# Focal Point Ireland: national report for 2023 – Harms and harm reduction

**Health Research Board. Irish Focal Point to the European Monitoring Centre for Drugs and Drug Addiction**

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(2024) Focal Point Ireland: national report for 2023 – drug policy.

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(2024) Focal Point Ireland: national report for 2023 – prison.

(2024) Focal Point Ireland: national report for 2023 – drugs.

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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 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 the years 2021 and 2022 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 2022 are included in this report.

There were 322 drug-induced deaths in 2020; the comparable figure for 2019 was 298. The majority of those who died were male, aged in their early 40s. Opioids were the most common drug group associated with drug-induced deaths.

There were 5,014 overdose cases in 2021 and 4,425 overdose cases in 2022 discharged from Irish hospitals. Opioids were involved in 15.2% (n=765) and 16.7% (n=742) of cases, cocaine in 5.2% (n=261) and 5.3% (n=236) of cases, and cannabis in 2.3% (n=119) and 2.0% (n=90) of cases in 2021 and 2022, respectively.

According to data compiled by the HPSC, at the end of 2022, some 887 people were newly diagnosed with HIV in Ireland, a notification rate of 18.6 per 100,000 population. This marks an increase of 120% compared with 2021 (n=403). Of the HIV notifications in 2022 for whom risk factor data were available, 35 were for people who inject drugs (PWID), compared with 7 in 2021 (see Table T1.3.1.1). The number of PWID among HIV notifications for 2022 is the highest 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 2022, none were PWID. There has been a downward trend in HCV notifications since peak numbers (n=1,538) were recorded in 2007. Information on the most likely risk factor was available for 30.0% (n=144) of HCV cases in 2022. Of HCV cases with risk factor data, 96 were PWID.

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 2022, there were 88 pharmacies providing a needle exchange service. According to the most recent available data, there were 506,019 individual syringes exchanged in Ireland in 2022.

From 2018 to 2020, there were 8,881 units of naloxone supplied by the Health Service Executive (HSE) National Social Inclusion Office to service providers. Overall, 59% of units were intramuscular, with 41% intranasal. The majority of the naloxone was administered by service provider staff (94%), with 3% administered by peers, 2% by an unspecified individual, and 1% by a general practitioner (GP) or a nurse. Between 2018 and 2020, it was reported that naloxone was administered to 569

people. Of these 569 who received naloxone following an opioid overdose, 98% survived while 9 died.

## T1. National profile and trends

## T1.1 Drug-related deaths

### T1.1.1 Overdose deaths

In 2020, there were 322 deaths due to poisoning recorded in Ireland by the NDRDI, as per Selection D (Table T1.1.1.1). 2020 is the latest year available because of the nature of data sources for the NDRDI. This is the highest number ever reported by the NDRDI. It should be noted that annual data for 2018 and 2019 have not been previously reported, and reported data from prior years have been changed, as the NDRDI figures have been updated whenever new information has become available.

**Table T1.1.1.1 Number of deaths due to poisoning in Ireland, NDRDI 2012–2020**

| 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|
| 185 | 225 | 225 | 236 | 222 | 258 | 266 | 298 | 322 |

Source: NDRDI (2023)

The increasing trend of poisoning deaths among older people seen in the year span 2012–2020 continues, and the mean age of those who died in 2020 was 40.6 years compared with 36 years in 2021. The majority of deaths were male (65.8%), although the proportion was lower than in previous years (73.5% reported for 2019). The number (and proportion) of females was the highest ever reported. The reason for this increase in poisoning deaths among females needs to be further investigated.

The NDRDI does not routinely report the intentionality of the deaths. The overall trends in overdose deaths for the EMCDDA definition of Filter D remain the same, with opioids associated with most poisoning deaths (see Section T1.1.2 below).

### T1.1.2 Toxicology of overdose deaths

Toxicology was available for all 322 poisoning deaths in 2020. Opioids were found in the post-mortem toxicology results of 87.3% of poisoning deaths, similar to other years.

### T1.1.3 Mortality cohort studies

There are no mortality cohort studies to report for the year 2020.

### T1.1.4 Trends

After a period of stabilisation in the number of poisoning deaths (2013–2016), the number has increased year on year from 258 in 2017 to 322 in 2020 (see Table T1.1.1.1).

The majority of overdose deaths from the year span 2012–2020 involve opioids. This is not surprising given the prevalence of problem opioid use in Ireland (also see TDI and the *Treatment workbook*). The majority of opioid deaths involve methadone (either prescribed or street) or heroin or a combination of both. 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 agonist treatment (OAT) has

increased steadily over the same period. For further details on the number of clients in OAT, 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 130 deaths in 2020. This trend corresponds to increasing trends in 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, changes in reporting

The NDRDI has been in existence since 2007, utilising Filter D as a selector. 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 which do not meet the Filter 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 which meet the criteria, all deaths among those registered on OST and the GMR (via the CSO). All of these data sources are matched in order to avoid duplication and to ensure the greatest amount of information on each death. There has been no change in the process since the inception of the NDRDI.

It should be noted that GMR data were not available for the period 2018–2020 at the time of writing. This this is unlikely to affect overall trends observed in this period in the other three sources.

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

### Latest national data on drug-related deaths in Ireland

In June 2023, after a hiatus of many years, annual national figures on drug-related deaths for Ireland were reported (see Table T1.1.5.1 and Table T1.1.5.2) (Health Research Board 2023). The delay was due to public health restrictions resulting from the COVID-19 pandemic and other delays beyond the control of the NDRDI team.

The figures reported nationally differ from what is reported to the EMCDDA, as it also includes poisonings deaths due to alcohol and prescription drugs, prescription drugs only, and alcohol only.

**Table T1.1.5.1 Drugs implicated in poisoning deaths (excluding alcohol only), NDRDI 2011–2020**

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| Number of poisoning deaths | 314 | 281 | 341 | 319 | 327 | 314 | 340 | 354 | 371 | 409 |
| Deaths with more than one drug implicated | 228 | 195 | 240 | 241 | 233 | 228 | 238 | 271 | 291 | 323 |
| | | | | | | | | | | |
| *Drug group** | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
| Total number of poisoning deaths | 314 | 281 | 341 | 319 | 327 | 314 | 340 | 354 | 371 | 409 |
| Any opioid implicated | 213 | 182 | 207 | 215 | 219 | 205 | 220 | 240 | 258 | 282 |
| Any benzodiazepine implicated | 170 | 129 | 163 | 164 | 147 | 147 | 150 | 196 | 186 | 228 |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Cocaine (powder or crack) implicated | 24 | 26 | 32 | 42 | 46 | 42 | 55 | 78 | 105 | 130 |
| Alcohol (as part of polydrug) implicated | 80 | 54 | 82 | 70 | 69 | 81 | 68 | 69 | 87 | 81 |
| Any other prescription drug implicated** | 137 | 138 | 184 | 193 | 189 | 202 | 179 | 191 | 199 | 227 |
| Others | 52 | 49 | 84 | 79 | 57 | 56 | 76 | 62 | 89 | 91 |

| *Individual drug type** | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| Total number of poisoning deaths | 314 | 281 | 341 | 319 | 327 | 314 | 340 | 354 | 371 | 409 |
| Heroin | 64 | 64 | 88 | 97 | 84 | 74 | 89 | 98 | 106 | 113 |
| Methadone | 116 | 87 | 94 | 105 | 91 | 105 | 101 | 122 | 123 | 139 |
| Cocaine | 24 | 26 | 32 | 42 | 46 | 42 | 55 | 78 | 105 | 130 |
| Amphetamines | ~ | ~ | 6 | ~ | ~ | ~ | ~ | 6 | 9 | 7 |
| MDMA (Ecstasy) | 11 | 12 | 14 | 15 | 8 | 9 | 16 | 16 | 15 | 11 |
| Hallucinogens | ~ | 0 | 0 | ~ | ~ | 0 | 0 | ~ | ~ | ~ |
| Volatile inhalants | 6 | ~ | ~ | ~ | ~ | 0 | ~ | ~ | ~ | ~ |
| Non-opioid analgesics | 21 | 23 | 32 | 33 | 26 | 39 | 46 | 29 | 45 | 49 |
| Alcohol | 80 | 54 | 82 | 70 | 69 | 81 | 68 | 69 | 87 | 81 |
| Novel psychoactive substances | 8 | 8 | 30 | 24 | 17 | 7 | 7 | 7 | 15 | 22 |
| Diazepam | 133 | 92 | 113 | 121 | 109 | 100 | 97 | 122 | 102 | 130 |
| Flurazepam | 50 | 30 | 42 | 36 | 35 | 43 | 35 | 47 | 30 | 30 |
| Pregabalin | ~ | ~ | 14 | 27 | 50 | 67 | 48 | 69 | 60 | 84 |

| *Polydrug poisonings* | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| More than one opioid implicated | 45 | 39 | 46 | 46 | 43 | 44 | 47 | 58 | 52 | 77 |
| More than one benzodiazepine implicated | 70 | 41 | 62 | 61 | 62 | 71 | 72 | 96 | 68 | 89 |
| More than one other prescription drug implicated | 48 | 53 | 76 | 96 | 94 | 102 | 98 | 93 | 97 | 119 |

Source: NDRDI (2023)

*Multiresponse item table taking account of up 10 drugs. Therefore, numbers in columns may not add up to totals shown, as individual cases do have more than one drug implicated in their death. Opioids include heroin, codeine, or methadone, for example; benzodiazepines include diazepam or alprazolam, for example; Other prescription drugs include antidepressants, non-benzodiazepine sedatives, and anti-epileptics, for example.

**Most commonly antidepressants and anti-epileptics

~Cells containing five cases or fewer

**Table T1.1.5.2 Alcohol only poisoning deaths, NDRDI 2011–2020**

| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|
| Alcohol only poisonings (not included in totals above) | 63 | 76 | 61 | 51 | 47 | 59 | 66 | 55 | 60 | 65 |

Source: NDRDI (2023)

## Mortality among pregnant women who use drugs

A study from a busy Dublin maternity hospital looked at outcomes for 525 women with problem drug use, and their infants, over the 10-year period 2010–2019 (Corbett et al. 2022). The hospital has had a specific antenatal service for these women, with dedicated drug-liaison midwives since 2008. The number of women presenting with drug use has reduced over the period from 66 in 2010 to 31 in 2019. This number is likely to be an underestimation, as it does not include the number of women who were using drugs but declined to engage with specialist services.

While the number of women reporting heroin use in pregnancy also dropped from 28 in 2010 to 11 in 2019, the number reporting cannabis use increased from 6 in 2010 to 16 in 2019, and cocaine use increased from 6 in 2010 to 11 in 2019.

The study found the maternal mortality rate for the women in this study was 380.9 per 100,000, which was significantly higher than the comparable national maternal mortality rate of 22.8 per 100,000. The deaths were related to drug use in the postnatal period, but the authors hypothesised that they could also be related to cardiovascular morbidity associated with the high prevalence of tobacco smoking (91% of the cohort) and increased cocaine use, and psychiatric comorbidity (66% of the cohort).

The perinatal mortality rate for the infants born to the women in this group was almost three times higher (15.6 per 1,000 live births compared with 5.4 per 1,000 live births) than the overall hospital population. One of the reasons attributed to this was the women's increased use of cocaine over the study period, which when used in pregnancy confers a higher risk of perinatal morbidity and mortality. Overall, the infants born to the women in this group had a 52% risk of being admitted to neonatal intensive care.

The authors stress that the rates of maternal mortality show the need for significant specialist support for this cohort of women in the postnatal period as well as the antenatal period, in light of the higher risk of relapse and the need for the integration of mental health services given the high rates of psychiatric comorbidity. These women require "expert compassionate and holistic perinatal care" (p. 28).

Also, see Section T4.2 of the *Treatment workbook*.

### Deaths among people who were homeless at time of death in Ireland, 2019

The first retrospective review of all deaths in persons categorised as homeless at time of death in 2019 was published in March 2023. Coronial data were used to extract data on homeless deaths on a nationwide basis (Lynn et al. 2023). A total of 17,822 deaths were reported to the coroner in 2019, of which 84 deaths were among homeless individuals. This is the equivalent of seven deaths per month in 2019. The majority of deaths (81%) were among males. The median age at death for men and women was 40.5 and 39.5 years, respectively. This illustrates the burden of premature mortality among this cohort.

Almost all of the deceased (93%) had a history of substance use, with a high level of polydrug use. Of the total 84 deaths, 46 were classified as poisonings. More homeless men than homeless women died from poisoning (80.4% versus 19.6%). Opioids were the most common drug group implicated in these poisonings, followed by benzodiazepines and Z-drugs.

Nearly one-quarter (24.3%) of those who died by opioid poisoning had a documented history of previous overdose. Around 4 in 10 (40.5%) opioid-related deaths occurred in homeless accommodation.

There were 38 non-poisoning deaths (31 males and 7 females). Death by hanging was responsible for 23.7% of all non-poisoning deaths, making it the leading cause of non-poisoning deaths among the sexes. Around two-thirds of those who died by hanging had a history of mental health issues (66.7%), and around 16% had a history of drug use.

Nearly 40% of cases had been in contact with medical services, with 69.7% of these having received substance use treatment in the month preceding death. More women than men (62.5% versus 33.8%) had engaged with health services prior to death.

