

Reducing Harm, Supporting Recovery
National Oversight Committee
Draft Minutes of the meeting of the 18th June 2021

The list of attendees is at Appendix 1.

Introduction

Minister Feighan opened the meeting by welcoming everyone. He extended apologies as outlined in appendix 1.

He welcomed colleagues from IGEES, the Irish Government Economics and Evaluation Service to the meeting - Lucy Bruton, Terry Hynes and Patrick Moran (DPER). They will be presenting on the Focused Policy Assessment of Reducing Harm, Supporting Recovery: An analysis of expenditure and effectiveness in the area of drug and alcohol.

1. Minutes of last meeting and matters arising

The draft minutes were agreed, subject to the following amendment. Peter Kelly asked that the minutes be amended to reflect Áine Hall represents INTSNA and not HSE. Actions arising from the meeting of the 5th March will be followed up at the next meeting.

2. Dairearca Ní Néill gave a presentation on the update of the mid-term review and highlighted some key topics that came up during the review, and the stakeholder engagement. These included acknowledgement of the health-led approach of the strategy, a need for greater focus on the issue of alcohol; the impact of drug-related stigma, and drug-related intimidation; alignment of policies and continued collaboration across depts and agencies.

Jim Walsh then presented on the Strategic Priorities for implementing the National Drugs Strategy 2021 – 2025. These act as a bridge between the high-level goals and individual actions. They facilitate cross-pillar coordination and greater coherence, as recommended by the Rapid Expert Review. They provide a clear statement of policy priorities and measurable outcomes and replicate the approach in the EU Drugs Strategy.

3. Six strategic priorities have been developed, informed by stakeholder feedback from MTR. The purpose of the strategic priorities is to reinforce the health-led approach to drug use in particular links with the Sláintecare Implementation Strategy and Action Plan 2021-2023 and the Healthy Ireland Strategic Action Plan 2021-2025. The priorities also reflect Programme for Government commitments and align with the EU drugs strategy and UN commitments.

The six strategic priorities are:

1. Strengthen the prevention of drug and alcohol use and the associated harms among children and young people;
2. Enhance access to and delivery of drug and alcohol services in the community;

3. Develop integrated care pathways for high-risk drug users to achieve better health outcomes;
4. Address the social determinants and consequences of drug use in disadvantaged communities;
5. Promote alternatives to coercive sanctions for drug-related offences;
6. Strengthen evidence-informed and outcomes-focused practice, services, policies and strategy implementation.

In order to implement the strategic priorities, strategic implementation groups, chaired independently with stakeholder participation will be established. Actions, timelines and deliverables need to be agreed. There needs to be a focus on outcomes and outputs as well as dedicated resources. Accountability and governance need to be prioritised and it needs to report to NOC when this has been carried out.

The Minister invited Terry Hynes and Lucy Bruton, Research Services & Policy Unit in the Department, together with Patrick Moran, DPER (author of the Focused Policy Assessment report) to present on their report and take questions afterwards. The report is to be published at the end of July.

In relation to the Overview of RHSR, Lucy said both her and Terry's focus is on the 30 performance indicators. They looked at the areas of Data Scoping leading on to Data Sourcing (which refers to data gathered from a range of sources, e.g. CSO, HSE, HRB, international surveys and published reports) to Data Analysis (data collated and graphed, trend analysis, etc.).

Lucy examined the findings of their research which are aligned with RHSR five goals. Goal 1 is to promote and protect health and wellbeing. She reported that there was a rise in heavy episodic drinking among those aged 15 – 16 years. Goal 2 is to minimise the harms, etc. and promote rehabilitation and recovery. They found that the numbers in receipt of OST are rising while the percentage of “successful” exits from treatment is falling. Goal 3 is to address the harms of drugs markets and reduce access to drugs for harmful use. An example of harmful use would be someone who is in charge of a vehicle under the influence of drugs. Goal 4 is to support participation of individuals, families and communities. This included Travellers, people who are homeless and members of the LGBTI community. Goal 5 is to develop sound and comprehensive evidence-informed policies and actions.

Patrick Moran, DPER, presented on the costs of drug and alcohol misuse. He referred to labelled expenditure which is planned spending targeted at drug and alcohol issues. This is usually reported in budget allocations. Unlabeled expenditure refers to expenditure not planned in advance, e.g. the cost of imprisoning people for drug-related crimes. Examples of indirect societal costs would be lost productivity in the workplace, mortality and incarceration. The HRB estimates that over €220m per year is the average annual expenditure over the last five years on drug and alcohol misuse – over 50% of this was spent on DoH and HSE programmes. In terms of indirect societal costs, in a given year, €60m is lost in productivity due to drug misuse. The cost of Garda time is €65m annually – this is reported as criminal justice system expenditure.

