

# **Focal Point Ireland: national report for 2025 – Harms and harm reduction**



## Health Research Board. Irish Focal Point to the European Union Drugs Agency (EUDA)

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## T0. Summary

This report summarises the most recently available data with regard to drug-related harms and drug-related harm interventions in the Republic of Ireland.

Ireland maintains a special register that is a complete census of all drug-induced deaths. Established in 2005, the National Drug-Related Deaths Index (NDRDI), which is maintained by the Health Research Board (HRB), is an epidemiological database that records cases of deaths by drug poisoning, and deaths among drug users in Ireland, extending back to 1998. Data for 2021 are included in this report.

Data on drug-related acute emergencies in the Irish context refer to all admissions to acute general hospitals with non-fatal overdoses and are extracted from the Hospital In-Patient Enquiry (HIPE) scheme. Data for 2023 are included in this report.

The Health Protection Surveillance Centre (HPSC) is notified of incidences of newly diagnosed human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). Notification data for 2023 are included in this report.

There were 286 drug-induced deaths in 2021; the comparable figure for 2020 was 352. The majority of those who died were males in their early 40s. Opioids were the most common drug group associated with drug-induced deaths.

There were 4,381 overdose cases in 2024 discharged from Irish hospitals. Opioids were used in 16.0% (n=702) of cases, cocaine in 7.0% (n=306) of cases, and cannabis in 3.3% (n=146) of cases in 2024. No overdose cases (or five or fewer cases) involving lysergic acid diethylamide (LSD) or other hallucinogens were recorded.

According to data compiled by the HPSC, at the end of 2024, 1,009 people were newly diagnosed with HIV in Ireland, a notification rate of 19.6 per 100,000 population. This marks an increase of 10.8% compared with 2023 (n=911). Of the HIV notifications in 2024 for whom risk factor data were available (63.2%), 9 were of people who inject drugs (PWID), compared with 29 in 2023 and 35 in 2022. The figure for 2022 was the highest number of PWID among HIV notifications since 2015.

Recent trends indicate that the number of cases of HBV diagnosed and notified in Ireland is stabilising rather than continuing to decline. Of the acute HBV cases notified in 2024 (n=14), none were PWID. There were 462 HCV notifications in Ireland in 2024, a decrease of 14% on 2023, when there were 537 notifications. There has been a downward trend in HCV notifications since peak numbers (n=1538) were recorded in 2007. Information on the most likely risk factor was available for 44.4% (n=205) of cases in 2024. Of cases with risk factor data, 130 were PWID and 5 were infected through contaminated blood products.

Harm reduction services available in Ireland include needle exchange programmes from fixed sites, mobile units, and outreach work provided by regional authorities and community-based organisations (CBOs). In addition, there are pharmacies providing a needle exchange service in each Regional Drug and Alcohol Task Force (RDATF) area within Ireland. At the end of 2024, there were 84 pharmacies providing a needle exchange service. According to the most recent available data, there were 342,161 individual syringes exchanged in Ireland in 2024.

A recent study has revealed a sharp increase in cocaine use and associated health harms in Ireland over the past two decades. Hospitalisations, psychiatric admissions, treatment episodes, and deaths

related to cocaine use have all risen dramatically over this time period. For example, cocaine-related hospital discharges increased from 1.4 per 100,000 population in 2000 to 24.3 per 100,000 population in 2022. Treatment entrants reporting cocaine as their main problem drug increased from 1.5 per 100,000 population in 2000 to 93.2 per 100,000 population in 2023, while cocaine-related poisoning deaths rose from 0.13 to 2.6 per 100,000 between 2000 and 2020.

## T1. National profile and trends

### T1.1 Drug-related deaths

#### T1.1.1 Overdose deaths

In 2021, there were 286 deaths due to poisoning recorded in Ireland by the NDRDI, as per ‘Selection D’ (Table 1). This is a 19% decrease compared to 2020, when 352 deaths were reported. 2021 is the latest year for which figures are available because of the nature of data sources for the NDRDI. It should be noted that annual data reported for prior years have been changed, as the NDRDI figures have been updated whenever new information has become available.

**Table 1. Number of deaths due to poisoning in Ireland (EUDA Selection D), NDRDI 2013–2021**

2013	2014	2015	2016	2017	2018	2019	2020	2021
225	226	237	222	258	274	312	352	286

Source: NDRDI (2024)

The increasing trend of poisoning deaths among older people seen between 2013 and 2021 continues, and the mean age of those who died in 2021 was 41.8 years, compared with 36.2 years in 2013. The majority of deaths were male (68.2%), although the proportion was lower than in previous years (77.4% reported for 2014).

The NDRDI does not routinely report the intentionality of deaths. The overall trends in overdose deaths for the European Union Drugs Agency (EUDA) definition of ‘Selection D’ remain the same, with opioids associated with most poisoning deaths (see Section T1.1.2).

#### T1.1.2 Toxicology of overdose deaths

Toxicology was available for all 286 poisoning deaths in 2021. Opioids were found in the post-mortem toxicology results of 85.3% of poisoning deaths, similar to other years.

#### T1.1.3 Mortality cohort studies

There are no mortality cohort studies to report.

#### T1.1.4 Trends

After a period of stabilisation in the number of poisoning deaths (2013–2016), the number increased year on year from 258 in 2017 to 352 in 2020, but dropped to 286 in 2021 (see Table 1). The peak reported in 2020 is unlikely to indicate a true change in trends but rather a phenomenon of the COVID-19 pandemic, which requires further investigation, with a return to pre-pandemic trends in 2021.

The majority of overdose deaths between 2013 and 2021 involved opioids. This is not surprising given the prevalence of problem opioid use in Ireland (also see Treatment Demand Indicator (TDI)

and the *Treatment workbook*). The number of heroin-related deaths reported in 2021 (n=79) was the lowest since 2017.

Prior to 2010, more deaths involved heroin, but since then more deaths have involved methadone. There has as yet been no in-depth analysis of why the numbers of methadone-related deaths have increased. The number of clients in opioid substitution treatment (OST) has increased steadily over the same period. For further details on the number of clients in OST, please see Section T2.1 and Figure IV in the *Treatment workbook*.

There was a significant increase in the number of deaths where cocaine was implicated (alone or with other drugs), rising from 26 deaths in 2012 to a peak of 140 deaths in 2020, and then reducing to 107 deaths in 2021. This overall trend corresponds to increasing evidence of problem cocaine use seen in the drug treatment data over the past number of years. For further information, please see Section T2.1 in the *Treatment workbook*.

### Data completeness/coverage, case ascertainment, and changes in reporting

The NDRDI has been in existence since 2007, utilising ‘Selection D’ as its definition for reporting to the EUDA. Up to that point, drug-related deaths were reported through the Central Statistics Office (CSO). However, the NDRDI retrospectively collected data back to 1998. Therefore, the NDRDI data supersede any data previously reported between 1998 and 2007.

The NDRDI is a complete census of all drug-related deaths in Ireland, both direct drug deaths through overdose (known as poisoning) and deaths among drug users. Of note, it also collects data on additional deaths that do not meet the ‘Selection D’ criteria but are of national importance, e.g. alcohol only and alcohol in combination with prescription drug poisoning deaths. The NDRDI is a national census, as it collects information from all closed coronial files, all deaths among hospital inpatients that meet the criteria, all deaths among those registered on OST, and from the general mortality register (GMR) (via the CSO). All of these data sources are matched in order to avoid duplication and to provide the greatest amount of information on each death. There has been no change in the process since the inception of the NDRDI.

Annual data are updated retrospectively as data become available from late inquests.

## T1.1.5 Additional information on drug-related deaths

### Latest national data on poisoning deaths in Ireland

The latest national data on poisoning deaths for 2021 report a 19% decrease compared with 2020, from 439 poisoning deaths in 2020 to 354 such deaths in 2021 (see Table 2) (Kelleher et al. 2024b).

The figures reported nationally differ from what is reported to the EUDA, as it also includes a wider range of poisoning deaths, those due to alcohol and prescription drugs, and prescription drugs only. 2021 is the latest year to be reported, as the NDRDI relies on data from closed coronial inquests, which are subject to delays.

**Table 2. Number of poisoning deaths (excluding alcohol only), NDRDI, 2012–2021**

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Number of poisoning deaths	273	324	311	310	307	325	361	375	439	354

Source: NDRDI (2024)

In 2021, there were 7 deaths per 100,000 of the population. The majority were male (64.1%). The main specific drugs implicated were methadone (36.4%), diazepam (31.6%), alprazolam (30.2%),

cocaine (30.2%), alcohol as part of a polydrug poisoning (25.7%), and pregabalin (23.4%) (see Table 3).

- Methadone was implicated in more than one in three (36.4%) deaths and in a greater proportion of deaths among males (38.3%) than among females (33.1%).
- Heroin was implicated in one in five (22.3%) deaths; these were mostly among males (83.5%).
- Diazepam (31.6%) and alprazolam (30.2%) were the most common benzodiazepines, and each was implicated in 3 in 10 deaths overall.
- Antidepressants were implicated in a greater proportion of deaths among females (47.2%) than among males (28.2%). Mirtazapine (13.6%) was the most common antidepressant.
- Cocaine was implicated in 3 in 10 (30.2%) poisoning deaths overall, the majority (81.3%) of which were among males.
- Pregabalin was implicated in almost one in four (23.4%) deaths and in a greater proportion of deaths among females (28.3%) than among males (20.7%).

In 2021, four in five (81.4%; n=288) drug poisoning deaths were polydrug poisonings (more than one drug was implicated). More than 1 in 5 (22.9%) polysubstance poisoning deaths had more than one opioid implicated, while almost 3 in 10 (28.3%) had more than one benzodiazepine implicated.

The median age of the deceased was 42.5 years (41 years for males and 47 years for females), and over one-half (52.2%) of poisoning deaths were among people aged 35–54 years. More than 1 in 10 (15.3%) of the deceased were experiencing homelessness. Almost one in five (17.5%; n=62) of the deceased were known to have ever injected drugs. Of those, more than one in three (37.1%) were injecting at the time of death.

Most poisoning deaths (75.1%) occurred in a private dwelling and many of the deceased were alone at the time of the incident (41.0%). At least 15.8% of the deceased had a history of a blood-borne virus. Almost one-half (48.0%) had a recorded history of mental health issues (52.0% of females versus 45.8% of males).

Of note, most (78.2%) of the deceased were in contact with medical services, including substance use treatment services, at the time of their death. One-quarter (24.9%) of the deceased were in OST at the time of death (27.8% of males versus 19.7% of females).

Between 2012 and 2021, an upward trend in the number of deaths was observed for opioids, benzodiazepines, antidepressants, cocaine, and gabapentinoid/anti-epileptic drugs (mainly pregabalin) (see Table 3).

- Opioids increased by 34.1% (from 182 to 244 deaths).
- Methadone increased by 48.3% (from 87 to 129 deaths) and was the most common opioid implicated in each year.
- Heroin increased by 23.4% (from 64 to 79 deaths), but 2021 had the third lowest rate of the period.
- Benzodiazepines increased by 45.0% (from 129 to 187 deaths), mainly attributable to a more than fivefold (494.4%) increase in alprazolam (from 18 to 107 deaths).

- The number of deaths with cocaine implicated increased by 311.5% (from 26 to 107 deaths).
- Pregabalin increased by 492.9%, from 14 deaths in 2013 to 83 deaths in 2021).

**Table 3. Drugs implicated in poisoning deaths (excluding alcohol only), NDRDI, 2012–2021**

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Number of deaths <sup>a</sup>	273	324	311	310	307	325	361	375	439	354
Methadone	87	94	105	91	105	101	123	126	150	129
Diazepam	92	113	121	109	101	97	122	104	139	112
Cocaine	26	32	42	46	42	55	79	108	140	107
Alprazolam	18	43	49	50	53	70	115	99	132	107
Alcohol <sup>b</sup>	54	82	70	67	81	68	72	92	88	91
Pregabalin <sup>c</sup>	~	14	28	50	68	48	69	62	92	83
Heroin	64	88	97	84	74	89	99	108	123	79
Zopiclone	20	53	73	67	67	48	42	73	69	59
Mirtazapine	21	37	41	31	48	26	38	32	51	48
Paracetamol	20	38	33	32	46	44	37	35	42	40
Tramadol hydrochloride	23	25	19	29	23	26	38	26	44	32
Sertraline	~	6	8	10	8	12	12	13	14	27
Codeine	20	17	16	22	18	28	28	21	26	28
Flurazepam	30	42	36	35	44	35	47	31	32	27
Olanzapine	19	28	18	19	23	18	20	15	30	20
Oxycodone hydrochloride	11	6	14	15	7	8	11	20	22	19
Amitriptyline	14	21	23	28	31	11	20	19	22	18
Quetiapine	10	13	18	20	20	13	8	14	24	18
Promethazine	~	~	~	6	~	~	~	~	11	16
Fluoxetine	~	6	11	~	6	~	10	8	11	13
Venlafaxine	6	12	12	11	9	9	14	13	17	13
Morphine	7	12	10	8	14	~	7	9	13	12

Source: NDRDI (2024)

<sup>a</sup> Many individuals had more than one drug implicated in their death.

<sup>b</sup> Alcohol as part of a polysubstance poisoning.

<sup>c</sup> Pregabalin was included in routine post-mortem toxicology screening by the State Laboratory from 2013.

~ Five deaths or fewer.

Additionally, other changes were seen over the 10-year period from 2012 to 2021: lifetime history of injecting decreased from 23.8% in 2012 to 17.5% in 2021, the lowest rate of the period. Among those who had ever injected, the proportion of people injecting at the time of death was at the lowest level (37.0%) in 2021 compared to a peak of 63.6% in 2015.

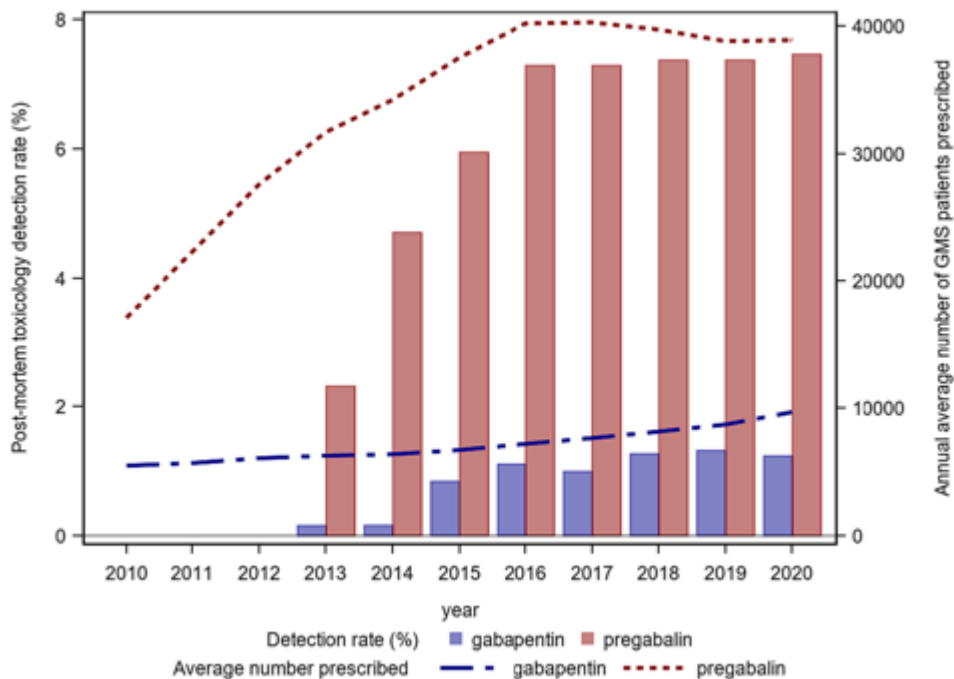
### **Trends in gabapentinoid prescribing, law enforcement, drug seizures, and post-mortem toxicology in Ireland, 2010–2020**

Gabapentin and pregabalin are collectively known as gabapentinoids. They are licensed as an anti-epileptic, for neuropathic pain and for generalised anxiety disorder in Ireland. Since their market introduction (gabapentin in 1993 and pregabalin in 2004) they have risen to become one of the most commonly prescribed medications in a number of countries. One of the theories for the rise in prescribing is the increase in off-label prescribing, i.e. prescribing them for conditions other than those they are licensed for, such as other pain disorders.

Of concern is that when gabapentinoids are used alongside opioids, there may be an increased risk of respiratory depression, overdose, and death. When first released onto the market, these medications were thought to have a low risk of misuse or dependence; however, since then there has been a growing recognition of those associated risks. There has been an increase in reporting of misuse or dependence to various agencies, and an increase in the number of overdose deaths where these drugs are implicated, often in combination with opioids, specifically heroin and methadone. In this context, a 2024 retrospective observational study in Ireland looked at prescribing trends, seizures, and trends in the detection of gabapentinoids in a national post-mortem population (2013–2020) using data from the State Laboratory (Durand et al. 2024).

### Post-mortem toxicology (2013–2020)

Of the total post-mortem toxicology analyses done in the study period, 1,881 (7.14%) cases tested positive for a gabapentinoid: 243 cases were positive for gabapentin (0.92%) and 1,679 (6.37%) were positive for pregabalin. Both drugs were detected in a small number of cases (0.16%; n=41) (see Figure 1). There was a statistically significant increase of 28% in positive results over the 8-year study period, driven by the increasing numbers of pregabalin-positive results.



**Figure 1. Post-mortem toxicology detection rate for gabapentin and pregabalin in Ireland between 2013 and 2020**

Source: Durand et al. (2024)

Note: The secondary y-axis shows the annual average number of patients prescribed gabapentinoids in Ireland between 2010 and 2020.

### Rates among individuals with opioid use disorder in post-mortem toxicology (2013–2020)

An individual was defined as having opioid use disorder (OUD) if they tested positive for heroin or methadone in post-mortem toxicology. Over the study period, 5.2% (n=1379) of individuals tested positive for methadone and 3.2% (n=852) tested positive for heroin; in total, 7.2% were classified as having OUD. Of this group, 27.8% (n=528) tested positive for pregabalin compared with only 4.7% in the non-OUD group. Similar to other results, a lower percentage tested positive for gabapentin in the

OAD group (2.2%; n=41) compared with the non-OAD group (0.8%). In almost 1 in 10 (8.2%) OAD cases, benzodiazepines were found along with pregabalin, which increased over the study period, peaking at 37.3% in 2018 and then decreasing slightly to 31.3% in 2020. The proportion of the OAD population where benzodiazepines were found along with gabapentin was lower, but also peaked in 2018, at 3.3% before dropping to 2% in 2020.

### **Limitations**

The study has a number of limitations. The prescription data are estimated to represent one-third of the Irish population and do not include private prescriptions or prescriptions from specialist secondary care. It is likely that the study over-represents people with a lower socioeconomic status, women, and older people. It does not include any information about what conditions the drugs were prescribed for, or any other drugs that may have been prescribed along with the gabapentinoids. The number of individuals identified as having OAD is likely to be underestimated due to the short half-life of heroin and its metabolite.

### **Discussion**

The study authors concluded that similar to other countries, there has been an increase in gabapentinoid prescribing, particularly the prescribing of pregabalin, in Ireland over the last number of years. Of concern is the finding of the higher rate of pregabalin use in the OAD population compared with the non-OAD population. Concurrent use of an opioid along with pregabalin can increase the risk of overdose, with some research showing that pregabalin can hinder the effectiveness of naloxone in reversing an opioid overdose. A number of counties have implemented regulatory measures. In September 2019, the Irish Medical Council issued an advisory notice to doctors in Ireland stating that when prescribing pregabalin, they should follow best practice guidelines and only prescribe it when unequivocally necessary. The study authors note that this advice has had no impact on pregabalin prescribing in Ireland. However, they also sound a note of caution in the context of the unintended consequences in Scotland following the implementation of restrictions on benzodiazepine prescribing in that jurisdiction, which ultimately resulted in an increase in drug-related deaths.

The study authors conclude that their findings raise concerns about the risk of ubiquitous prescribing of pregabalin in Ireland, associated street supply, and, in particular, the potential serious harmful consequences to people who are also using opioids.