The study reported a higher rate of premature mortality among those classified as homeless in 2019. From these data, it is clear that substance use played a significant role in these deaths. This, coupled with the high levels of mental health and medical issues among those who died, indicates that this is a vulnerable population with complex needs.

From a policy perspective, several recommendations for harm reduction strategies were proposed by this study. These strategies include: decreasing barriers in accessing treatment services and treatment retention, particularly OAT; increasing specialist training (first-aid and naloxone administration) for those who work in homeless accommodation; and strengthening mental health supports.

### Deaths where naloxone was administered, 2018–2020

A review of naloxone administration for the years 2018–2020 estimated that the lives of at least 22 people had been saved in that period (Evans et al. 2022). The report found that, of the 569 people who were administered naloxone, 9 died. The particulars of those who died were not reported, but overall 61% were male, 60% were receiving OAT, 51% had taken more than one drug, and 62% had been injecting at the time of the incident.

### Deaths due to suicide among people who use drugs

The Irish Probable Suicide Deaths Study (IPSDS) (2015–2018) published in 2022 included deaths which met the legal threshold for suicide but also deaths that are more likely than not, based on the weight of evidence, to have been suicides (Cox et al. 2022). The data used are from closed coronial inquests, collected using the NDRDI methodology.

The IPSDS showed that of the 2,349 deaths that met the inclusion criteria over the 4 years, 25% (599) had a history of drug misuse or dependency, with the most common problem drugs being cocaine (27%, 162), cannabis (20%, 112), and heroin (10%, 57). No further breakdown is available.

Of note, 13% of the overall IPSDS cohort died as a result of poisoning, with women (24%, 135) more likely to die by this method than men (178, 10%). Types of drugs implicated in the poisoning deaths are not reported. Analysis of the verdicts recorded indicated that poisoning deaths (16%) were more likely to receive an accident/misadventure verdict than a verdict of suicide, compared with other methods of death (e.g. hanging, drowning, or other trauma).

### Psychosocial and psychiatric factors preceding death by suicide: a case–control psychological autopsy study

A case–control study examined psychosocial and psychiatric factors and service engagement among people who died by suicide compared with a living control group in the Cork region (Cork city and county) (McMahon et al. 2022). This showed that, of the 132 people who died by suicide, 22.9% had a history of problem drug use compared with 9.4% of the control participants. A much higher proportion of those who died by suicide had a history of psychiatric illness (60%) compared with 18.5% of the control participants. The authors conclude that primary care providers should be adequately resourced to deliver multidisciplinary interventions in order to engage, assess, and treat

patients at risk of suicide, targeting those who present very frequently, those with a history of self-harm or substance misuse, and those with psychological presentations.

## T1.2 Drug-related acute emergencies

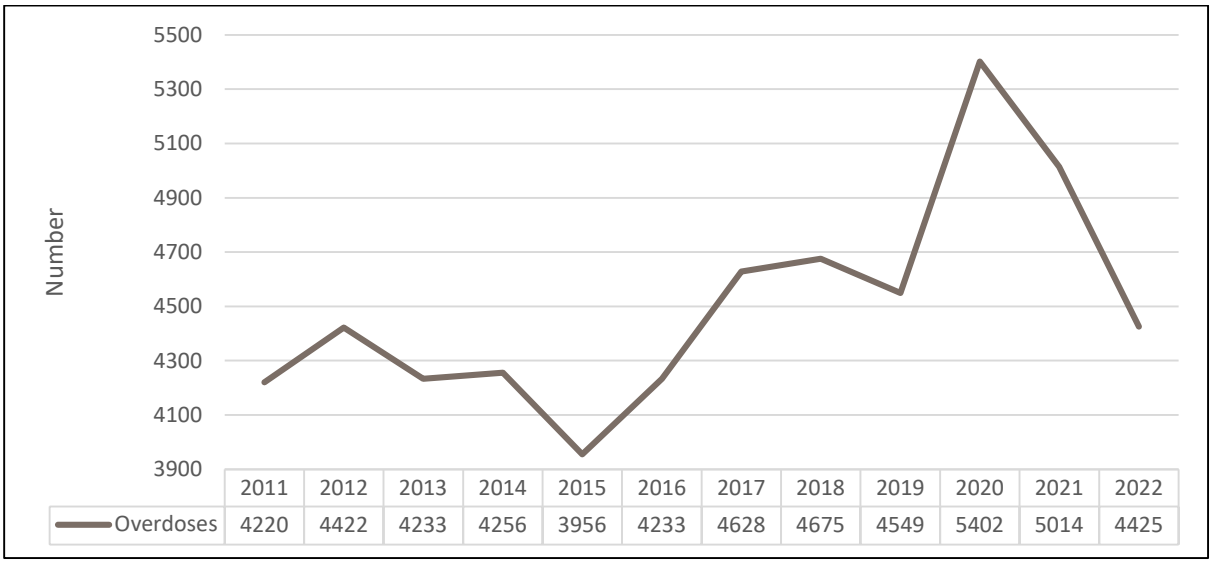
### T1.2.1 Drug-related acute emergencies

#### Non-fatal drug-related hospital admissions in Ireland, 2021 and 2022

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 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 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 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 to determine trends in non-fatal overdoses in patients discharged from Irish hospitals between 2011 and 2022. There were 5,078 overdose cases in 2021, of which 64 died in hospital, and 4,488 overdose cases in 2022, of which 63 died in hospital. Only discharged cases are included in this analysis (n=5,014 and n=4,425, respectively). The number of discharged overdose cases in 2020 was the highest recorded in 12 years, while the number of discharged overdose cases in 2022 was the lowest recorded since 2017 (see Figure T1.2.1.1).

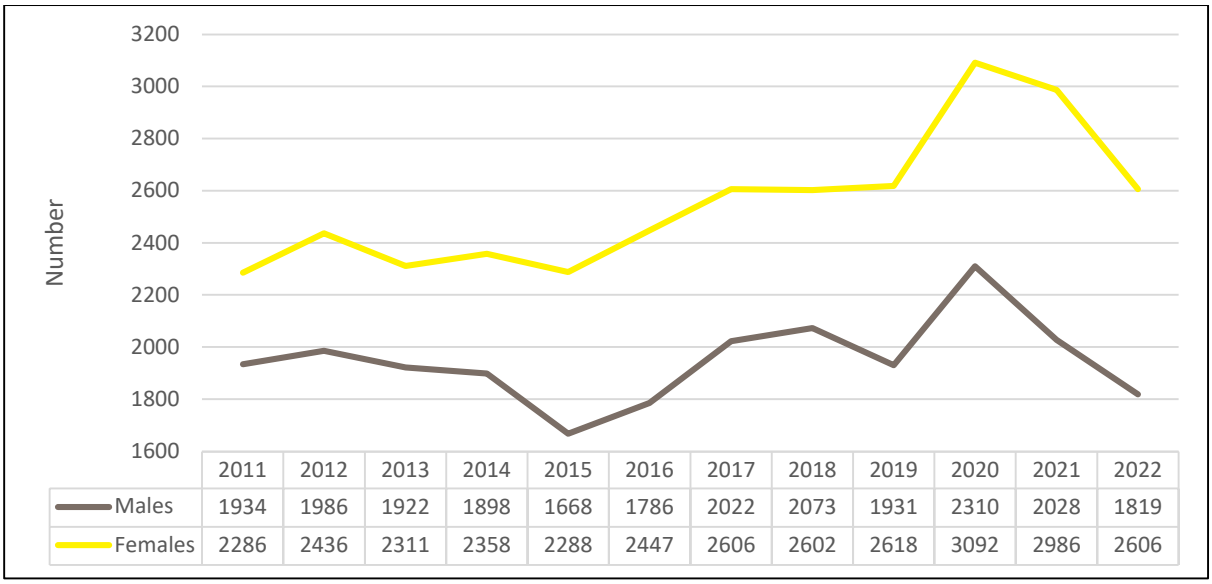



| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Overdoses | 4220 | 4422 | 4233 | 4256 | 3956 | 4233 | 4628 | 4675 | 4549 | 5402 | 5014 | 4425 |

**Figure T1.2.1.1 Number of non-fatal overdose cases admitted to Irish hospitals, by year, 2011–2022**
Source: HIPE, Healthcare Pricing Office (2023)

### Sex of overdose cases

Between 2011 and 2022, there were more overdose cases among females than males, with females accounting for 2,986 (59.6%) and 2,606 (58.9%) of all non-fatal overdose cases in 2021 and 2022, respectively (see Figure T1.2.1.2).

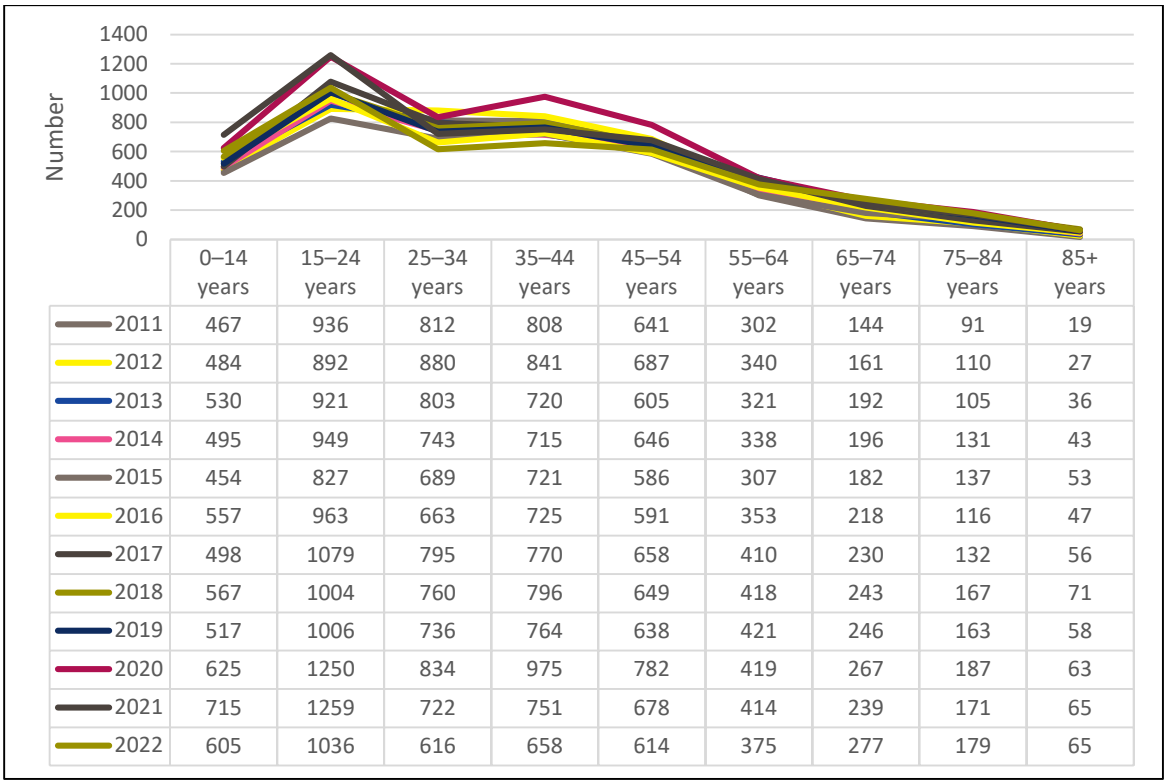



| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Males | 1934 | 1986 | 1922 | 1898 | 1668 | 1786 | 2022 | 2073 | 1931 | 2310 | 2028 | 1819 |
| Females | 2286 | 2436 | 2311 | 2358 | 2288 | 2447 | 2606 | 2602 | 2618 | 3092 | 2986 | 2606 |

**Figure T1.2.1.2 Number of non-fatal overdose cases admitted to Irish hospitals, by year and sex, 2011–2022**
Source: HIPE, Healthcare Pricing Office (2023)

### 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 2021 and 2022 peaked in the 15–24-age group (see Figure T1.2.1.3). In 2022, some 37.1% of cases were under 25 years of age.




| | 0–14 years | 15–24 years | 25–34 years | 35–44 years | 45–54 years | 55–64 years | 65–74 years | 75–84 years | 85+ years |
|---|---|---|---|---|---|---|---|---|---|
| 2011 | 467 | 936 | 812 | 808 | 641 | 302 | 144 | 91 | 19 |
| 2012 | 484 | 892 | 880 | 841 | 687 | 340 | 161 | 110 | 27 |
| 2013 | 530 | 921 | 803 | 720 | 605 | 321 | 192 | 105 | 36 |
| 2014 | 495 | 949 | 743 | 715 | 646 | 338 | 196 | 131 | 43 |
| 2015 | 454 | 827 | 689 | 721 | 586 | 307 | 182 | 137 | 53 |
| 2016 | 557 | 963 | 663 | 725 | 591 | 353 | 218 | 116 | 47 |
| 2017 | 498 | 1079 | 795 | 770 | 658 | 410 | 230 | 132 | 56 |
| 2018 | 567 | 1004 | 760 | 796 | 649 | 418 | 243 | 167 | 71 |
| 2019 | 517 | 1006 | 736 | 764 | 638 | 421 | 246 | 163 | 58 |
| 2020 | 625 | 1250 | 834 | 975 | 782 | 419 | 267 | 187 | 63 |
| 2021 | 715 | 1259 | 722 | 751 | 678 | 414 | 239 | 171 | 65 |
| 2022 | 605 | 1036 | 616 | 658 | 614 | 375 | 277 | 179 | 65 |

**Figure T1.2.1.3 Non-fatal overdose cases admitted to Irish hospitals, by year and age group, 2011–2022**

Source: HIPE, Healthcare Pricing Office (2023)

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

Table T1.2.2.1 presents the positive findings per category of drugs and other substances involved in all cases of overdose in 2021 and 2022. Non-opioid analgesics were present in 1,978 and 1,716 cases in 2021 and 2022, respectively. Paracetamol is included in this drug category and was present in 1,692 and 1,473 cases in 2021 and 2022, respectively. Benzodiazepines and psychotropic agents were taken in 786 and 993 cases in 2022, respectively. There was evidence of alcohol consumption in 287 cases in 2022, compared with 352 cases in 2021. Cases involving alcohol are included in this analysis only when alcohol was used in conjunction with another substance.