The aim of this research was to identify the overall economic burden of drug and alcohol misuse rather than derive precise estimates. However, the impacts of the COVID-19 pandemic are not yet expressed in the most available data.

Minister Feighan thanked Lucy and Patrick and opened the floor to some questions.

Prof. Catherine Comiskey complimented Lucy and Patrick on their presentations and as the academic expert on the committee said she would like to acknowledge their work. She pointed out that Goals 2, 3 and 4 were not doing so well, in particular Goal 2 where there is a seventeen year timelag between first use of a substance to seeking treatment. She said this was seventeen years of missed opportunities and wanted to flag this.

Anna Quigley thanked Lucy and Patrick for their clear and understandable presentations. She indicated that there was a lot of additional work to be done in developing performance measurement systems and asked about what further consultation would be taking place on this.

Mick Lacey thanked the presenters for their very clear presentations. He pointed out that there is a long waiting list to access mental health services which is partly due to the impact of COVID-19. He said there was a long waiting list for the drug treatment service in his area in particular. Under the Programme for Government, there was a reference to community cafés – perhaps this needs to be looked at. He said there was increasing use of crack cocaine in his area. Disadvantaged areas perpetuate drug problems and this needs to be looked at. In relation to expenditure, he asked if money taken by the Criminal Assets Bureau could be re-invested to resource some of these initiatives.

Aisling Gillen thanked the presenters. She referred to unlabeled costs, in particular in the future, from the point of view of children and young people. She said that childhood trauma can impact the health, etc. of people throughout their lives. TUSLA is very supportive of the strategic priorities and Hidden Harm is a key consideration for their organisation.

Dr. Dev Singh said a lot of work had been done in a difficult area. He added a word of caution – that there should be a broader benefit to the Strategy in terms of health, social inclusion, etc. He concluded by saying that it was a very good programme and that we should continue to focus.

John Bennett thanked the presenters and said we have a chance to reflect on their findings in the coming weeks. He also wished to express his disappointment that over the last 20 years, there is a recurring theme – we don't seem to be able to progress things. He is Drugs Co-ordinator of a Local Drugs Task Force and feels that the research is not working. Practical solutions are needed or else, how do we know the Strategy is having any impact?

Micheál Durcan thanked all for their presentations. In relation to the review of the NDS, he asked if there were plans to expand the committees under the strategy. Accountability is a real issue in the current strategy and to date, he expressed the view that there has been very little accountability. He welcomed the fact that there is more focus on alcohol and offered to send on some notes on goals.

Patrick Moran, DPER, replied by saying that the team didn't look at CAB assets and re-investing in services - these issues weren't looked at in their research and would require further work. In refer to the comment regarding childhood trauma, he agreed that this wasn't included in their research but that the economic impacts are considerable.

Dr. Dev Singh said we want to maximise health outcomes within a budget constraint. The idea is to use information to compare policy decisions, etc. He pointed out that there was data available which the researchers didn't have time to review and that the Strategy needs to incorporate evaluation..

Lucy Bruton thanked everyone for their comments. She said they were looking at a certain time span in their research. They were limited in what they could look at and as a result, their research may be two years behind the current year.

Angela Willis conveyed apologies from Assistant Commissioner John O'Driscoll who is away on business. She thanked all presenters and said with regard to alternative sanctions, there should be a requirement to have appropriate legislation which would lead to equality of access to all.

Maria Otero Vazquez thanked the researchers. In relation to Jim's presentation, she said strategic priorities need to be improved but was glad we were moving forward with actions. She asked who is responsible for chairing the Group and she identified priorities such as access to naloxone and wondered where this is at.

Ben Ryan welcomed the contents of the presentations. He is keen to find constructive ways to overcome any difficulties. Developing a Communication Strategy may be one solution. In relation to the question regarding money from CAB he advised the Committee that Minister McEntee (before going on maternity leave) and Minister McGrath agreed, in principle, to the establishment of a Community Safety Innovation Fund as part of Budget 2002. The fund will reflect the significant successes of An Garda Síochána and the Criminal Assets Bureau in disrupting criminal activity and seizing proceeds of crime by providing additional funding for investment in community safety projects. The new Community Safety Fund will be included in the Justice Vote as part of the Estimates Process for 2022.

Anna Quigley thanked everyone involved in the mid-term review and acknowledged the difficult circumstances in which it was carried out. She outlined that

- The presentation on priority action areas highlighted key issues from the community perspective.
- draft document did not reflect the 25 years of experience and knowledge that addressing the drugs issue through a partnership approach.
- the engagement by DATF Community Reps and the role of the Community Drug Projects is not reflected in the draft report.

