

## **NATIONAL DRUG STRATEGY**

### ***Reducing Harm, Supporting Recovery, 2017-2025***

*Briefing document*

#### **1. OUTLINE**

The new National Drug Strategy, *Reducing Harm, Supporting Recovery, 2017-25* (RHSR) was launched Monday July 17<sup>th</sup> by An Taoiseach, Leo Varadkar, TD. Along with An Taoiseach, the Minister for Health, Simon Harris, TD and Minister of State for Health Promotion and the National Drugs Strategy, Catherine Byrne, TD, spoke at the launch.

The full document RHSR, along with previous national drug strategy documents, *NDS, 2001-2018; NDS, 2009-2016*, is available as a download at the following link:

<http://health.gov.ie/blog/publications/reducing-harm-supporting-recovery-2017-2025/>

In addition to two forewords by An Taoiseach and the Minister of State for Health Promotion and the National Drugs Strategy, an acknowledgement by the Chair of the Steering Committee, and two appendices, the main body of the document is set out in ten separate chapters:

- an introduction;
- an outline of vision, values and five goals;
- a separate chapter for each of the goals;
- a chapter on strengthening the performance of the strategy (this will see the introduction of a new performance measurement framework);
- a conclusion; and finally
- a summary of actions.

RHSR, is a tighter, more succinct document than the last two NDS documents, with fewer, less detailed actions. The document was criticized at its penultimate stage amidst fears that the community and voluntary sectors and networks of local and regional task force chairpersons and coordinators would not sign up to it. However, the Steering Committee, chaired by John Carr, got it over the line and while there remain some criticisms of its overall content, in general, there is a lot of relief that a new strategy is now in place, 6 months after the expiry of the previous NDS in 2016.

#### ***Positives***

Among the positives in the document are the following:

1. It brings emphasis to the problem of alcohol in Irish society, and, within limits it argues that both drugs and alcohol be treated in the same policy context. The Minister of State for the National Drugs Strategy, recently, in the re-shuffle following Leo Varadkar's appointment as Taoiseach, was also given responsibility for Health Promotion, which potentially brings both alcohol and drugs together under a single political leadership. However, there remain concerns that this integration of drugs and alcohol is yet to be reflected in significant investment into the public health side of alcohol at local levels.

2. RHSR also underlines the importance of seeing substance misuse as a health-led rather than a justice issue. It highlights the need for a whole of society approach to substance misuse prevention, within the context of health and well-being, and the need for person-centred services for those who need them, to promote harm reduction, rehabilitation and recovery. Some new measures have been announced, including a more focused approach to targeting at-risk youth for prevention measures, an injecting facility, a new focus on gender/cultural impediments to presenting for treatment, the need for new measures to tackle overdoses, and also the need for protocols between mental health and drug and alcohol services.
3. On the justice side RHSR commits to reviewing legislation in light of developments in relation to new psychoactive substances (NPS), and establishing a Working Group to consider alternative sanctions in relation to drug possessions, exploring the use of community impact statements in the criminal justice system, and supporting the Gardai and NFSN to strengthen the effectiveness of drug-related intimidation reporting programme.
4. RHSR re-states the importance of the partnership approach at local and regional levels and the role of DATFs in bringing together and coordinating the involvement of statutory, community and voluntary sectors. The two DATF coordinator networks are given a new representation on national structures, alongside their chairperson counterparts. In addition, the Strategy identifies the need for new measures to support community participation.

## 2. VISION

The Vision for the Strategy is summarized by the following statement:

The Strategy aims to create:

“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”.

This Vision is seen as underpinned by the following six values:

<i>Compassion</i>	A humane, compassionate approach focused on harm reduction which recognises that substance misuse is a health care issue
<i>Respect</i>	Respect for the right of each individual to receive person-centred care based on his or her specific needs and to be involved in the development of their care plan.
<i>Equity</i>	A commitment to ensuring people have access to high quality services and support regardless of where they live or who they are.
<i>Inclusion</i>	Diversity is valued, the needs of particular groups are accommodated and wide-ranging participation is promoted

<i>Partnership</i>	Support for maintaining a partnership approach between statutory, community and voluntary bodies and wider society to address drug and alcohol issues.
<i>Evidence-informed</i>	Support for the use of high quality evidence to inform effective policies and actions to address drug and alcohol problems.