### **Deaths among people who were homeless at the time of death in Ireland, 2020**

In 2020, there were 121 deaths among people who were homeless in Ireland, 69 of which were due to poisoning and 52 of which were due to non-poisoning (Kelleher et al. 2024a). Most of these deaths (n=83) were among people who were homeless and living in temporary or crisis accommodation; the majority (n=52) of these were poisoning deaths. There were also 23 deaths among people who were sleeping rough.

Most of the deceased (91%) had a history of substance use, many (45%) with alcohol dependency. Heroin (61%), cocaine (56%), and benzodiazepines (36%) were the most common drugs used, and most people who used drugs (88%) used more than one substance. One in four (26%) had ever injected drugs (27% of males versus 23% of females). Fifteen per cent of males were injecting at the time of death.

Over one-half (56%) of those who died were homeless in Dublin. Almost 1 in 2 (48%) deaths occurred in temporary or crisis accommodation, while 1 in 3 (36%) were in a public place or derelict building and 1 in 10 (10%) were in a private dwelling.

HCV was recorded for 16 (13%) deaths, while epilepsy was recorded for 10 (8%). Almost one-half (46%) of the deceased had ever accessed substance use treatment, while 21% of the deceased were receiving OST, mainly methadone, at the time of death (17% of males versus 35% of females). Almost one-half (46%) of the deceased had a known history of mental health issues.

Of the 69 poisoning deaths in 2020:

- Fifty-one of the deaths were among males and 18 were among females.
- The median age at death was 39.0 years for males and 34.5 years for females.
- The most common drugs implicated in poisoning deaths were opioids, benzodiazepines, and cocaine.
- Alprazolam was implicated in 34 poisoning deaths, while pregabalin was implicated in 16 poisoning deaths.
- Polysubstance poisoning was a common factor in the deaths of both males (82%) and females (78%).
- More than one-half (54%) of those whose death involved opioids had previously received substance use treatment, and almost two in five (39%) were in treatment when they died.
- A high proportion of deaths involving opioids (69%) occurred in temporary or crisis accommodation, and one in three (33%) of the deceased were with other people at the time of death.

### **Socio-demographic factors, antecedent stressors, and long-term history of self-harm impact on suicide deaths in Ireland**

A comprehensive national study examining characteristics and risk factors associated with suicide in Ireland was recently published (McMahon et al. 2024). The study focused on understanding suicides that occur with or without a history of self-harm or other known risk factors.

In total, 1,809 individuals who died by suicide between 2015 and 2017 were included in the study. The study found that men (76.8%) were more likely to die by suicide than women. One-half of those who died were aged 43 years or under. The majority (65.3%) had a history of a mental health condition. Many also had a history of drug or alcohol dependence. Overall, 26.1% had a history of drug dependence, although this differed depending on whether there was a history of self-harm. Of those with a history of self-harm, 39.2% had a history of drug dependence, whereas the corresponding figure for those with no such history was 22.4%. Overall, 17.4% of those who died by suicide had a history of alcohol dependence, but this figure was higher (30.7%) among those with a history of self-harm than among those with no such history (13.4%).

Drug dependence was more than twice as likely to be significantly associated with a history of self-harm for females than for males. In males, this link was not observed. However, alcohol dependence was significantly associated with self-harm.

The most common method of suicide was hanging (61.0%), followed by drowning (13.8%) and poisoning (11.7%). Using latent analysis, the study identified four classes or groups with distinct profiles. One-fifth (21.1%) of the deaths were classified into Group 3, 'Multiple Challenges'. This group reported high levels of self-harm and mental health conditions, and it had the highest rates of drug dependency and alcohol dependency. The members of this group were younger and more likely to have established risk factors. They often dealt with relationship difficulties, bereavement, and abuse.

Group 4, 'Low Visibility but High Risk', had the lowest proportion of deaths (14.3%) and low levels of self-harm and mental health issues, but faced significant stressors such as relationship difficulties and legal problems. Group 4 also reported a history of drug dependency, but at a lower level than Group 3. Group 4 predominantly comprised younger males, with hanging being the most common method of suicide reported.

This study offers critical insights into factors contributing to suicide in Ireland. The findings suggest that while a history of self-harm is a significant risk factor, many individuals who die by suicide do not have such a history or other known risk factors. This reflects the study's focus on understanding suicides that occur without these risk factors and indicates that prevention strategies must address a broader range of issues, including drug and alcohol dependence, relationship problems, chronic illness, and isolation. Identifying distinct profiles within the suicide cohort emphasises the importance of tailored interventions that consider specific circumstances faced by different groups, including those with drug and alcohol dependence.

### **The experience of drug-related client loss for healthcare professionals who support people in addiction**

This qualitative study looked at the impact of drug-related client loss for healthcare professionals (HCPs) working within the addiction services in Ireland (O'Callaghan and Lambert 2024). The impact on the individual HCP when a client dies can often be overlooked, and there has been limited research in this area. The study used a phenomenological approach and interviewed 15 HCPs from a wide range of disciplines in the addiction services. Three core themes emerged: (1) grief beneath the surface, (2) the cost of caring, and (3) finding closure.

The subthemes that emerged from the study included: intrusive flashbacks (trauma from discovering the deceased); the clinical carer's burden (feelings of guilt that they may have missed an opportunity to prevent the death); the cost of caring (emotional investment in the client they had been working with, often for some time); occupation and vocation; mutual learning and lost potential; shock to the system (even though the HCP understands the higher risk of overdose for their clients, sudden deaths are still traumatic); finding closure; trepid last respects (respecting the family given the stigma of drug-related deaths); and balancing act (between grieving and moving on).

It is important that HCPs are supported and protected when dealing with client loss, as the impact of losing a client can be significant.

## **T1.2 Drug-related acute emergencies**

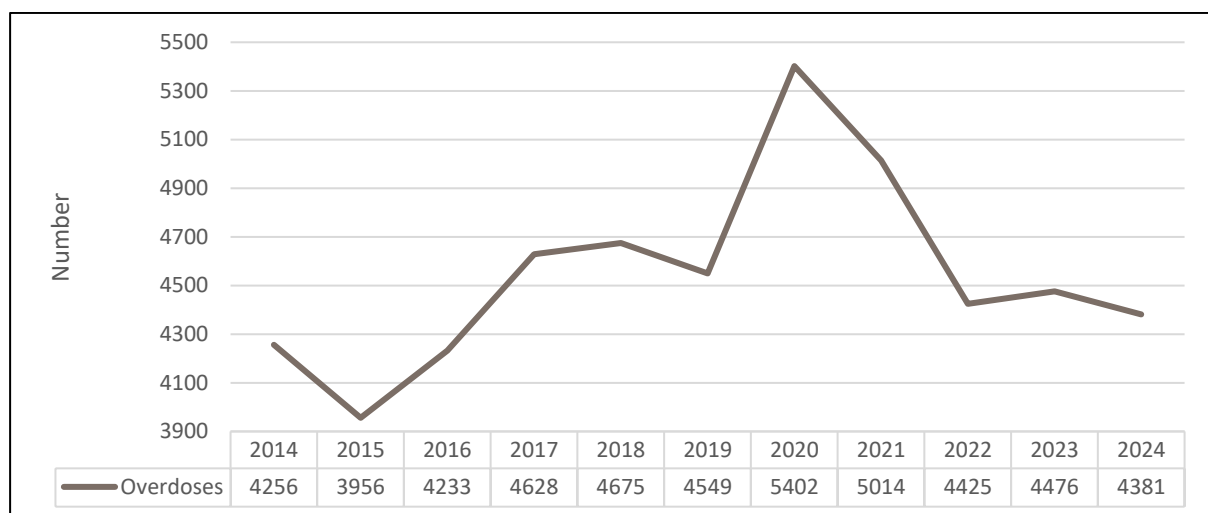
### **T1.2.1 Drug-related acute emergencies**

## Non-fatal drug-related hospital admissions in Ireland, 2024

The HIPE scheme is a computer-based health information system managed by the Economic and Social Research Institute (ESRI) in association with the Department of Health and the Health Service Executive (HSE). It collects demographic, medical, and administrative data on all admissions, discharges, and deaths from acute general hospitals in Ireland. Each HIPE discharge record represents one episode of care; each discharge of a patient, whether from the same or a different hospital, with the same or a different diagnosis, gives rise to a separate HIPE record. The HIPE scheme therefore facilitates analysis of hospital activity rather than of the incidence of disease. HIPE does not record information on individuals who attend emergency departments but are not subsequently admitted as inpatients. Monitoring of drug-related acute emergencies in the Irish context refers to all admissions for non-fatal overdoses to acute general hospitals in Ireland.

### Drug-related emergencies: non-fatal overdoses

Data extracted from the HIPE scheme were analysed in order to determine trends in non-fatal overdoses in patients discharged from Irish hospitals in 2024. There were 4,441 overdose cases in 2024, of which 60 died in hospital. Only discharged cases are included in this analysis (n=4381). There was a noticeable increase in overdose cases during the years of the COVID-19 pandemic. However, since the end of the pandemic, overdose cases have decreased, with the number of discharged overdose cases in 2024 being the lowest recorded since 2017 (see Figure 2).

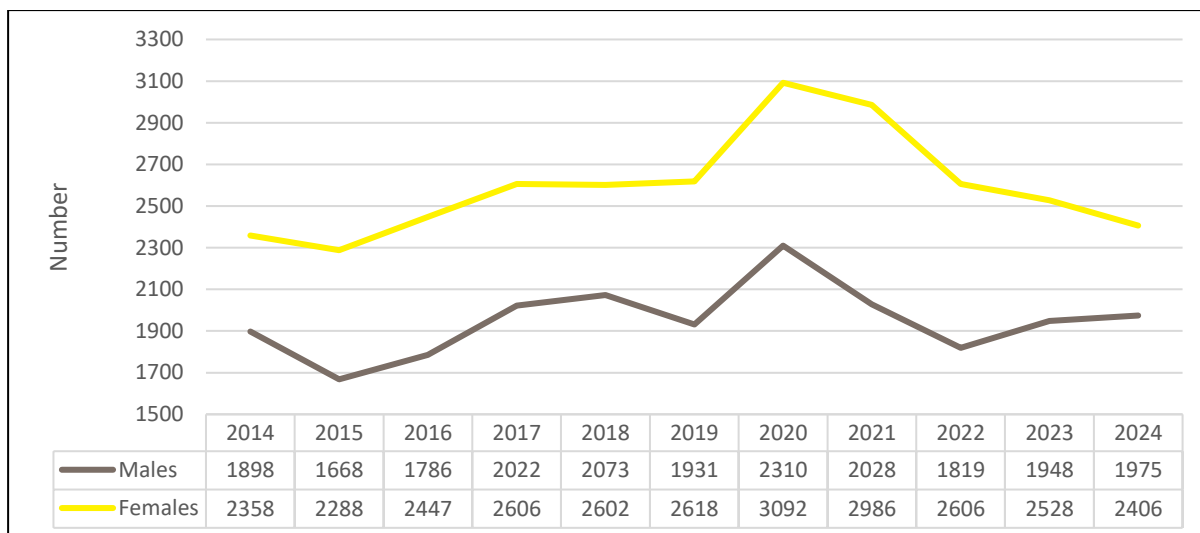


**Figure 2. Number of non-fatal overdose cases admitted to Irish hospitals, by year, 2014–2024**

Source: HIPE, Healthcare Pricing Office (2025)

### Sex of overdose cases

Between 2014 and 2024, there were more overdose cases among women than men, with women accounting for 2,406 (54.9%) of all non-fatal overdose cases in 2024 (see Figure 3).

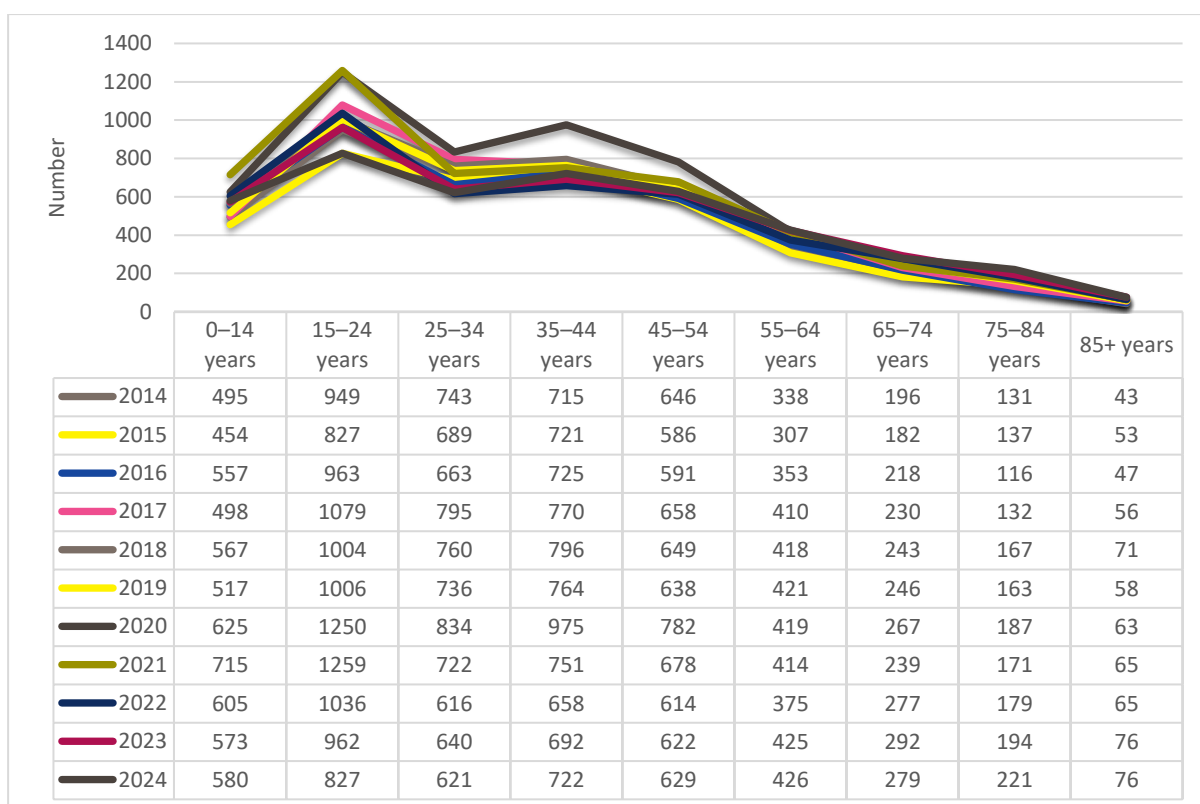


**Figure 3. Number of non-fatal overdose cases admitted to Irish hospitals, by year and sex, 2014–2024**

Source: HIPE, Healthcare Pricing Office (2025)

### Age group

Between 2015 and 2020, there was a general increase in the number of non-fatal overdose cases in all age groups. As noted in previous years, the incidence of overdose cases in 2024 peaked in the 15–24 years age group (see Figure 4). In 2024, 32.1% of non-fatal overdose cases were aged under 25 years.



**Figure 4. Non-fatal overdose cases admitted to Irish hospitals, by year and age group, 2014–2024**

Source: HIPE, Healthcare Pricing Office (2025)

## T1.2.2 Toxicology of drug-related acute emergencies

Table 4 presents the positive findings per category of drugs and other substances involved in all cases of overdose in 2024. Non-opioid analgesics were present in 1,457 cases. Paracetamol is included in this drug category and was present in 1,323 cases in 2024. Benzodiazepines and psychotropic agents were taken in 838 and 1,046 cases, respectively. There was evidence of alcohol consumption in 248 cases in 2024. Cases involving alcohol are included in this analysis only when alcohol was used in conjunction with another substance.

**Table 4. Categories of drugs involved in non-fatal overdose cases admitted to Irish hospitals, 2024**

Drug category	2024
Non-opioid analgesics	1457
<i>Paracetamol (4-Aminophenol derivatives)</i>	1323
Benzodiazepines	838
Psychotropic agents	1046
Anti-epileptic/sedative/anti-Parkinson agents	1929
Narcotics and hallucinogens	993
Alcohol*	248
Systemic and haematological agents	221
Cardiovascular agents	198
Autonomic nervous system agents	129
Anaesthetics	81
Hormones	176
Systemic antibiotics	67
Gastrointestinal agents	95
Other chemicals and noxious substances	254
Diuretics	57
Muscle and respiratory agents	45
Topical agents	53
Anti-infectives/anti-parasitics	26
Other gases and vapours	33
Other and unspecified drugs	1025

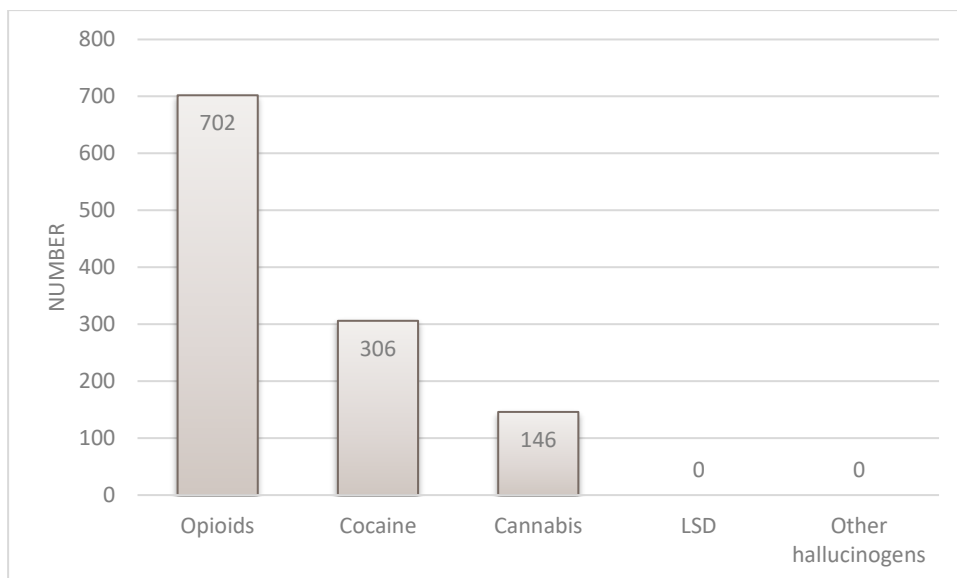
Source: HIPE, Healthcare Pricing Office (2025)

Note: The sum of positive findings is greater than the total number of cases, as some cases involved more than one drug or substance.

\* Alcohol was only included for cases where any code from any of the other drug categories in this table was also reported.

### Overdoses involving narcotics or hallucinogens

Figure 5 shows positive findings of illicit substances among overdose cases in 2024. Opioids were used in 16.0% (n=702) of cases, cocaine in 7.0% (n=306) of cases, and cannabis in 3.3% (n=146) of cases in 2024. No overdose cases (or five or fewer cases) involving lysergic acid diethylamide (LSD) or other hallucinogens were recorded.

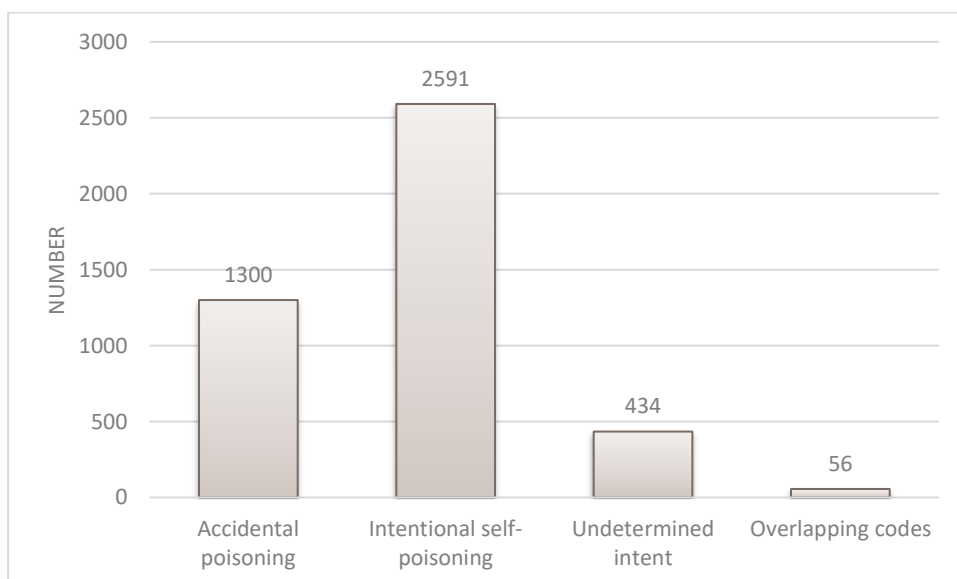


**Figure 5. Narcotics and hallucinogens involved in non-fatal overdose cases admitted to Irish hospitals, 2024**

Source: HIPE, Healthcare Pricing Office (2025)

### Overdoses classified by intent

For 59.1% (n=2591) of cases in 2024, the overdose was classified as intentional (see Figure 6). For 9.9% (n=434) of cases, classification of intent was not clear.