Eamon Keenan advised that HSE is happy with the strategic priorities. He feels the review is very timely as we are moving out of a COVID-19 situation. Mental health problems are increasing across the community as we are experiencing drug-related violence. Drug monitoring and drug testing will need to take precedence.

John Bennett acknowledged the good work by the Department and said it was good news from the Local Drugs Taskforce point of view. However, the focus needs to be on young people and prevention and to reach out and get the resources to support the actions. Like TUSLA, they are seeing things at ground level which need to be achieved. He agreed with Ben Ryan's comment and said that money should be prioritised for disadvantaged areas.

Dr. Gerry McCarney said there is a long lead-in time for people entering treatment, in particular young people. A shorter lead-in time would help to keep people in education and training and would lower the risks, etc. of referring people to CAMHS, etc. for mental health issues. In much of the country, there are very few services for U18s for drug and alcohol misuse. There needs to be some planning and focus on this issue.

Micheál Durcan commented that Mick Lacey had made a good point re CAB money. He also asked a few questions of Jim such as Hidden Harm – where is it at? What about CCE Schemes and Adult Education to enhance the Drug and Alcohol services in the community? What about naloxone and community detox – there is little emphasis on this? How will coercive sanctions work? He said more detail is required on these matters.

Jim Walsh thanked members for their engagement during the meeting acknowledging that the comments had been very helpful. The Dept intended to seek nominations onto the strategic implementation groups and the Minister would appoint independent Chairs. It was confirmed that the strategic implementation groups would replace the SSC and will ensure accountability and good governance. Committee members were asked to submit draft actions for consideration, which would be combined with proposed actions identified during the review process.

Jim outlined that the public sector duty will be applied to ensure that services are available to minority groups. He said there is an emphasis on women with a Women's Health Taskforce in the Department. He said the issue of community is very important, particularly with disadvantaged communities and their consequences.

Jim stated that the next step is for Minister Feighan to submit a Memo to Government on the review and its outcome.

Minister Feighan concluded the meeting by thanking everyone for a productive meeting and saying that he was looking forward to receiving the submissions. He reminded everyone of the dates for the next two meetings which are:

4. Dates of next meetings

Friday 3rd September 2021

Friday 3rd December 2021.

Appendix 1

Members in Attendance:

Minister Frank Feighan	Chair, Dept. of Health
Colm Desmond	Dept. of Health
Eamonn Waters	Dept. of Housing, Planning & Local Government
Dr. Devesh Singh	Dept. of Employment Affairs and Social Protection
Ben Ryan	Dept. of Justice
Angela Willis	An Garda Síochána
Seamus McCormack	An Garda Síochána
Aisling Gillen	TUSLA
Dr. Eamon Keenan	HSE
Dr. Hamish Sinclair	HRB
Margaret McCarthy	Dept. of Education and Skills
Anna Quigley	Community Sector
Dave Raftis	Community Sector
Tony Duffin	National Voluntary Drug & Alcohol Treatment Sector
Margaret Nash	Voluntary Drug Treatment Network
Maria Otero Vazquez	UISCE
John Bennett	Local Drug & Alcohol Task Force Coordinators Network
Micheál Durcan	Regional Drug & Alcohol Task Force Coordinators Network
Michael Lacey	Regional Drug & Alcohol Task Force Chairs
Network	
Dr. Gerry McCarney	College of Psychiatrists of Ireland
Prof. Catherine Comiskey	Academic Expert
Richard Trimble	Revenue
David Kenny	Probation Service
Peter Kelly	IntNSA

Presenters

Dairearca Ní Néill	Dept. of Health
Jim Walsh	Dept. of Health
Terence Hynes	Dept. of Health
Lucy Bruton	Dept. of Health
Patrick Moran	Dept. of Public Expenditure and Reform

Apologies:

Randall Plunkett
Caroline Jordan
Eileen Leahy
Peter Hogan

Asst Commissioner John O'Driscoll
Enda Kelly
Dalton Tattan
Neville Kenny
Pat Carey

Dept. of Health
TUSLA
Dept. of Justice
Dept. of Tourism, Culture, Arts, Gaeltacht, Sport &
Media
An Garda Síochána
Irish Prison Service
Dept. of Education and Skills
Dept. of Education and Skills
Local Drug & Alcohol Task Force Chairs Network

Secretariat

Dairearca NíNéill
Fiona Conroy
Gillian Treacy
Sinead Carson

DoH
DoH
DoH
DoH

Also in attendance

Brian Dowling
Susan McBride

DoH
DoH