### 3. ACTIONS

RHSR has 50 separate actions across five goals, and a separate section, “Chapter 8” on “strengthening performance”, summarized in the table below. It is clear that DATFs’ overall role in the actions as outlined in RHSR is associated primarily with prevention, particularly among young people (Goal 1), harm reduction and recovery (Goal 2), and community participation (Goal 4). Although, not included in the actions summary, RHSR specifies that DATFs have a local role in providing leadership to the local response to alcohol and drugs, in coordinating inter-agency activities and in ensuring the implementation of an evidence-based approach at local and regional levels. The role, terms of reference and aims of DATFs are referenced in Chapter 1 – Introduction” page 7, par 4 and in “Chapter 8 – Strengthening the performance of the strategy” page 80 section titled “Needs assessment, local coordination and implementation”.

For the purpose of this briefing, and taking into account the above summary, and other references to DATFs, their overall aims in RHSR may be summarized as follows:

- The DATFs will build on the successful partnership between statutory, community and voluntary sectors, and coordinate the implementation of the strategy in the context of the needs in each local or regional area (*Leadership*).
- The DATFs will coordinate inter-agency actions at local and regional levels and exchange best practice, as appropriate (*Integration*).
- The DATFs will promote the *local/regional* implementation of an evidence-based approach to substance misuse, including alcohol and illegal drugs (*Evidence*)
- The DATFs will implement the actions in the strategy where they have been assigned a specific role (*Actions*)
- The DATFs will provide an annual report to the Minister (Health Promotion and the National Drugs Strategy), in accordance with reporting arrangements as determined at a national level – not yet available (*Reporting*).

The DLR-DATF is currently considering a re-configuring of its own plans and strategy taking into account the new National Strategy and we will issue this before the end of 2017.

**Table: Summary of RHSR actions**

<b>GOALS</b>	<b>Outline</b>	<b>No of actions:</b> <i>Actions in which DATFs have a specified role in brackets ( )</i>	
<b>GOAL 1:</b>	Promote and protect health and well-being <ul style="list-style-type: none"> <li>• <i>Promote healthier lifestyles within society</i></li> <li>• <i>Prevent use of drugs and alcohol at an earlier age</i></li> <li>• <i>Develop harm reduction interventions targeting at-risk groups</i></li> </ul>	11 (3)	2 (1) 6 (2) 3 (0)
<b>GOAL 2:</b>	Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery <ul style="list-style-type: none"> <li>• <i>To attain better health and social outcomes for people who experience harm from substance misuse and meet their recovery and rehabilitation needs</i></li> <li>• <i>Reduce harm amongst high risk drug users</i></li> </ul>	19 (5)	16 (4) 3 (1)
<b>GOAL 3:</b>	Address the harms of drug markets and reduce access to drugs for harmful use <ul style="list-style-type: none"> <li>• <i>Provide a comprehensive and responsive misuse of drugs control framework which ensures the proper control, management and regulation of the supply of drugs</i></li> <li>• <i>Implement effective law enforcement and supply reduction strategies and actions to prevent disrupt or otherwise reduce the availability of illicit drugs</i></li> <li>• <i>Develop effective monitoring and responses to evolving trends, public health threats and the emergence of new drug markets</i></li> </ul>	8 (0)	5 (0) 2 (0) 1 (0)
<b>GOAL 4:</b>	Support participation of individuals, families and communities <ul style="list-style-type: none"> <li>• <i>Strengthen the resilience of communities and build their capacity to respond</i></li> <li>• <i>Enable participation of both users of services and their families</i></li> </ul>	6 (2)	4 (1) 2 (1)
<b>GOAL 5:</b>	Develop sound and comprehensive evidence-informed policies and actions	5 (0)	
<b>CHAPTER 8</b>	Strengthening the performance of the strategy	1 (1) <sup>1</sup>	

<sup>1</sup> Although DATFs are not referenced as a partner in this action, it is nonetheless clear from the remaining text that their participation in this action is essential to its implementation