**Figure 6. Non-fatal overdose cases admitted to Irish hospitals, classified by intent, 2024**

Source: HIPE, Healthcare Pricing Office (2025)

Table T1.2.2.2 presents the positive findings per category of drugs and other substances involved in cases of intentional self-poisoning in 2024 (n=2591). In 2024, non-opioid analgesics were involved in 1,197 cases, benzodiazepines in 496 cases, and psychotropic agents in 824 cases.

**Table 5. Categories of drugs involved in intentional self-poisoning cases admitted to Irish hospitals, 2024**

Drug category	2024
Non-opioid analgesics	1197
Benzodiazepines	496
Psychotropic agents	824
Anti-epileptic/sedative/anti-Parkinson agents	1320
Narcotics and hallucinogens	425
Alcohol*	187
Systemic and haematological agents	140
Cardiovascular agents	112
Autonomic nervous system agents	82
Anaesthetics	20
Hormones	101
Systemic antibiotics	37
Gastrointestinal agents	66
Other chemicals and noxious substances	74
Diuretics	22
Muscle and respiratory agents	34
Topical agents	26
Anti-infectives/anti-parasitics	13
Other gases and vapours	~
Other and unspecified drugs	536

Source: HIPE, Healthcare Pricing Office (2025)

Note: As some discharges may include more than one drug category, the total count in this table exceeds the total number of discharges.

\* Alcohol was only included for cases where any code from any of the other drug categories in this table was also reported.

~ Five or fewer cases.

### **T1.2.3 Explanations of short-term (5 years) and long-term trends in the number and nature of drug-induced emergencies**

See Section T1.2.1 for information regarding trends in drug-related acute emergencies in Ireland.

### **T1.2.4 Additional information on drug-related acute emergencies**

#### **New research on non-fatal opioid overdoses in Ireland**

A new report from Trinity College Dublin presents a decade-long exploration of non-fatal opioid overdoses (NFODs) in Ireland (Ivers and Dunne 2025). Authored by Professor Jo-Hanna Ivers and Neil Dunne, the study combines clinical data, systematic review findings, and policy analysis to shine a light on the evolving nature of opioid-related harm, especially within Dublin's inner city.

The study found that between 2011 and 2021, more than 2,500 NFOD cases were recorded in Ireland's acute hospitals. Dublin's inner city, despite accounting for just a fraction of the national population, was disproportionately affected. Heroin was the most implicated opioid until 2020, when methadone, a drug used in OST, surpassed it in prevalence. Outside Dublin, other opioids, including prescription and synthetic drugs, emerged as primary contributors to overdose, pointing to different risk environments across urban and rural contexts.

Age demographics also shifted over the decade. In Dublin, the typical NFOD patient has aged, with a declining number of younger people affected. Trends show an increase in female overdose cases,

particularly in non-urban areas, which the authors suggest indicates changing drug use patterns that demand sex-responsive services.

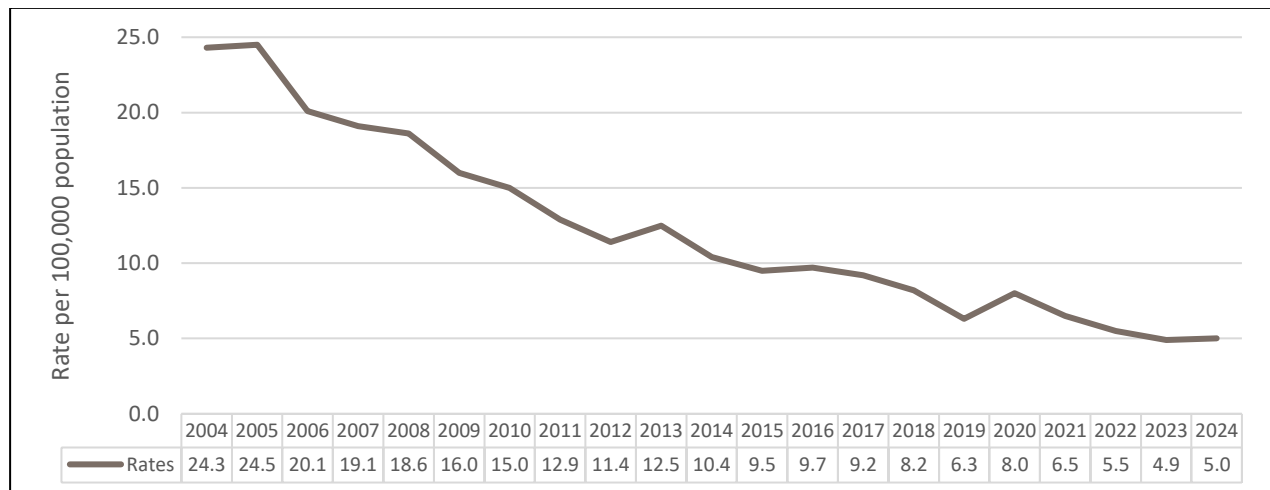
The report offers a number of evidence-based recommendations. These include expanding access to psychological and social inclusion supports; enhancing methadone monitoring; developing structured overdose risk assessments; and ensuring coordinated care pathways from hospital to community. The authors also suggest that greater naloxone distribution and harm reduction outreach, especially in high-risk areas, is required.

### Trends in alcohol and drug admissions to psychiatric facilities

The *National Psychiatric Inpatient Reporting System (NPIRS) Annual Report on the Activities of Irish Psychiatric Units and Hospitals 2024*, published by the Health Research Board (HRB) Mental Health Information Systems Unit (Daly et al. 2025), shows that the rate of new admissions to inpatient care for alcohol disorders has remained stable.

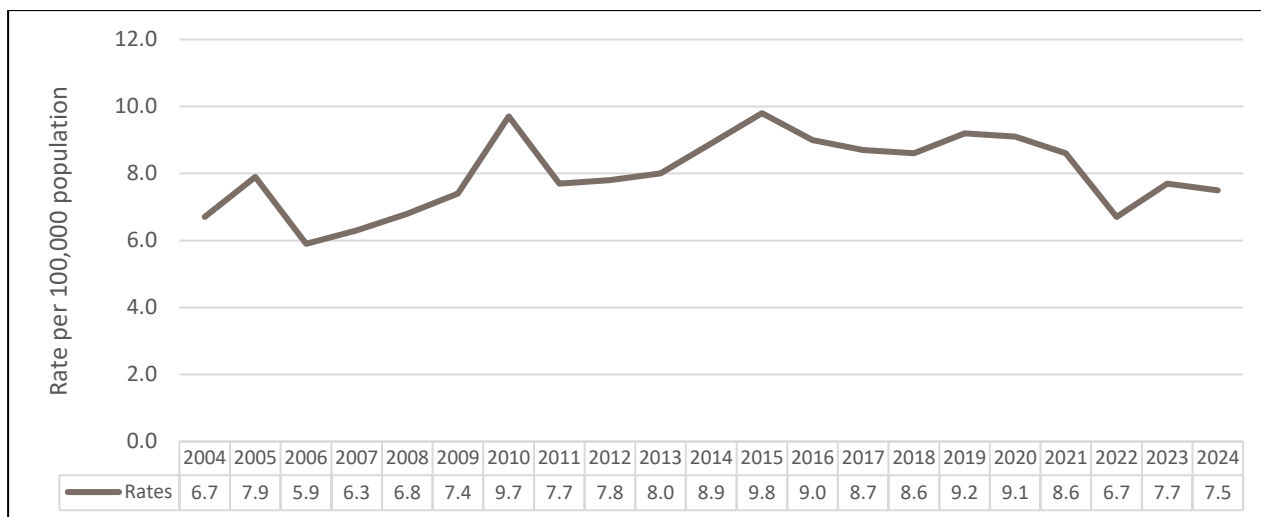
In 2024, 696 cases were admitted to psychiatric facilities with an alcohol disorder; of these cases, 259 were receiving treatment for the first time. Figure 7 presents the rates of first admission between 2004 and 2024 for cases with a diagnosis of an alcohol disorder. Trends over time indicate an overall decline in first admissions. In 2024, almost two-thirds (62.2%; n=161) of cases of first-time admission for an alcohol disorder were male, and 95.8% (n=248) were voluntary.

In 2024, 860 cases were admitted to psychiatric facilities with a drug disorder. Of these cases, 385 were receiving treatment for the first time. Figure 8 presents the rates of first admission between 2004 and 2024 for cases with a diagnosis of a drug disorder. The admission rate in 2024 (7.5 per 100,000 population) was similar to that reported in 2023 (7.7 per 100,000 population). It should be noted that the report does not present data on drug use and psychiatric comorbidity; it is therefore not possible to determine whether or not these admissions were appropriate.



**Figure 7. Rates of psychiatric first admission of cases with a diagnosis of an alcohol disorder per 100,000 population in Ireland, 2004–2024**

Source: Daly et al. (2025)



**Figure 8. Rates of psychiatric first admission of cases with a diagnosis of a drug disorder per 100,000 population in Ireland, 2004–2024**

Source: Daly *et al.* (2025)

Similar to previous years, the rate of psychiatric first admission with a diagnosis of a drug disorder was higher for men (11.3 per 100,000 population) than for women (3.7 per 100,000 population). In 2024, 84.7% (n=326) of psychiatric first admission cases with a diagnosis of a drug disorder were voluntary.

### T1.3 Drug-related infectious diseases

#### T1.3.1 Main drug-related infectious diseases among drug users – HIV, HBV, HCV

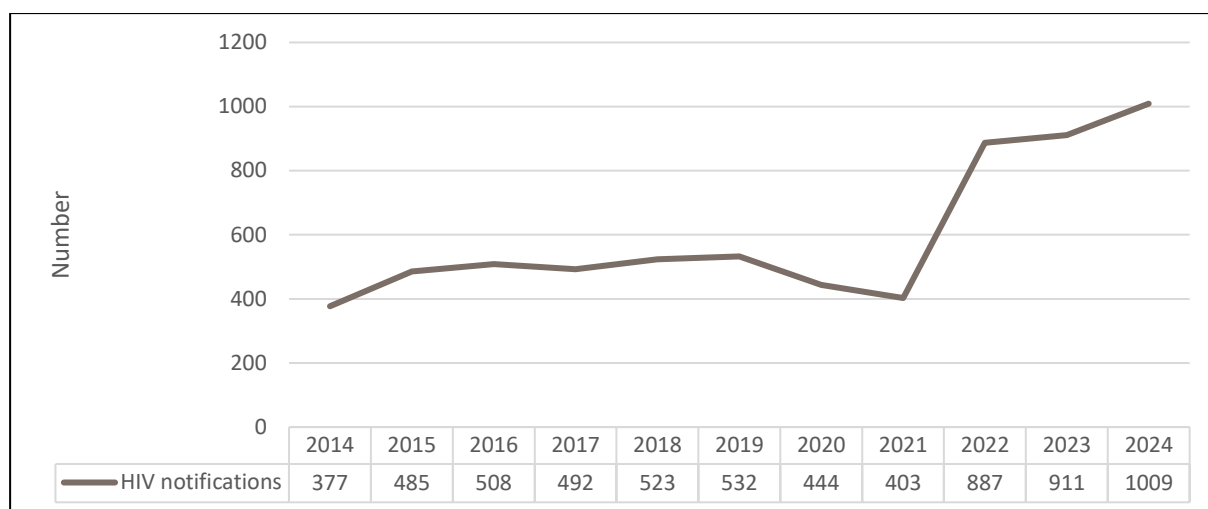
##### Drug-related infectious diseases in Ireland, 2024

The Health Protection Surveillance Centre (HPSC) is Ireland’s specialist agency for the surveillance of communicable diseases. Part of the HSE, and originally known as the National Disease Surveillance Centre, the HPSC endeavours to protect and improve the health of the Irish population by collating, interpreting, and disseminating data to provide the best possible information on infectious diseases. The HPSC has recorded new cases of HIV among injecting drug users since 1982, new cases of HBV since 2004, and new cases of HCV since 2006. The figures and tables presented in this summary are based on data extracted from the Computerised Infectious Disease Reporting (CIDR) system in July 2025. It should be noted that these data have not yet been extensively validated and should be considered provisional.

##### Main drug-related infectious diseases among people who use drugs – HIV, HBV, and HCV

###### HIV notifications, 2024

According to data compiled by the HPSC, at the end of 2024, 1,009 people were newly diagnosed with HIV in Ireland, a notification rate of 19.6 per 100,000 population. This marks an increase of 10.8% compared with 2023 (n=911) (see Figure 9). It should be noted that this number includes all people newly diagnosed with HIV in Ireland, even if they were previously diagnosed in another country. In 2024, a majority of HIV diagnoses in Ireland were previously diagnosed elsewhere.



**Figure 9. Number of new HIV notifications reported in Ireland, by year of notification, 2014–2024**

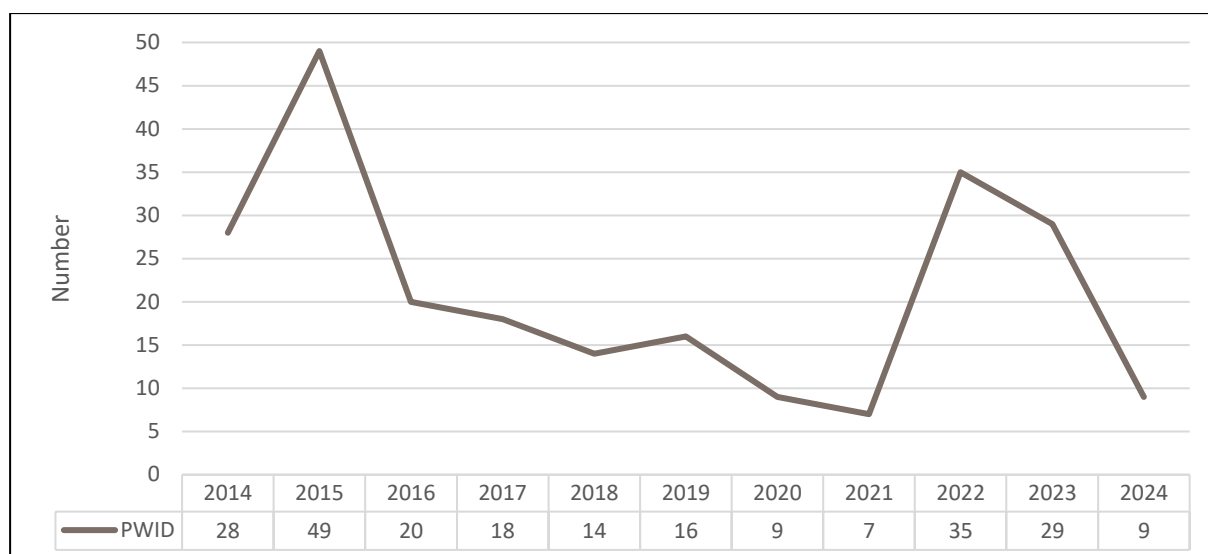
Source: HSE and HPSC (2025)

Of the HIV notifications in 2024 for whom risk factor data were available (63.2%), 9 were of PWID, compared with 29 in 2023 and 35 in 2022 (see Table 7). The figure for 2022 was the highest number of PWID among HIV notifications since 2015 (see Figure 10).

**Table 6. New HIV notifications reported to the HPSC by risk factor status, 2024**

Risk factor status	Number
Total number of cases	1009
Cases <i>with</i> reported risk factor data	638
<b>Of which:</b>	
Male	608
Injecting drug users	9
Men who have sex with men	252
Recipient of blood/blood products	0
Other risk factors	377
No known risk factor identified	371
Cases <i>without</i> reported risk factor data	371

Source: HSE and HPSC (2025)



**Figure 10. Number of PWID among HIV notifications reported in Ireland, by year of notification, 2014–2024**

Source: HSE and HPSC (2025)

Of the 9 PWID among new HIV notifications in 2024, 7 were male and 2 were female, with a median age of 55 years. No subjects were aged under 25 years (see Table 8). The increased number of PWID among HIV notifications in 2015 was due to an outbreak of HIV among homeless people in Dublin who used drugs. The outbreak was declared over in February 2016. Key control measures that were implemented included raising awareness among clinicians, addiction services, and PWID; intensive case finding and contact tracing; early treatment of HIV infection in those most at risk; greater promotion of needle exchange; increased access to methadone treatment; frontline worker training; and raising awareness about safe injecting and safe sex. Leaflets were distributed in hostels and various settings in Dublin where patients/clients attended.

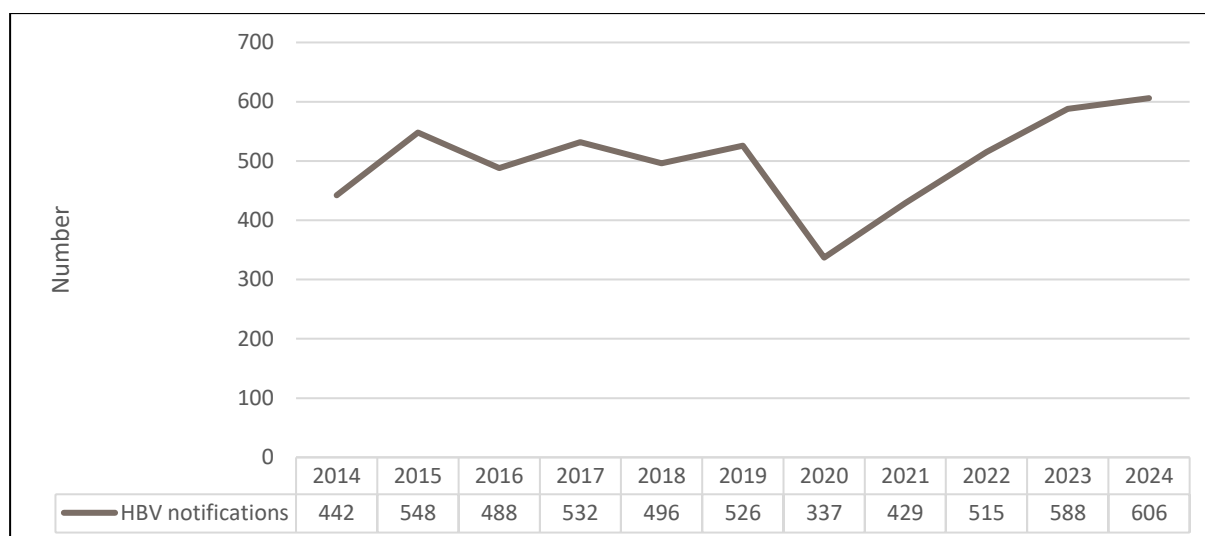
**Table 7. Characteristics of new HIV notifications who reported injecting drug use as a risk factor, 2024**

Known injector cases	Number
Total number of cases	9
Male	7
Median age	55 years
<b>Place of residence:</b>	
Dublin, Kildare, or Wicklow	2
Elsewhere in Ireland	7

Source: HSE and HPSC (2025)

### HBV notifications, 2024

There were 606 notifications of HBV in Ireland in 2024, a notification rate of 11.8 per 100,000 population. This was an increase of 3.1% on 2023, when there were 588 notifications. Although provisional data on HBV notifications in 2020 and 2021 were lower than those reported before the COVID-19 pandemic, it should be noted that trends since 2014 have suggested that the number of HBV cases being diagnosed and notified is relatively stable rather than declining (see Figure 11).



