



European Monitoring Centre  
for Drugs and Drug Addiction

## **National drug strategies in Ireland – A brief historical overview**

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TAIEX, Split, Croatia, 26-28 September 2011

## This presentation will cover:

1. Ireland: Key points
2. Research by EQ
3. NDSs: Past & present
4. Specific issues:
  - o Structures
  - o Treatment
  - o Monitoring & research
  - o NDS to NSS



# 1. Ireland: Key points

- Island in Northwest Europe
- Population: 4,450,030 in 2009
- 26 Counties
- 5 Cities – Capital: Dublin
- 34 administrative divisions



## ‘Drug policy, harm reduction & research in Ireland, 1996-2008’

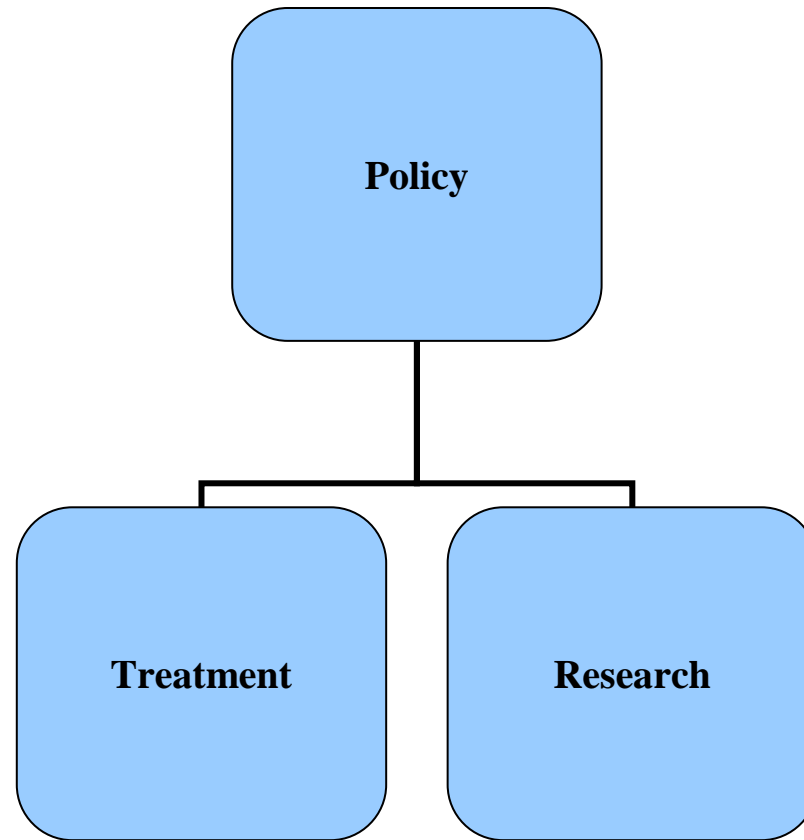
### 2. Irish drug policy research by EQ

- This study focused on key developments in policy, the treatment system & the role of research in these changes.
- It explored:
  - The evolution & nature of drug policy;
  - The structures utilised;
  - The design & delivery of drug treatment;
  - The function of national research.



# Research themes

2. Irish drug  
policy  
research  
by EQ



## Early (pre-strategy) drug policy initiatives

### 3.1 NDSs: Past & Present

1971	Report of the working party on drug misuse
1983	Draft report of the special Government task force on drug abuse
1986	National coordinating committee on drug abuse: First annual report



## Drug strategies

### 3.2 NDSs: Past & Present

1991	Government strategy to prevent substance misuse
1996	Report of the Ministerial task force on measures to reduce the demand for drugs
2001	Building on experience: National drugs strategy, 2001-2008
2009	National drugs strategy (interim), 2009-2016



