

Pavee Point Note: Draft National Drugs Strategy 2026-2030

Overview

The new [Draft National Drugs Strategy 2026-2030](#) published by the DoH is a successor Strategy setting out Ireland's approach to preventing and reducing drug and alcohol harm over the next five years. It aims to be informed by an evaluation of the previous strategy, the Citizens' Assembly on Drug Use, and national data on trends such as rising cocaine and polydrug use. The Department will be seeking feedback on the draft and aims to complete the consultation process by June 2026.

This note provides a brief initial analysis of the draft by Pavee Point. Traveller organisations are strongly encouraged to make their own submissions once the consultation opens, or they can endorse/sign up to Pavee Point's submission.

Initial Observations and Identified Gaps

The draft Strategy is very high-level and has a strong emphasis on health equity, integrated services, and improved review and evaluation, committing to a more positive framework for improving outcomes for individuals.

1. Governance, Oversight and Monitoring and Evaluation

The draft Strategy places an emphasis on governance and leadership proposing a three-tier model:

- Government oversight via Cabinet Committee on Health
- National Implementation & Monitoring Committee (NIMC) - including Government Departments, the HSE, An Garda Síochána, civil society, and clinical and academic experts (covering drugs and alcohol)
- HSE regional structures for planning, funding and delivering services

It will be imperative that Traveller organisations and groups working with Roma that are actively involved in this area are represented and included in the new proposed implementation structures. The detail of how civil society and community organisations will be included in these structures must be included in the draft.

The draft suggests an initial two-year Action Plan (2026–2027), which will be followed by a second plan for 2028–2029, and a full strategy evaluation in 2029. It is important that any Action Plan associated with the Strategy is developed in consultation with all key stakeholders, including Traveller organisations.

2. Resourcing for the Strategy

The draft Strategy refers to the current annual budget of approx. €340m in annual funding (2024). New monies to implement the Strategy have been secured in Budgets 2025/2026, although the document does not include a specific figure.

3. Embedding Community Development: Individualised vs. Collective Analysis

The Citizen's Assembly and the JCDU Interim Report Recommendations are clear for the need for the successor Strategy to be underpinned by community development. The current draft, while referring to 'community programmes and engagement,' does not explicitly commit to supporting community development approaches, which is disappointing. Further, the draft Strategy's focus on 'lived' and 'living

experiences’ is an important inclusion. However, to avoid a narrow focus that overlooks systemic barriers, there is a vital need to ensure that collective experience and analysis are incorporated into the Strategy. We are concerned that the current draft obscures structural and intergenerational issues—such as racism, poverty, inequality, and social exclusion—toward an individualised focus on service provision. This weakens the ability to address the root causes of drug use and prevention. Furthermore, while the Strategy commits to ‘equitable’ access, this remains aspirational without specific actions, targets, or measurable commitments for Travellers, Roma, and other marginalised communities. Without addressing these gaps in the final version of the Strategy and its associated Action Plan, the ability to tackle the systemic issues that impact the communities will be significantly undermined.

4. Visibility and Targeted Interventions

Marginalised groups are currently only recognised under the Strategy’s underpinning principles, where in principle the Strategy ‘recognises the diverse social and cultural needs’ in Ireland. An action to provide tailored services for people with dual diagnosis, homelessness, domestic or sexual violence, and addiction is included.

However, the specific naming of many of the at-risk groups is absent and replaced by generic phrasing. There is no explicit mention of Travellers or Roma under any pillar or action, including within its gender-specific measures. To be effective, the Strategy and associated Action Plan must move beyond high-level principles. It must include clear, measurable steps and ring-fenced actions specifically for Travellers and Roma, including actions to:

- Provide health-led responses to addiction that are culturally appropriate and address health needs of Travellers.
- Ensure a proactive community-based policing response to drug dealing in partnership with Traveller organisations and Travellers on the ground.
- Provide anti-racism training (inclusive of anti-Traveller and anti-Roma racism) to all relevant agencies.

Further observed gaps in the current draft include the lack of:

- Actions to address the lack of recovery focused emergency accommodation or pathways out of homelessness for Traveller or other marginalised and minority groups.
- Actions to address the lack of culturally appropriate, family-centred supports and therapies within mainstream services.
- Dedicated investment in targeted initiatives, including Traveller-specific addiction initiatives that would recognise links to systemic racism, social exclusion, or trauma.

5. Workforce Planning and Community Development

While welcoming commitments to support overall workforce planning in the successor Strategy, there is a need to ensure the explicit inclusion of community development (overall in the Strategy) approaches embedded as per Recommendation 39, 56, 22.

6. Policy Alignment

The Government has already committed to a number of key Traveller and Roma health and social inclusion actions within existing Traveller and Roma specific policy, including the National Traveller and Roma Inclusion Strategy and the National Traveller Health Action Plan. The draft National Drugs Strategy does not refer to

any of these existing policy frameworks, but it is vital that it is fully aligned with these frameworks to ensure coordinated oversight, effective monitoring and full implementation.

7. Data and Equality Monitoring

The draft Strategy provides a strong commitment to evidence, research and data which is welcomed. It will be important that implementation of ethnic equality monitoring, including use of a standardised ethnic identifier) across all relevant data sets for addiction is included in the Strategy and Action Plan. It is essential that the application of an ethnic identifier takes place within a human rights framework so the specific needs of Travellers and Roma can be assessed, and adequate responses designed to promote equality and inclusion.

References

- Draft National Drugs Strategy 2026-2030: [Link](#)
- National Traveller and Roma Inclusion Strategy II 2024-2028: [Link](#)
- Citizens' Assembly recommendations January 2024: [Link](#)
- Pavee Point Submission to the Citizens' Assembly on Drugs Use June 2023: [Link](#)