**Figure 11. Number of HBV notifications reported in Ireland, by year of notification, 2014–2024**

Source: HSE and HPSC (2025)

Of the 606 HBV notifications in 2024, 96.0% (n=582) were chronically infected (long-term infection), while 2.3% (n=14) were acutely infected (recent infection). Risk factor data were available for 12 of the acute cases notified in 2024. Of these acute cases, none was reported as an injecting drug user (see Table 9). However, cocaine use was the most likely factor in two cases.

**Table 8. Acute and chronic new HBV cases reported to the HPSC, 2024**

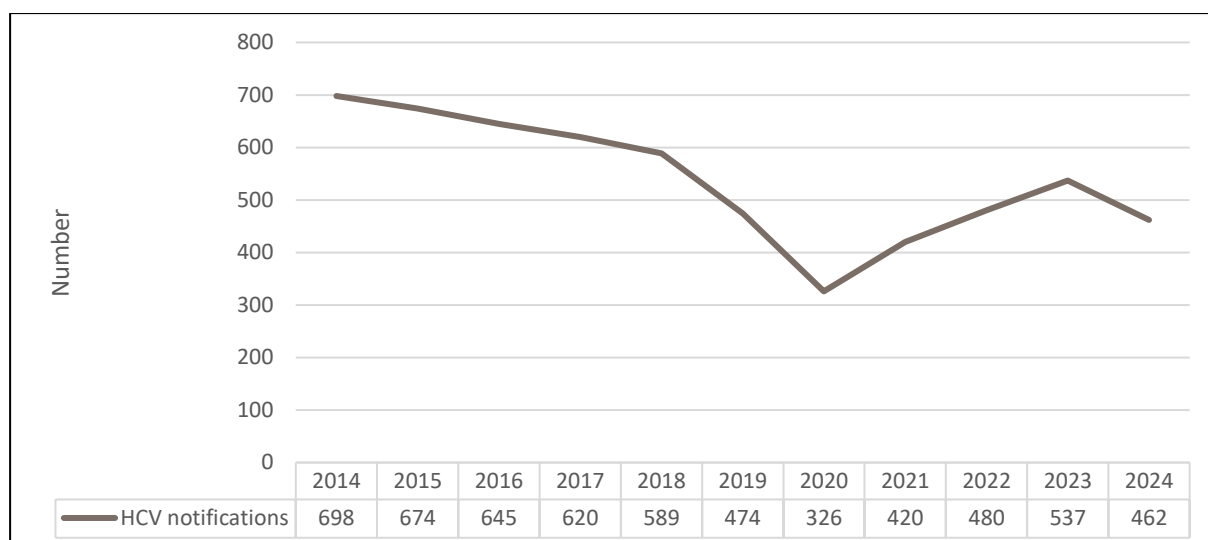
HBV status	Acute	Chronic	Unknown
Total number of cases	14	582	10
Number of cases with reported risk factor data	12	419	3
<b>Of which:</b>			
Injecting drug users	0	1	0
Number of cases without reported risk factor data	2	163	7

Source: HSE and HPSC (2025)

Data completeness for chronic cases was 72%. The number of PWID may be higher than shown here. However, chronic HBV cases are not commonly reported in association with drug use in Ireland.

### HCV notifications, 2024

There were 462 HCV notifications in Ireland in 2024, a decrease of 14% on 2023, when there were 537 notifications (see Figure 12). The notification rate for 2024 was 9.0 per 100,000 population. There has been a downward trend in HCV notifications since peak numbers (n=1538) were recorded in 2007. It should be noted that trends in notifications of HCV are difficult to interpret, as acute and chronic infections are frequently asymptomatic, and most cases that are diagnosed and notified are identified as a result of screening in key risk groups. Therefore, notification patterns are highly influenced by testing practices, which may vary over time and may not reflect incidence very well.



**Figure 12. Number of HCV notifications reported in Ireland, by year of notification, 2014–2024**

Source: HSE and HPSC (2025)

Information on the most likely risk factor was available for 44.4% (n=205) of cases in 2024 (see Table 10). Of cases with risk factor data, 130 were PWID and 5 were infected through contaminated blood products.

**Table 9. New HCV cases reported to the HPSC, by risk factor status, 2024**

Risk factor status	All cases	Cases born in Ireland
Total number of cases	462	113
Number of cases with reported risk factor data	205	95
<b>Of which:</b>		
Injecting drug users	130	73
Recipient of blood/blood products	5	0
Other risk factors	50	14
No known risk factor identified	20	8
Number of cases without reported risk factor data	257	18

Source: HSE and HPSC (2025)

It should be noted that of the 130 HCV cases who were PWID, 73 were born in Ireland, and that risk factor data completeness was higher for cases reported to be born in Ireland (data available for 84%). In addition, a large proportion of the cases with no risk factor information who were identified in low-threshold services for homeless people/drug users or in prison are also likely to be drug users.

Of the PWID among HCV notifications in 2024, 87 were male and 43 were female, with a median age of 39 years. Three subjects were aged under 25 years, and 41% of all cases resided in Dublin, Kildare, or Wicklow (see Table 11). It should be noted that the number of cases that were PWID among provisional HCV notification data for 2024 is likely to be a significant underestimate, as risk factor data were not available for a large number of cases. Data for 2024 will improve as further validation work is carried out.

**Table 10. Characteristics of new HCV notifications who reported injecting drug use as a risk factor, 2024**

Known injector cases	Number
Total number of cases	130
Male	87

Known injector cases	Number
Median age	39 years
<b>Place of residence:</b>	
Dublin, Kildare, or Wicklow	53
Elsewhere in Ireland	77

Source: HSE and HPSC (2025)

### T1.3.2 Notifications of drug-related infectious diseases

No new information.

### T1.3.3 Prevalence data of drug-related infectious diseases outside the routine monitoring

#### Estimates of the prevalence of HIV in drug users in Ireland from published studies

A 2018 report by the HRB and other experts examined HIV prevalence studies that have been carried out among PWID living in Ireland over the 20-year period from 1997 to 2017 (Health Protection Surveillance Centre 2018). Depending on the population and setting chosen, the HIV prevalence rate in these studies varied from 1% to 19%. It is evident that certain areas within Dublin's inner city have a very high rate (19%) of HIV among PWID (Long et al. 2006). The most recent peer-reviewed study of a sample of 134 patients attending 14 general practitioners (GPs) in the Dublin north inner city area who prescribe OST indicated a prevalence rate of 8% (Murtagh et al. 2017). However, although it is clear that HIV prevalence among PWID has been measured by a number of studies in Ireland, there is a lack of more recent and nationally representative data.

#### HIV incidence among PWID in Ireland, 2000–2018

Globally, there are an estimated 15.6 million PWID (Degenhardt et al. 2017). Among PWID, the risk of acquiring HIV is more than 30 times higher than it is among the rest of the population. However, HIV incidence has declined among PWID in western Europe over the last two decades. In light of this improved situation, a 2023 study investigated changes in HIV incidence in Ireland among PWID from 2000 to 2018 (McCarron and Smith 2023).

This study, published in the journal *Addiction*, examined data on new diagnoses of HIV among PWID, as reported by the HPSC. New HIV cases in two time periods (2000–2009 and 2010–2018) were compared by sex, age group, area of residence, and country of birth.

#### HIV incidence

A total of 753 cases were reported in PWID in Ireland between 2000 and 2018. During this time period, HIV incidence among PWID aged 15–29 years in Ireland declined from 5.69 to 0.11 cases per 100,000 persons, equivalent to 0.22 cases per 100,000 annually. Among PWID aged 30–64 years, HIV incidence declined annually by 0.06 cases per 100,000.

#### Comparisons of new diagnoses

Table 12 shows the numbers of new diagnoses of HIV among PWID during the first half of the study period (2000–2009) compared with the second half (2010–2018). Although there was a small increase in the percentage of males diagnosed with HIV, this finding was not statistically significant.

There was a relative increase in the proportion of HIV cases among older adults, while those born outside of Ireland accounted for a growing minority of cases (14.7% to 28.0%).

**Table 11. Comparison of new diagnoses of HIV in Ireland between 2000–2009 and 2010–2018**

Variable	2000–2009 n (%)	2010–2018 n (%)	Total n	p-value
Sex				
Male	367 (67.2)	152 (73.4)	519	0.10
Female	179 (32.8)	55 (26.6)	234	
Age				
Under 30 years	261 (47.8)	46 (22.2)	307	<0.001
Over 30 years	285 (52.2)	161 (77.8)	446	
Area of residence				
East	289 (77.1)	153 (73.9)	442	0.39
Other	86 (22.9)	54 (26.1)	140	
Country of birth				
Ireland	286 (76.3)	121 (58.5)	407	<0.001
Elsewhere	55 (14.7)	58 (28.0)	113	
Unknown	34 (9.1)	28 (13.5)	62	

Source: McCarron and Smyth (2023)

## Conclusions

The authors observed that, since 2000, Ireland has achieved an ongoing reduction in HIV cases among PWID and that this reduction has occurred in the context of a reasonably comprehensive health-led and harm reduction-oriented drugs strategy. Nevertheless, HIV outbreaks among PWID that were observed in 2014–15 in Ireland highlight the ongoing challenges faced by surveillance, treatment, and harm reduction services.

## Estimates of the prevalence of HBV in drug users in Ireland from published studies

Results from studies in inner city Dublin indicated a high prevalence of HBV in early heroin injectors. A small cohort (n=82) of heroin injectors in inner city Dublin was recruited for a study in 1985 and followed for 25 years (O’Kelly and O’Kelly 2012). More than 70% ultimately tested positive for HBV antibodies (indicating a current or past infection). However, this was a particularly high-risk cohort; 9% of 15–24-year-olds in this region of Dublin were estimated to be using heroin in 1981 (O’Kelly et al. 1988). Estimates from other studies involving drug users in prison and treatment settings, carried out between 1997 and 2002, found an HBV core antibody prevalence of 14–28% (Health Protection Surveillance Centre 2018). However, as the vast majority of people infected with HBV as adults clear the infection and develop lifelong immunity, high antibody prevalence in cohorts of early drug users in Dublin did not translate to a high prevalence of chronic HBV infection. Where markers of current infection (HBV surface antigen or deoxyribonucleic acid (DNA) results) were reported, the prevalence ranged from 1% to 5% (Health Protection Surveillance Centre 2018). The low prevalence of chronic HBV infection reported in studies of blood-borne viruses in addiction treatment settings supports the data from statutory notifications, indicating a low prevalence of chronic HBV infection in PWID in Ireland.

## HCV infection in Irish drug users and prisoners: A scoping review

### Background and methods

The World Health Organization has set a goal to eliminate HCV as a global public health threat by 2030. Targets include reducing new HCV infections by 80%, reducing the number of HCV deaths by

65%, increasing HCV diagnoses from 20% to 90%, and increasing the number of eligible people receiving HCV treatment from less than 5% to 80% (World Health Organization 2017). Unsafe injecting drug use is the main route of HCV transmission in developed countries (Nelson, *et al.* 2011). Consequently, PWID in the general and prison populations represent a priority population for HCV elimination, given the high prevalence and incidence of infection in this group. However, the prevalence of HCV infection among PWID in Ireland remains poorly understood. A recent study aimed to map key previous findings and identify gaps in the literature (both published and unpublished) on HCV infection in Irish PWID and prisoners (Crowley, *et al.* 2019).

This research, published in the journal *BMC Infectious Diseases*, involved carrying out a scoping review, guided by the methodological framework set out by Levac and colleagues (based on previous work by Arksey and O'Malley) (Levac *et al.* 2010) (Arksey and O'Malley 2005).

## **Results**

Two 2014 studies identified from the grey literature reported on HCV infection in PWID who were attending methadone maintenance treatment (MMT) in drug clinics outside of Dublin and reported an anti-HCV prevalence of 24% (Horan A: Chart audit of HCV screening measuring the effect of chart labelling, unpublished) (Ryan and Ryan 2014). A published 2017 study reported an anti-HCV prevalence of 63.6% among PWID attending MMT at a north inner city Dublin treatment centre (Keegan *et al.* 2017).

Two large HCV screening audits in 2016 reported an anti-HCV prevalence of almost 80% and a chronic HCV prevalence of 65% among PWID attending MMT at 23 drug treatment clinics in Dublin (Burke M: Audit of HCV screening using retrospective patient records, unpublished). The most recent prevalence study of PWID attending OST in general practice in Ireland reported an anti-HCV prevalence of 77.2% (Murtagh *et al.* 2018).

With regard to the prison population, a 2014 study reported an anti-HCV prevalence of 13.0% (95% confidence interval (CI): 10.9–15.2%) among the general prison population, increasing to 41.5% in prisoners with a history of injecting drug use and 54.0% in those with a history of injecting heroin (Drummond *et al.* 2014). Another prison study from 2014 (of a single site) reported an anti-HCV prevalence of 37% among prisoners on MMT (Galander *et al.* 2014).

## **Conclusions**

The authors of the 2018 report noted that only two studies reported on HCV prevalence in PWID outside of Dublin, and both were from secondary urban centres. In addition, the majority of these prevalence studies were more than a decade old and only reported on anti-HCV prevalence and not on HCV ribonucleic acid (RNA) prevalence, which limits their usefulness in estimating the levels of chronic untreated infection and reinfection. Finally, the most recent epidemiological studies included in the report were mostly chart review audits, which limits their usefulness in informing policy and strategy.

### **T1.3.4 Drug-related infectious diseases – behavioural data**

No new information.

### **T1.3.5 Other drug-related infectious diseases**

No new information.

### T1.3.6 Additional information on drug-related infectious diseases

#### DOVE Service, Rotunda Hospital annual report, 2023

The Danger of Viral Exposure (DOVE) Service in the Rotunda Hospital, Dublin was established in order to meet the specific needs of pregnant women who have or are at risk of blood-borne or sexually transmitted bacterial or viral infections in pregnancy. Exposure may also occur through illicit substance use. Figures from the service for 2023 were published in the hospital’s annual report in 2024 (The Rotunda Hospital 2024).

#### Clinical activity

Figure 13 shows the number of women who booked into the DOVE Service for antenatal care each year during the period 2013–2023. It also shows the diagnosis of viral diseases for these women. During 2023, 173 women booked into the DOVE Service for antenatal care. Of those attending the service, 100 were serology positive. Of these:

- Nineteen women were positive for HIV infection.
- Thirty-two women were positive for HBV surface antigen.
- Twenty-five women were positive for HCV antibody.
- Twenty-four women had positive treponemal serology (syphilis).

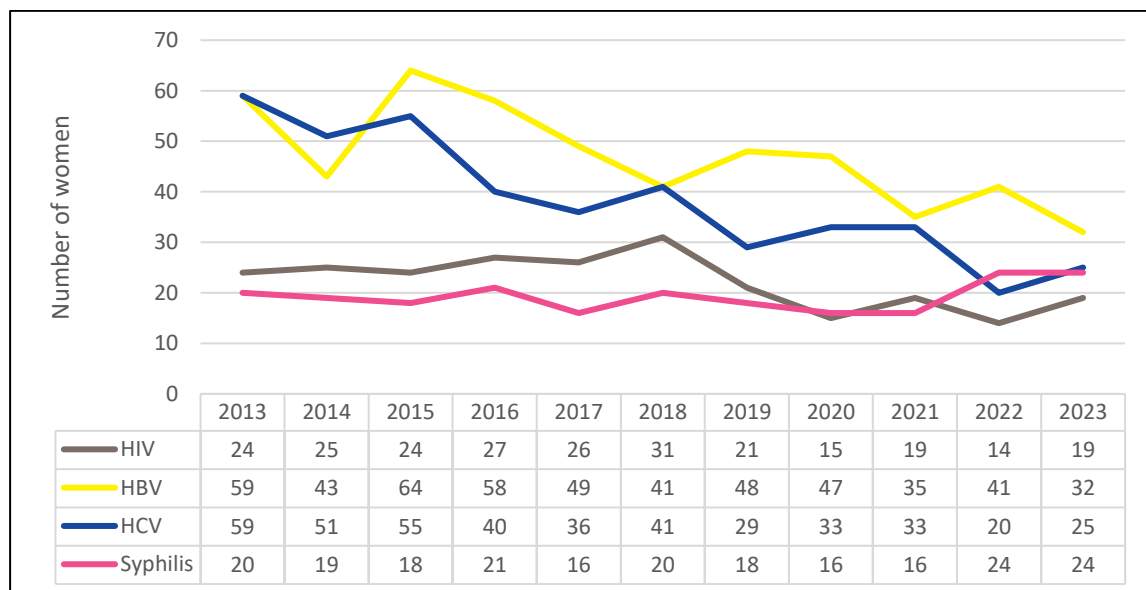


Figure 13. DOVE Service bookings by year, 2013–2023

Source: The Rotunda Hospital (2024)

In addition to the figures presented above, a number of women attended the service for diagnosis and treatment of human papillomavirus (HPV), herpes simplex virus, chlamydia, and gonorrhoea.

It should be noted that these numbers refer to patients who booked for care during 2023. Table 13 summarises the outcome of patients who actually delivered their babies during 2023. Of these patients, 18 were HIV positive, 31 were HBV positive, 15 were HCV positive, and 25 had syphilis. During 2023, 126 women were referred to the Drug Liaison Midwife (DLM) service, including 25

women who had a history of opioid addiction and were engaged in an OST (primarily methadone) programme. Eight were HCV positive and one was HIV positive. Sixty-four women who were linked with the DLM delivered their babies in the Rotunda Hospital in 2023.

**Table 12. Deliveries to mothers attending the DOVE Service who were positive for HIV, HBV, HCV, or syphilis, or who were attending the DLM service, 2023**

Mother's status	HIV positive	HBV positive	HCV positive	Syphilis positive	DLM
Total number of mothers who delivered babies weighing <500 g (including miscarriage)	1	0	0	0	0
Total number of mothers who delivered babies weighing >500 g	17	31	15	25	64
Live infants	16	31	16*	17	64
Miscarriages	0	0	0	0	0
Stillbirths	1	0	0	1	0
Infants <37 weeks' gestation	1	1	4	1	10
Infants >37 weeks' gestation	16	30	12	24	54
Caesarean section performed	7	15	6*	10	20

Source: The Rotunda Hospital (2024)

\* One set of twins.

### Drug use during pregnancy in Dublin city, 2010–2019

Drug use during pregnancy is a worldwide problem, and the consequences of continued drug misuse in pregnancy can be significant (Covington et al. 2002). Pregnancy may provide an opportunity to engage vulnerable women in essential healthcare. However, women with an addiction may have poor adherence to prenatal appointments, presenting late in pregnancy or not until labour. Hence, drug liaison midwives were appointed to the three Dublin maternity hospitals in 1999.

In 2023, a retrospective observational cohort study was conducted at an Irish tertiary maternity unit (Corbett et al. 2022). This study, which was published in the *European Journal of Obstetrics & Gynecology and Reproductive Biology*, included all women with OUD or substance use in pregnancy who delivered under this service between 2010 and 2019. Data were collected by combining electronic and hard-copy patient records, and trends and outcomes were analysed by year of delivery.

### Findings

The main findings from the review included the following:

- Of the 82,669 women who delivered, 525 had OUD or substance use in pregnancy (1 in every 160 women booking into the service). Of these women, 11.6% were homeless, 20% were in full-time employment, and 91% smoked tobacco in pregnancy. A total of 66.3% had a history of psychiatric disorders.
- Over the 10-year study period, there was a significant reduction in women who delivered and who had OUD or substance use in pregnancy (0.8–0.4%; RR=0.55; 95% CI: 0.36–0.85) and a significant reduction in the proportion of women on OST (RR=0.66; 95% CI: 0.51–0.87).
- Rates of cocaine and cannabis consumption increased, from 20.6% in 2010 (RR=3.8; 95% CI: 1.57–9.44) to 24% in 2019 (RR=3.7; 95% CI: 1.58–8.86).

## Conclusions

The authors noted that the study shows a change in the profile of women with substance use in pregnancy, with significant increases in the numbers of women using cocaine and cannabis in pregnancy. The authors suggest that specialist antenatal addiction services, coordinated by the DLM, are critical in adapting care to respond to this dynamic and vulnerable patient cohort.