**Table T1.2.2.1 Categories of drugs involved in non-fatal overdose cases admitted to Irish hospitals, 2021–22**

| Drug category | 2021 | 2022 |
|---|---|---|
| Non-opioid analgesics | 1,978 | 1,716 |
| ***Paracetamol (4-aminophenol derivatives)*** | 1,692 | 1,473 |
| Benzodiazepines | 868 | 786 |
| Psychotropic agents | 1,237 | 993 |
| Anti-epileptic/sedative/anti-Parkinson agents | 2,172 | 1,818 |
| Narcotics and hallucinogens | 988 | 941 |
| Alcohol* | 352 | 287 |
| Systemic and haematological agents | 219 | 218 |
| Cardiovascular agents | 167 | 178 |
| Autonomic nervous system | 157 | 142 |
| Anaesthetics | 43 | 59 |

| | | |
|---|---|---|
| Hormones | 159 | 164 |
| Systemic antibiotics | 55 | 68 |
| Gastrointestinal agents | 101 | 104 |
| Other chemicals and noxious substances | 303 | 266 |
| Diuretics | 51 | 49 |
| Muscle and respiratory agents | 41 | 27 |
| Topical agents | 48 | 39 |
| Anti-infectives/antiparasitics | 35 | 23 |
| Other gases and vapours | 44 | 41 |
| Other and unspecified drugs | 1,004 | 944 |

Source: HIPE, Healthcare Pricing Office (2023)
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 T1.2.2.1 shows positive findings of illicit substances among overdose cases in 2021 and 2022. Opioids were used in 15.2% (n=765) and 16.7% (n=742) of cases; cocaine in 5.2% (n=261) and 5.3% (n=236) of cases; and cannabis in 2.3% (n=119) and 2.0% (n=90) of cases in 2021 and 2022, respectively. No overdose cases (or five or fewer) involving lysergic acid diethylamide (LSD) or other hallucinogens were recorded for either year.

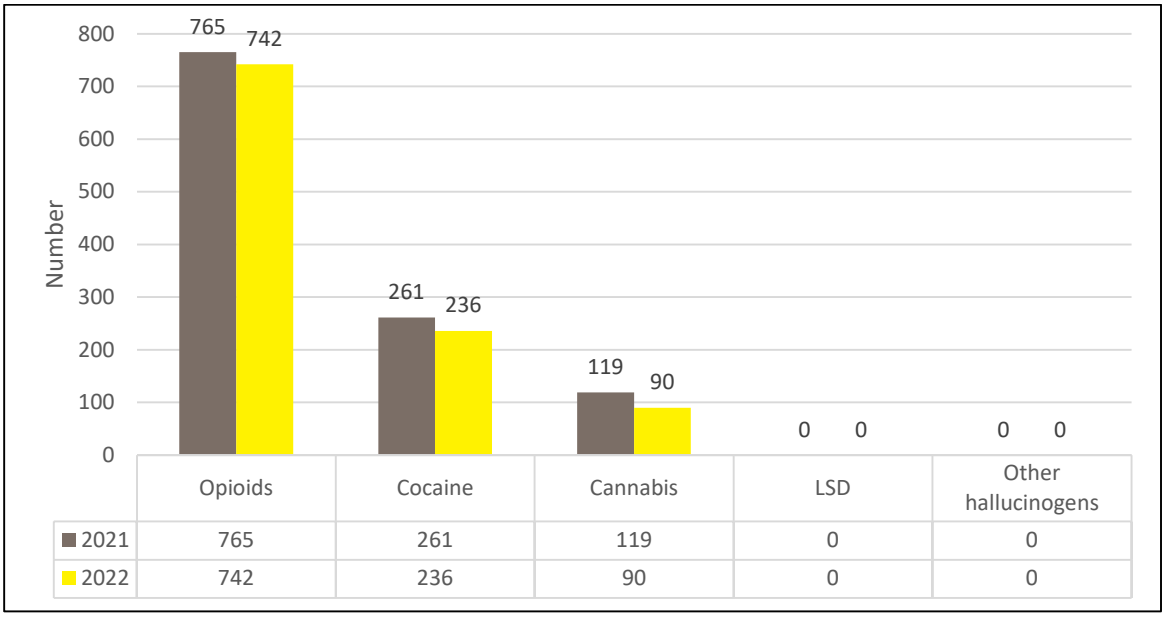



**Figure T1.2.2.1 Narcotics and hallucinogens involved in non-fatal overdose cases admitted to Irish hospitals, 2021–22**
Source: HIPE, Healthcare Pricing Office (2023)

### Overdoses classified by intent

For 64.4% (n=3,231) of cases in 2021 and 64.2% (n=2,841) of cases in 2022, the overdose was classified as intentional (see Figure T1.2.2.2). For 9.1% (n=458) of cases in 2021 and 9.6% (n=424) of cases in 2022, classification of intent was not clear.

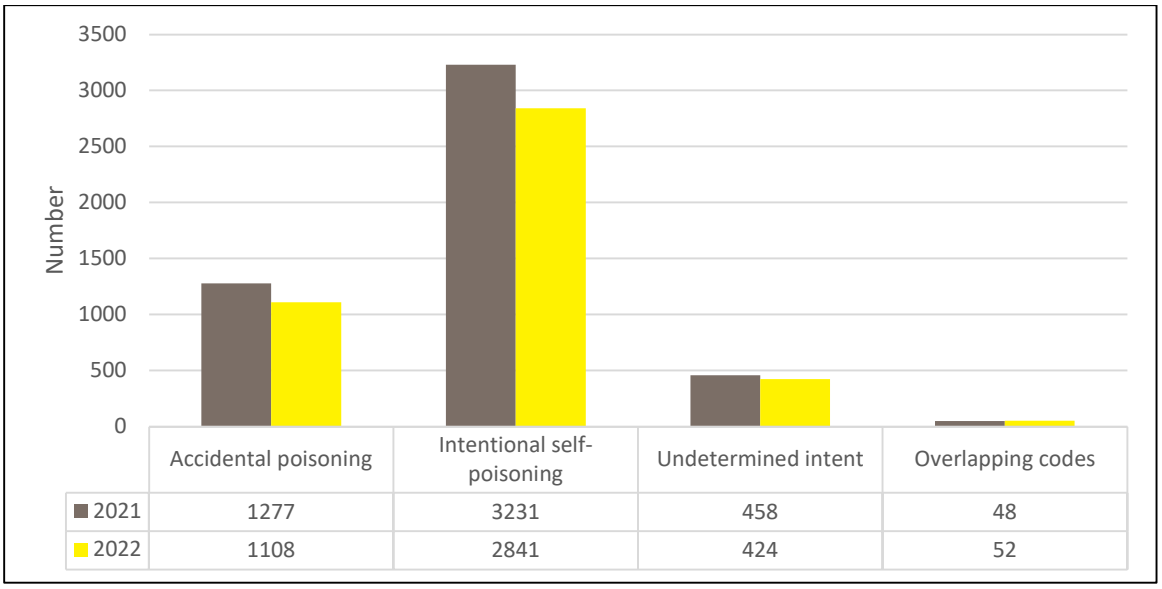



**Figure T1.2.2.2 Non-fatal overdose cases admitted to Irish hospitals, classified by intent, 2021–22**
Source: HIPE, Healthcare Pricing Office (2023)

Table T1.2.2.2 presents the positive findings per category of drugs and other substances involved in cases of intentional self-poisoning in 2021 (n=3,231) and 2022 (n=2,841). In 2022, non-opioid analgesics were involved in 1,454 cases, benzodiazepines in 516 cases, and psychotropic agents in 821 cases.

**Table T1.2.2.2 Categories of drugs involved in intentional self-poisoning cases admitted to Irish hospitals, 2021–22**

| Drug category | 2021 | 2022 |
|---|---|---|
| Non-opioid analgesics | 1,665 | 1,454 |
| Benzodiazepines | 560 | 516 |
| Psychotropic agents | 974 | 821 |
| Anti-epileptic/sedative/anti-Parkinson agents | 1,554 | 1,327 |
| Narcotics and hallucinogens | 462 | 462 |
| Alcohol* | 256 | 222 |
| Systemic and haematological agents | 135 | 152 |
| Cardiovascular agents | 101 | 119 |
| Autonomic nervous system | 104 | 107 |
| Anaesthetics | 10 | 15 |
| Hormones | 93 | 104 |
| Systemic antibiotics | 37 | 45 |
| Gastrointestinal agents | 71 | 79 |
| Other chemicals and noxious substances | 97 | 99 |
| Diuretics | 26 | 25 |
| Muscle and respiratory agents | 28 | 17 |
| Topical agents | 9 | 16 |
| Anti-infectives/antiparasitics | 22 | 14 |
| Other gases and vapours | 8 | 7 |
| Other and unspecified drugs | 558 | 544 |

Source: HIPE, Healthcare Pricing Office (2023)

Note: As some discharges may be included in 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.

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

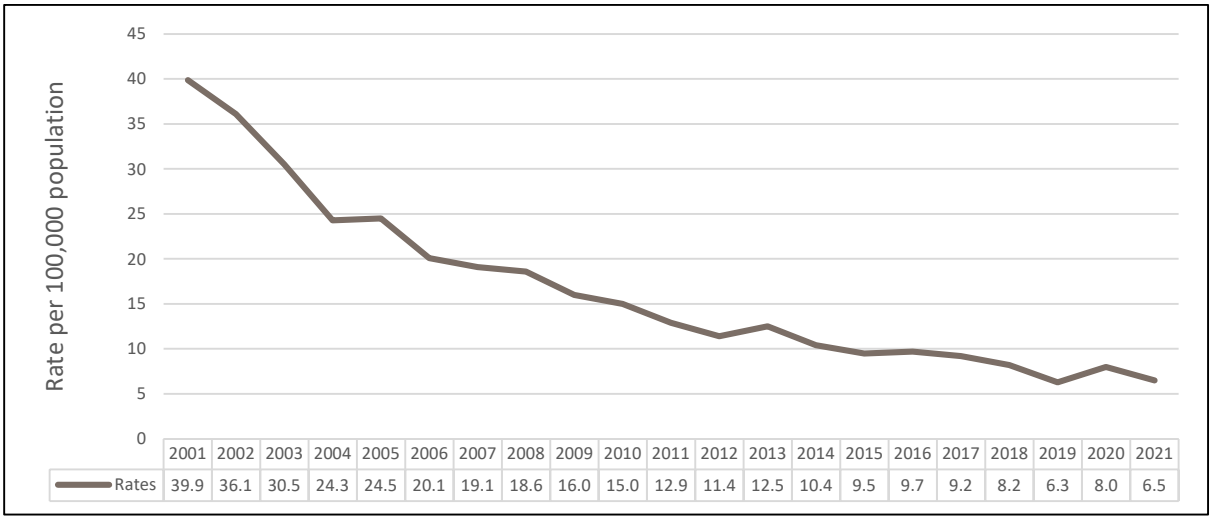
See Section T1.2.1 for information regarding trends in drug-related acute emergencies in Ireland.

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

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

The report published by the HRB Mental Health Information Systems Unit, *Annual Report on the Activities of Irish Psychiatric Units and Hospitals 2021*, shows that the rate of new admissions to inpatient care for alcohol disorders has decreased (Daly and Craig 2022).

In 2021, 758 cases were admitted to psychiatric facilities with an alcohol disorder, of whom 311 were treated for the first time. Figure T1.2.4.1 presents the rates of first admission between 2001 and 2021 for cases with a diagnosis of an alcohol disorder. The admission rate in 2021 was lower than the previous year, and trends over time indicate an overall decline in first admissions. Just over one-third (35.2%) of cases hospitalised for an alcohol disorder in 2021 stayed under 1 week, while 29.8% of cases were hospitalised for between 1 and 3 months, similar to previous years.




| | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Rates | 39.9 | 36.1 | 30.5 | 24.3 | 24.5 | 20.1 | 19.1 | 18.6 | 16.0 | 15.0 | 12.9 | 11.4 | 12.5 | 10.4 | 9.5 | 9.7 | 9.2 | 8.2 | 6.3 | 8.0 | 6.5 |

**Figure T1.2.4.1 Rates of psychiatric first admission of cases with a diagnosis of an alcohol disorder per 100,000 of population in Ireland, 2001–2021**
Source: Daly and Craig (2022)

In 2021, 976 cases were also admitted to psychiatric facilities with a drug disorder. Of these cases, 410 were treated for the first time. Figure T1.2.4.2 presents the rates of first admission between 2001 and 2021 of cases with a diagnosis of a drug disorder. The admission rate in 2021 was lower than that of the previous year, although trends over time indicate an overall increase in the rate of first admission with a drug disorder since 2011. 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.

