an emerging need group in their area for 2020. • A total of 190 individuals with substance or addiction issues to date (2018-2020) received direct one-to-one supports. • 5 local community groups working with people affected by substance abuse/misuse were also supported to date (2018-2020).	
2.1.19 Increase the range of progression options for recovering drug users and develop a new programme of supported care and employment.	Establishing a Working Group to: a) Examine the range of progression options for those exiting treatment, prison, Community Employment schemes including key skills training and community participation with a view to developing a new programme of supported care and employment; and b) Identify and remedy the barriers to accessing the range of educational, personal development, training and employment opportunities and supports, including gender specific barriers and the lack of childcare provision, for those in recovery.	DOH	On hold awaiting publication of inter-departmental report on social inclusion employment support programmes	Red
2.1.20 Expand addiction services for pregnant and postnatal women.	2.1.20(a) Strengthening links between maternity services and addiction services;	DOH	Medical social workers approved and funded by NWIHP in 2019 for maternity services around the country continued to be recruited into and filled. Maternity teams based in acute sites continued to work with and develop relationships with newly appointed drug and liaison midwives within the CHO areas. Limerick Mid-West Service operational, PUP therapist, 5 keyworkers & 2 childcare workers to support and remove barriers to treatment. Services delivery includes- pre-entry and aftercare groups. Roll-out of PUP training to develop a community of practice in the area to support mothers due April 2021.	
	2.1.20(b) Quantify the need for additional residential placements for pregnant and postnatal women who need in-patient treatment for addiction to drugs and/or alcohol across the country;	DOH	One mother and child residential treatment service available in Dublin, with exercise undertaken to identify additional residential placements required. Being led by HSE's National Social Inclusion Office.	

	2.1.20(c) Develop services to meet that need ensuring that such facilities support the development of the mother-baby relationship;	DOH	Being developed as part of expansion of Alcohol and Drug Liaison MidWives	
	2.1.20(d) Provide dedicated support for pregnant women with alcohol dependency, including examining the need to expand the role of the Drug Liaison Midwife (DLM) in this regard. Any such expansion will likely generate a need to further increase the number of such midwives;	DOH	Funding was secured to employ a drug liaison midwife in every CHO area Recruitment continued to increase coverage.	
	2.1.20(e) Resource the National Women and Infants Health Programme (NWIHP) to provide drug liaison midwives and specialist medical social workers in all maternity networks;	DOH	Funding approved by NWIHP for Medical social worker for maternity services around the country. Recruitment process continues and posts are being filled. Maternity teams based in acute sites continued to work with and develop relationships with newly appointed drug and alcohol liaison midwives within the CHO areas.	
	2.1.20(f) Support maternity hospitals/units to strengthen their methods of detecting alcohol abuse and supporting women to reduce their intake; and	DOH	A specific Making Every Moment Count learning module for maternity services was developed in Q4 2020. This module is due to be launched in Q1 2021. The MEMC programme for maternity services is targeted at supporting and enabling staff to use every opportunity of contact with women to support and educate them and provide them with information in relation to their physical and mental wellbeing, and addresses such areas as alcohol, smoking and drug misuse and addiction as appropriate. Women detected at any point in their care pathway as engaging in drug and alcohol abuse are offered access to the required support services to support them reduce their intake.	
	2.1.20(g) Engage the NWIHP to develop a consistent approach to informing women about the risks of alcohol consumption during pregnancy.	DOH	In addition to the maternity specific module in the MEMC programme, all women engaging with maternity service undertake a one-on-one booking-in clinic in which a detailed assessment and history is taken of the woman with a standard list of areas covered and reviewed including alcohol, substance misuse and smoking. At this clinic, women are informed of the associated risks of such behaviour, with additional referrals being arranged as needed to support services and information sources being clearly identified for the women. Throughout their care pathway in maternity services, required information and advice will be re-iterated with continued availability for referrals to support services being made available.	
2.1.21 Respond to the needs of women who are using drugs and/or alcohol in a harmful manner.	2.1.21(a) Increasing the range of wrap-around community and residential services equipped to meet the needs of women who are using drugs and/or alcohol in a harmful manner, including those with children and those who are pregnant	HSE	• Recruitment of drug and alcohol liaison midwives was delayed due to COVID, however some progress has been made. Recruitment in process in CHO1, CHO2, CHO4 and CHO5. In CHO3, the work of this post is currently being progressed via the clinic nursing team / agency nursing including active case load of pregnant clients; liaison work with the Maternity Hospital and perinatal mental health team and a range of targeted sexual health / women's health interventions. CHO8 at initial planning stages of governance and recruitment. • Residential service for women Limerick - The community-based aspect of this service commenced in 2020, with the team recruited and city centre premises up and running. Coolmine TC are at an advanced stage with Limerick City & County Council in	Green