### T1.4 Other drug-related health harms

#### T1.4.1 Other drug-related health harms

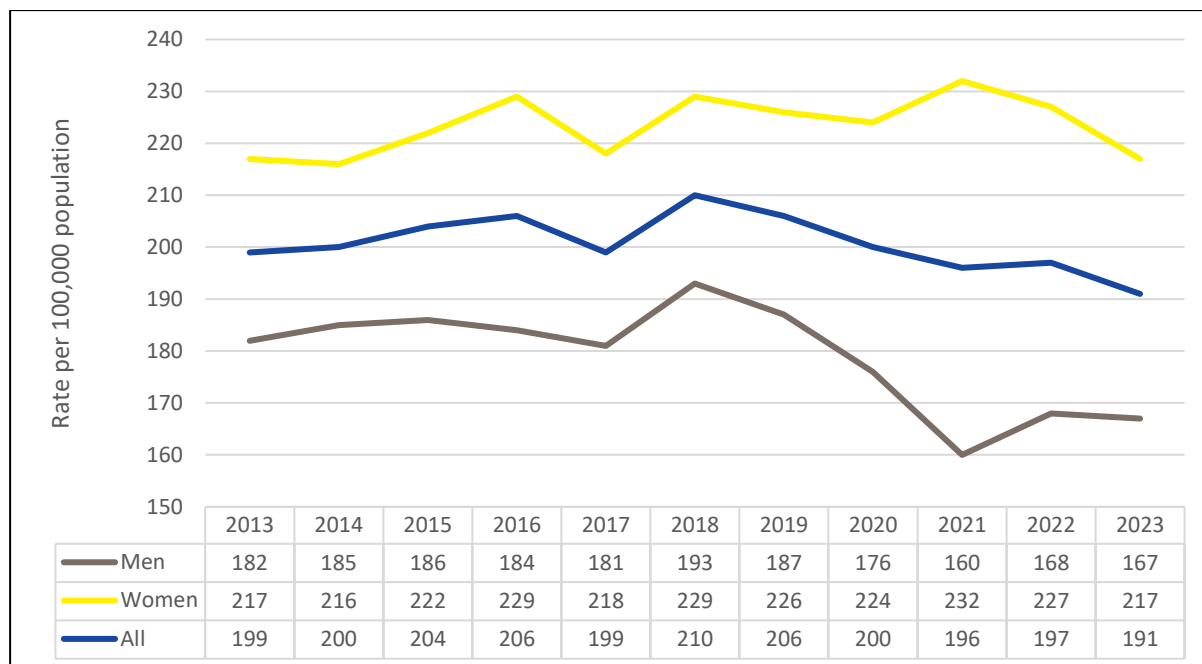
##### *National Self-Harm Registry Ireland Annual Report 2022–2023*

In March 2025, the National Suicide Research Foundation published the *National Self-Harm Registry Ireland Annual Report 2022–2023* (Joyce et al. 2025). The report contains information relating to every recorded presentation of deliberate self-harm to acute hospital emergency departments in Ireland in 2022 and 2023, as well as complete national coverage details of cases treated. All individuals who were alive on admission to hospital following deliberate self-harm were included, along with the methods of deliberate self-harm that were used. Accidental overdoses of medication, street drugs, or alcohol were not included.

##### **Rates of self-harm**

In 2022, the National Self-Harm Registry Ireland estimated that there was a total of 12,705 self-harm presentations made by 9,748 individuals. In 2023, it estimated that there was a total of 12,792 presentations made by 9,786 individuals. The age-standardised rate of individuals presenting to hospital in the Republic of Ireland following self-harm was 197 per 100,000 population in 2022 and 191 per 100,000 population in 2023 (Figure 14). These rates are similar to the rate recorded in 2021 and are 12% lower than the peak rate recorded by the National Self-Harm Registry Ireland in 2010 (223 per 100,000 population).

The national rate of self-harm among males was 168 per 100,000 population in 2022 and 167 per 100,000 population in 2023, which was 5% higher than the rate in 2021. The rate among females was 227 per 100,000 population in 2022 and 217 per 100,000 population in 2023, marking a 6% reduction in the female self-harm rate since 2021. With regard to age, the peak rate for men in both 2022 and 2023 was among 20–24-year-olds, at approximately 400 per 100,000 population. The peak rate for women was in the 15–19-year-old age group, at 850 per 100,000 population in 2022 and 725 per 100,000 population in 2023.



**Figure 14. Person-based rate of deliberate self-harm from 2013 to 2023, by sex**

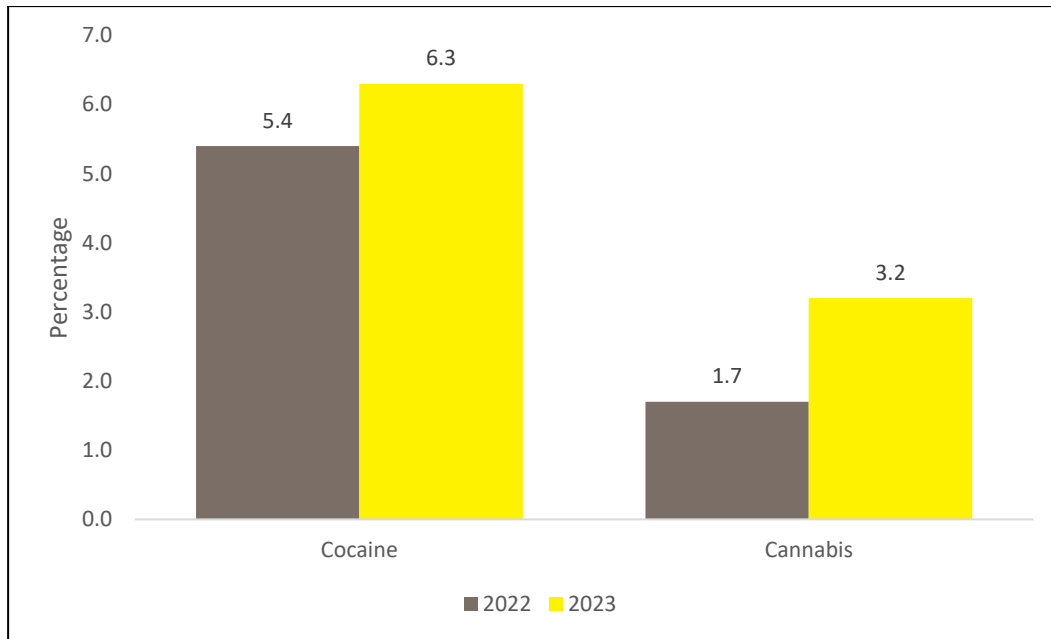
Source: National Suicide Research Foundation (2025)

'All' in the legend refers to the rate for both men and women per 100,000 population.

### Self-harm and drug use

Intentional drug overdose (IDO) was the most common form of deliberate self-harm reported in 2022 and 2023, occurring in 59% of episodes. As observed in 2021, overdose rates were higher among women (63%) than among men (53%). Minor tranquillisers and major tranquillisers were involved in 29% and 11% of drug overdose acts, respectively. In total, 36% of male overdose cases and 51% of female overdose cases involved analgesic drugs, most commonly paracetamol, which was involved in 35% of all drug overdose acts. In 70% of cases, the total number of tablets taken was known, with an average of 28 tablets taken in episodes of self-harm that involved a drug overdose.

Illegal or street drugs were involved in 13% of male and 3% of female IDOs, respectively. Cocaine and cannabis were the most common street drugs recorded by the National Self-Harm Registry Ireland. Figure 15 presents information on cocaine and cannabis involvement in self-harm presentations in 2022 and 2023. Of all presentations in 2022, cocaine was involved in 5.4% of presentations, while cannabis was involved in 1.7% of presentations. In 2023, this increased to 6.3% of presentations involving cocaine and 3.2% involving cannabis. A greater proportion of men used cocaine and cannabis compared with women (65% for cocaine and 69% for cannabis). For both drugs, the majority (61–66%) of presentations were among those aged 20–34 years.



**Figure 15. Cannabis and cocaine involvement in self-harm presentations, 2022 and 2023**

Source: National Suicide Research Foundation (2025)

### ***Adolescent Addiction Service Report 2024***

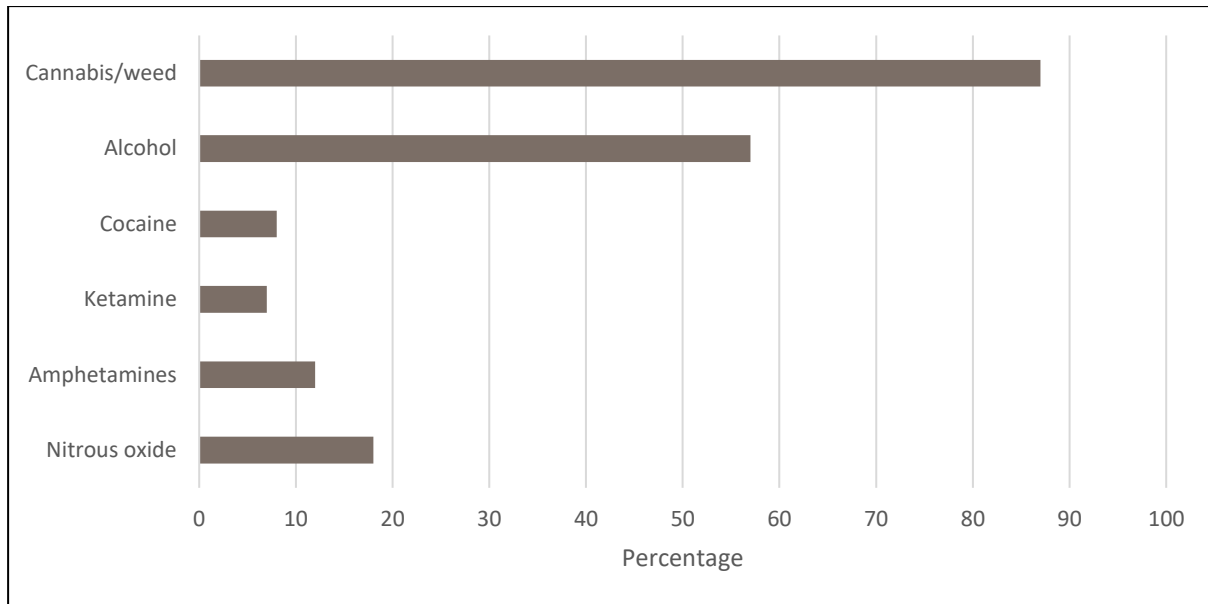
The HSE Adolescent Addiction Service (AAS) provides support and treatment in relation to alcohol and drug use for young people and families from the Dublin suburbs of Ballyfermot, Clondalkin, Palmerstown, Lucan, and Inchicore. Services provided include advice, assessment, counselling, family therapy, professional consultations, and medications if required. In 2024, the AAS published a report detailing referrals for 2023 (Murray and Adolescent Addiction Service 2024).

#### **Referrals**

In 2023, the AAS worked with 60 young people and their families, with a mean age of 15 years (range: 13–18 years). This figure includes new referrals, re-referrals, and continuances. The majority of young people were male (71%), which reflects a 5% reduction from 2022. In terms of referral areas, the greatest numbers of referrals were from Clondalkin, followed by Lucan, Ballyfermot, Palmerstown, and Inchicore. In comparison with 2022, referrals were up by 13%. However, 6% of referrals were from outside the catchment area; hence, 3% were referred to services within their own area.

#### **Drug and alcohol use**

Cannabis (weed) continued to be the main substance used by clients, with an overall use rate of 87%, while alcohol use was at 57% (see Figure 16). Other substances used included cocaine (8%), ketamine (7%), and amphetamines (12%). In addition, 18% admitted to taking nitrous oxide on occasion.



**Figure 16. Main substances used by AAS clients, 2023**

Source: HSE AAS (2024)

### Other issues

As in previous years, most young people had established patterns of substance use prior to referral, with an average of 17 months (range: 1–60 months) of substance use. The extent to which substance misuse featured within families in 2023 was 48%, compared with 42% in 2022. The incidence of parental separation was also higher in 2023, at 56%, compared with 28% in 2022. Additionally, some young people had one parent who was deceased, while others had experienced domestic violence or sexual abuse. Although the majority of young people lived with their family, 10% were in residential care or foster care.

The report also noted that in addition to co-occurring mental health issues, other issues presented included school refusal, absconding, drug dealing, joy riding, issues around sexual/gender identity, and unsafe sexual practices. Issues affecting some families included poverty, accommodation insecurity, multiple moves, and overcrowding, with three or four siblings sharing a bedroom or parents having to share a bedroom with their children. The AAS notes that these circumstances place added stress on all family members, especially where substance use and domestic violence are both features of family life.

### Recreational and sexualised drug use among men who have sex with men

#### Background and methods

The overall prevalence of recreational drug use (RDU) has risen in Ireland from 5.6% in 2002–03 to 7.4% in 2019–20, and males report a higher prevalence of RDU compared with females (12.3% versus 5.7%, respectively) (Mongan et al. 2021). International evidence suggests that gay, bisexual, and other men who have sex with men (gbMSM) have a higher prevalence of drug use versus age-comparable non-gbMSM (Daly et al. 2023). Previously cited reasons for this drug use disparity may include ‘minority stress’, as well as the perceived normalisation of drug use within the gbMSM community, including sexualised drug use (SDU) (Meyer 2003) (Hughes and Eliason 2002) (Amundsen

et al. 2022). However, in Ireland, there is a paucity of literature regarding the prevalence of drug use and its determinants among gbMSM.

A 2023 study (Daly et al. 2023) quantified the prevalence of RDU and SDU among gbMSM in Ireland using data from the European Men-Who-Have-Sex-With-Men Internet Survey (EMIS-2017), an online, anonymous, internationally promoted questionnaire. In this research, published in the journal *PLOS One*, multivariable-adjusted logistic regression explored factors associated with RDU and SDU. The main findings from this study are discussed below.

## Results

Among gbMSM without HIV (n=1898), some 40.9% and 13.1% engaged in RDU and SDU in the previous year, respectively. Among gbMSM who were diagnosed as HIV positive (n=141), the past-year prevalence estimates of RDU and SDU were 51.8% and 26.2%, respectively. Increased odds of RDU were observed among gbMSM who were younger (odds ratio (OR)=2.96; 95% CI: 2.05–4.28), lived in Dublin (OR=1.47; 95% CI: 1.17–1.83), and engaged in condomless anal intercourse (CAI) in the previous year (1–2 partners: OR=1.79; 95% CI: 1.34–2.38; ≥6 partners: OR=1.79; 95% CI: 1.18–2.71). Greater odds of SDU were identified among those who lived in Dublin (OR=1.50; 95% CI: 1.07–2.10) and engaged in CAI (1–2 partners: OR=3.16; 95% CI: 2.05–4.88; 3–5 partners: OR=2.50; 95% CI: 1.47–4.26; and ≥6 partners: OR=3.79; 95% CI: 2.23–6.43).

## Conclusions

The authors noted that gbMSM in Ireland reported a high prevalence of RDU and SDU, and that this was particularly true for men who were living in Dublin, presented for HIV testing, engaged in more CAI encounters, and reported a recent diagnosis of a bacterial sexually transmitted infection. They suggest that messaging should be tailored to subgroups of gbMSM who are likely to be at increased odds of drug-related harms, and that findings from the study may serve as a guideline to relevant partner organisations that work to promote the overall health and well-being of gbMSM nationally.

## T1.5 Harm reduction interventions

### T1.5.1 Drug policy and main harm reduction objectives

The strategic aims and objectives of the national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* with regard to harm reduction interventions are to (Department of Community, Rural and Gaeltacht Affairs 2009):

- Enable people with drug misuse problems to access treatment and other supports and to reintegrate into society.
- Reduce the risk behaviour associated with drug misuse.
- Reduce the harm caused by drug misuse to individuals, families, and communities.
- Encourage and enable those dependent on drugs to avail of treatment in order to reduce dependency and improve overall health and social well-being, with the ultimate aim of leading a drug-free lifestyle.
- Minimise the harm to those who continue to engage in drug-taking activities that put them at risk.

For further details on the national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*, see the *Drug policy workbook*.

### T1.5.2 Organisation and funding of harm reduction services

Regional Drug and Alcohol Task Forces (RDATFs) offer harm reduction programmes, including needle exchange from fixed sites, mobile units, and outreach work. Outreach workers frequently practise ‘backpacking’ – a process whereby staff, in the absence of a local clinic or mobile unit, carry supplies of drug-taking paraphernalia for distribution to known drug misusers (Moore et al. 2004).

Additional support services operate from other sites in the greater Dublin area, run in partnership with the Eastern Regional Health Authority (ERHA), in addition to a number of Dublin-based or national CBOs, such as Merchants Quay Ireland (MQI) and the Ana Liffey Drug Project (ALDP). Some of these services are seasonal or simply on a fixed-time, once-per-week basis. Harm reduction services report various initiatives, including free needle exchange; supplying alcohol wipes, sterile water, citric acid filters, spoons, and condoms; and providing methadone and naloxone therapy, as well as rehabilitation, education, and community/family support. In addition, there are pharmacies providing a needle exchange service in each Regional Drug and Alcohol Task Force (RDATF) area in Ireland.

### T1.5.3 Provision of harm reduction services

**Table 13. Equipment and paraphernalia available for drug users in Ireland, 2023**

Type of equipment	Routinely available	Often available, but not routinely	Rarely available; available in a limited number of settings	Equipment not made available	Information not known
Pads to disinfect the skin	✓	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Dry wipes	✓	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Water for dissolving drugs	✓	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Sterile mixing containers	✓	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Filters	✓	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Citric/ascorbic acid	✓	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Bleach	✓	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Condoms	✓	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Lubricants	✓	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
Low dead space syringes	✓	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
HIV home testing kits	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	✓	<a href="#">Click here to enter text.</a>
Non-injecting paraphernalia: foil, pipes, straws	✓	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>
List of specialist referral services (e.g. drug treatment; HIV, HCV, or	✓	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>	<a href="#">Click here to enter text.</a>

Type of equipment	Routinely available	Often available, but not routinely	Rarely available; available in a limited number of settings	Equipment not made available	Information not known
sexually transmitted infection testing and treatment)					

## Harm reduction services: Infectious disease testing

### Guidelines on testing for blood-borne viruses and immunisation in Ireland

The latest clinical guidelines for patients on OST, which were published in 2016 (Health Service Executive 2016), recommend that all patients attending OST services be screened for hepatitis A virus (HAV), HBV, HCV, and HIV, even if they are not injecting drug users, and that all patients be vaccinated against HAV and HBV. Repeat testing is recommended for those who initially test negative for HIV if they report engaging in behaviours that would put them at ongoing risk of infection. The guidelines also recommend referral to specialist services and treatment, as clinically appropriate, for patients who test positive for HCV or HIV. Although these guidelines replaced the Irish College of General Practitioners (ICGP) guidelines, *Working with opiate users in community based primary care* (Irish College of General Practitioners 2003), the earlier guidelines also recommended testing for blood-borne viruses as well as vaccinating against HAV and HBV, and this has always been common practice in addiction services. The *Immunisation Guidelines for Ireland* also recommend vaccination against HAV and HBV for non-immune PWID (National Immunisation Advisory Committee of the Royal College of Physicians of Ireland 2019).

Similar testing recommendations were made in the 2017 national HCV screening guidelines (Department of Health 2017), which include a recommendation to offer HCV testing to all those who have ever injected any illicit drugs and to retest those who test negative every 6–12 months if they remain at risk of infection. These guidelines also recommend testing drug users who have never injected drugs if there is a possibility of transmission of HCV by the route of administration, as well as offering testing to all prison inmates on entry to prison or on request.

The *Irish Prison Service Health Care Standards* recommend screening for HAV, HBV, HCV, and HIV for all inmates who volunteer a background history of risk factors for these diseases (Irish Prison Service 2011). Additionally, immunisation against HAV and HBV is recommended for all prison inmates (National Immunisation Advisory Committee of the Royal College of Physicians of Ireland 2019). The prison healthcare standards are currently being revised. In practice, blood-borne virus testing and HAV and HBV vaccination are offered to all inmates on committal regardless of declared risk factors, or at other times if requested.