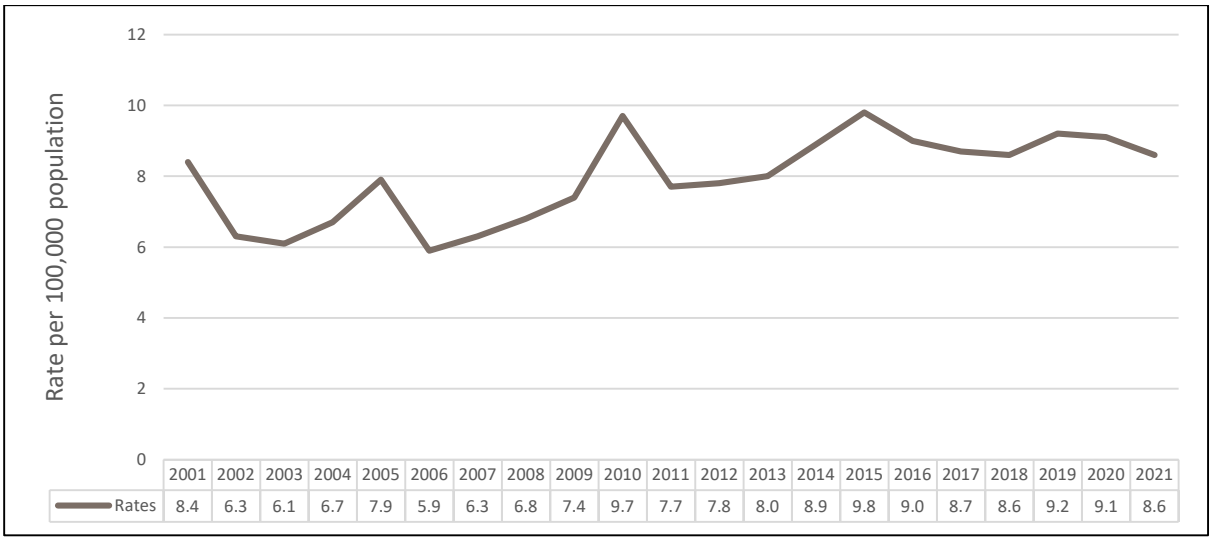



**Figure T1.2.4.2 Rates of psychiatric first admission of cases with a diagnosis of a drug disorder per 100,000 of population in Ireland, 2001–2021**
Source: Daly and Craig (2022)

Other notable statistics on admissions for a drug disorder in 2021 include the following:

- Just under one-half (47.2%) of cases hospitalised for a drug disorder stayed under 1 week, while 99.2% were discharged within 3 months. It should be noted that admissions and discharges represent episodes or events and not persons.
- 18.8% of first-time admissions were involuntary.
- Similar to previous years, the rate of first-time admissions was higher for men (13.5 per 100,000 population) than for women (3.8 per 100,000 population).

## 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, 2022

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 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. The figures and tables presented in this summary are based on data extracted from the Computerised Infectious Disease Reporting (CIDR) system in July 2023. 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, 2022**

According to data compiled by the HPSC, at the end of 2022, 887 people were newly diagnosed with HIV in Ireland, a notification rate of 18.6. per 100,000 population. This marks an increase of 120% compared with 2021 (n=403) (see Figure T1.3.1.1).

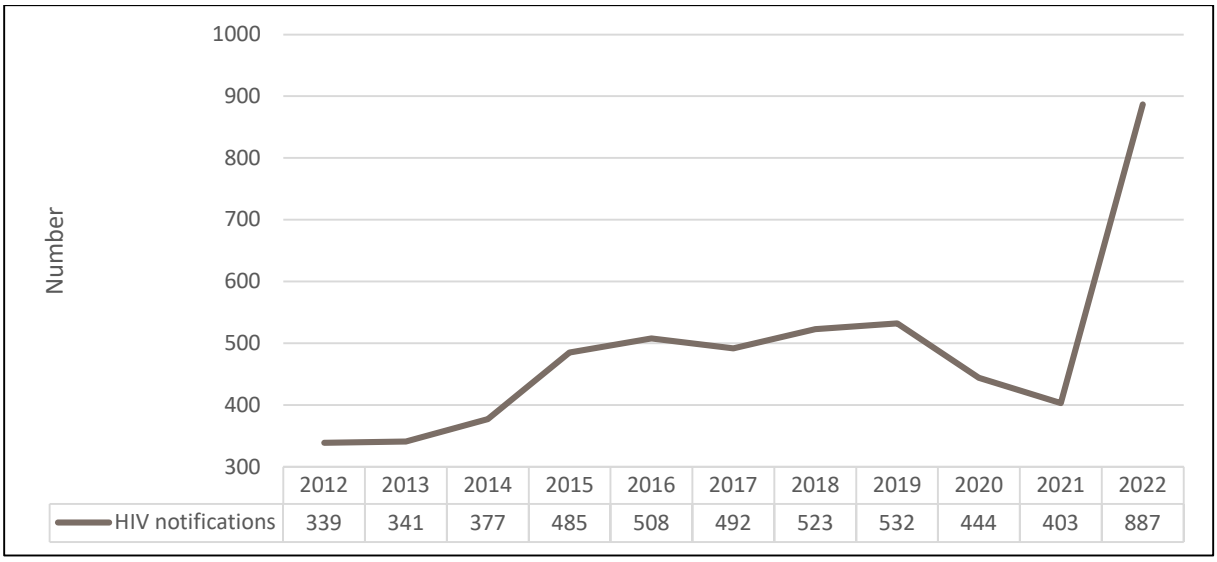



**Figure T1.3.1.1 Number of new HIV notifications reported in Ireland, by year of notification, 2012–2022**

Source: HSE and HPSC (2023)

Of the HIV notifications in 2022 for whom risk factor data were available, 35 were of PWID, compared with 7 in 2021 (see Table T1.3.1.1). The figure for 2022 is the highest number of PWID among HIV notifications since 2015 (see Figure T1.3.1.2).

**Table T1.3.1.1 New HIV notifications reported to the HPSC by risk factor status, 2022**

| Risk factor status | Number |
|---|---|
| Total number of cases | 887 |
| Cases *with* reported risk factor data | 715 |
| Of which: | |
| Male | 584 |
| Female | 303 |
| Gender unknown | 0 |
| Injecting drug users | 35 |
| Men who have sex with men | 354 |
| Recipient of blood/blood products | 1 |
| Other risk factors | 325 |
| No known risk factor identified | 0 |
| Cases *without* reported risk factor data | 172 |

Source: HSE and HPSC (2023)

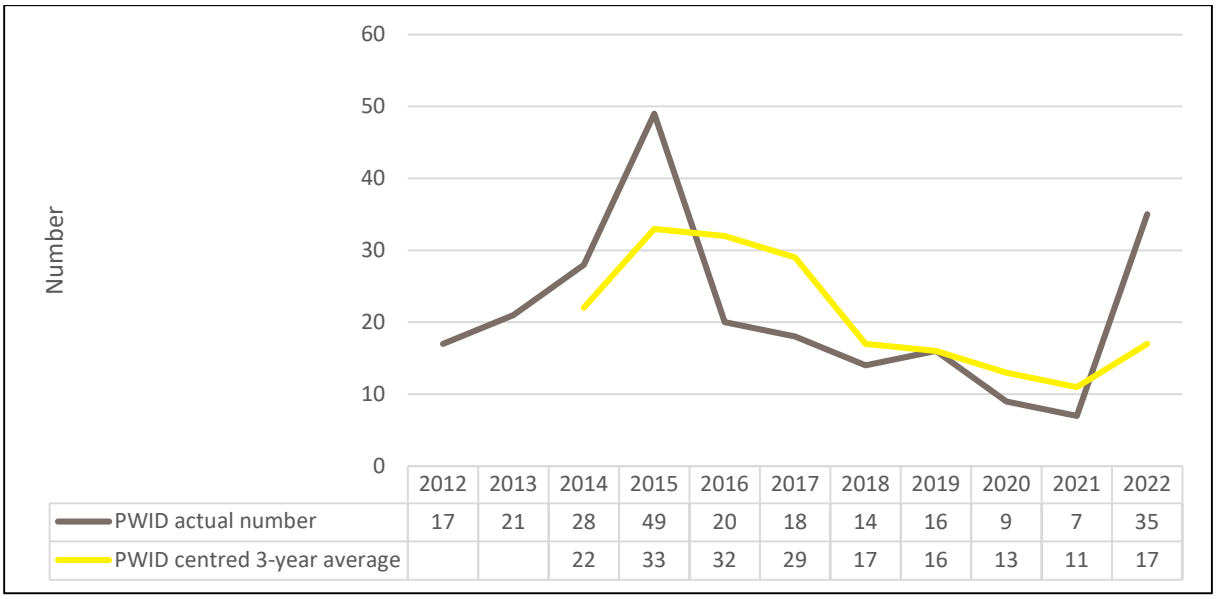



**Figure T1.3.1.2 Number and rolling average number of PWID among HIV notifications reported in Ireland, by year of notification, 2012–2022**
Source: HSE and HPSC (2023)

Of the 35 PWID among HIV notifications in 2022, 28 were male and 7 were female, with a median age of 44 years. One subject was aged under 25 years (see Table T1.3.1.2). The increased number of PWID among HIV notifications in 2014–15 was due to an outbreak of HIV among homeless people in Dublin who use 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 T1.3.1.2 Characteristics of new HIV notifications who reported injecting drug use as a risk factor, 2022**

| Known injector cases | Number |
|---|---|
| Total number of known injector cases | 35 |
| **Sex** | |
| Male | 28 |
| Female | 7 |
| Gender unknown | 0 |
| **Age** | |
| Mean age | 44.6 |
| Median age | 44 |
| Under 25 years | 1 |
| 25–34 years | 2 |
| Age unknown | 0 |
| **Place of residence** | |
| Dublin, Kildare, or Wicklow | 13 |
| Elsewhere in Ireland | 22 |

Source: HSE and HPSC (2023)

### HBV notifications, 2022

There were 515 notifications of HBV in Ireland in 2022, a notification rate of 10 per 100,000 population. This was an increase of 20% on 2021, when there were 429 notifications. Although provisional data on HBV notifications in 2020 and 2021 are lower than those reported before the COVID-19 pandemic, it should be noted that recent trends over the last 10 years have suggested that the number of cases diagnosed and notified is stabilising rather than declining (see Figure T1.3.1.3).

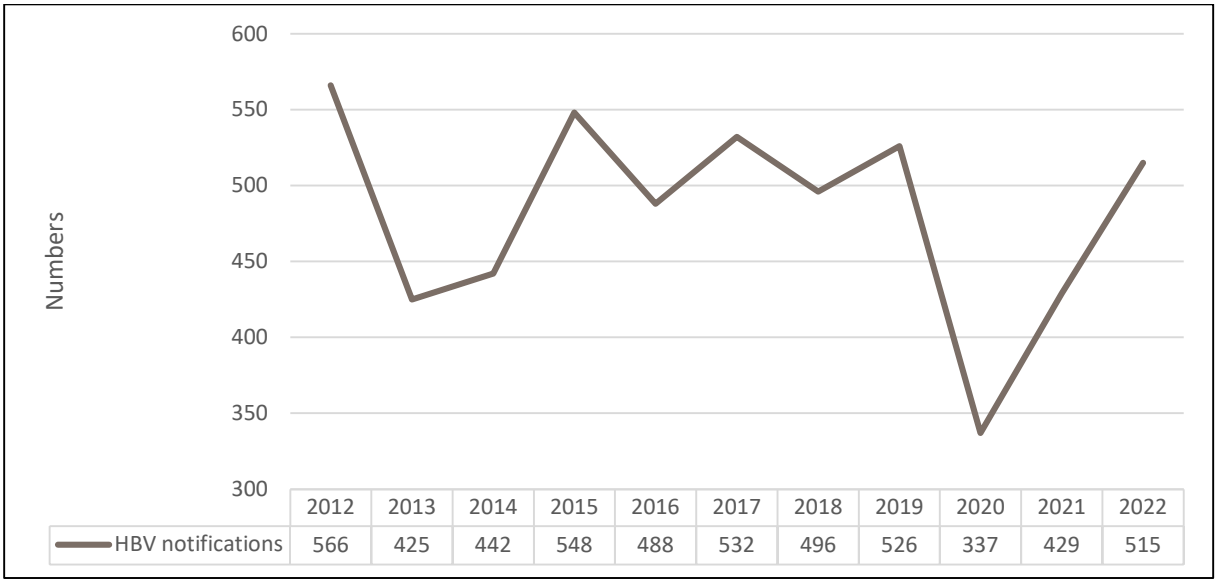



**Figure T1.3.1.3 Number of HBV notifications reported in Ireland, by year of notification, 2012–2022**
Source: HSE and HPSC (2023)

Of the 515 notifications in 2022, 95.9% (n=494) were chronically infected (long-term infection), while 2.5% (n=13) were acutely infected (recent infection). Risk factor data were available for 11 of the acute cases notified in 2022. Of these acute cases, none was an injecting drug user (see Table T1.3.1.3).