			relation to the planning for the residential site, with work on the spec for the e-tender for the refurbishment of the site due to start.	
	2.1.21(b) Develop interventions to address gender and cultural specific risk factors for not taking up treatment.	HSE	• Supported research by Sarah Morton on responding to women with complex needs who use substances. • COVID 19 migrant health sharing hub set up https://www.hse.ie/eng/about/who/primarycare/socialinclusion/intercultural-health/covid-19-sharing-resources-migrant-health.html • About the Irish Health System- a guide for refugees and other migrants reviewed, updated and translated to 14 languages https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/translation-hub/multilingual-resources-and-translated-material/ . • In the period March to December 2020 188 leaflets, posters and translations produced for vulnerable groups. • The new eLearning programme, 'Introduction to Traveller Health' is now available on hseland.ie. The module was developed by the South East Traveller Health Unit for all HSE staff and staff of HSE funded organisations across the country to support a greater understanding of factors that influence Traveller health and to support staff to play their part in providing a more inclusive and culturally competent service to members of the Traveller Community. The training is available under the 'Personal Effectiveness Skills' section on www.hseland.ie.	
2.1.22 Expand the range, availability and geographical spread of problem drug and alcohol services for those under the age of 18.	2.1.22(a) Identifying and addressing gaps in child and adolescent service provision	HSE, TUSLA	Pilot telepsychiatry support service now operational and Consultant Child and Adolescent Addiction psychiatrists providing input to specific areas. This will require evaluation and review in 2021. Some delays in services due to Covid Pandemic.	
	2.1.22(b) Developing multi-disciplinary child and adolescent teams	HSE, TUSLA	Cavan Monaghan began recruitment through S.39 to recruit a Clinical Nurse Specialist to enhance multi-disciplinary Tier 3 Addiction Team for Under-18s. CHO2 Clinical Nurse Specialist through S.39 to enhance multi-disciplinary Tier 3 Addiction Team for Under-18s. In CHO3 recruitment began for a Clinical Nurse Specialist to enhance multi-disciplinary Tier 3 Addiction Team for Under-18s. In CHO4 recruitment began for an under 18 Clinical Nurse Specialist. In CHO5 recruitment began for a Clinical Nurse Specialist to implement new model of service delivery for adolescent addiction services and enhance governance structures.	
	2.1.22(c) Developing better interagency cooperation between problem substance use and child and family services.	HSE, TUSLA	Telepsychiatry pilot in place to enhance interagency working, pilot in 5 areas	Amber