As a consequence of these policies and guidelines, studies published in recent years have reported high rates of testing (93–95%) for blood-borne viruses, particularly HCV, among patients in OST (Murtagh et al. 2017) (Murphy et al. 2018). However, uptake of testing may be lower in some settings; Cullen *et al.* reported that just over three-quarters (77%) of clients attending 25 general practices for OST had been tested for HCV (Cullen et al. 2007), but data for this study were collected in 2002 and testing may have improved since then. Routine reporting of blood-borne virus screening uptake and results is not possible for most addiction treatment clinics in Ireland, as most services do not use computerised record-keeping systems. Even in those that do, laboratory results are often scanned rather than entered into the system in an extractable format.

Studies reporting information on HBV immunisation status indicate that vaccination coverage is not as high as would be expected given the recommendations to vaccinate prisoners and PWID. Only 37% of prison inmates reported receiving at least one HBV vaccine dose in a 2011 prison study. However, prisoners with a history of injecting drug use were more likely to have been vaccinated, with more than one-half (54%) reporting having been at least partially vaccinated (Drummond et al. 2014). Similar results were reported in a study of OST clients attending level 1 and level 2 GPs (i.e. GPs with training in substance misuse who can prescribe OST), with just under one-half (49%) of patients having received at least one HBV vaccine dose and only 23% being fully immunised (Cullen et al. 2007).

Immunisation levels may be higher in patients attending specialised OST clinics. In an older study of a sample of clients attending 21 OST clinics in the greater Dublin area, 81% of those who were not infected with HBV had received at least one HBV vaccine dose and 69% had been fully vaccinated. Of the remaining 19%, 4% had been offered immunisation and had refused and 15% had no evidence of vaccination or past infection (Grogan et al. 2005).

There is no adult register for recording HBV vaccine uptake, and information on vaccination may not be recorded systematically in medical notes. In some studies, data on HBV vaccination status are self-reported and may not be accurate. Anecdotally, the practice in OST settings is to vaccinate, and it is likely that the actual vaccination coverage is higher than what is reported here. However, HBV vaccination levels could be optimised by ensuring that an accelerated schedule is used, and also by offering vaccination in needle exchange and other non-OST settings.

The *National Sexual Health Strategy 2015 - 2020* recommended that national HIV testing guidelines should be developed (Department of Health 2015), and the HSE's Sexual Health and Crisis Pregnancy Programme (SHCPP) has established a working group to develop these guidelines. The working group will be guided by the updated HIV and hepatitis testing guidelines that are currently being prepared by the European Centre for Disease Prevention and Control (ECDC). Current guidance from the EUDA and ECDC recommends regularly offering HBV, HCV, and HIV tests to PWID at least once every 6–12 months (European Centre for Disease Prevention and Control (ECDC) and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2011).

### **Harm reduction services: Needle exchange**

There are three models of needle exchange programmes in use in Ireland:

1. Pharmacy: 84 sites in regions outside counties Dublin, Kildare, and Wicklow
2. Static: 24 sites, mainly in Dublin city, and
3. Outreach: 14 sites, mainly in counties Dublin, Kildare, Laois, Offaly, Waterford, and Wicklow.

Information on the number of syringes exchanged in Ireland in 2024 is discussed in the following sections.

#### **Pharmacy-based needle exchange: Overview and number of syringes exchanged**

The national drugs strategy (2017–2025) aims to reduce harms arising from substance misuse and to reduce the prevalence of blood-borne viruses among PWID through the expansion of needle exchange provision to include community pharmacy-based programmes. In October 2011, the HSE rolled out the national Pharmacy Needle Exchange Programme, which is a partnership initiative between the Elton John AIDS Foundation, the Irish Pharmacy Union, and the HSE. Once pharmacies

have signed a service level agreement with the HSE, their contact details are passed on to the relevant HSE services so that they can promote access to sterile injecting equipment at the participating pharmacies and accept referrals for investigation and treatment. There are pharmacies providing needle exchange in each RDATE area, apart from those covering counties Dublin, Kildare, and Wicklow, which are served by a mix of static and outreach needle exchange programmes. In 2024, 84 pharmacies across Ireland participated in the programme (see Table15).

**Table 14. Number of pharmacies providing needle exchange in Ireland, by RDATE area, 2014–2024**

RDATE area	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Midland: Longford, Laois, Offaly, Westmeath	16	17	18	18	17	17	17	17	17	17	14
North Eastern: Meath, Louth, Cavan, Monaghan	21	22	21	21	16	16	15	17	12	17	13
Northwest: Sligo, Leitrim, West Cavan, Donegal	6	6	6	6	5	5	5	4	7	4	2
Southern: Cork, Kerry	21	19	21	21	17	16	17	16	16	19	18
South-East: Carlow, Kilkenny, Waterford, Wexford, South Tipperary	24	17	17	16	14	14	14	13	14	15	15
Western: Galway, Mayo, Roscommon	13	11	12	13	10	10	12	12	10	11	10
Mid-West: Clare, Limerick, North Tipperary	14	15	16	16	19	19	12	12	12	15	12
<b>Total</b>	<b>115</b>	<b>107</b>	<b>111</b>	<b>111</b>	<b>98</b>	<b>97</b>	<b>92</b>	<b>91</b>	<b>88</b>	<b>98</b>	<b>84</b>

Source: Unpublished data from the HSE (2025)

#### Pharmacy-based needle exchange: Number of syringes exchanged in 2024

In total, 202,164 individual syringes were exchanged in pharmacy-based sites in 2024. The average number of syringes provided each month was 16,847.

#### Dublin areas 6 and 7 needle exchange: Number of syringes exchanged in 2024

There were 28,300 individual syringes in total exchanged from static and outreach sites in Dublin in 2024. The total number of encounters was 5,700 (85.1% male), with 288 unique clients.

#### ALDP needle exchange: Number of syringes exchanged in 2024

The ALDP provides needle exchange services in Dublin, Limerick city, and three counties (Limerick, Clare, and North Tipperary) to people affected by problem substance use. In total, 10,850 individual syringes were exchanged in 2024. The average number of syringes provided each month was 904.

#### MQI needle exchange: Number of syringes exchanged in 2024

MQI is a national voluntary agency providing services for people experiencing homelessness and for drug users. Its Dublin-based needle exchange Health Promotion Unit provides drug users with information about the risks associated with drug use and the means to minimise such risks. It also provides drug users with a pathway into treatment and the possibility of living life without drugs (Merchants Quay Ireland 2016). A total of 100,847 syringes were provided by MQI's Dublin-based

Health Promotion Unit in 2024. The total number of encounters was 22,896, with 2,956 unique clients.

### Needle exchange in Ireland: Total number of syringes exchanged in 2024

Table 16 shows the total number of individual syringes exchanged from pharmacy, static, outreach, and CBO sites in 2024. According to the most recent available data, 342 161 individual syringes were exchanged in Ireland from these sites in 2024.

**Table 15. Total number of individual syringes exchanged from pharmacy, static, outreach, and CBO sites in 2024**

Provider	Pharmacy	Dublin (static and outreach)	ALDP	MQI	Total
Number of individual syringes	202 164	28 300	10 850	100 847	<b>342 161</b>

Source: Unpublished data from the HSE, ALDP, and MQI (2025)

### Harm reduction services: Naloxone provision

#### Naloxone administration in Ireland, 2018–2020

Opioids are the main drug group implicated in drug overdose deaths in Ireland. Naloxone is an antidote for opioid overdose that reverses the depressant effects of opiates such as heroin. Following a successful pilot of the Naloxone Demonstration Project in 2015, the HSE developed a naloxone training programme for service providers. However, there has been little evaluation of the expanded naloxone programme since its initial pilot phase. A report published in 2022 aimed to provide an assessment of the impact of the provision of naloxone and training to addiction and homeless service providers in Ireland (Evans et al. 2022). This section highlights the main findings of that report.

#### Number of units provided and outcomes

From 2018 to 2020, there were 8,881 units of naloxone supplied by the HSE National Social Inclusion Office to service providers (see Table 17). Overall, 59% of units were intramuscular, and 41% were intranasal. The majority of naloxone units were administered by service provider staff (94%), with 3% administered by peers, 2% by an unspecified individual, and 1% by a GP or a nurse. Between 2018 and 2020, it was reported that naloxone was administered to 569 people. Of these 569 people who received naloxone following an opioid overdose, 98% survived the overdose, while 2% died. The number of people receiving naloxone has fluctuated, with a 13% increase experienced in 2020 compared with 2018 (see Table 18).

**Table 16. Number of naloxone units supplied to service providers, 2018–2020**

Type of naloxone	2018	2019	2020
Nyxoid (intranasal)	775	818	2037
Prenoxad (injectable)	1201	1132	2909
<b>Total</b>	<b>1985</b>	<b>1950</b>	<b>4946</b>

**Table 17. Naloxone administration by outcome, 2018–2020**

Year	Fatality		Non-fatality		Total	
	n	%	n	%	n	%
2018	5	2.6	184	97.4	189	33.2
2019	0	0.0	166	100.0	166	29.2
2020	4	1.9	210	98.1	214	37.6

Source: Evans *et al.* (2022)

### Profile of those receiving naloxone

Age and sex information was supplied for 79% and 91%, respectively, of those receiving naloxone. Between 2018 and 2020, 61% of those receiving naloxone were male, with this proportion significantly increasing from 51% in 2018 to 75% in 2020. Seventy-one per cent were aged between 25 and 44 years, with an average age of 37.6 years.

### Other findings

Other notable findings from the report include the following:

- Four areas of Dublin city (Dublin 7, Dublin 1, Dublin 8, and Dublin 2) accounted for over two-thirds (67%) of overdoses where naloxone was administered.
- Fifty-one per cent of those who had received naloxone were reported to have taken more than one substance, with 35% taking two substances.
- Sixty-two per cent of people were reported to have overdosed by injection. Over two-thirds (68%) of those who had taken heroin had injected.
- It is estimated that the naloxone programme has saved the lives of at least 22 people between 2018 and 2020.

### Harm reduction services: Supervised injecting facilities

As outlined in the 2017 national report, the Misuse of Drugs (Supervised Injecting Facilities) Act 2017 was signed into Irish law on 16 May 2017. In the Introduction, the Act is summarised as:

An Act to provide for the establishment, licensing, operation and regulations of supervised injecting facilities for the purposes of reducing harm to people who inject drugs; to enhance the dignity, health and well-being of people who inject drugs in public places; to reduce the incidence of drug injection and drug-related litter in public places and thereby to enhance the public amenity for the wider community; and to provide for matters related thereto.

Following a procurement process, MQI was selected as the preferred bidder to deliver the service. In July 2019, Dublin City Council refused planning permission for the facility, citing the lack of a “robust” policing plan and the potential impact it could have on the local economy, particularly in relation to tourism. After a successful appeal, on 24 December 2019, An Bord Pleanála granted MQI permission to build the facility next to the Riverbank Centre on Merchant’s Quay, Dublin. However, on 15 July 2021, the Irish High Court overturned An Bord Pleanála’s permission to establish the facility. Judicial review proceedings against the proposed facility had been taken by a nearby primary school. In December 2022, permission was finally granted for the establishment of an 18-month pilot of a medically supervised injecting facility to be based in MQI’s Riverbank Court building in Dublin (Murray 2022). Building work began during the first week of June 2024 and the facility opened in December of 2024. An evaluation of the pilot will take place at 6-month and 18-month intervals, in

line with planning permission and a licence to operate per the Misuse of Drugs (Supervised Injecting Facilities) Act 2017.

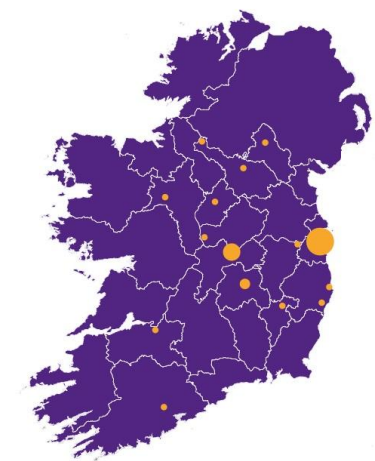
**Harm reduction services: Vaccination**

See the section on Guidelines for testing for blood-borne viruses and immunisation for information regarding vaccination for blood-borne viruses in Ireland.

**Harm reduction services: CBOs**

**MQI annual review, 2023**

MQI is a national voluntary agency providing services for homeless people and those who use drugs. There are 27 MQI locations in 14 counties in the Republic of Ireland (see Figure 17). MQI aims to offer accessible, high-quality, and effective services to people dealing with homelessness and addiction in order to meet their complex needs in a non-judgemental and compassionate way. This section highlights services provided by MQI to people who use drugs in Ireland in 2023 (Merchants Quay Ireland 2024).



**Figure 17. MQI locations in the Republic of Ireland**

Source: MQI annual review 2021, p. 36  
Note: The 13 counties are Dublin, Wicklow, Carlow, Cork, Limerick, Offaly, Westmeath, Laois, Longford, Roscommon, Cavan, Monaghan, and Kildare.

**Harm reduction services**

The aim of harm reduction is to minimise the risks stemming from sharing drug paraphernalia. In 2023, a total of 3,156 people were provided with 25,905 health-led interventions. This number includes needle exchange in the MQI Riverbank Centre.

**Community detoxification and OST**

In 2023, MQI increased the number of addiction case workers at the Riverbank Centre from one to three. Addiction case workers work closely with the mental health team to provide a dual diagnosis support structure for clients facing both addiction and mental health problems. The addiction team carried out 1,197 addiction interventions with clients in 2023, ranging from offering support to clients on OST and ensuring robust care planning, to community detoxes; 18 alcohol and 14 benzodiazepine detoxes were completed with clients in the community during 2023. Three detoxes were also carried out with clients who self-reported polysubstance misuse.

## **Community engagement**

A Community Engagement Team operates in the neighbourhood around Riverbank, Dublin in order to strengthen relationships with the local community and stakeholders and proactively engage with clients and people sleeping rough in the area. The team also responds to calls and queries from the general public in relation to the local area, as well as collecting drug litter. The team carried out 816 patrols in 2023 and engaged with 525 residents and local businesses while collecting 4,809 items of drug litter.

## **Counselling service**

The addiction counselling service in MQI's Riverbank Centre offers holistic support to individuals who are dealing with substance misuse and homelessness. A counsellor offers one-to-one assistance for mental health and life issues such as depression, anxiety, low mood, bereavement, mental ill health, and family and relationship issues. In 2023, a total of 360 counselling sessions were provided to clients.

## **Midlands services**

### **Drug and Alcohol Treatment Supports**

MQI's Drug and Alcohol Treatment Supports team provides a community-based drug and alcohol treatment support service for individuals aged over 18 years, and their families, in the Midlands area (counties Longford, Westmeath, Laois, and Offaly). Services provided include an outreach-based crisis support service, mobile harm reduction, needle and syringe exchange, and rehabilitation and aftercare support, as well as support for families affected by substance use. In 2023, this service provided 4,791 interventions to 415 individuals. In addition, 13,954 needles were distributed as part of the mobile needle exchange programme. Seventy new clients were referred to the family support specialist last year.

### **Recovery services**

#### ***St. Francis Farm residential detoxification and rehabilitation***

Located in Tullow, Co Carlow, the St. Francis Farm (SFF) Detox Unit offers 24-hour medically supervised residential detoxification and individually tailored treatment plans for men and women aged over 18 years. The new purpose-built SFF Detox Unit can accommodate up to 10 residents at a time. In 2023, there were 319 referrals to the SFF Detox Unit, an increase of 35% on 2022. The number invited for assessment was 239 and, out of these, 195 clients attended for assessment. Overall, during 2023, there were 49 admissions to the SFF Detox Unit, which again represented an increase of 37% from 2022. These admissions were a combination of clients detoxifying from the following substances: methadone and benzodiazepines, methadone only, benzodiazepines only, and suboxone. The report noted that completion rates from the SFF Detox Unit were extremely strong in 2023, at 84% (41 clients). Out of this group, 27 participants progressed to the SFF rehabilitation facility.

The rehabilitation programme offers one-to-one support and care planning, group work, self-esteem seminars, assertiveness training, anger management, art work, and relapse prevention training. Service users also receive education in first aid, overdose prevention, life skills, and budgeting. There were 177 referrals to the rehabilitation programme during 2023 that met the programme criteria. A total of 85 people were invited for assessment and 80 people took up the offer. Overall, there were

49 admissions to the rehabilitation unit (a 23% increase on 2022), 27 of whom were admitted directly from the SFF Detox Unit. The unit achieved an overall bed occupancy rate of 77% during the year. Of the 48 clients discharged during 2023, 33 (69%) successfully completed the entire programme, which was consistent with 2022 achievement of 68%.

### **Prison-based services**

#### **Addiction Counselling Service and Mountjoy Drug Treatment Programme**

MQI, in partnership with the Irish Prison Service, delivers a national prison-based Addiction Counselling Service aimed at prisoners with drug and alcohol problems in 12 Irish prisons. This service provides structured assessments, one-to-one counselling, therapeutic group work, and multidisciplinary care, in addition to release-planning interventions with clearly defined treatment plans and goals. Services offered include:

- Brief interventions
- Motivational interviewing and motivational enhancement therapy
- A 12-step facilitation programme
- Relapse prevention and overdose reduction
- Cognitive behavioural therapy
- Harm reduction approaches, and
- Individual care planning and release planning.

In 2023, counselling supports were provided to 2,035 people, and these individuals were provided with a total of 14,947 interventions. MQI also relaunched the Treatment and Recovery Programme in Mountjoy Prison in 2023. This programme aims to support people who have become drug-free in prison. In 2023, there were five Treatment and Recovery Programmes delivered, with a completion rate of 85%.

#### **Medically Supervised Injecting Facility**

Following a tendering process, MQI was selected by the HSE as the preferred provider to operate Ireland's first medically supervised injecting facility. Located in the Riverbank Building on Merchant's Quay in Dublin, where other healthcare and harm reduction services are currently provided, the facility opened in December 2024 and will initially run as an 18-month pilot, subject to independent evaluations at 6-month and 18-month intervals.

#### **Ana Liffey Drug Project**

The ALDP is a low-threshold harm reduction project working with people who are actively using drugs and experiencing associated problems. The ALDP has been offering harm reduction services to people in the north inner city area of Dublin since 1982, from premises at Middle Abbey Street. The ALDP offers a wide variety of low-threshold harm reduction services that provide pathways for drug users out of their current circumstances, including addiction and homelessness.

The services offered in Dublin include:

- Open access
- Assertive outreach
- Needle and syringe programme
- Medical services

- Stabilisation group
- Detoxification group
- Harm reduction group
- Treatment options group
- Assessment for residential treatment
- Key working and case management, and
- Prison in-reach.

### **Midwest region**

The ALDP Midwest region provides harm reduction services in Limerick city and three counties to people affected by problematic substance use, their families, and the wider community. The counties served are Limerick, Clare, and North Tipperary. The ALDP Online and Digital Services Team also offers support and information to the general public and to people who use drugs, as well as to other agencies that work with people with problematic drug use.

### **Annual report**

The ALDP *2023 Annual Report* was published in 2024 (Ana Liffey Drug Project 2024). The report noted that in 2023, the Dublin Private Emergency Accommodation Assertive Case Management Team assessed 1,099 people, with 882 individuals being provided with personal care plans. A total of 836 outreach interventions were conducted as part of the Dublin Law Engagement and Assisted Recovery (LEAR) Programme. In 2023, the ALDP nursing team moved permanently into a location on Dominick Place in Dublin, which now has a new, high-tech treatment room. A range of health issues are treated, including chronic venous ulcers, which are common among intravenous drug users. ALDP also addresses related health concerns such as poor nutrition, housing problems, diabetes, and anaemia.

In the Midwest region, there were 3,488 needle and syringe programme/harm reduction interventions in 2023. The ALDP also launched a dedicated team in Limerick to reduce harm from crack cocaine use. The project, part of the LEAR Programme, received €200,000 in funding from the HSE's Mid West Regional Drug and Alcohol Service. The launch followed the publication of a study by University of Limerick researchers on the health and social impacts of crack cocaine in Limerick (Duopah et al. 2023).