**Table T1.3.1.3 Acute and chronic new HBV cases reported to the HPSC, 2022**

| HBV status | Acute (n) | Chronic (n) | Unknown (n) |
|---|---|---|---|
| Total number of cases | 13 | 494 | 8 |
| Percentage of cases by status | 2.5 | 95.9 | 1.6 |
| Cases *with* reported risk factor | 11 | 263 | 3 |
| Percentage of cases with risk factor data | 85 | 53 | 37.5 |
| Of which: | | | |
| Injecting drug users | 0 | 3 | 0 |
| Cases *without* reported risk factor data | 2 | 231 | 5 |

Source: HSE and HPSC (2023)
Data excluding proxy risk factor of being born in endemic country/asylum seeker.

### HCV notifications, 2022

There were 480 HCV notifications in Ireland in 2022, an increase of 14.3% on 2021, when there were 420 notifications (see Figure T1.3.1.4). The notification rate for 2022 was 9.3 per 100,000 population. There has been a downward trend in HCV notifications since peak numbers (n=1,538) 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 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.

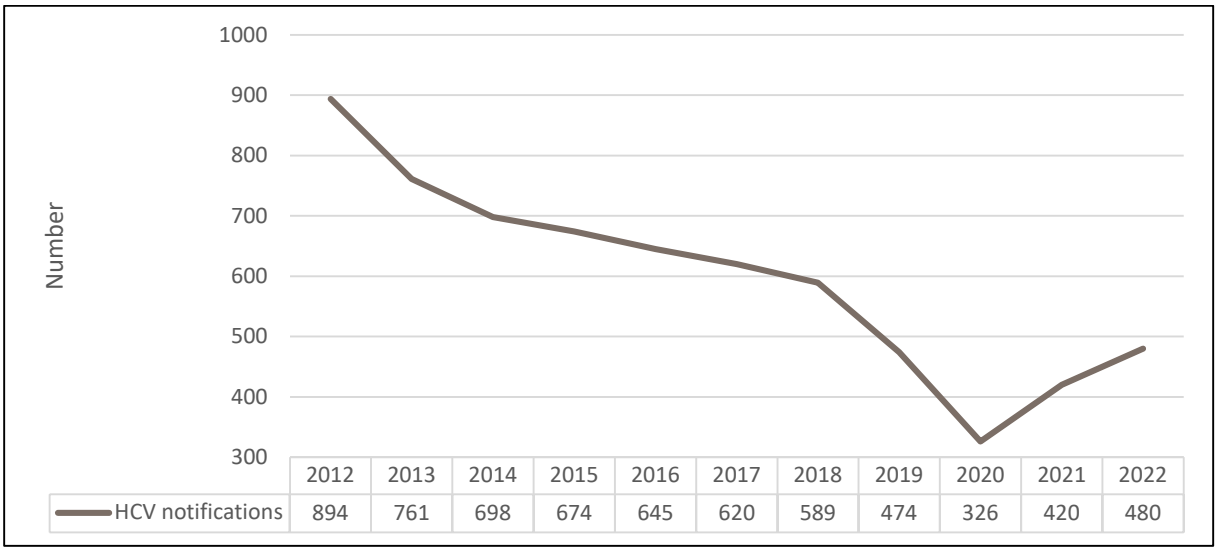



**Figure T1.3.1.4 Number of HCV notifications reported in Ireland, by year of notification, 2012–2022**
Source: HSE and HPSC (2023)

Information on the most likely risk factor was available for 30.0% (n=144) of cases in 2022 (see Table T1.3.1.4). Of cases with risk factor data, 96 were PWID and 5 were infected through contaminated blood products. No risk factors were identified for nine cases for whom risk factor data were available despite public health follow-up.

**Table T1.3.1.4 New HCV cases reported to the HPSC, by risk factor status, 2022**

| Risk factor status | Number |
|---|---|
| Total number of cases | 480 |
| Cases *with* reported risk factor data | 144 |
| Of which: | |
| Injecting drug users | 96 |
| Recipient of blood/blood products | 5 |
| Other risk factors | 34 |
| No known risk factor identified | 9 |
| Cases *without* reported risk factor data | 336 |

Source: HSE and HPSC (2023)

Of the PWID among HCV notifications in 2021, 74 were male and 22 were female, with a median age of 40 years. Four subjects were aged under 25 years, and 49% of all cases resided in Dublin, Kildare, or Wicklow (see Table T1.3.1.5). It should be noted that the number of cases that were PWID among provisional HCV notification data for 2021 is likely to be a significant underestimate, as risk factor data were not available for a large number of cases. Data for 2022 will improve as further validation work is carried out.

**Table T1.3.1.5 Characteristics of new HCV notifications who reported injecting drug use as a risk factor, 2022**

| Known injector cases | Number |
|---|---|
| Total number of known injector cases | 96 |
| **Sex** | |
| Male | 74 |
| Female | 22 |
| Gender unknown | 0 |
| **Age** | |
| Mean age | 40.7 |
| Median age | 40 |
| Under 25 years | 4 |
| 25–34 years | 26 |
| Over 34 years | 66 |
| Age unknown | 0 |
| **Place of residence** | |
| Dublin, Kildare, or Wicklow | 47 |
| Elsewhere in Ireland | 49 |

Source: HSE and HPSC (2023)

## 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, the Irish Focal Point to the EMCDDA, 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 very high rates (19%) of HIV among PWID (Long et al. 2006). The most recent peer-reviewed study of a sample of 134 patients attending 14 GPs in the Dublin north inner city area who prescribe OAT 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 people who inject drugs 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).

In this study, published in the journal *Addiction*, data on new diagnoses of HIV among PWID, as reported by the HPSC, were examined. 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 T1.3.3.1 shows the numbers of new diagnoses of HIV among PWID during the first half of the study period (2000–2009) compared with the second (2010–2018). Although there was a small increase in the number of males diagnosed with HIV, this finding was not statistically significant. There was a relative increase in HIV cases among older adults, while those born outside of Ireland accounted for a growing minority of cases (14.7% to 28.0%).

**Table T1.3.3.1 Comparison of new diagnoses of HIV in Ireland between 2000–2009 and 2010–2018**

| Variable | 2000–2009 n (%) | 2010–2018 n (%) | Total n | *p* |
|---|---|---|---|---|
| **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 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 early cohorts of 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 <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 in PWID attending opioid substitution treatment (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% 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

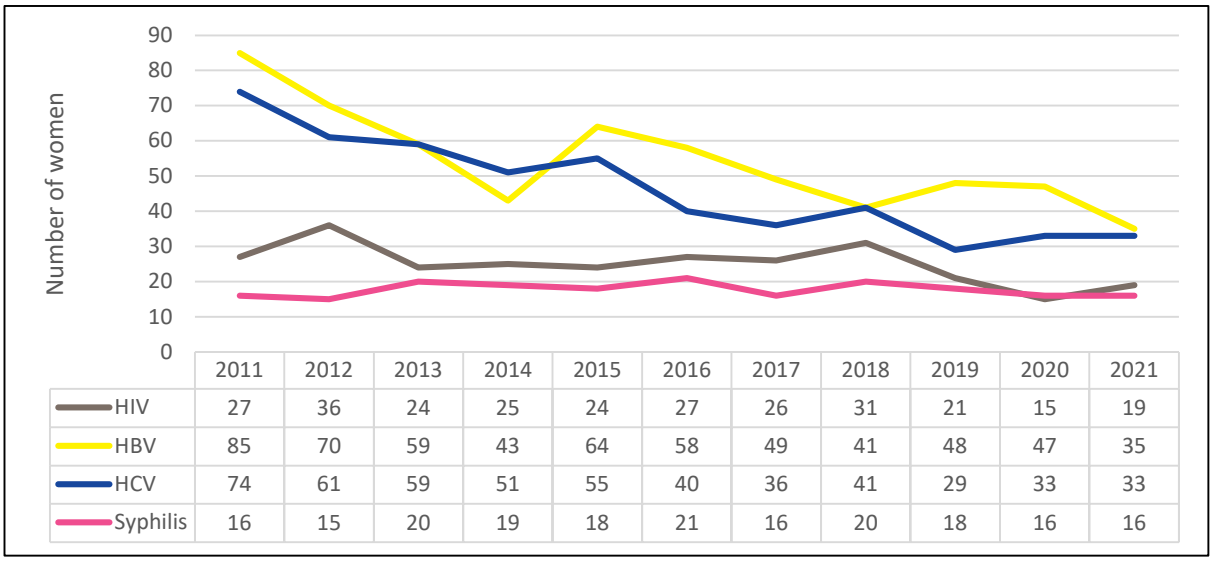
#### DOVE Service, Rotunda Hospital annual report, 2021

The Danger of Viral Exposure (DOVE) Service in the Rotunda Hospital, Dublin was established 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 substance use. Figures from the service for 2021 were published in the hospital's annual report in 2022 (The Rotunda Hospital 2022).

**Clinical activity**

Figure T1.3.6.1 shows the number of women who booked into the DOVE Service for antenatal care each year during the period 2011–2021. It also shows the diagnosis of viral disease for these women. During 2021, 166 women booked into the DOVE Service for antenatal care. Of these:

- 19 (18%) women were positive for HIV infection.
- 35 (33%) women were positive for HBV surface antigen.
- 33 (30%) women were positive for HCV antibody.
- 16 (15%) women had positive treponemal serology (syphilis).




| | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| HIV | 27 | 36 | 24 | 25 | 24 | 27 | 26 | 31 | 21 | 15 | 19 |
| HBV | 85 | 70 | 59 | 43 | 64 | 58 | 49 | 41 | 48 | 47 | 35 |
| HCV | 74 | 61 | 59 | 51 | 55 | 40 | 36 | 41 | 29 | 33 | 33 |
| Syphilis | 16 | 15 | 20 | 19 | 18 | 21 | 16 | 20 | 18 | 16 | 16 |

**Figure T1.3.6.1 DOVE Service bookings by year, 2011–2021**

Source: The Rotunda Hospital (2022)

In addition to the figures presented in Figure T1.3.6.1, 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 2021. Table T1.3.6.1 summarises the outcome of patients who actually delivered during 2021. Of these patients, 15 were HIV-positive, 40 were HBV-positive, 35 were HCV-positive, and 14 had syphilis. During 2021, some 103 women were referred to the Drug Liaison Midwife (DLM) service, including 39 women who had a history of opioid addiction and were engaged in a methadone maintenance programme. There were a total of 60 deliveries to mothers under the DLM service in 2021, of which 35 were on prescribed methadone programmes.

**Table T1.3.6.1 Deliveries to mothers attending the DOVE Service who were positive for HIV, HBV, HCV, or syphilis, or who were attending the DLM, 2021**

| Mother's status | HIV-positive | HBV-positive | HCV-positive | Syphilis-positive | DLM |
|---|---|---|---|---|---|
| Total mothers delivered <500 g (including miscarriage) | 0 | 3* | 1 | 0 | 0 |
| Total mothers delivered ≥500 g | 15 | 37* | 34 | 14 | 60 |
| Live infants | 15 | 38 | 34 | 14 | 60 |
| Miscarriage | 0 | 3* | 0 | 0 | 0 |
| Stillbirth | 0 | 0 | 0 | 0 | 1 |
| Infants <37 weeks' gestation | 2 | 6 | 6 | 2 | 12 |
| Infants ≥37 weeks' gestation | 13 | 32 | 29 | 12 | 49 |
| Caesarean section | 8 | 12 | 13 | 5 | 25 |
| HIV, HBV, HCV, or syphilis-positive infants | 0 | 0** | 0** | 0 | – |
| Maternal median age | 32 | 32 | 32 | 30 | – |

Source: The Rotunda Hospital (2022)

* One set of twins.

** Final serology test not yet available for all infants.

DLM = Drug Liaison Midwife

## 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 opportunities 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, DLMs 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). In this study, published in the *European Journal of Obstetrics & Gynecology and Reproductive Biology*, all women with opioid use disorder (OUD) or substance use in pregnancy delivered under this service between 2010 and 2019 were included. Data were collected by combining electronic and hand-held 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 delivered, 525 had OUD or substance use in pregnancy (1 in every 160 women booking into the service). Some 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 years, there was a significant reduction in women delivered with 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 opioid substitute treatment (RR=0.66, 95% CI: 0.51–0.87).
- Rates of cocaine and cannabis consumption increased (20.6%, RR=3.8, 95% CI: 1.57–9.44; 24%, RR=3.7, 95% CI: 1.58–8.86, respectively).