2.1.23 Improve the response to the needs of older people with long term substance use issues.	Examining the need for the development of specialist services to meet the needs of older people with long term substance use issues.	HSE	Research in relation to needs among older people with long term substance use issues delayed due to Covid-19	Red
2.1.24 Improve outcomes for people with co-morbid severe mental illness and substance misuse problems.	2.1.24(a) Supporting the new Mental Health Clinical Programme to address dual diagnosis; and	HSE	A decision was taken to reconstitute the Mental Health Clinical Programme to address dual diagnosis. A clinical lead and programme manager for the Programme have been offered positions and have accepted. Currently awaiting start date for both.	Amber
	2.1.24(b) Developing joint protocols between mental health services and drug and alcohol services with the objective of undertaking an assessment with integrated care planning in line with the National Drug Rehabilitation Framework.	HSE	Dependent on progress of the mental health clinical programme. In CHO3 work was ongoing, in partnership with Mental Health Services, to i) develop the model for integrated care between MH and community services and recruit and Alcohol liaison nurse and dual qualified mental health nurse. Development of community mental health service NEIC: 1 Dual Qualified Mental Health Staff Nurse recruitment is in progress. In CHO5 an addiction Counsellor employed through Section 39 agency while recruitment through NRS progresses	
2.1.25 In line with Rebuilding Ireland, improve the range of problem substance use services and rehabilitation supports for people with high support needs who are homeless.	2.1.25(a) Increasing the number of detoxification, stabilisation and rehabilitation beds;	HSE	• New Stabilisation unit opened in North Dublin Inner City. • COVID19 presented opportunities for interagency and intersectoral working to provide support for people with high support needs who are homeless. • Residential services nationally impacted significantly by Covid 19 due to public health restrictions, in particular the impact of these in older facilities. • Webinar on maintaining Tier 4 services during the pandemic, for Tier 4 service providers, delivered by Dr. Eamon Keenan and Dr. Joe Barry. • Webinar on maintaining services for vulnerable groups, specific to addiction services, delivered to addiction service providers, delivered by Dr. Martin Cormican. • Additional funding sought through estimates process for additional services and treatment episodes for 2021.	
	2.1.25(b) Providing additional/enhanced assessment, key working, care planning and case management. This entails person-centred holistic care planning, including identifying and building social and recovery capital;	HSE	Evaluation of pilot implementation of the combined assessment and care planning document and full implementation delayed due to COVID. Ongoing local delivery of key working, care planning and case management training established, for example - CHO5: All new staff complete Care & Case Management training as part of their induction. Re-establish Care & Case Management Governance Groups in each county in SECH. Continue to engage with homeless services in SECH in the implementation and evaluation of the Homeless/drug and alcohol combined documentation pilot. CHO3: Ongoing work in relation to case management and integrated care. Dual Diagnosis care planning group facilitated in the NDTC provided support on case	

			management of complex cases.	
	2.1.25(c) Ensuring in-reach support during treatment and rehabilitation to prevent homelessness on discharge to ensure that housing and supports are in place;	HSE	In accordance with the NDRF, pre treatment and post treatment care plans are agreed. Case management continues to ensure the needs for housing and supports are identified on discharge. This is a condition of purchased episodes. The review of the Homeless Hospital discharge protocol was paused due to Covid.	
	2.1.25(d) Ensuring resourcing and enhanced cooperation arrangements between non-governmental service providers and State organisations, involved in the delivery of addiction treatment and housing services, so that the drug rehabilitation pathway is linked to sustainable supported housing-led/housing first tenancy arrangements; and	DOH, DHPLG	Housing First enables people who may have been homeless and who have high levels of complex needs around mental health or addiction to obtain permanent secure accommodation with the provision of intensive supports to help them maintain their tenancies. The Housing First National Implementation Plan published in September 2018, is designed to provide this response, by delivering permanent housing solutions and associated supports for rough sleepers and long-term users of emergency accommodation. The plan contains targets for each local authority, with an overall national target of 663 tenancies to be delivered by 2021. 2020 saw the extension of the programme to the remainder of the country with contracts and tenancies now in place in every region. 208 individuals entered the programme in 2020 and 508 tenancies were in place nationally by the end of 2020 (392 of which were created since the introduction of the Plan). A National Implementation Group including representation from the Department of Housing, Planning and Local Government, the Department of Health, the HSE, Local Authorities, and the National Director, oversees the planning and delivery of the programme nationally. The Programme for Government commits to continue to expand the Housing First approach with a focus on the construction and acquisition of one-bed homes and the provision of relevant supporting services. Research is being undertaken by the Housing Agency to carry out an assessment of need for the supports provided by Housing First which is being used to inform the expansion of the Programme.	
	2.1.25(e) Developing the provision of gender and culturally specific step down services, particularly housing, for women and their children progressing from residential rehabilitation treatment who are at risk of discharge into homelessness.	LA's, HSE	Suaimhneas, Daisy House, PMcV and Coolmine Ashleigh House continue to provide specific step-down for women.	
2.1.26 Intervene early with at risk groups in criminal justice settings.	2.1.26(a) Providing training to enable the delivery of screening, brief intervention and onward referral in line with national screening and brief intervention protocols for problem substance use;	IPS, PS	SAOR training continued to be rolled out, focusing in on newly appointed staff - use of e-learning during COVID	Amber

