



The Voice of
Adult Learning

Response to the Forthcoming Drugs Strategy Survey

AONTAS,
The National Adult Learning Organisation

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Response to the Drugs Strategy Survey

About AONTAS

AONTAS are the National Adult Learning Organisation of Ireland, founded in 1969. Backed by our robust research and focused community engagement, we advocate and lobby for quality education for all adults and raise awareness of the impact of adult learning on people's lives and on society. We do this work on behalf of our members and adult learners who inform our research and campaigns for social change across the whole island of Ireland.

Comment on the Proposed Vision of the Drugs Strategy

The National Drugs Strategy Vision must explicitly acknowledge the structural causes of drug-related harm and the reality that it is disadvantaged communities that continue to experience this harm most acutely. This position is strongly supported by the [Citizens' Assembly on Drugs Use](#) recommendation that drugs policy should "prioritise the needs of vulnerable and marginalised groups and disadvantaged communities" and be embedded within "an overall socio-economic strategy" that addresses wider determinants of harm. Similarly, the Joint Committee's *Interim Report* (2024) identified the need to address the social and economic factors known to influence substance dependency, including poverty, social exclusion, including low levels of educational attainment.

Comment on the Strategic Pillars

AONTAS recommends that explicit reference should be made to adult education as an enabler of prevention, recovery and harm reduction in the forthcoming National Drugs Strategy in line with the recommendations from the report of the Joint Committee on Drugs Use (2024). This is particularly important for people experiencing disadvantage whose engagement with formal health services is often mediated through community settings (Murray et al., 2025). Community education can be a catalyst for recovery, building the social capital, sense of purpose and community belonging that sustain long-term wellbeing (Cobain & Jackson, 2025; Koutra et al., 2012; Boeri et al., 2016). Naming education alongside employment and housing in the pillars would also reflect the EMCDDA position that these three s together constitute the pillars of social reintegration and is aligned with a structural

response to the factors influence the determinants of substance misuse (Merchants Quay Ireland, 2023).

Strategic Pillar 1: Protect individuals, children, families and communities from the harmful effects of drug and alcohol use

Action 1.5 should be expanded beyond Higher Education Institutes, sporting, recreational and night-time settings to explicitly include community education as a key delivery partner. Community education providers already deliver prevention and harm reduction responses across Ireland, operating in areas experiencing social challenges (Cobain & Jackson, 2025; AONTAS; Keane, 2011). As over two-thirds of community education learners reside in areas with above-average deprivation, this makes the sector a natural delivery partner for selective and universal prevention (AONTAS, 2022). Explicitly naming community education in action 1.5 would strengthen delivery on Actions 1.1, 1.2, 1.3 and the quality prevention system envisaged in Action 1.6.

The sector can deliver evidence-based approaches as identified by Darcy (2021) who distinguishes effective community-based drug education from didactic or scare-based formats through relational holistic approaches to learner needs (Cobain & Jackson, 2025). Indeed, the HRB evidence review on place-based initiatives (2024) shows that programmes involving local stakeholders, including community organisations shows strong promise in reducing substance use.

Strategic Pillar 2: Provide equitable access to high quality drug and alcohol services across health regions and population groups.

Community education should be recognised within the regional structures established under Action 2.1 as a partner in health promotion and harm reduction delivery. Murray et al. (2025) demonstrate that community settings are transformative for health literacy development, with education supporting individuals to engage meaningfully with health services and harm reduction information. This action is urgently needed. The Health Research Board (2025) records 13,295 treatment cases in 2024, the highest figure ever; while the demographic profile of cases, predominantly unemployed adults, underscores the role of education and employment supports alongside treatment.

Murray et al. (2024) argue that addressing health disparities in substance use requires culturally responsive community-level prevention coordinated across the continuum of care. Action 2.4 on lived experience participation is crucial to this goal, and this could be realised by investment in the capacity of community education providers to support peer-led roles, drawing on AONTAS learner voice experience (AONTAS, 2024). This research shows that participatory education models are themselves a vehicle for co-design and community empowerment.