**Conclusions**

The authors noted that the study shows a change in the profile of the 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

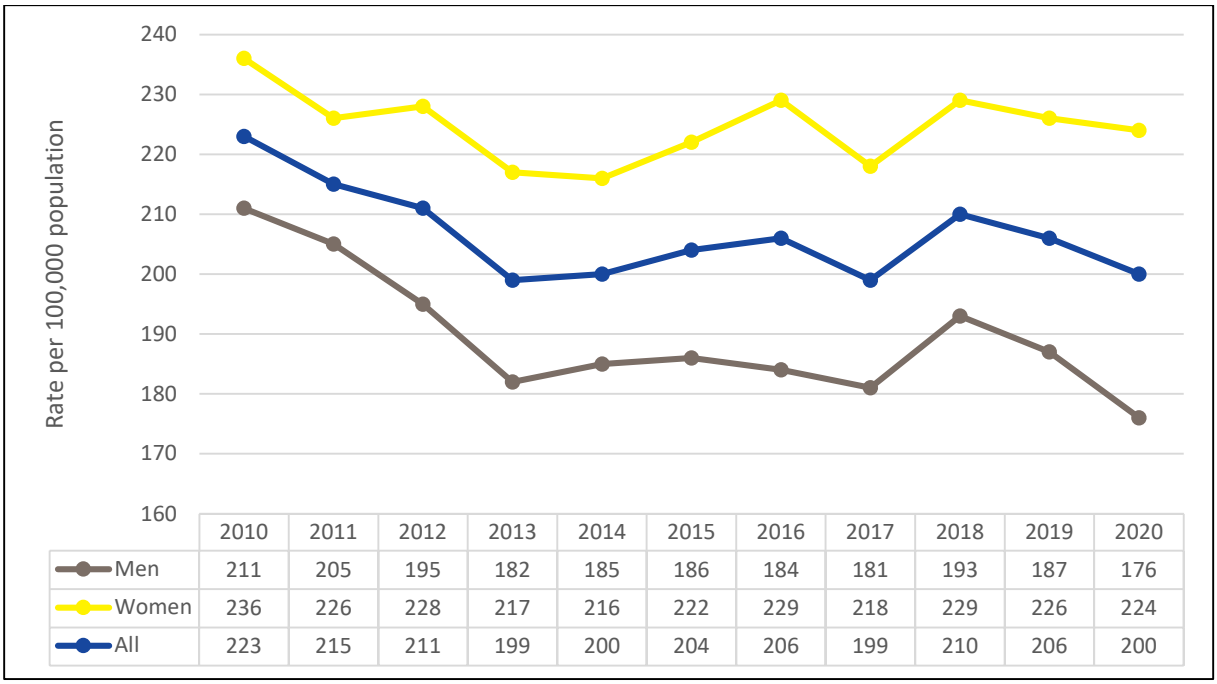
### National Self-Harm Registry Ireland Annual Report 2020

The 2020 annual report from the National Self-Harm Registry Ireland was published in 2022 (Joyce et al. 2022). The report contains information relating to every recorded presentation of deliberate self-harm to acute hospital emergency departments in Ireland in 2020 and complete national coverage 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**

There were an estimated 12,553 recorded presentations of deliberate self-harm in 2020, involving 9,550 individuals. Taking the population into account, the age-standardised rate of individuals presenting to hospital in Ireland following self-harm was 200 per 100,000 population (see Figure T1.4.1.1). This was a decrease of 3% compared with the rate recorded in 2019 (206 per 100,000) and 10% lower than the peak rate recorded by the registry in 2010 (223 per 100,000).

In 2020, the national male rate of self-harm was 176 per 100,000 population, 6% lower than in 2019. The female rate was 224 per 100,000 population, which was 1% lower than in 2019. With regard to age, the peak rate for men was in the 25–29 years age group, at 430 per 100,000 population. The peak rate for women was among the 15–19 years age group, at 779 per 100,000 population.




| | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Men | 211 | 205 | 195 | 182 | 185 | 186 | 184 | 181 | 193 | 187 | 176 |
| Women | 236 | 226 | 228 | 217 | 216 | 222 | 229 | 218 | 229 | 226 | 224 |
| All | 223 | 215 | 211 | 199 | 200 | 204 | 206 | 199 | 210 | 206 | 200 |

**Figure T1.4.1.1 Person-based rate of deliberate self-harm from 2010 to 2020, by sex**
Source: National Suicide Research Foundation (2022)
'All' in the legend refers to the rate for both men and women per 100,000 population.

### Self-harm and drug and alcohol use

Intentional drug overdose (IDO) was the most common form of deliberate self-harm reported in 2020, occurring in 7,426 (62.2%) episodes. As observed in 2019, overdose rates were higher among women (65%) than among men (58.6%). Minor tranquillisers and major tranquilisers were involved in 33% and 10% of drug overdose acts, respectively. In total, 33% of male and 48% of female overdose cases involved analgesic drugs, most commonly paracetamol, which was involved in 31% of all drug overdose acts. In 66% 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.

Although the proportion of self-harm presentations to hospital involving IDO in 2020 was similar to that recorded in 2019 (62%), there was an increase in self-harm presentations involving street/illegal drugs. Since 2007, the rate per 100,000 population of IDO involving illegal drugs has increased by 100% (from 9.9 to 19.6 per 100,000). The male rate has increased by 91% (from 14.6 to 27.9 per 100,000), while the female rate has increased by 111% (from 5.3 to 11.2 per 100,000) (see Figure T1.4.1.2).

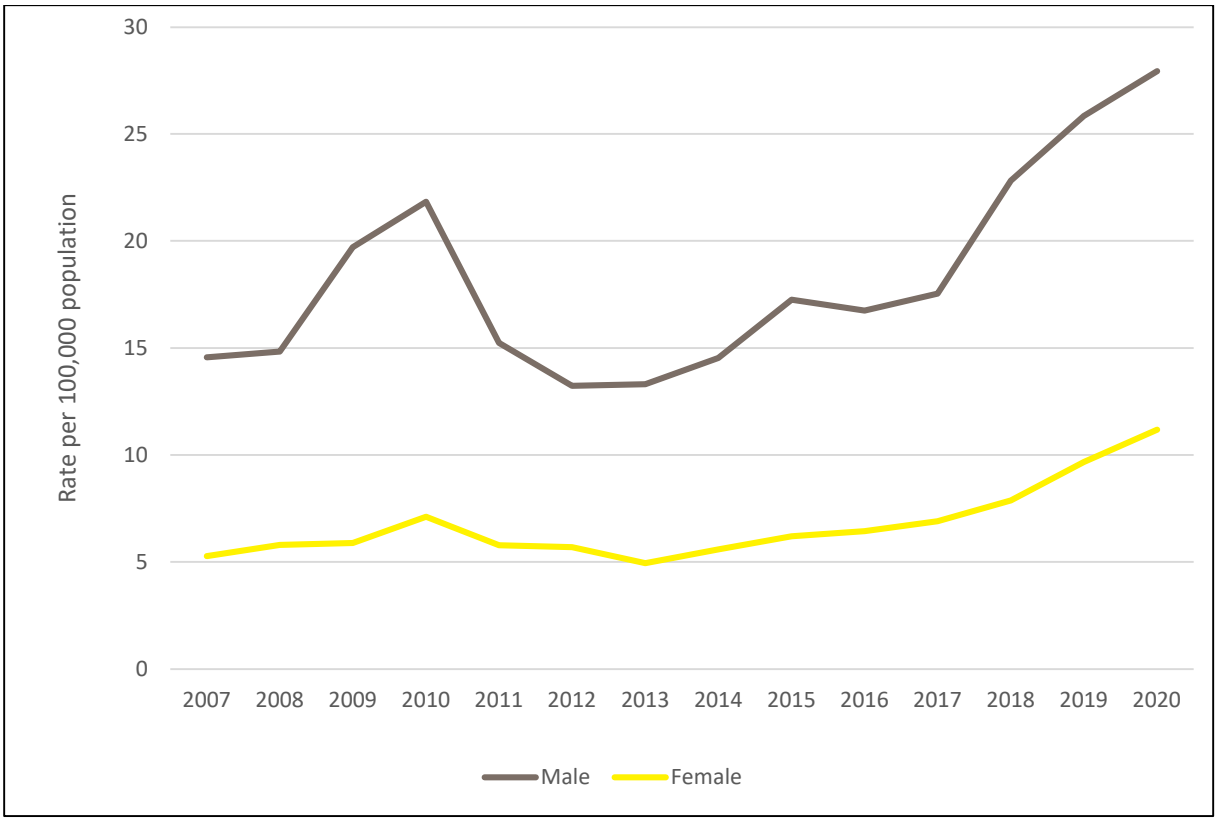



**Figure T1.4.1.2 Trends in rate of intentional drug overdose involving illegal drugs from 2007 to 2020, by sex**
Source: National Suicide Research Foundation (2022)

Cocaine and cannabis were the most common street drugs recorded by the registry in 2020, present in 8% and 4% of overdose acts, respectively. Cocaine was more common among men than women and was involved in 23% of overdose acts by 25–34-year-olds. Cannabis was most common among men aged 15–24 years and was present in 11% of overdose acts. Alcohol was involved in 33% of presentations and was more often involved in male episodes of self-harm than female episodes (38% versus 28%, respectively).

**Recommendations**

In 2020, there was a further increase in the proportion of presentations by persons experiencing homelessness. The authors of the report noted that this group of individuals represents a particularly vulnerable population – at high risk of repetition and mortality from all causes – and that further work to examine the specific risk and protective factors associated with self-harm among persons experiencing homelessness is required.

### Adolescent Addiction Service report, 2023

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 2023, the AAS published a report detailing referrals for 2022 (Adolescent addiction service 2023).

**Referrals**

In 2022, AAS worked with 53 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 (76%), while 7% were non-Irish nationals. In terms of referral areas, the greatest numbers of referrals were from Clondalkin, followed by Lucan and Ballyfermot. In comparison with 2021, referrals were up by 10%. However, 12% were from outside the catchment area and, as a result, 10% 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 98%, while alcohol use was at 35% (see Figure T1.4.1.2). Other substances used included cocaine (9%), reflecting a 43% reduction compared with 2021; benzodiazepines (4%), reflecting a 75% reduction on the 2021 figure; ketamine (8%); and amphetamines (6%). Solvents and head shop-type products did not feature among young people's substance use in 2022. However, 22% admitted to taking nitrous oxide on occasion, reflecting an increase of 175% compared with 2021.

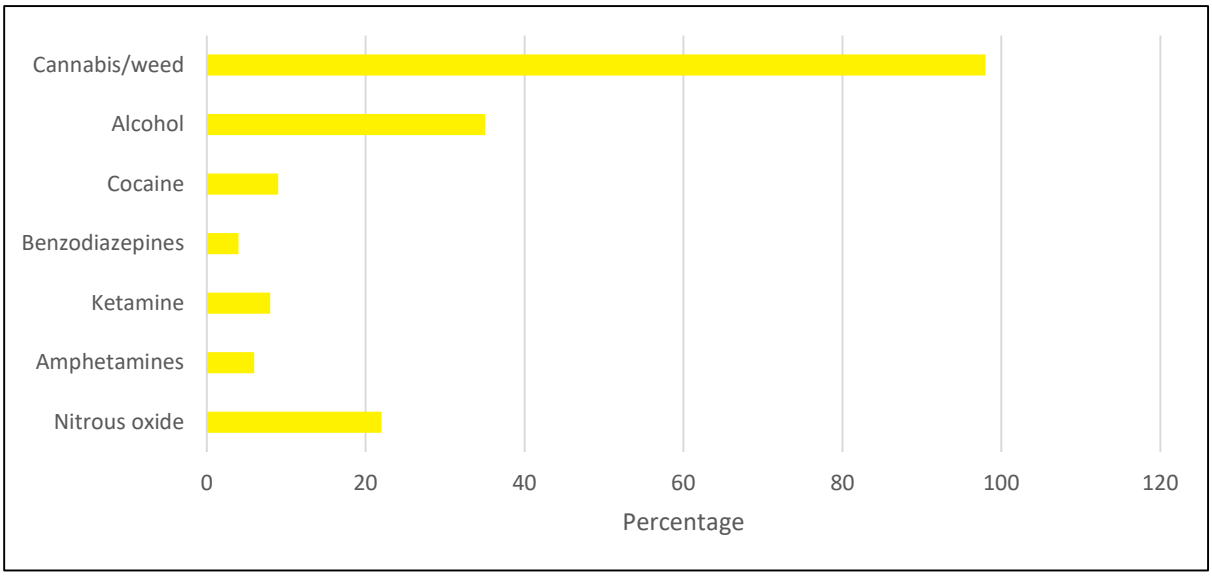



**Figure T1.4.1.2 Main substances used by AAS clients, 2022**
Source: HSE AAS (2023)

**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); the extent to which substance use featured within families was 65%. A majority of young people (95%) were seen by a family therapist only, with 5% having a psychiatric assessment.

**Conclusions**

The report concluded that there is a need for parents and non-parental adults to identify young people within risk groups at an early stage and to elevate concern for them. However, it was also noted that given the level of tolerance for substance use within certain communities, and petitions for the decriminalisation and legalisation of all drugs, young people are being given mixed messages. Indeed, some adults do not fully appreciate the consequences of substance use for young people.

## 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, and
- 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

The Northern Area Health Board (NAHB), the South Western Area Health Board (SWAHB), and the East Coast Area Health Board (ECAHB) 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 use 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 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 RDATF area in Ireland.

## T1.5.3 Provision of harm reduction services

**Table T1.5.3.1 Equipment and paraphernalia available for drug users in Ireland, 2022**

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

### 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 2017 (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 (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 which are currently being prepared by the European Centre for Disease Prevention and Control (ECDC). Current guidance from the EMCDDA 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:

- Pharmacy – 88 sites in regions outside counties Dublin, Kildare, and Wicklow
- Static – 24 sites, mainly in Dublin city, and
- Outreach – 14 sites, mainly in counties Dublin, Kildare, Laois, Offaly, Waterford, and Wicklow.