	2.1.26(b) Further develop the range of service specific problem substance use interventions in line with best international practice; and	IPS, PS	Delay in completion of Drug survey report due to data issue / COVID. Completion of Workplan pushed to Q1 2021	
	2.1.26(c) Determining the prevalence of NPS use in prison settings with a view to developing specific training for staff and appropriate interventions.	IPS, PS	Drug survey report will provide detail in relation to prevalence of NPS use among probation cohort. NPS will be addressed as part of a workplan developed on foot of research findings.	
2.1.27 Improve the capacity of services to accommodate the needs of people who use drugs and alcohol from specific communities including the Traveller community; the lesbian, gay, bisexual, transgender and intersex community; new communities; sex workers and homeless people.	2.1.27(a) Fostering engagement with representatives of these communities, and/or services working with them, as appropriate;	HSE	Completion of Traveller-specific SAOR Screening and Brief Intervention for Problem Alcohol and Substance Use. In a conjunction with Pavee Point, HSE developed resources on alcohol use in pregnancy, alcohol use during Covid and alcohol in general. Continued support for the HSE-funded Traveller Specific Drug Project.	Blue
	2.1.27(b) Considering the need for specialist referral pathways for specific groups who may not otherwise attend traditional addiction services (i.e. those who engage in chemsex);	HSE	The Club Drugs Clinic Ireland (G Clinic) provides a detoxification programme, support or advice for people who are dependent on GHB, GBL & Crystal Meth. Provision was allocated to expand the G Clinic which included the provision of a counsellor and doctor. The G Clinic closed during the first COVID -19 lockdown in 2020. Following the development of new COVID – 19 compliant protocols alongside a newly designed clinic space, the service reopened in August 2020 and remains operational. In 2020 there were 47 referrals and 30 completed the programme.	
	2.1.27(c) Providing anti-racism, cultural competency and equality training to service providers; and	HSE	• In addition to Module 1 (Inclusive Practices and Intercultural Awareness) and Module 2 (Working with Others), Module 3 on Intercultural Awareness and Practice in Health and Social Care: Refugees, Protection Applicants and Trauma was developed in 2020 and made available on HSELand. • 1476 staff have completed all three modules of the Intercultural Awareness ELearning.	
	2.1.27(d) Ensuring all services engage in ethnic equality monitoring by reporting on the nationality, ethnicity and cultural background of service users for the NDTRS and treat related disclosures with sensitivity.	HSE	NDTRS form now includes field for nationality and ethnicity	

2.2.28 Continue to expand Harm Reduction Initiatives focused on people who inject drugs.	2.2.28 (a) Expand needle exchange programmes;	HSE	Ongoing needle exchange supported nationally, by voluntary and statutory services. Guidance document on needle exchange during Covid pandemic produced.	Blue
	2.2.28 (b) Increase the availability of screening and treatment for blood borne viruses and communicable diseases; and	HSE	BBV screening has been provided for all new entrants onto OST in 2020	
	2.2.28 (c) Increase the uptake of Hepatitis C treatment.	HSE	HepC treatment programme for people who use drugs attending addiction services has re-commenced and is expanding.	
2.2.29 Provide enhanced clinical support to people who inject drugs and mitigate the issue of public injecting.	Establishing a pilot supervised injecting facility and evaluating the effectiveness of the initiative.	HSE	Planning application for a SIF was approved by An Bord Pleanála however this has been challenged and is subject to a Judical Review. Judicial review is ongoing.	Red
2.2.30 Continue to target a reduction in drug-related deaths and non-fatal overdoses.	2.2.30(a) Finalising HSE-led Overdose Prevention Strategy with a particular focus on implementing preventative measures to target high-risk cohorts of the drug-using population and known overdose risk periods;	HSE	Overdose awareness continues to be targeted at addiction services and high-risk cohorts of people who use drugs. Information is updated on a regular basis as new trends emerge. A joint document from the HSE and DoH, on overdose awareness during Covid-19 issued.	Blue
	2.2.30(b) Expanding the availability of Naloxone to people who use drugs, their peers, and family members;	HSE	Naloxone availability significantly enhanced in 2020. Provided similar amounts of Naloxone in first 4 months of 2020 as in whole of 2019. Ongoing delivery of naloxone & training to staff, clients and family members. Training has been amended in light of Covid 19. Training provided in prison services. Naloxone resources developed for COVID-19 and available on drugs.ie. PCRS are working on the reimbursement of intra-nasal Naloxone product.	
	2.2.30(c) Developing 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; and	DOH	Worked with Mental Health partners to promote recovery as per the revised mental health policy 'Sharing the Vision' which notes the need to provide access to supports for those with a dual diagnosis.	