### ***Coolmine Therapeutic Community Annual Report 2023***

Coolmine Therapeutic Community is a drug and alcohol treatment centre providing community, day, and residential services to men and women with problematic substance use in Ireland, and to their families. Established in 1973, Coolmine was founded on the philosophies of the therapeutic community approach to addiction treatment. This is primarily a self-help approach in which residents are responsible for their own recovery, with peers and staff acting as facilitators of change. Participants are expected to contribute to the general running of the community and to their own recovery by actively participating in educational activities and in group and individual therapy. At year-end 2023, Coolmine had 15 facilities and 22 satellite clinics operational across Ireland (Figure 18), and it provided treatment and recovery services to 2,523 individuals and their families. This represents a 6.5% increase on 2022. Programmes provided by Coolmine in 2023 are highlighted in the following subsections (Coolmine 2024).

### **Contact, assessment, and stabilisation services**

Contact, assessment, and stabilisation services offer individuals a supportive entry point into Coolmine's primary treatment programmes. Working closely with national agencies such as the ALDP, MQI, HSE Southwest addiction services, and the Probation Service, Coolmine strives to ensure that everyone seeking help receives the necessary care and support. In 2023, Coolmine expanded its services in order to better reach Travellers, new community members, homeless clients, young people, and families. Services provided in 2023 included:

- National outreach and assessment for residential and community detoxification
- Outreach and assessment in the Irish Prison Service
- Assertive outreach for Travellers, new community members, and homeless persons
- Satellite clinics in the Midwest and Southwest regions of Ireland
- Drop-in services
- HSE needle exchange, and
- Group stabilisation programmes, contingency management, and community case management.

### **Primary treatment services**

Coolmine primary treatment services are built on the foundation of the therapeutic community model, which creates a safe and structured environment for healing and growth. Through educational activities, group and individual therapy, and a shared commitment to a drug-free life, clients are encouraged to make profound psychological and lifestyle changes. Services provided in 2023 included:

- Residential methadone detoxification placements
- Men's residential service at Coolmine Lodge
- Mother and child and women's residential services at Ashleigh House and Westbourne House
- Drug-free day programmes
- Parents under pressure programme
- Young persons programme, and
- Community reinforcement and case management.

### **Recovery services**

Coolmine recovery services are tailored to meet the unique needs of each individual, providing a range of supports that foster health, well-being, and long-term sobriety. Services provided in 2023 included:

- Medical services
- Health promotion
- Housing support
- Education and literacy support
- Career guidance
- Counselling/psychotherapy and psychiatric services, and
- Positive social activities programmes.

In response to the rising number of individuals presenting with cocaine-related issues, Coolmine launched the Road to Recovery Cocaine Programme in 2022, a programme designed specifically to help people address their cocaine use. In 2023, 23% of all cases presenting to Coolmine were cocaine related, representing an increase from 18% in 2022. This rising trend (reflective of national statistics) prompted Coolmine, in collaboration with the HSE, to initiate this innovative 21-week programme in Cork; the programme has since been extended to Dublin.

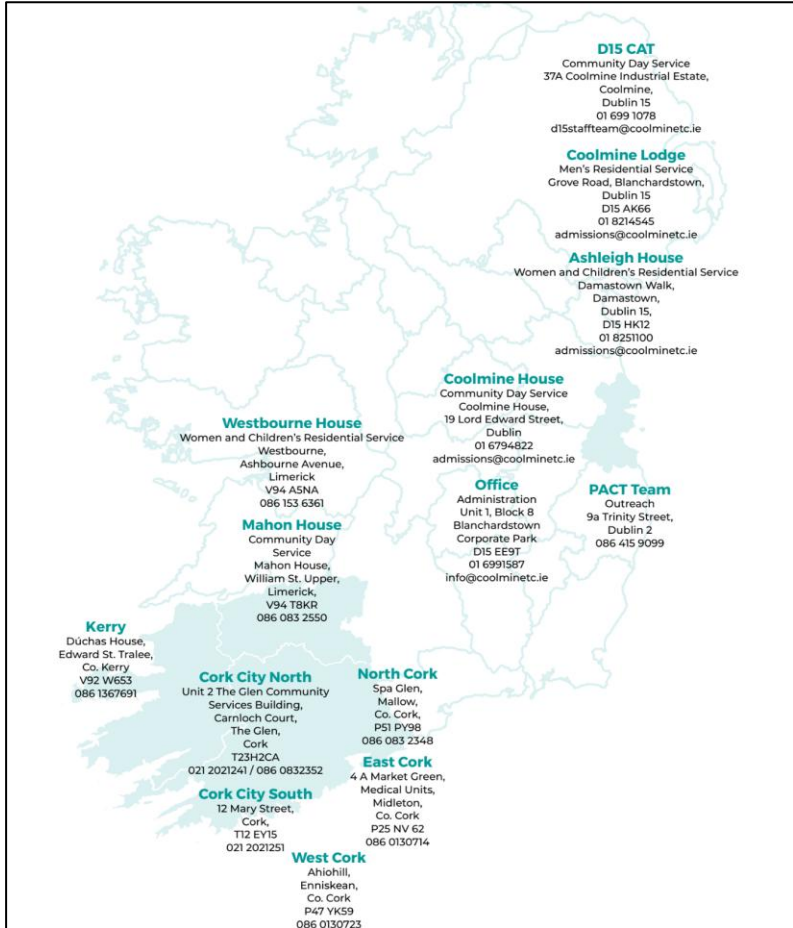


Figure 18. Coolmine services in Ireland, 2023

Source: Coolmine Annual Report 2022, p. 22

**Tabor Group Annual Report 2024**

The Tabor Group is a provider of residential addiction treatment services in Ireland. It aims to offer hope, healing, and recovery to clients suffering from addictions through integrated and caring services. In addition to two residential facilities, the organisation provides a continuing care programme to clients who have completed treatment to assist with their recovery as well as a community-based programme. Its family support programme offers counselling to families whose loved ones are struggling with an addiction. In 2025, the Tabor Group published its annual report for 2024 (Tabor Group 2025). This section highlights services provided by the Tabor Group to individuals with a substance use addiction in 2024.

**Primary Residential Programme**

Tabor Group offers a 28-day Residential Treatment Programme at its Tabor Fellowship treatment centre. The treatment centre is located at Spur Hill in Doughcloyne, on the outskirts of Cork city. The programme consists of comprehensive assessment, individualised care planning, group therapy, counselling, addiction education, meditation, and recreational activities.

### **Integrated Recovery Programme**

Tabor Group's 12-week Integrated Recovery Programme comprises two phases suited to both male and female clients with complex needs, poly/cross-addiction, history of previous treatment and relapse, deficits in coping, and living skills. Phase 1 of the programme takes place in Tabor Lodge, a residential addiction treatment centre situated in Belgooly, 15 miles south of Cork city. The Phase 1 programme is designed to respond to the complex needs of clients and provides safety and stabilisation. The Phase 2 programme, provided in the Tabor Fellowship treatment centre, supports clients to take on more personal responsibility while continuing to develop skills for managing addiction as well as everyday living skills. Clients can also avail of a Phase 3 programme comprising an additional 12 weeks of 'recovery living' in homes in the community.

### **Other services**

Tabor Group also provides ongoing treatment and peer-led support to clients as they navigate day-to-day living following treatment. This includes participation in a facilitated weekly group meeting and an individualised care plan over 12 months, with an option to extend for a second year. In addition, the organisation offers comprehensive assistance to families affected by addiction, recognising that the entire family benefits from support. Assistance encompasses education, one-to-one support, peer support groups, phone support, and intervention advice.

### **Numbers treated in 2024**

In 2024, 342 initial assessments were undertaken at Tabor Group. Each of these was conducted in accordance with HSE National Protocols for Drug and Alcohol Services. Tabor Group meets with the HSE each month to review admissions to and discharges from its treatment centres. In 2024, 250 clients were admitted to Tabor Group for residential treatment of addiction to alcohol, drugs, or gambling or a combination of these, with 181 of these people going on to attend the 28-day Residential Treatment Programme and 69 people going on to attend the 3-month Integrated Recovery Programme. In 2024, Tabor Group also provided weekly peer-led continuing care groups to 225 people across Cork city and county, and online, including the establishment of a dedicated Women's Support Group to further enhance outreach and support.

## **T1.5.4 Harm reduction services: availability, access and trends**

### **Availability and access of harm reduction services for drug users**

See Section T1.5.3 for information on the availability and access of harm reduction services for drug users in Ireland. For information on the availability and access of harm reduction services within Irish prisons, see Section T1.3.3 of the *Prison workbook*.

## **T1.5.5 Additional information on harm reduction activities**

### **HSE Safer Nightlife Programme: Feedback on provision of harm reduction outreach in Irish festival settings**

The HSE National Social Inclusion Office launched a multicomponent programme in May 2022 to engage with people who use drugs specifically in festival settings. This involved a media campaign, the development of resources, recruiting and training volunteers, and coordinating outreach teams at three specific festivals: Life Festival, Indiependence (Indie), and Electric Picnic. The aim of the programme was to engage with and support festival attendees in a non-judgemental way on the topic of substance use and related issues that emerge in nightlife spaces.

A report (Killeen et al. 2023) published in 2023 noted that throughout the three events, ecstasy, cocaine, ketamine, cannabis, and alcohol appeared to be the drugs most commonly discussed with volunteers, often in combination. However, while stimulants remained a dominant theme, feedback identified the need for tailored information on both psychedelics and dissociative-type drugs, with some volunteers requesting more detailed information on these topics to support their roles. The report also noted that festival attendees were often unaware of drug interactions or the dangers associated with consuming substances as part of a polydrug pattern. Consequently, the report authors suggest that the main aim of the programme moving forward should be a focus on supporting the public to minimise the number of substances consumed.

The report also highlighted that, based on interactions across events, it was obvious that it was the first time that many young people were being provided with drug information materials and health information on the topic of substance use. One main area of discussion which arose for volunteers throughout the events was the misconception by festival attendees that they would be removed or prosecuted if they accessed medical services following the consumption of substances. At each event, situations emerged for volunteers where they had to support and reassure attendees to access the medical tent when they or a friend appeared unwell following use. In addition, volunteer feedback highlighted the need for drug analysis, with many attendees requesting a drug testing service.

The report makes a number of key recommendations, which include:

- Establishing a festival oversight group with the aim of providing guidance on drug responses and safety in festival settings
- Partnering with a minimum of three festivals to deliver ‘back of house’ drug monitoring
- Reviewing placement of volunteer teams and surrender bins at events to maximise engagement based on volunteer feedback
- Increasing awareness of the programme through frequent engagement with the public, and developing resources based on the trends identified by volunteers as well as detailed media communication plans and materials to explain the operational and logistical components of a ‘back of house’ drug monitoring system, and
- Reviewing the expansion of harm reduction to wider nightlife settings in partnership with the Department of Health and the Department of Culture (i.e. the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media).

## **T1.6 Targeted intervention for other drug-related health harms**

### **T1.6.1 Targeted interventions for other drug-related health harms**

#### **Launch of the ESHEILD project at University College Cork**

The ESHEILD project was launched in University College Cork (UCC) on 29 February 2025 at an event attended by harm reduction experts, policy-makers, and student representatives. With further higher education institutions (HEIs) expected to adopt the initiative, ESHEILD marks the beginning of a coordinated national effort to reduce drug-related harms and risks among students across Ireland.

The ESHEILD project, which is based in UCC and funded by the Department of Health, is a multi-strand initiative that aims to support HEIs in tackling student drug use by providing students with the MyUSE app and guiding HEIs to implement the Framework for Response to the Use of Illicit Substances within Higher Education.

ESHEILD was developed in response to findings from the Drug Use in Higher Education in Ireland (DUHEI) survey, which gathered responses from over 11,500 students across 21 HEIs (Byrne et al. 2022). The findings demonstrated the high prevalence of drug use in the Irish student population, with more than one-half of participants reporting use of illicit substances. Importantly, more than one-half of students surveyed felt that drug use has a negative impact on student life, and more than one-half of current drug users were found to be at moderate or substantial risk of harms arising from their drug use. These results highlighted the need for evidence-based and student-centred interventions, an approach ESHEILD takes by combining digital innovation, behavioural science, and institutional policy reform.

The ESHEILD Research Group includes Dr Michael Byrne, Head of UCC Student Health; Professor Samantha Dockray and Dr Conor Linehan, School of Applied Psychology; Professor Ciara Heavin, Business Information Systems; Dr Seán Millar, School of Public Health and European Union Drugs Agency (EUDA) national focal point; Dr Sheena McHugh, School of Public Health; Piotr Janus, Business Information Systems; and Siobhán Thomas, Project Manager. The programme will support students and HEIs to reduce harms experienced through drug use. It also aims to reduce the overall number of students choosing to take drugs. Each participating Irish HEI will be provided with MyUSE, a prevention, education, and behavioural change intervention digital tool that aims to increase mindful decision-making with respect to drug use, cultivate harm reduction practices in the HEI context, and promote alternatives to drug use activities.

Professor Samantha Dockray led the development of the MyUSE algorithm, which draws on evidence-based science to deliver 29 behavioural change techniques to students in HEIs. The MyUse app was developed for all students, whether they use drugs or not, and provides individualised information and supports in order to reduce harms associated with drug use that can enhance students' psychosocial well-being.

The second strand of the ESHEILD project will see the implementation of a framework in conjunction with local and regional Drug and Alcohol Task Forces. This second strand provides an action plan to address the use of illicit substances and related harms, and it includes four core actions: (1) developing institution-specific policies, (2) implementing an action plan, (3) assigning a senior officer to develop and implement these, and (4) facilitating student engagement with the collection of data related to drug use.

ESHEILD Principal Investigator Dr Michael Byrne was lead member of the Rapid Response Group convened to develop the Framework. Speaking about the project, Dr Michael Byrne said:

The Framework contains a series of 16 actions that higher education institutions in Ireland can implement to reduce harms experienced through drug use. From core actions such as

developing a drugs and alcohol policy for their institution right through to ensuring that there is access to addiction and recovery services on campus, implementing this Framework ensures that there is an effective multicomponent approach to harm reduction in the HEI sector in Ireland.

MyUSE is a new evidence-informed mobile app that has been purpose-developed for students in higher education (see Figure 19). Specific evidence-based behaviour-change techniques are delivered via the clinical algorithm contained within the app.



Figure 19. MyUSE evidence-informed mobile app

## T1.7 Quality assurance of harm reduction services

### T1.7.1 Quality assurance of harm reduction services

No new information.

### T1.7.2 Additional information on any other drug-related harms data

#### Psychotic illness triggered by widely available semi-synthetic cannabinoid

In a 2024 article published in the *Irish Journal of Psychological Medicine*, O'Mahony *et al.* describe two cases of psychotic illness which appear to have been precipitated by use of legally purchased hexahydrocannabinol (HHC) (O'Mahony *et al.* 2024). In both cases, the patients were regular cannabis users, but the episodes of psychotic illness only developed when they began vaping HHC. Both were diagnosed with synthetic cannabinoid-induced psychotic disorder (ICD-11 code 6C42.6). As with cannabis-induced psychosis, the presentations were heterogeneous in phenomenology. One patient presented with delusions of guilt and persecution, as well as auditory hallucinations. The other patient presented with prominent thought disorder, notably alogia, as well as disordered subjective time.

The authors note that, as of March 2023, HHC use has been reported in 70% of European Union member states, which likely represents an underestimate. Given the widespread and increasing use of vaping and the ready access to this compound, they suggest that clinicians and policy-makers should be aware of HHC's psychotogenic potential in order to protect potentially vulnerable patients from deleterious effects through psychoeducation and legislative restriction.

#### HHC and psychosis: trends in Ireland's mental health landscape

A recent study published in the journal *BJPsych Bulletin* sheds light on the growing concern over HHC and its apparent role in precipitating psychotic episodes (O'Mahony *et al.* 2025). Conducted by a team of Irish psychiatrists and researchers from the University of Galway and Trinity College Dublin,

the research explores the prevalence of HHC use among psychiatric admissions at University Hospital Galway and raises significant public health and legislative concerns.

HHC, a derivative of cannabidiol (CBD), has gained popularity in Ireland in recent years as an alternative to delta-9-tetrahydrocannabinol, the primary psychoactive component of cannabis. The study identified 28 admissions (13.1%) for psychosis that were preceded by HHC use out of a total of 214 cases over a 21-month period (May 2023 to December 2024), and that HHC was the second most common drug involved in psychosis presentations. Alarmingly, more than one-third of patients admitted for a first episode of psychosis had used HHC prior to admission. The median age of HHC users in the study was 24 years, significantly younger than non-users.

Unlike fully synthetic cannabinoids, HHC is labelled as 'semi-synthetic' because it is chemically derived from plant-based CBD. Critics argue that this label obscures its potent psychoactive potential, which is increasingly evident in both anecdotal and clinical reports. While some users describe HHC's effects as mild or euphoric, the study's findings suggest a strong correlation with the onset or exacerbation of psychotic symptoms, particularly among young males.

On 29 July 2025, the Irish Minister for Health, Jennifer Carroll MacNeill, the Minister for Public Health, Wellbeing and the National Drugs Strategy, Jennifer Murnane O'Connor, and the Minister for Mental Health, Mary Butler, announced that the import, export, production, possession, sale, and supply of products containing HHC is now illegal in Ireland. However, the study authors call for urgent policy reform, emphasising that legislative and clinical systems must respond more swiftly to emerging psychoactive substances.

In conclusion, this research provides compelling evidence that HHC is not the benign cannabis substitute it is often marketed as, and that it poses real risks to mental health, particularly among young people. The findings underscore the importance of equipping clinicians and the public with accurate information about the dangers of novel cannabinoids.

### **Frostbite injuries from recreational nitrous oxide use**

In Ireland and internationally, there has been much attention on the growing popularity of inhaled nitrous oxide (N<sub>2</sub>O), colloquially known as 'laughing gas' or 'hippy crack'. Although the prevalence of nitrous oxide use is not routinely collected in Ireland's National Drug and Alcohol Surveys, a web survey (N=4398) conducted in 2021 found that 23.3% of respondents had ever used nitrous oxide, while a 2022 study (N=1193) of attendees at music festivals in Ireland found that 28% had used it in the last year (Mongan et al. 2022) (Ivers et al. 2022). The popularity of nitrous oxide as a recreational drug can be attributed to the fact that it is cheap, readily available, and undetectable on routine drug screening. Recreational users tend to obtain it in small silver canisters known as 'whippets' or 'silver bullets', which are attached to a palm-sized 'nitrous cracker' to fill a balloon, from which the gas is inhaled. However, as nitrous oxide is cooled to its gaseous form for inhalation, container mishandling can cause frostbite injuries to the face and extremities.

In an article (Murphy et al. 2024) published in February 2024 in the *Irish Medical Journal*, Murphy et al. discuss that over a 6-month period from September 2022 to March 2023, seven frostbite injuries due to recreational nitrous oxide use were managed by adult and paediatric burns services in Ireland. Although injuries tended to be small, they involved critical structures such as the hands or face. Presentation for medical care was often delayed, with one patient requiring care in the intensive care unit for toxic shock syndrome. The mechanism of injury was most commonly associated with

the filling of balloons from nitrous oxide canisters and subsequent freezing of the canister exterior. Larger commercial canisters tended to cause bilateral thigh and forearm burns, whereas single-use 'bulb' canisters were associated with smaller finger burns. The burden of care was significant, with two out of seven patients requiring debridement and grafting, and others attending hospital for prolonged periods in order to change dressings and/or attend rehabilitation.

In their discussion, the study authors note that current legislation in Ireland allows for the sale of nitrous oxide canisters for industrial purposes. However, the Criminal Justice (Psychoactive Substances) Act 2010 prohibits its sale or importation for psychoactive properties (Criminal Justice (Psychoactive Substances) Act 2010 2010). They recommend that more information about the risks and harms associated with nitrous oxide use be made available at music festivals and entertainment venues.