Information on the number of syringes exchanged in Ireland in 2020 is discussed in the following sections.

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

**Pharmacy-based needle exchange: Overview**

The national drugs strategy aims to reduce harms arising from substance misuse and to reduce the prevalence of blood-borne viruses among PWID by expanding needle exchange provision to include community pharmacy-based programmes (Department of Community 2009).

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 those services can promote access to sterile injecting equipment at the participating pharmacies and accept referrals for investigation and treatment. There are pharmacies providing a needle exchange service in each RDATF area, apart from those covering counties Dublin, Kildare, and Wicklow, which are served by a mix of static and outreach needle exchange programmes. At the end of 2022, there were 88 pharmacies providing a needle exchange service in Ireland (see Table T1.5.3.2).

**Table T1.5.3.2 Number of pharmacies providing needle exchange in Ireland by RDATF area, 2012–2022**

| RDATF area | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Midland (Longford, Laois, Offaly, Westmeath) | 13 | 15 | 16 | 17 | 18 | 18 | 17 | 17 | 17 | 17 | 17 |
| North Eastern (Meath, Louth, Cavan, Monaghan) | 9 | 16 | 21 | 22 | 21 | 21 | 16 | 16 | 15 | 17 | 12 |
| North-West (Sligo, Leitrim, West Cavan, Donegal) | 4 | 7 | 6 | 6 | 6 | 6 | 5 | 5 | 5 | 4 | 7 |
| Southern (Cork, Kerry) | 10 | 16 | 21 | 19 | 21 | 21 | 17 | 16 | 17 | 16 | 16 |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| South-East (Carlow, Kilkenny, Waterford, Wexford, South Tipperary) | 21 | 22 | 24 | 17 | 17 | 16 | 14 | 14 | 14 | 13 | 14 |
| Western (Galway, Mayo, Roscommon) | 2 | 10 | 13 | 11 | 12 | 13 | 10 | 10 | 12 | 12 | 10 |
| Mid-West (Clare, Limerick, North Tipperary) | 8 | 13 | 14 | 15 | 16 | 16 | 19 | 19 | 12 | 12 | 12 |
| **Total** | **67** | **99** | **115** | **107** | **111** | **111** | **98** | **97** | **92** | **91** | **88** |

Source: Unpublished data from the HSE (2023)

**Pharmacy-based needle exchange: Number of syringes exchanged**

In total, 246,673 individual syringes were exchanged in from pharmacy-based sites in 2022. The average number of syringes provided each month was 20,556.

**Dublin areas 6 and 7 needle exchange: Number of syringes exchanged**

There were 37,050 individual syringes in total exchanged from static and outreach sites in Dublin in 2022. The total number of encounters was 7,958 (84% male), with 463 unique clients.

**ALDP needle exchange: Number of syringes exchanged**

The ALDP provides needle exchange services in Limerick city and three counties, Limerick, Clare, and North Tipperary, to people affected by problem substance use. In total, 32,870 individual syringes were exchanged in 2022. The average number of syringes provided each month was 2,739.

**MQI needle exchange: Number of syringes exchanged**

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 189,426 syringes were provided by MQI's Dublin-based Health Promotion Unit in 2022. The total number of encounters was 29,741, with 3,350 unique clients.

**Needle exchange in Ireland: Total number of syringes exchanged**

Table T1.5.3.3 shows the total number of individual syringes exchanged from pharmacy, static, outreach, and CBO sites. According to the most recent available data, 506,019 individual syringes were exchanged in Ireland from these sites in 2022.

**Table T1.5.3.3 Total number of individual syringes exchanged from pharmacy, static, outreach, and CBO sites in 2022**

| Provider | Pharmacy | Dublin (static and outreach) | ALDP | MQI | Total |
|---|---|---|---|---|---|
| **Number of individual syringes** | 246,673 | 37,050 | 32,870 | 189,426 | 506,019 |

Source: Unpublished data from the HSE, ALDP, and MQI (2023)

## 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.

### 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 T1.5.3.4). Overall, 59% of units were intramuscular, with 41% 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 who received naloxone following an opioid overdose, 98% survived the overdose, while 9 died. The number of people receiving naloxone has fluctuated, with a 13% increase experienced in 2020 compared with 2018 (see Table T1.5.3.5).

**Table T1.5.3.4 Number of naloxone units supplied to service providers, 2018–2020**

| Type of naloxone | 2018 | 2019 | 2020 |
|---|---|---|---|
| Nyxoid (intranasal) | 775 | 818 | 2,037 |
| Prenoxad (injectable) | 1,210 | 1,132 | 2,909 |
| **Total** | **1,985** | **1,950** | **4,946** |

Source: Evans et al. (2022)

**Table T1.5.3.5 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 | 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. However, 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).

### 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: Community-based organisations (CBOs)

#### MQI annual review, 2021

MQI is a national voluntary agency providing services for homeless people and people who use drugs. There are 22 MQI locations in 13 counties in Ireland (see Figure T1.5.3.1). 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 2021 (Merchants Quay Ireland 2022).

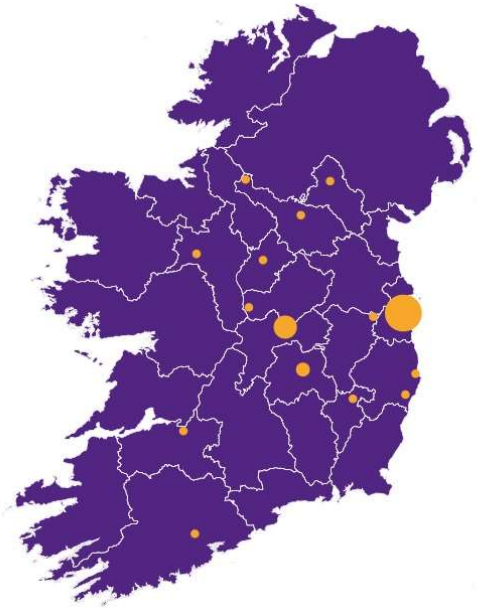


**Figure T1.5.3.1 MQI locations in the Republic of Ireland**

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

**Harm reduction services**

The aim of harm reduction is to minimise the risks stemming from sharing drug-use paraphernalia. In 2021, MQI facilitated 49,448 interventions in its needle exchange and harm reduction services; 4,777 of these clients were unique. When compared with 2020, MQI saw an increase of 27% in the numbers of clients engaging in the needle exchange service.

**Substance use case workers**

MQI substance use case workers support people addressing their substance use, including by exploring treatment options for detoxification and rehabilitation. This support is carried out by telephone and on a one-to-one basis. In 2021, 145 clients were supported. Of these 145 clients, 34% were young people aged 18–24 years.

**Community detoxification and opioid substitution therapy**

In 2021, some 80 unique clients accessed the community detoxification service in Riverbank, Dublin, with 65 clients accessing benzodiazepine detoxification and 15 clients alcohol detoxification; 185 clients accessed opioid substitution therapy (OST). In 2020, MQI had witnessed a steady increase in clients availing of OST compared with 2019. In 2020, 483 unique clients received OST, and access to this treatment was believed to be significantly increased due to the reduced waiting times resulting from the COVID-19 pandemic.

**Harm Reduction Outreach Team**

MQI has a Harm Reduction Outreach Team that provides harm reduction interventions. Services provided include needle exchange, safer injecting information, and naloxone training. The team also supports clients by referring them to other services such as medical, housing, and mental health. In addition, the team aims to build relationships with clients who are service-resistant and to support

them in overcoming the barriers they face in order to engage with mainstream services. In 2021, this team supported 1,092 unique individuals through 6,642 interventions.

**HCV treatment**

The HCV worker is the member of the MQI team who liaises with the primary healthcare team in order to ensure clients who use drugs intravenously are screened for blood-borne viruses. This worker advocates for testing; if a client is positive, a GP refers the client to a specialist nurse. The HCV worker continues to regularly check in with clients in these situations, ensuring that they are attending appointments and receiving care where required. In 2021, some 59 unique clients engaged with the worker, with 383 visits in total.

**East Coast services**

A community-based drug and alcohol treatment support service is provided for the East Coast region and South Dublin. In 2021, 209 unique individuals accessed the service and 2,973 interventions were provided. In addition to the client interventions, the team provided 1,402 telephone calls to support people enquiring about the service.

**Midlands services**

**Midlands Drug & Alcohol Treatment Supports Service**

MQI's Midlands Drug & Alcohol Treatment Supports Service 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, rehabilitation and aftercare supports, and support for families affected by substance use. In 2021, 702 unique individuals were supported through 11,538 interventions.

**Recovery services**

**St. Francis Farm and High Park**

The St. Francis Farm (SFF) rehabilitation service offers a 13-bed therapeutic facility with a 14-week rehabilitation programme set on a working farm in Tullow, Co Carlow. At SFF, MQI provides a safe environment where service users can explore the reasons for their drug use, adjust to life without drugs, learn effective coping mechanisms, make positive choices about their future, and gain hands-on experience in animal care and vegetable production. In 2021, there were 167 referrals, 90 assessments, 47 admissions, and 39 completions. The 10-bed residential detoxification service at SFF delivers methadone and combined methadone/benzodiazepine detoxification for both men and women. In 2021, there were 302 people referred to SFF detoxification. Of the 157 people who completed assessments, 42 were admitted, and 40 individuals completed the programme.

At High Park in Drumcondra, Dublin, MQI operates a 14-week residential programme in a 13-bed facility. The emphasis is on assisting clients to gain insight into the issues that underpin their problematic drug use and on developing practical measures to prevent relapse, remain drug free, and sustain recovery. In 2021, the service received 304 referrals. Of this number, 250 people completed assessments, 52 were admitted, and 37 individuals completed treatment.

**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 11 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 2021, MQI counselling staff saw 1,930 unique clients. In addition, MQI continued to operate a national phoneline where prisoners could access telephone support, averaging 33 calls per day.

### Ana Liffey Drug Project (ALDP)

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 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 people who use drugs out of their current circumstance, 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 annual report was published in December 2022 (Ana Liffey Drug Project 2022). The report noted that, in 2021, the Dublin Services team worked with 1,301 individuals across multiple projects. These included private emergency accommodation in-reach; Granby Clinic in-reach; outreach overdose prevention; low-threshold stabilisation; and dual diagnosis support work. In addition, the ALDP management team continued to provide specialist COVID-19 support to the homeless sector across Dublin city and county. The Assertive Case Management Team based in Dublin city, comprising five team members, worked intensively with 127 individuals in 2021. Of these, 64 people availed of key working or case management supports, while 63 availed of harm reduction interventions.

In the Midwest region, 352 people received key working, case management, and harm reduction interventions from the ALDP in 2021. The ALDP team also provided 2,908 needle and syringe programme interventions, which includes overdose prevention interventions, the provision of sterile crack pipes, and the delivery of naloxone training and product.

### Coolmine Therapeutic Community annual report, 2021

Coolmine Therapeutic Community is a drug and alcohol treatment centre providing community, day, and residential services to men and women with problematic substance use and to their families in Ireland. 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. This section highlights services provided by Coolmine in 2021 (Coolmine 2022).

**Coolmine House**

Located in Dublin city centre, services provided at Coolmine House include one-to-one counselling, assessment, and information to support and assist clients in making the right choice to get help. The Drug-Free Day Programme (DFDP) provides a supportive setting for clients to build self-confidence and the skills to maintain a drug-free life. The programme lasts a minimum of 10 months: 5 months of primary treatment and 5 months of aftercare. Clients engage in open therapy groups, self-development workshops, one-to-one key working sessions, relapse prevention groups, and various other therapeutic/educational programmes. In 2021, some 802 individuals were supported in Coolmine House, with a 59% retention rate in the DFDP.

**Dublin 15 Community Addiction Team**

The Dublin 15 Community Addiction Team (D15 CAT) service provides focused care pathways specifically to the local community in Dublin 15 impacted by problem substance use. It includes treatment and rehabilitation support for adult men and women with problem substance use; contact and interventions to young people and adolescents at risk of experiencing problematic substance use; tailored support to members of ethnic and new communities impacted by problematic substance use; and integrated family work to deliver whole-family outcomes. Services include:

- Information and support
- Specific support for young people

- Cannabis programme
- Family support
- Alcohol programme
- Support for new community members
- Mindfulness-based stress reduction programme, and
- Support for all problematic substance use.

In 2021, 344 individuals were supported by the D15 CAT team.

**Coolmine residential services**

**Coolmine Lodge – men's residential**

Coolmine Lodge in Dublin 15 is a therapeutic community that hosts a 5-month residential treatment programme for men who are working towards an independent life, free from addiction. It provides a supportive, peer-led environment where clients can build confidence, strength, resilience, and hope for a positive future. The service can admit men who may be prescribed medication, or those detoxifying from methadone, following assessment. In 2021, 90 men were supported in residential treatment at Coolmine Lodge, with a 76% retention rate. Twenty-seven per cent of admissions to Coolmine Lodge in 2021 were referrals from the Probation Service or Irish Prison Service.