	2.2.30(d) Providing suicide prevention training to staff working with young people in the area of alcohol and substance use, in line with Connecting for Life.	HSE	On-going collaboration with NOSP on suicide prevention training for addiction service staff. STORM training for addiction staff was organised for September 2020.	

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

RHSR Strategic Action	Delivered	Lead role	Action during 2020	Traffic Light signal for Action
3.1.31 Keep legislation up-to-date to deal with emerging trends in the drugs situation.	Keeping legislation under review, against the background of national, EU and broader international experiences and best practice, to deal with emerging trends, including: a) new synthetic substances; b) new or changed uses of psychoactive substances; and c) the evolving situation with regard to drug precursors and the surface web and dark net drug markets.	DOH, DJE	On-going monitoring of international trends regarding NPS and harmful substances from the EMCDDA, EU and other relevant source. Legislation reviewed	Green
3.1.32 Reduce rates of driving under the influence of drugs.	Implementing the measures relating to the testing of drivers for drugs and alcohol contained in the Road Traffic Act 2016.	DTTAS	Action completed as measures have been implemented since April 2017.	Blue
3.1.33 Reduce drug-offending behaviour and promote rehabilitation.	Implementing the recommendations of the Final Report of the Working Group on a Strategic Review of Penal Policy of July 2014 relating to drug-offending behaviours.	DJE		Red
3.1.34 Map the future direction and objectives of the Drug Treatment Court.	3.1.34(a) Carrying out an independent evaluation of the Drug Treatment Court; and	DJE		Amber
	3.1.34(b) Continuing to support the operation of the Drug Treatment Court, having regard to the recommendations made in the 2013 review, pending the outcome of the evaluation.	DJE		

3.1.35 Consider the approaches taken in other jurisdictions to the possession of small quantities of drugs for personal use with a view to making recommendations on policy options to the relevant Minister within 12 months.	Establishing a Working Group to consider the approaches taken in other jurisdictions to the possession of small quantities of drugs for personal use in light of the Report of the Joint Committee on Justice, Defence and Equality on a Harm Reducing and Rehabilitative approach to possession of small amounts of illegal drugs.	DOH, DJE	Completed	Blue
3.2.36 Support the role of law enforcement authorities in monitoring drug markets, in particular new drug markets, surface web and darknet drug markets.	Investing in capacity building measures to support the role of law enforcement authorities in monitoring drug markets, in particular new drug markets, surface web and darknet drug markets.	AGS, Revenue Customs Service	The Garda Síochána continue to engage with the EWET sub-committee and provide relevant data to the EMCDDA. Information provided to the EMCDDA forms part of their Annual Report and Irelands Country drug report. The Garda Síochána continue liaison at EU level regarding EU trends of controlled drugs & darknet including participation on the European multi-disciplinary platforms Against Criminal Threats (EMPACT) for the Operational Action Cocaine, Cannabis and Heroin. The Garda Síochána continue to engage with the Revenue Customs Services and the Health Products Regulatory Authority in respect of online drug markets. The Garda Síochána continue to collaborate at national level and at international level with law enforcement partners. The Garda Síochána currently hold the presidency of the Pompidou Group.	Green
3.2.37 Consider the case for the use of Community Impact Statements within the Criminal Justice System in Ireland.	Subject to the completion of the Garda examination of Community Impact Statements, bringing forward recommendations on their implementation.	AGS	The Garda Síochána have held meetings with relevant stakeholders under this Action, including with the Department of Justice and the assessment has been completed. Recommendations were submitted to the Standing sub-committee (SSC) of the National Drugs & Alcohol Strategy in early December 2020. As part of the recommendations, it is envisaged that a new Action may be established in 2021.	Green
3.3.38 Strengthen the response to the illegal drug market, including the changing nature of new psychoactive substances.	3.3.38(a) Continuing to develop systems to monitor changing drug trends in line with the EU Early Warning System;	DOH	• 3 EWET meetings were held in 2020 in which attendees exchanged the latest information to hand in their respective areas/organisations. Information is also exchanged between group members throughout the year as matters arise. • Due to Covid no meeting was held in 2nd quarter. • Meetings held in 3rd and 4th quarter carried out successfully via zoom.	
	3.3.38(b) Completing the development of the HSE public alert system for adverse events due to drugs and commencing implementation;	HSE	HSE public alert system finalised following presentation at EWET subcommittee	
	3.3.38(c) Supporting government funded laboratories, tasked with analysis of drugs of abuse, to engage in novel analytical development work, in relation to psychoactive	DPER, DTTAS	While Sport Ireland does not operate its own laboratory for anti-doping, the agency supports developments in analytical methods by assisting and networking with Anti-Doping Labs in other countries.	