Strategic Pillar 3: Champion recovery in drug and harmful alcohol treatment, community services and in public policies

Action 3.2 should explicitly include community education within recovery community service networks, including the pathways developed for people released from prison (Cobain & Jackson, 2025; Meyler et al., 2023). Research shows that education is a catalyst for ceasing substance use and redefining personal goals, providing a sense of purpose, social connection and identity separate from drug use (Keane, 2011; Koutra et al., 2012). Boeri et al. (2016) find that bonding and bridging social capital acquired through education and community activities are central to sustaining recovery. Community education providers can support the development of this social capital that is central to recovery through their ethos of relational practice, enabling supports, and location in communities facing multiple challenges (Cobain & Jackson, 2025).

Enabling Measure A: Community education must be recognised as a key stakeholder and delivery partner in the implementation of this strategy. Accessible, dedicated funding streams must be implemented to allow community education providers who already deliver prevention, harm reduction and recovery supports to realise their full potential as part of the strategy.

Enabling Measure B: Community education should be included as a focus of research under this strategy. Ritter and Barrett (2024) argue that the right to health for people who use drugs includes the right to meaningful participation in healthcare decisions, which has direct implications for how evidence is gathered and whose knowledge counts. This right should be realised in all settings where people affected by drugs misuse are supported, and should include meaningful learner voice research in design, and evaluation of programmes. AONTAS

holds significant participatory research expertise engaging learner voices and education providers, that can contribute to evidence gathering on what works in prevention and recovery.

Enabling Measure C: AONTAS operates on an all-island basis and has experience delivering EU-funded projects, including in the area of community learning and social inclusion. This positions AONTAS to contribute to communities of practice where learning about community education as a tool for harm reduction and recovery can be shared across jurisdictions, in line with the strategy's ambitions for international cooperation.

The Importance of a Holistic Response

The WHO (2024) affirms that governments can address health inequality through universal public services including education and social protection. In addition to this, the knowledge and expertise of those with direct experience of this issue is just as important as the structural and financial scaffolding provided by statutory bodies (Brady et al., 2011). Therefore any effective response to a public health issue such as drug harm requires a holistic, whole-of-society approach that is adequately resourced by government and agencies, and that centres the contribution of individuals, families and communities affected by drug misuse.

The strategy's commitment to lived experience is welcomed and reflects genuine engagement in the development process. However, best practice in public participation requires ongoing involvement across the full policy cycle, not only at the design stage. AONTAS affirms the importance of embedding learner voice in the design, implementation and evaluation of community education responses to prevention, harm reduction and recovery. The AONTAS Learner Voices Across Ireland report (Meyler et al., 2024; Meyler et al., 2023) demonstrates how this is mechanism for amplifying the voices of people experiencing marginalisation, which can include those with lived experience of drug use. Ongoing participatory feedback structures should be built into the strategy's monitoring framework.

Community education reaches people in the settings and on the terms most accessible to them, and the evidence base supports its effectiveness in addressing the social determinants of drug use as part of this holistic response (Cobain & Jackson, 2025; Keane, 2011). AONTAS

welcomes any arising actions under this strategy and affirms its readiness to support implementation, partnership and evidence development in this area.