### **Adverse childhood experiences and drug use among young adults in Ireland**

Adverse childhood experiences (ACEs) describe different types of stressful or traumatic experiences during childhood, and exposure to extreme stress during critical periods of early life may increase the likelihood of exposure to a range of adverse factors (Pitts et al. 2024). Importantly, studies have demonstrated positive associations between ACEs and substance use behaviours in young adults (Grummitt et al. 2022). However, many of these are based on cross-sectional data, which cannot provide evidence on the hypothesised direction of association between ACEs and substance use. In addition, the pathway between ACEs and substance misuse among emerging adults is not fully understood, and few studies have investigated potential mediating factors.

Recent research conducted in Ireland examined ACE exposure associations with substance use behaviours using data from the Growing Up in Ireland study (Mongan et al. 2025b). Utilising a population-based longitudinal sample of 4,729 young people in Ireland recruited at the age of 9 years, the research had three aims: first, to describe the extent of ACE exposures among the sample population and the proportion who engaged in illicit substance use (current cannabis use, other illicit drug use, and problematic drug use) at age 20 years; second, to examine individual and cumulative ACE exposure relationships with substance use behaviours; and third, to explore whether these associations are mediated by parent and peer relationships and liking school.

Notable findings from the study, which has been published in the journal *Addictive Behaviors*, include the following:

- Just over 30% of young adults had experienced two or more ACEs during the study period. With respect to drug use, 23.7% of participants indicated current cannabis use at age 20 years, while 27.9% used other illicit drugs. Just under 15% of young adults had a CAGE score of 2 or more, suggesting problematic drug use.
- Regarding individual ACEs, significant associations with substance use behaviours were noted for young adults who had experienced conflict between parents and for those who had endured mental health disorders and drug-taking/alcoholism in their immediate family.
- Significant dose–response relationships were also observed between the number of ACEs and substance use, with study participants who had experienced two ACEs or three or more ACEs having approximately twofold and threefold increased odds of problematic drug use, respectively, when compared with participants who had experienced no ACEs during the study period.

- Mediation analyses suggested that parent and peer attachment and liking school partially mediate relationships between ACEs and substance use behaviours in young adults.

The study authors suggest that prevention programmes that aim to reduce illicit substance use among young adults with traumatic childhood experiences should target children who have experienced parental conflict, mental illness, and substance use disorders in their families, as well as multiple ACEs, as these children are at a high risk of future substance use and problematic drug use. In supporting these children, identified mediators such as interpersonal relationships and school engagement may help guide the selection of prevention interventions.

### **New report on problem drug use in Cork city published**

Problem drug use (PDU) is defined as recurrent drug use that is causing harm to an individual, or is placing them at a high probability or risk of suffering harm (Thanki and Vicente 2013). Substances associated with PDU include opioids, cocaine (powder and crack), amphetamines, benzodiazepines, Z-drugs, and gabapentinoids. PDU can lead to many harms for populations and individuals. Such harms include increased criminal activity, drug-related litter, increased risk of infectious diseases passed on from shared syringes and needles, substance use disorders, overdoses, and death.

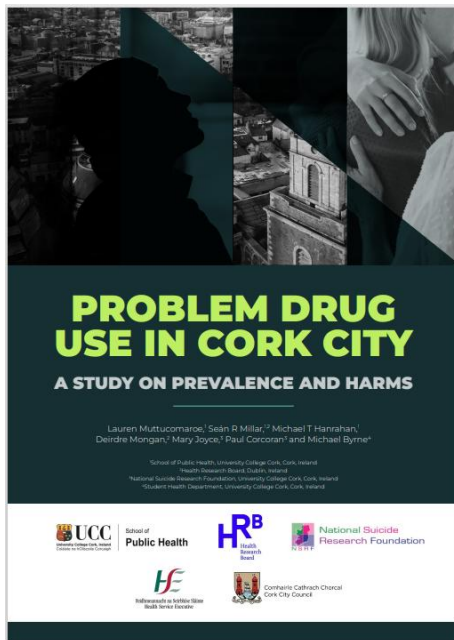
To date, studies on PDU in Ireland have largely been conducted at a national level or have concentrated on Dublin city, as a majority of PDU has historically taken place within inner city Dublin. However, research suggests that PDU is also occurring in Cork city (Hanrahan et al. 2022). In 2024, the HSE in Cork and Kerry, as well as Cork City Council, contracted the School of Public Health, UCC, to conduct a study on PDU in Cork city. Specifically, the objectives of this research were to provide estimates on the prevalence of PDU; the number of syringes exchanged; the number of individuals in treatment; non-fatal overdose cases; and self-harm related to PDU and drug-related deaths in Cork city using the most recent available data, and to compare trends over time. The main findings from the published report are discussed below (Muttucomaroe et al. 2025).

A four-source capture-recapture analysis estimated that there were 859 (95% confidence interval (CI): 774–1,079) problematic opioid users in Cork city in 2022, which equates to a prevalence rate of 5.59 (95% CI: 5.04–7.02) opioid users per 1,000 population. In 2022, almost one-third of opioid users in Cork city were unknown to services. Between 2019 and 2022 the prevalence of opioid use remained relatively stable, with a majority of users being male and aged between 35 and 64 years. However, the needle exchange programme in Cork city has shown a general increase in the number of syringes exchanged since 2019, with an average of 6,685 syringes being provided each month from pharmacy-based sites in 2023. Data from household surveys demonstrate an increase in the use of cocaine (including crack) and amphetamines, with these increases being noticeably pronounced among young adults. The main problem drug for cases entering treatment in Cork city for PDU has shifted; since 2019, trends indicate a gradual reduction in the number of cases entering treatment for opioids, with an increase in the number of cases accessing treatment services for cocaine use.

For the years 2019–2023, benzodiazepines were the main drug implicated in non-fatal overdose cases in Cork city, followed by opioids, with an average of one opioid overdose occurring each week. Between 2018 and 2021 there was a total of 487 self-harm presentations related to PDU by Cork city residents; benzodiazepines were the main drug implicated in self-harm presentations (63.2%), followed by opioids (30.6%), gabapentinoids (11.9%), and cocaine (9.0%). During this period, there was a total of 140 poisoning deaths due to PDU recorded, with an average of 35 deaths each year.

Opioids were the main drug implicated in poisoning deaths (75.7%), followed by benzodiazepines (59.3%), gabapentinoids (27.9%), and cocaine (14.3%).

The study authors note that the study shows that PDU is taking place in Cork city, with a number of associated harms. Although Cork city has a variety of harm reduction services that deal with education, assessment, treatment, and post-treatment support, the authors suggest that the disconnect between problem drug users and these programmes may benefit from additional services. The authors also recommend ongoing research on PDU in Cork city for effective service planning and in order to allow policy-makers to evaluate the impact of strategies aimed at reducing drug-related harms.

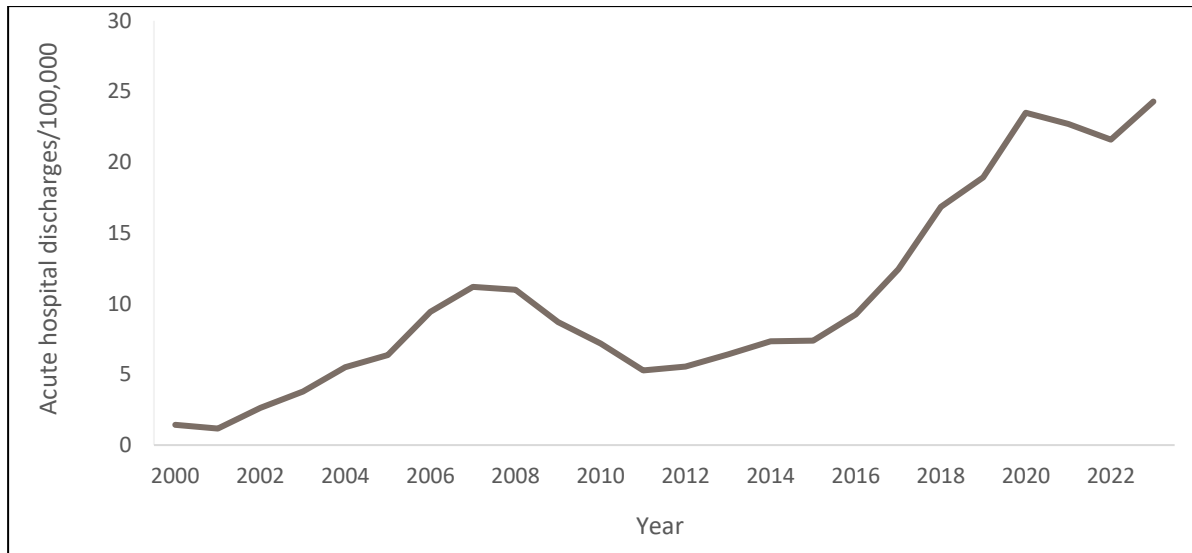


An electronic copy of the report is available from the Irish National Drugs Library at <https://www.drugsandalcohol.ie/42736>.

### **New study shows a rise in cocaine-related harms in Ireland**

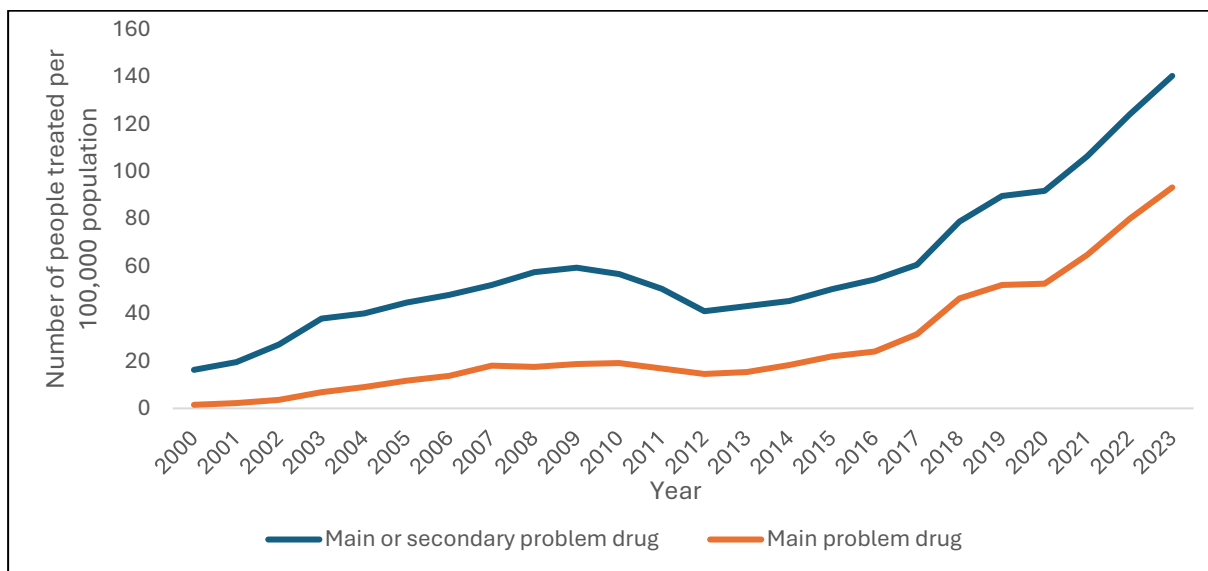
A recent study has revealed a sharp increase in cocaine use and associated health harms in Ireland over the past two decades. Conducted by a team of researchers from the Health Research Board (HRB), the UCC School of Public Health, Trinity College Dublin, and the HSE, the study used data from five national databases to track trends from 2000 to 2023.

In this research, which has been published in the journal *BMC Public Health*, findings show that last-year prevalence of cocaine use among 15–64-year-olds in Ireland more than doubled, rising from 1.1% in 2002–03 to 2.4% in 2023 (Mongan et al. 2025a). Hospitalisations, psychiatric admissions, treatment episodes, and deaths related to cocaine use have all risen dramatically over this time period as well. For example, cocaine-related hospital discharges increased from 1.4 per 100,000 population in 2000 to 24.3 in 2022. The rate of treatment entrants reporting cocaine as their main problem drug increased from 1.5 per 100,000 population in 2000 to 93.2 per 100,000 population in 2023, while the rate of cocaine-related poisoning deaths rose from 0.13 to 2.6 per 100,000 population between 2000 and 2020 (see Figures 20 and 21).



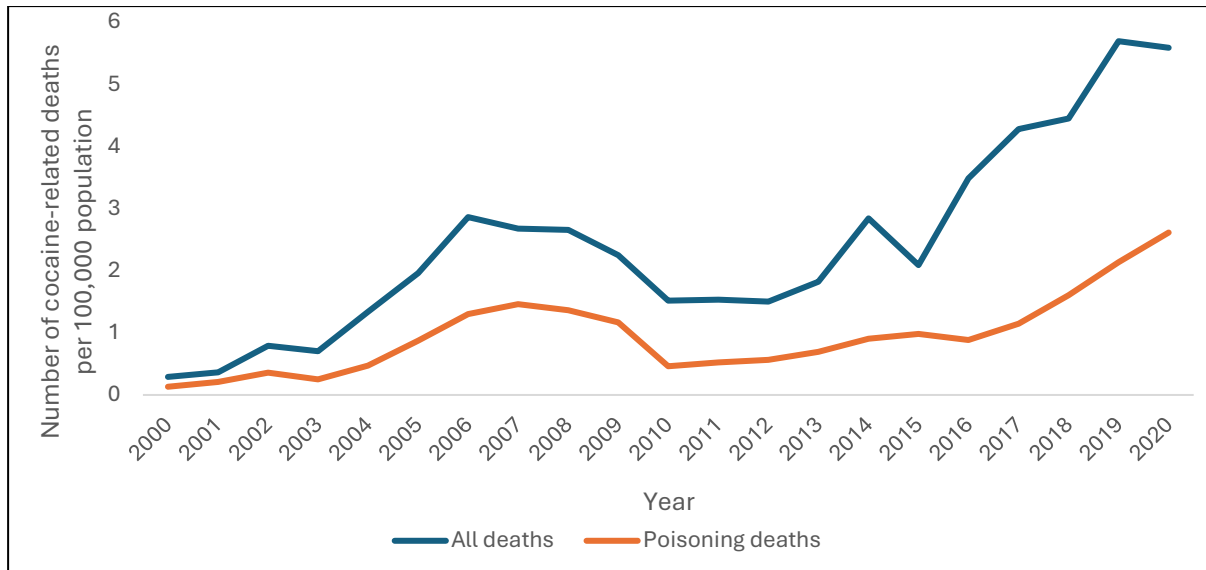
**Figure 20. Cocaine-related inpatient hospitalisations per 100,000 population in Ireland, 2000–2022**

Source: Mongan *et al.* (2025)



**Figure 21. Treatment episodes involving cocaine per 100,000 population in Ireland, 2000–2023**

Source: Mongan *et al.* (2025)



**Figure 22. Cocaine-related deaths per 100,000 population in Ireland, 2000–2020**

Source: Mongan *et al.* (2025)

Using joinpoint regression analysis, the researchers identified distinct periods of increase and decrease. Harms generally rose until 2007, declined during the recession years, and surged again from around 2013 onwards. This trend likely reflects both Ireland’s economic recovery and broader increases in cocaine availability and purity across Europe.

The study highlights the growing challenge posed by cocaine use in Ireland. Notably, a large share of cocaine users are young adults, with rising use reported among third-level students. Despite increased seizures by law enforcement, cocaine remains highly accessible.

The authors stress the urgency of targeted prevention and harm reduction, particularly in adolescent and university settings. They also call for expanded treatment capacity, especially given the lack of approved pharmacological therapies for cocaine use disorder. With cocaine use now widespread in Ireland, and with harms accelerating, the researchers conclude that Ireland, and Europe more broadly, must prioritise coordinated public health responses to address this evolving health issue.

## **T2. Trends (not relevant in this section – included above)**

### **T3. New developments (no new information)**

#### **T3.1 New developments in drug-related deaths and emergencies**

No new information.

#### **T3.2 New developments in drug-related infectious diseases**

No new information.

#### **T3.3 New developments in harm reduction interventions**

No new information.

## **T4. Additional information**

## T4.1 Additional sources of information

No new information.

## T4.2 Further aspects of drug-related harms and harm reduction

No new information.

## T5. Sources and methodology

### T5.1 Sources

Data for this workbook were provided using five sources:

1. The National Drug-Related Deaths Index (NDRDI)
2. The Health Protection Surveillance Centre (HPSC)
3. The Hospital In-Patient Enquiry (HIPE) scheme
4. The National Psychiatric Inpatient Reporting System (NPIRS), and
5. The National Self-Harm Registry Ireland.

### T5.2 Methodology

Established in 2005, the **NDRDI**, which is maintained by the HRB, is an epidemiological database that records cases of death by drug poisoning, and deaths among drug users in Ireland, extending back to 1998. The NDRDI also records data on alcohol-related poisoning deaths and deaths among those who are alcohol dependent, extending back to 2004.

The **HPSC** is Ireland's specialist agency for the surveillance of communicable diseases. Part of the HSE, and originally known as the National Disease Surveillance Centre, the HPSC endeavours to protect and improve the health of the Irish population by collating, interpreting, and disseminating data in order to provide the best possible information on infectious diseases. The HPSC has recorded new cases of HIV among injecting drug users since 1982, HBV since 2004, and HCV since 2006.

**HIPE** is a computer-based health information system that is managed by the Economic and Social Research Institute (ESRI) in association with the Department of Health and the HSE. It collects demographic, medical, and administrative data on all admissions, discharges, and deaths from acute general hospitals in Ireland. It was started on a pilot basis in 1969 and then expanded and developed as a national database of coded discharge summaries from the 1970s onwards. Each HIPE discharge record represents one episode of care; each discharge of a patient, whether from the same or a different hospital, with the same or a different diagnosis, gives rise to a separate HIPE record. The scheme, therefore, facilitates analysis of hospital activity rather than of the incidence of disease. HIPE does not record information on individuals who attend accident and emergency units but are not admitted as inpatients.

The **NPIRS**, administered by the HRB, is a national psychiatric database that provides detailed information on all admissions to, and discharges from, 56 inpatient psychiatric services in Ireland. It records data on cases receiving inpatient treatment for problem drug and alcohol use. The NPIRS does not collect data on the prevalence of psychiatric comorbidity in Ireland. The HRB publishes an

annual report on the data collected in the NPIRS titled *Activities of Irish Psychiatric Units and Hospitals*.

The **National Self-Harm Registry Ireland** is a national system of population monitoring for the occurrence of deliberate self-harm, established in 2000 at the request of the Department of Health and Children by the National Suicide Research Foundation. Since 2006–07, the Registry has achieved complete national coverage of hospital-treated deliberate self-harm. The National Self-Harm Registry Ireland defines deliberate self-harm as:

An act with a non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour that, without intervention from others, will cause self-harm, or deliberate ingestion of a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences.

All methods of deliberate self-harm are recorded in the Registry, including drug overdoses and alcohol overdoses, where it is clear that the self-harm was intentionally inflicted. All individuals who are alive on admission to hospital following a deliberate act of self-harm are included. Not considered deliberate self-harm are accidental overdoses (e.g. where an individual takes additional medication in the case of illness, without any intention to self-harm); alcohol overdoses alone, where the intention was not to self-harm; accidental overdoses of street drugs (drugs used for recreational purposes) without the intention to self-harm; and when individuals are dead on arrival at hospital as a result of suicide.

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## European Drugs Agency

The EUDA is a decentralised European Union (EU) agency based in Lisbon. The EUDA provides the EU and its member states with information on the nature, extent, and consequences of, and responses to, illicit drug use. It supplies the evidence base to support policy formation on drugs and addiction in both the EU and its member states.

There are 30 national focal points that act as monitoring centres for the EUDA. These focal points gather and analyse country data according to common data collection standards and tools and supply these data to the EUDA. The results of this national monitoring process are supplied to the EUDA for analysis, from which it produces the annual *European Drug Report* and other outputs.

The Irish Focal Point to the EUDA is based in the HRB. The focal point writes and submits a series of textual reports, data on the five epidemiological indicators, and supply indicators in the form of standard tables and structured questionnaires on response-related issues such as prevention and social reintegration. The focal point is also responsible for implementing Council Decision 2005/387/JHA on the information exchange, risk assessment, and control of new psychoactive substances.

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Drugs Policy Division, Department of Justice

Drugs Policy and Social Inclusion Unit, Department of Health

Forensic Science Ireland

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Irish Prison Service

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