	drugs but especially new psychoactive substances (licit or illicit), while continuing to fulfil their core functions			
	3.3.38(d) Providing 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	DJE	Project substantially advanced and on target in 2020 despite impact of Covid 19.	
	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.	DJE	A proposal to put the Presumptive Drug Testing (PDT) scheme on a statutory basis has been submitted to DOJ by FSI. It is currently under consideration.	

Goal Four: Support participation of individuals, families and communities

RHSR Strategic Action	Delivered	Lead role	Action during 2020	Traffic Light signal for Action
4.1.39 Support and promote community participation in all local, regional and national structures.	Supporting and promoting community participation in all local, regional and national structures.	DOH	DoH continued to support Citywide, NSFN, UISCE and NVDAS in their participation in these structures. DoH continued to engage with these groups as required.	Green
4.1.40 Measure the impact of drug-related crime and wider public nuisance issues on communities.	Developing and piloting a Community Impact Assessment Tool in order to measure the impact of drug-related crime and wider public nuisance issues on communities.	C&V sectors	The evaluation of the pilot phase was completed in July and was launched, along with resource materials for use of the Tool, at an event in November attended by the Garda Commissioner. The resource materials have been widely circulated and workshops will be organised in 2021 to support local groups who are interested in using the Tool in their local/regional areas.	Blue
4.1.41 Enhance the relationship between an Garda Síochána and local communities in relation to the impact of the drugs trade.	Building on the achievements of Local Policing Fora in providing an effective mechanism for building and maintaining relationships between an Garda Síochána and the local communities, in particular in relation to the impact of the drugs trade.	DJE, DHPLG, AGS	Following the recommendations of the CoFPI report, the Department of Justice has been developing a new Community Safety policy which will introduce new structures to strengthen relationships between local communities and service providers, including AGS, which will prioritise community concerns, and will strengthen inter-agency cooperation. In 2020 arrangements were made to test-run the new policy and structures in three pilot sites across the country and to rigorously evaluate the pilots. This has involved ongoing consultation with other government departments and agencies. This preparatory work has been ongoing in 2020 and the pilots will be launched in 2021. As part of the implementation of the Commission on Future of Policing in Ireland report, national and local coordination structures for Community Safety are being developed with a view to enhancing inter-agency cooperation, community engagement and feedback in relation to issues of local concern, including drugs crime. The Garda Síochána continues to build a positive Community Policing ethos. The Garda Síochána continues to recognise the importance of addressing the issues of drugs and in particular drug related intimidation by working with the JPCs and LPF with a view to devising an appropriate and sustainable local response to such issues. This is an on-going effort achieving a broadening message by way of information sharing with relevant partners. The Garda Síochána continue to deliver National Drug Strategy awareness training within An Garda Síochána to nominated members from divisions at the Garda College. To date 60 members have received National Drug Strategy training. (Training restricted by COVID 19 in 2020). In 2020 the Garda Síochána assisted the Community and Voluntary Sector in meeting their obligations under Action 4.1.40 of the National Drug Strategy which relates to Community Crime Impact Assessments (CCIA). Such Actions contribute towards The Garda Síochána's mission of 'Keeping People Safe'.	Green