References

- AONTAS (2022) '**What makes community education special?**', AONTAS Blog [Online]. Available at: <https://www.aontas.com/knowledge/blog/what-makes-community-education-special/>
- AONTAS (2024) '**Learner Voices Across Ireland 2023-2024: Executive Summary**', AONTAS [Online]. Available at: <https://www.aontas.com/knowledge/blog/learner-voices-across-ireland-2023-2024-executive-summary/>
- AONTAS (2024) **Learner Voices Across Ireland Report**. Dublin: AONTAS. Available at: https://www.aontas.com/wp-content/uploads/2025/11/AONTAS-Learner-Voices-Across-Ireland-Report_Final.pdf
- AONTAS (n.d.) Recovery through Art, Drama and Education (RADE), AONTAS Community Education Map [Online]. Available at: <https://map.aontas.com/directory-organisation/listing/recovery-through-art-drama-and-education-rade/>
- Boeri, M., Gardner, M., Gerken, E., Ross, M. & Wheeler, J. (2016) "'I Don't Know What Fun Is": Examining the Intersection of Social Capital, Social Networks, and Social Recovery', *Drugs: Alcohol Today*, 16(1), pp. 95-105. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC5029464/>
- Brady, J., Corcoran, K., Ducque, C., Gelston, M., Murtagh, J., O'Neill, B., & Slator, K. (2011) **Recovery: A Peer-Led Action Research Project**. Dublin: Recovery Academy Ireland. Available at: <https://recoveryacademyireland.ie/wp-content/uploads/2021/02/recovery-peer-led-action-research-2016.pdf>
- Citizens' Assembly on Drugs Use (2023) **Report of the Citizens' Assembly on Drugs Use. Dublin: Citizens' Assembly**. Available at: https://citizensassembly.ie/wp-content/uploads/CADU_Volume1.pdf
- Cobain, M. and Jackson, E. (2025) **Community Education for Social Transformation**. Dublin: AONTAS. Available at: <https://www.aontas.com/wp-content/uploads/2025/10/Community-Education-for-Social-Transformation.pdf>
- Darcy, C. (2021) '**Drug education best practice for health, community and youth workers: a practical and accessible tool-kit**', *Drugnet Ireland*, Issue 76. Available at: https://www.drugsandalcohol.ie/33959/1/Drugnet_Ireland_76.pdf
- Health Research Board (2024) **Evidence Review 09: Place-Based Initiatives and Drug-Related Harms**. Dublin: HRB. Available at: <https://www.hrb.ie/wp-content/uploads/2024/07/HRB-Evidence-Review-09.pdf>

Health Research Board (2025) **Drug Treatment Demand in Ireland 2024**. Dublin: Health Research Board. Available at: <https://www.drugsandalcohol.ie/43052/>

Joint Committee on Drugs Use (2024) **Interim Report**. Dublin: Houses of the Oireachtas. Available at: https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/joint_committee_on_drugs_use/reports/2024/2024-10-22_joint-committee-on-drug-use-interim-report_en.pdf

Keane, M. (2011) **The Role of Education in Developing Recovery Capital in Recovery from Substance Addiction**. Dublin: Recovery Academy Ireland. Available at: https://recoveryacademyireland.ie/wp-content/uploads/2021/02/The_role_of_education_in_developing_recovery_capital_in_recovery_from_substance_addiction.pdf

Koutra, K., Zamkinos, L., Angelopoulos, V., & Makris, A. (2012) '**Social capital in the recovery of current and former substance users: a qualitative study in Greece**', *Herald Open Access* [Online]. Available at: <https://www.heraldopenaccess.us/openaccess/social-capital-in-the-recovery-of-current-and-former-substance-users-a-qualitative-study-in-greece>

Murray, M., Behan, S., Meegan, S., O'Brien, W., Smith, C., & Goss, H. (2025) '**Health literacy in Ireland: insights from rural and urban community perspectives**', *BMC Public Health* [Online]. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12154202/>

Merchants Quay Ireland (2023) **Briefing: Criminal Justice (Rehabilitative Periods) Bill**. Dublin: MQI. Available at: <https://mqi.ie/wp-content/uploads/2023/09/Spent-Convictions-v2.pdf>

Meyler, A., Lovejoy, L. & Swan, L. (2023) **Lifelong Learning Participation in Ireland: A focus on marginalised and vulnerable groups**. Dublin: AONTAS. Available at: https://www.aontas.com/assets/resources/Lifelong%20Learning/AONTAS_LLL%20Research%20Report_Final%20Digital%20Launch.pdf

Ritter, A. & Barrett, E. (2024) '**People who use drugs and the right to health**', in *Harm Reduction Journal* [Online]. Available at: <https://link.springer.com/article/10.1186/s12954-024-01132-5>

Murray, T. M., Cox, M., & Williamson-Jennings, L. (2024) '**Considerations for achieving health equity through substance misuse prevention**' *American Journal of Psychiatry*. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC11571191/>

World Health Organization (2024) **World Report on Social Determinants of Health Equity**. Geneva: WHO. Available at: <https://www.who.int/teams/social-determinants-of-health/equity-and-health/world-report-on-social-determinants-of-health-equity>

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