### 3.3 Evolving strategies

Year	Policy Initiative/Strategy	Actions	Comprehensive Structures	Evaluation
1971	Report of the working party on drug misuse	No	No	No
1983	Draft report of the special Government task force on drug abuse	No	No	No
1986	National coordinating committee on drug abuse: First annual report	No	No	No
1991	Government strategy to prevent substance misuse	No	No	No
1996	Report of the Ministerial task force on measures to reduce the demand for drugs	No	Yes	Yes
2001	Building on experience: National drugs strategy, 2001-2008	Yes	Yes	Yes
2009	National drugs strategy (interim), 2009-2016	Yes	Yes	Yes





### 3.5 Coordination level 1: Strategic (intra-governmental) drug coordination bodies

Year	Structure
Tier 1	
1971	Working party on Drug misuse
1983	Special Government Task Force on Drug Abuse
1986	National Coordinating Committee on Drug Abuse
1996	Ministerial task force on measures to reduce demand reduction
1996	Cabinet Drugs Committee
1996	Cabinet Committee on Social Inclusion
2011	Cabinet Committee on Social Inclusion, Children & Integration
Tier 2	
1996	Inter-Department Group on Drugs
2009	Oversight Forum on Drugs (within OMD, replacing IDG)



### 3.5 Coordination levels 2 & 3:

Level 2	Operative/executive day-to-day coordination – remodelling
Year	Structure
1996	National Drugs Strategy Team
1998	Drugs Strategy Unit
2009	Office of Minister for Drugs (replacing NDST & DSU)
2009	Drugs Advisory Group (within OMD as well as OFD)

Level 3	Regional/Local Coordination
Year	Structure
1983	Community Priority Areas (Suggested/not activated)
1996	Local Drugs Task Forces
2001	Regional Drugs Task Forces



4.1 Specific  
issues:  
Structures  
for policy  
&  
operations

## Drug Task Forces

- Local & Regional Drugs Task Forces established in 1996 & 2006.
- 14 LDTFs – setup in 1996, operational in 1997
- Targeting areas with severe drug problems
- 10 RDTFs – setup in 2001, all operational by 2006
- Covering health service regional divisions
- DTFs brought statutory, community & voluntary & local communities into one structure
- All created strategies



# Structural overload & treatment system expansion

## 4.1 Specific issues: Structures for policy & operations

- NDS development of NSPs impacted by structural issues at:
  - Coordination level 1: Strategic intra-governmental coordination (IDG)
  - Coordination level 2: Operative/executive day-to-day (DSU & NDST);
  - Coordination level 3: Local/regional (LDTFs & RDTFs);
- Caused by:
  1. Management approach to DTFs – variation in DTF policy development;
  2. Complexities of managing too many new structures, with overlapping & poorly defined responsibilities (DSU & NDST)



## Expanding methadone maintenance treatment (MMT)

- Change in the social organisation of treatment

Achieved by:

- Policy push from 1991 NDS on;
- 1993 Expert Group on a Protocol for the Prescribing of Methadone;
- 1996 Task Force report; expansion & use of diverse modalities (MMT Bus, GPs, CPs)
- 1998 Misuse of Drugs (Supervision of Prescription & Supply of Methadone) Regulations;
- Expansion from 2000 on of MMT in prisons
- 2001 NDS continued support for MMT expansion
- Use of primary care & pharmacy networks



## Expanding methadone maintenance treatment (MMT)

- 2001 NDS noted numbers on MMT grew from 1354 (1995) to 5032 (2000)
- 2008 evaluation of 2001 NDS stated MMT clients went from 4,963 (2001) to 7,269 (2006) & 8,537 (2007) = 72% increase overall
- Prisoners on MMT went from 300 (2001) to 1,840 (2007), with 185 commencing in prison

### Limits of expansion:

- Lack of Level 2 (treatment initiating) GPs;
- Pharmacies reluctant to take on max. number of patients or participate at all;
- Problems finding GPs & pharmacies in rural areas



## Developing national research capacity

Two bodies established:

- Alcohol & Drug Research Unit (1986)
- National Advisory Committee on Drugs (2002)
- ADRU epidemiological systems:
  - Involvement with PG & EMCDDA (REITOX NFP)
  - National Drug Treatment Reporting System (1997)
  - National Drug Related Deaths Index (2005)
- NACD's developed to inform policy
- Covered prevalence, treatment, consequences of drug use, prevention, early warning & emerging trends
- Both generated new research filling gaps in knowledge



## Developing national research capacity

NDTRS – partial coverage:

- Not all GPs making returns
- Not all treatment centres making returns & not all returns fully completed
- Issues tackled – 45% (2002) of GP MMT clients not covered; 75% (2006) of GPs returned data for 2001-2005.

NACD – research difficulties:

- Work programme too ambitious for a new structure/staffing issues;
- Limitations of Irish research market impacted completion of studies & Committee's resources





4.3 Specific  
issues:  
Monitoring  
&  
research

## The impact of policy relevant research

- ADRU & NACD established a body of national research
- Contributed to ongoing enlightenment function in influencing policy
- Limited impact on design of treatment system:
  - Political satisfaction with coverage & measures
  - Waning sense of crisis surrounding IDU/HIV
  - Treatment system no longer a structure in formation



# Towards a substance misuse strategy

## 4.4 Specific issues: NDS to NSS

- National drug strategy 2009-2016 seeks to integrate alcohol
- Integration already exists at the level of education and prevention from the 2001-2008 NDS
- Current NDS notes:  
'The Eurobarometer Survey (March 2007), on Attitudes to Alcohol reported 54% of Irish respondents binge drink at least once weekly, compared to 28% of Europeans'



# Towards a substance misuse strategy

## 4.4 Specific issues: NDS to NSS

- Current NDS notes:

ADRU research (2007) 'Alcohol - related hospital discharges increased by 92% between 1995 and 2004; There were large increases in the number of discharges with acute and chronic conditions, but the largest increase was observed among discharges with alcohol - related liver disease, which increased by 147% between 1995 and 2004'

ADRU also noted that 'Alcohol - related mortality also increased during the same time period, with an incidence of 7.1 deaths per 100,000 adult population in 2004, compared to 3.8 in 1995'



# Key developments in alcohol policy

1996	National alcohol policy (Department of Health)
2002	Strategic Task Force on Alcohol – Interim Report (Department of Health)
2003	Commission on Liquor Licensing Final report (Department of Justice)
2004	Strategic Task Force on Alcohol – Second Report (Department of Health)
2005	Alcohol & Injuries in the Accident and Emergency Department - a national perspective (HPU/Department of Health)
2006	Report of the Working Group on Alcohol Misuse (Sustaining Progress Special Initiative) (Department of Taoiseach)
2006	The Inclusion of Alcohol in a National Substance Misuse Strategy (Oireachtas)
2007	Overview 6: Health - related Consequences of Problem Alcohol Use (ADRU)
2007	Alcohol Consumption Ireland 1986-2006 (Health Service Executive)
2008	Alcohol Related Harm in Ireland (Health Service Executive)
2010	Report of the Steering Group on a National Substance Misuse Strategy (Department of Health) (Due end of 2010; Not finalised yet)



## Difficulties in implementing a substance misuse policy

### 4.4 Specific issues: NDS to NSS

- Alcohol consumption is an important part of Irish culture
- Difficult issue for politicians to address
- Powerful drinks industry lobby group, decline in bar industry – against alcohol ‘drug’ in strategy
- Lack of dedicated structures for development & implementation of alcohol policy



## Key issues from the Irish experience

### Structures:

- Clear roles, responsibilities & division of labour
- Approach to management conducive to consistent policy development

### Treatment & reporting:

- Regulations should not leave scope for limited participation
- Adequate support for service providers

### Research:

- Activities clearly linked to capacity & need
- Clear mechanism to feed research into policy

### Substance misuse strategies:

- Appropriate structures to deliver policy
- Suitable level of stakeholder involvement





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Thank you

Hvala Vam