4.1.42 Strengthen the effectiveness of the Drug-Related Intimidation Reporting Programme.	An Garda Síochána and the National Family Support Network will each carry out its own evaluation of the Drug-Related Intimidation Reporting Programme to strengthen its effectiveness and, if appropriate, develop measures to raise public awareness of the programme.	AGS, NFSN	NFSN evaluation completed/ drug-related intimidation training was adapted online - 2 sessions provided in 2020, Recruitment for DRI post postponed but finalised in October 2020- Survey sent to local DATF. The Garda Síochána met their obligations under this action by end 2018. In furtherance to the implementation of the action in 2020, the Garda National Drugs and Organised Crime Bureau (GNDOCB) facilitated a Drug-Related Intimidation seminar with the National Family Support Network (NFSN), nominated Inspectors & Drug and Alcohol Task Force Inspectors countrywide in February 2020. The seminar was hosted by Assistant Commissioner John O Driscoll. The Garda Síochána are represented on the DRIVE Project Committee and continue to engage in meetings on the development of a framework for inter-agency collaboration on drug related violence and intimidation. The Garda Síochána continue to support & liaise with the NFSN and other agencies in relation to the Drug Related Intimidation Reporting programme. The drug-related intimidation posters have been distributed to every Garda Station countrywide to promote on-going awareness. Drug Related Intimidation is included as a module in the National Drug Strategy Training in which sixty members have been trained to date. As part of the strategy to address Drug Related Intimidation, a pilot project is currently being undertaken in the DMR West and DMR North Divisions to develop information to facilitate an evidence-based analysis of drug-related intimidation, for the purpose of gaining an more focused understanding of the issues relevant to drug-related intimidation and improve the effectiveness of the Drug Related Intimidation Reporting Programme and the response to drug-related intimidation in communities.	Green
4.2.43 Build capacity within drug and alcohol services to develop a patient safety approach in line with the HIQA *National Standards for Safer Better Healthcare*.	Requiring the delivery of services within a Quality Assurance Framework, which will a) standardise services; b) include basic tools in relation to safety, complaints, competencies and procedures around prescribing; and c) reflect a human rights based and person centred approach	DOH		Amber
4.2.44 Promote the participation of service users and their families, including those in recovery, in local, regional and national decision-	Actively supporting frontline services through capacity building measures using evidence-based models of participation in line with best	DOH	Scoping exercise to explore policy options delayed owing to Covid	Red

making structures and networks in order to facilitate their involvement in the design, planning and development of services and policies.	practice.			

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

RHSR Strategic Action	Delivered	Lead role	Action during 2020	Traffic Light signal for Action
5.1.45 Strengthen Ireland's drug monitoring system.	5.1.45(a) Continuing to monitor the drug situation and responses for national and international purposes using EMCDDA protocols and existing data collection systems, while ensuring that Ireland can respond to new data monitoring requests arising from the Oversight and the European Union during the term of the Strategy;	HRB	Data for 2019 submitted to the EMCDDA included drug treatment data, prevalence of hepatitis B/C and HIV infection among injecting drug (IDUs) users and data re pharmacy-based needle exchange services. Most recently available data on drug seizures and drug-related offences were submitted to the EMCDDA in October. Data on drug treatment in prisons were included in the HRB's report on prisons to the EMCDDA. Data on 2018 drug-related deaths (the latest year) were not submitted in 2020 because of reporting delays due to the COVID-19 pandemic.	Amber
	5.1.45(b) Separating the organisation and budgeting of routine monitoring from research projects;	DOH	Completed	
	5.1.45(c) Requesting all remaining hospital emergency departments include the monitoring of attendances as a result of alcohol and drugs use in their electronic patient system;	DOH	The hospital Patient Administration System (PAS) has the facility to record reason for attendance.	
	5.1.45(d) Developing a suitably integrated IT system which allows for the effective sharing and collection of appropriate outcome data.	HSE	Individual areas progressing bespoke IT systems. Fully integrated IT system for addiction service dependent on implementation of an IHI.	
5.1.46 Support evidence-informed practice and service provision.	5.1.46(a) Ensuring that public funding is targeted at underlying need and supports the use of evidence-informed interventions and the evaluation of pilot initiatives;	DOH		Amber

