

## **ACI Submission to the National Drugs Strategy Consultation Process 2026**

Prepared by: Dr James O'Shea (Chairperson), Dr Laura O'Reilly (Vice-Chairperson),

Mr Tony Geoghegan (Board Member),

On behalf of the Board of Trustees of Addiction Counsellors of Ireland (ACI)

### **Introduction**

Addiction Counsellors of Ireland welcomes the opportunity to make this submission on the draft National Drugs Strategy 2026–2029. ACI is the specialist professional body representing addiction counsellors and addiction workers in the Republic of Ireland. Our role is to uphold professional standards, ethics, accreditation, and continuing professional development across addiction services.

We support the overall direction of the draft strategy and its commitment to a health-led, integrated, and evidence-based response. This reflects the approach set out in *Reducing Harm, Supporting Recovery 2017–2025* (Department of Health, 2017) and aligns with the broader reform direction under Sláintecare, where care is delivered based on need, in the right place, by the right people (Department of health 2025a; Committee on the Future of Healthcare, 2017).

However, the draft strategy should go further in several critical respects. It should more clearly acknowledge the relationship between poverty, inequality, homelessness, trauma, and drug- and alcohol-related harm. ACI members work daily with individuals, families, and communities living with these realities. The experience across services is consistent: disadvantage significantly increases both exposure to harm and barriers to recovery (Health Research Board, 2021; Health Service Executive, 2024).

While substance use affects all sections of society, the evidence, combined with frontline experience, is clear that disadvantaged communities experience a disproportionate burden of harm. This has direct implications for service design, targeting, and resource allocation. If the next strategy is to deliver on its stated commitment to equity, this relationship must be explicitly recognised and reflected in implementation.

### **Workforce Development**

ACI strongly welcomes the emphasis on workforce development. This is a necessary and positive step. However, workforce planning strategies must be more explicit. Addiction counsellors and addiction workers should be recognised as a core professional group within Ireland's treatment, recovery, and rehabilitation system. These practitioners deliver

assessment, brief intervention, psychosocial treatment, relapse prevention, family work, care planning, and recovery support across community, voluntary, residential, primary care, homelessness, and criminal justice settings. They are central to service delivery and to sustained engagement with individuals and families.

The strategy should therefore:

- explicitly recognise addiction counsellors and addiction workers within national workforce planning processes.
- support the development of clear education and progression pathways specific to addiction practice.
- invest in addiction-focused continuing professional development, including emerging areas such as process addictions.
- support services and practitioners in preparing for the introduction of statutory regulation under CORU.

Workforce development cannot remain a general ambition. It must reflect the actual workforce delivering services.

### **Addiction Expertise**

ACI also submits that addiction counsellors and addiction workers should be represented within the structures responsible for implementing and monitoring the strategy.

Previous national drug strategies included formal oversight arrangements (Department of Health, 2017). Governance is therefore a core part of delivery. If implementation is to be effective, those structures must include the professional expertise closest to frontline service delivery (see Department of Health, 2025b).

ACI is the specialist professional body for addiction counsellors and addiction workers in Ireland. It brings practice-based insight, knowledge of standards, and direct engagement with the workforce. There is a clear rationale for ACI to be represented on national oversight structures, including the proposed National Implementation Monitoring Committee.

### **Trauma, Dual Diagnosis & Complexity**

ACI welcomes the recognition of trauma within the draft strategy. This is essential. Many individuals accessing addiction services have experienced complex trauma, often alongside poverty, instability, and social exclusion. This recognition must be matched by practical implementation. Trauma-informed care requires consistent application across services, supported by training, supervision, and integrated pathways. The same applies to dual diagnosis. Co-existing mental health and substance use difficulties are common within addiction services. Effective responses require coordination between addiction and mental health services, rather than parallel or fragmented systems (Health Service Executive, 2023).

The next strategy should therefore strengthen its focus on:

- integrated care pathways between addiction and mental health services.
- clear expectations around shared responsibility and coordination.
- workforce training to support complex presentations.

Without such systems, the most vulnerable in society remain at risk of falling through the cracks.

### **Centrality of Alcohol**

ACI supports an integrated approach in responding to drug and alcohol use. Harmful alcohol use remains a significant public health issue in Ireland and frequently co-occurs with other substance use. The Public Health (Alcohol) Act 2018 reflects the State's recognition of this issue (Government of Ireland, 2018). The next strategy should continue to give alcohol treatment, early intervention, and recovery a clear and visible place within the overall response.

### **Voluntary and Community Sector Partners**

ACI emphasises the central role of the voluntary and community sector in delivering addiction services. In many areas, these organisations are the primary point of engagement for individuals and families. They bring deep local knowledge, trusted relationships, flexibility in responding to need, and experience in working with marginalised populations. The strategy should reflect this by treating the voluntary and community sector as a full partner in implementation, not simply as a delivery mechanism. This requires:

- meaningful involvement in planning, implementation, and evaluation.
- sustainable funding,
- clear communication and engagement structures.

### **Standards, Oversight, and Public Protection**

ACI also believes the strategy should place greater emphasis on standards, accountability, and public protection across addiction services. Ireland has a diverse treatment landscape, including community services, residential programmes, therapeutic communities, and other models of care. While this diversity can be a strength, it also results in variation in governance, staffing, and oversight. From a service user perspective, this raises important questions:

- Where can a person go if they are dissatisfied with a service?
- What standards apply across different service models?

- How is quality assured?

ACI plays a key role in maintaining professional standards through accreditation, ethics, and continuing professional development. The strategy should consider whether stronger oversight of standards and practices is required across addiction services, including both day and residential settings.

## **Conclusion**

ACI supports the direction of the draft National Drugs Strategy. However, the final iteration of this strategy should be more explicit and more grounded in several key areas. It should:

- clearly recognise the relationship between poverty, inequality, and substance-related harm.
- explicitly include addiction counsellors and addiction workers in workforce planning.
- ensure that these professionals are represented in implementation and monitoring structures.
- strengthen the delivery of trauma-informed and dual diagnosis responses.
- maintain a clear focus on alcohol.
- treat the voluntary and community sector as full partners.
- consider the need for stronger oversight of standards and accountability across services.

These practical issues will influence how the strategy is implemented. Tackling them will boost both the credibility and effectiveness of the next National Drugs Strategy. ACI is eager to further contribute to the development, implementation, and monitoring of the strategy.

## **Reference List**

Committee on the Future of Healthcare (2017) *Sláintecare Report*. Dublin: Houses of the Oireachtas.

Department of Health (2017) *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025*. Dublin: Department of Health.

Department of Health (2025a) *Evaluation of the National Drug Strategy “Reducing Harm, Supporting Recovery 2017–2025”*. Dublin: Department of Health.

Department of Health (2025b) *Terms of Reference: Steering Group established to provide oversight and guidance to the development of the new national drugs strategy*. Dublin: Department of Health.

Government of Ireland (2018) *Public Health (Alcohol) Act 2018*. Dublin: The Stationery Office.

Health Research Board (2021) *Evidence review of drug treatment services for people who are homeless and use drugs*. Dublin: Health Research Board.

Health Service Executive (2023) *Model of Care for People with Mental Disorder and Co-existing Substance Use Disorder (Dual Diagnosis)*. Dublin: Health Service Executive.

Health Service Executive (2024) National Strategic Plan to Improve the Health of People Experiencing Homelessness in Ireland 2024–2027. Dublin: Health Service Executive.