	5.1.46(b) Designating the Health Research Board as a central information hub on evidence on the drugs situation and responses to it;		Completed	
	5.1.46(c) Ensuring that mechanisms are in place to communicate this evidence in a timely manner to those working in relevant healthcare settings, including in acute and emergency care	DOH		
	5.1.46(d) Developing collaborative relationships with third level institutions in the area of drugs and alcohol so as to further government funded research priorities.	DOH		
5.1.47 Strengthen the National Drug Treatment Reporting System (NDTRS).	Requiring all publicly funded drug and alcohol services to complete the NDTRS for all people who use services.	DOH, DJE	HRB have analysed NDTRS to establish the percentage of drug and alcohol services known to HRB that should be returning data. Results indicate 70% coverage during 2017, 69.5% coverage in 2018 and 69.6% in 2019. Data in respect of 2020 is being validated. Analysis also indicates that coverage for different types of services differs, for example in 2019, the overage for inpatient services = 90.2% but for OST GPs = 44.2%.	Amber
5.1.48 Develop a prioritised programme of drug and alcohol-related research on an annual basis.	Harnessing existing data sources in the drug and alcohol field in order to enhance service delivery and inform policy and planning across government and the community and voluntary sectors, and having done so, identify deficits in research in the field to enable the development of a prioritised programme on an annual basis.	DOH	HRB's 2020 research and monitoring programme approved. Data collection on general population survey completed in March. Data delivered to HRB for analysis and report on findings of survey is being prepared. A number of next studies have commenced, including an overview of young people and substance use and a census of homeless deaths using NDRDI methodology. The Secondary Data Analysis Project (SDAP) is a HRB funding scheme supporting research that answers policy and/or practice-relevant questions through the use of secondary data. The award supports research projects in clinical research, population health research and/or health services research where the findings from the research will have direct relevance to policy and/or practice in the Irish health and social care system. This should involve close collaboration of researchers with non-academic stakeholders (policy makers and data controllers). Proposals must include at least one existing Irish or International dataset in order to be eligible for this call. The award will be for between 12 and 24 months. The HRB Evidence Centre and their colleagues in the Research Strategy and Funding unit are examining a proposal to allocate one SDAP award to a drugs specific theme, supported by funding from the Department of Health. The HRB will process	Green

			applications for this award in the same manner as applications in other research areas.	
5.1.49 Improve knowledge of rehabilitation outcomes.	Undertaking 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.	DOH, HRB	HRB commissioned a scoping review on international rehabilitation outcomes reseach and recommendations regarding such as a study in Ireland.	Amber

The final action aims to strengthen the performance of the strategy.

RHSR Strategic Action	Delivered	Lead role	Action during 2020	Traffic Light signal for Action
6.1.50 Develop an implementation plan to operationalise a Performance Measurement System by 2020 which will support *Reducing Harm, Supporting Recovery*, improve accountability across the statutory, community and voluntary sectors and strengthen the Drug and Alcohol Task Force model, in consultation with relevant stakeholders and sectors.	6.1.50(a) Phasing in the introduction of a resource allocation model (RAM) to achieve a more equitable distribution of resources across Task Force areas. This will involve monitoring and assessing the evidence from the operation of the RAM on an annual basis	DOH	This sub-action is deferred pending completion of 6.1.50 (b)	Red
	6.1.50(b) Identifying where significant changes in problem drug or alcohol use are found from one year to the next, or differences are observed between areas, and analysing why such differences have emerged with a view to successfully implementing the strategy and assisting DATFs improve their actions and interventions over time;	DOH	Stakeholder engagement with DATFs event took place in Q3 2020, at which DPU outlined plans for the development of a Needs Assessment and Service Requirement Tool as a key component of the Performance Measurement System. Detailed consultation has only taken place with one of the authors of the Trutz Haase report to explore what options may be available to further develop this piece of work. A detailed work plan is being considered for 2021.	
	6.1.50(c) Improving the alignment of Task Force boundaries	DOH	Not commenced	
	6.1.50(d) Ensuring that Task Forces have appropriate arrangements in place for the selection and renewal of the Chair and members of the Task Force and have proper procedures in place for addressing conflict of interest;	DOH	Preparatory work commenced on Governance Code.	
	6.1.50(e) Building the capacity of DATFs to participate in the Performance Measurement System	DOH	Next stage following the development of the Performance Measurement Model	

	6.1.50(f) Coordinating a cross-Departmental approach at national and local level to allow for the gathering of the appropriate information and data streams to feed into the ongoing organic further development of the Performance Measurement Framework.	DOH	Deferred pending completion of action 6.1.50 (b)	