**Ashleigh House – women and children's residential**

Ashleigh House in Dublin 15 is a residential therapeutic community for women, expectant mothers, and mothers with young children. The service can admit women who may be prescribed medication, or those detoxifying from methadone, following assessment. Ashleigh House is designed to help women in recovery develop the skills they need to live a drug-free, independent life. In 2021, 63 women were supported in residential treatment at Ashleigh House.

**New services**

In 2021, Coolmine established community-based facilities in the mid-west and south-west of Ireland. All Coolmine community and day services provide assertive outreach strategies, pre-entry supports, stabilisation, and day programmes. At year-end, there were 13 facilities operating nationally (see Figure T1.5.3.2), with 241 new referrals to Coolmine Midwest, while 345 individuals were worked with in Coolmine Southwest.

**Figure T1.5.3.2 Coolmine services and locations, 2021**

Source: Coolmine, 2022, p. 14

**Community and day services (green marker):** Coolmine House, Dublin 2; D15 CAT; Coolmine Midwest, Mahon House, Limerick city; Coolmine Cork City North Hub, The Glen; Coolmine Cork City South Hub, Mary Street; Coolmine East Cork Hub, Midleton; Coolmine West Cork Hub, Ahiohill; Coolmine North Cork Hub, Spa Glen, Mallow; Coolmine Kerry Hub, Dóchas House, Tralee. **Women and children's residential services (pink marker):** Ashleigh House, Dublin 15; Westbourne House, Limerick. **Men's residential services (blue marker):** Coolmine Lodge, Dublin 15. **Administrative office (brown marker):** 7 Ringwood Centre, Damastown, Dublin 15.

## Tabor Group annual report, 2022

The Tabor Group is a provider of residential addiction treatment services in Ireland. It aims to offer hope, healing, and recovery through integrated and caring services to clients suffering from addictions. In addition to two residential facilities, the organisation provides a continuing care programme to clients who have completed treatment in order 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 2023, the Tabor Group published its annual report for 2022 (Tabor Group 2023). This section highlights services provided by the Tabor Group to individuals suffering from substance addiction in 2022.

### Tabor Lodge: residential addiction treatment centre

Tabor Lodge is a residential addiction treatment centre for people addicted to alcohol, drugs, gambling, and food. It is situated 15 miles south of Cork city. Tabor Lodge is guided by the Hazelden Minnesota Model of addiction treatment in delivering its treatment programme. This model is characterised by the understanding that addiction is primarily a substance use disorder. The main focus of the treatment programme is to educate clients on the dynamics of this disorder as they manifest in the life of the individual. Another important focus of the treatment programme is to help clients develop the skills necessary to manage their disorder while going forward in their lives.

A total of 148 clients were admitted to Tabor Lodge for residential treatment of addiction in 2022. The standard length of stay for clients in 2022 was 28 days, although this varied depending on the needs of the person. A total of 141 clients completed the programme and were discharged into the Continuing Care Programme. All residential treatment programmes at Tabor Group were delivered

by accredited addiction counsellors and psychotherapists; there are 4 counsellors working with the 14 clients resident in Tabor Lodge at any given time.

**Tabor Fellowship House: integrated recovery programme**

Tabor Fellowship House is located at Spur Hill in Doughcloyne on the outskirts of Cork city. The integrated recovery programme is based on the Hazelden Minnesota Model and promotes total abstinence. The aim is to build on and consolidate the work of recovery already begun in primary treatment – even if that treatment was not in the recent past and the client is struggling to maintain sobriety.

In 2022, 79 clients were admitted to Tabor Fellowship House for extended treatment. The report observed that the standard length of stay for this programme was 12 weeks and that 44 of these clients transitioned to Recovery Living houses in Cork city for a further 12 weeks.

### 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 the *Prison workbook* Section T1.3.3.

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

No new information.

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

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

#### E-SHEILD: Enabling Students and Higher Education Institutions to Lead the response on Drugs

The MyUSE Research Group in University College Cork (UCC) is to receive funding over the next 3 years under the Department of Health's National Drug Prevention and Education Funding Programme. The funding programme aims to increase the delivery in Ireland of prevention programmes that are supported by evidence and adhere to international prevention standards (United Nations Office on Drugs and Crime and World Health Organization 2018) (European Drug Prevention Quality Standards 2015).

The MyUSE Research Group includes Dr Michael Byrne, head of the UCC Student Health Department; Dr Samantha Dockray and Dr Conor Linehan, senior lecturers in the School of Applied Psychology; Professor Ciara Heavin, professor of business information systems; Dr Seán Millar, research support officer and postdoctoral researcher in the School of Public Health; and Dr Martin Davoren, executive director of the Sexual Health Centre in Cork city.

Funding will be used to enact the Enabling Students and Higher Education Institutions to Lead the response on Drugs (E-SHEILD) programme. This programme will support students and higher education institutions (HEIs) in reducing 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 (see Figure T1.6.1.1), a mobile app/web-based prevention, education, and behavioural change intervention, which aims to:

- Increase mindful decision-making with respect to drug use
- Cultivate harm reduction practices, and
- Promote alternatives to drug use activities.


**Figure T1.6.1.1 MyUSE evidence-informed mobile app**
For further information on MyUSE and the E-SHEILD programme, contact Dr Michael Byrne at: m.byrne@ucc.ie

MyUSE is a new evidence-informed mobile app that has been purpose-developed for students in higher education (see Figure T1.6.1.1). Specific evidence-based behaviour-change techniques are delivered via the clinical algorithm contained within the 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

#### Alcohol and drug use among Irish farmers

Farming is a high-pressure occupation that carries numerous risks for farmers, many of which are beyond their control (Brennan et al. 2022). In Ireland, this pressure is borne by a shrinking population of farmers, most of them older men, working on a declining number of farms (Central Statistics Office 2020). As a result of these pressures, some farming populations have a higher prevalence of mental health issues (Hounsome et al. 2012), and some populations of farmers are known to drink heavily (Jarman et al. 2007). However, alcohol use may vary dramatically, and there is little research on farmers' use of substances beyond alcohol.

A 2023 study (O'Connor et al. 2023) examined alcohol and substance use among 351 adult Irish farmers and investigated potential risk factors associated with disordered use. In this research, published in *The Journal of Rural Health*, disordered alcohol and substance use were classified using the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Use Disorders Identification Tool (DUDIT). The main findings from this study are discussed below.

**Alcohol use**

In total, 71.8% of study participants used alcohol (n=252) and 29.1% presented with a score of ≥8 on the AUDIT, indicating hazardous and harmful alcohol use. In the entire sample, 2.8% of participants reported an alcohol/substance use disorder. Participants with no children recorded significantly higher alcohol use than participants with children. There was a small negative association between alcohol use and net farm income ($r$=−0.13, $p$=0.026), while participants who were part-time farmers reported higher alcohol use than full-time farmers. Farmers with substance use issues also reported higher alcohol use scores than those without. There was a statistically significant association between alcohol use and off-farm roles; participants who were in full-time off-farm employment ($\chi^2$=−35.0, $p$=0.005) or full-time education ($\chi^2$=−76.5, $p$=0.021) reported higher alcohol use than those with no off-farm role.

**Drug use**

In total, 5.1% of participants reported drug use in the past year (n=18). Of the participants who indicated drug use, 77.8% were identified as having harmful substance use (n=14), while the prevalence of harmful substance use/abuse in the entire sample was 4.0%. Participants who were farming part-time reported higher drug use than full-time farmers. As with alcohol use, there was a statistically significant association between drug use and off-farm roles, with subjects who were in full-time off-farm employment ($\chi^2$=−14.2, $p$=0.003) reporting higher drug use than those with no off-farm role or those in part-time off-farm employment ($\chi^2$=−11.0, $p$=0.046). In addition, participants in full-time education reported higher drug use than participants with no off-farm role ($\chi^2$=−34.3, $p$=0.007) or those in part-time off-farm employment ($\chi^2$=−31.2, $p$=0.017).

**Conclusions**

The authors noted that this population of Irish farmers reported broadly healthy alcohol and substance use behaviours. However, two of every five farmers who used alcohol and four of every five farmers who used drugs did so to harmful levels, potentially indicative of a substance use disorder. In addition, age was found to be the most important risk factor for disordered alcohol and substance use and correlated with other main risk factors: no children, part-time farmer, and full-time off-farm roles. They suggest that the results confirm the importance of analysing demographic factors and that younger farmers are especially at risk of harmful alcohol and drug use behaviours.

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

## T3. New developments

## 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

### Impact of COVID-19 on drug and alcohol services and people who use drugs in Ireland: a report of survey findings

In January 2021, the Irish Government Economic and Evaluation Service (IGEES) published a report on the impact of the COVID-19 pandemic on services and people who use drugs (Bruton*, et al.* 2021). The report was prepared by staff in the Department of Health Research Services and Policy Unit and Health Analytics Division on behalf of the Department's Drugs Policy and Social Inclusion Unit. The report is based on two surveys undertaken in 2020. An article outlining the findings of the first survey, the Mini-European Web Survey on Drugs (EWSD): COVID-19, was published in issue 76 of *Drugnet Ireland* (Mongan 2021). Data collection for the second survey, the Survey of Drug and Alcohol Services, was completed via an online survey and by email between August and September 2020 (Bruton et al. 2021).

The Survey of Drug and Alcohol Services was undertaken to assess the impact of the COVID-19 pandemic on these services. In particular, the survey sought to capture how services have altered their operations in response to the pandemic and also to describe the effect on clients of services. Information on this final aspect of the survey was provided by services staff, and service users were not directly involved in the survey. An invitation to participate in the survey was sent to over 500 email addresses for drug and alcohol services in Ireland, and participants were given 2.5 weeks to complete the survey.

A total of 157 completed responses were submitted. Community Drugs Projects (n=86), family support services (n=53), and counselling services (n=50) were well represented, particularly those based in Dublin. Some respondents can be included in more than one of these categories. There were also responses from DATFs, low-threshold services, peer support services, HSE Addiction Services, residential services, and GPs.

**Effects of the COVID-19 pandemic on clients**

Regarding the direct effects of the COVID-19 pandemic, 44 (28%) respondents said that clients were highly impacted by having to self-isolate or cocoon; 10 (7%) said clients had been highly impacted by a diagnosis of COVID-19; and 4 (3%) said that hospitalisation had had a high impact. The majority of services (n=133, 85%) had some experience of clients self-isolating in wave 1 of the pandemic, while just under one-half were aware of clients who had been diagnosed with COVID-19.

According to respondents, the most challenging aspects of the pandemic for clients were adhering to the restrictions relating to meeting people, self-isolating, restrictions on travel, and physical distancing. The majority of services responding (n=149, 96%) reported a negative impact on clients' mental health, followed by the impact on family relationships (n=129, 83%). The numbers reporting a positive impact as a result of these factors were very small. Other negative effects reported by a majority of services were the physical health and financial situation of clients.

Most services (n=113, 77%) reported that social isolation impacted on clients to some extent, while 114 services (74%) said that increased domestic violence impacted on clients. Most services were also aware of the impact of increased drug-related intimidation and violence, and increased overdoses. Fewer services (n=56, 37%) reported drug-related deaths among those using their services. Regarding the effect of the pandemic on particular population groups, 65% of services that

responded said that, among those who were homeless, health and well-being was highly impacted, and 60% of services said women were highly impacted.

Increased alcohol consumption among clients was observed by 68% (n=104) of services, while 42% (n=61) of services reported increased drug use, with just 8% (n=14) reporting a reduction in drug use among clients. In relation to availability of drugs, 73% (n=108) of respondents had heard reports that clients were having difficulty getting drugs and had more frequently used novel methods of acquisition such as online purchases, 'drug drops', and home deliveries.

**Impact on services**

Most of the survey respondents (n=116, 74%) said that their services had been highly impacted by the COVID-19 pandemic, with 25% (n=40) reporting lower levels of impacts. Nearly one-half of the services responding (n=70, 46%) said the numbers using their services had increased. Overall, harm reduction services had decreased for clients, with just 33% reporting increases. The majority of service types saw a reduction in face-to-face contact with clients. This was particularly true for DATFs, family support services, and peer support services. Most services are providing counselling and other supports by telephone or online. Residential treatment services were the type of service most likely to use video conferencing, an appropriate tool for group therapy sessions.

Drug and alcohol services adapted to travel restrictions, social distancing, and a reduction of face-to-face contact by prioritising the continuity of care for those who are opioid dependent; faster processing of clients into treatment; stabilisation of drug use in isolation; and providing COVID-19 prevention information as part of outreach services. Clients were enabled to access their medications by new methods provided under temporary changes to regulations, and the vast majority of services have developed new ways of engaging with clients and providing for their needs.

The survey of services outlines the impacts of the COVID-19 pandemic on service capacity, staff, operations, and governance and reporting. Services described how they adapted to the challenges and communicated with their clients online or by telephone. There was detailed information on the typical responses of health services to the pandemic, including use of personal protective equipment and social distancing. Survey findings have also provided an indication of the negative impacts the pandemic has had on the health and well-being of clients and on their consumption behaviours.

## 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:

- National Drug-Related Deaths Index (NDRDI)
- Health Protection Surveillance Centre (HPSC)
- Hospital In-Patient Enquiry (HIPE) scheme
- National Psychiatric Inpatient Reporting System (NPIRS)
- National Self-Harm Registry Ireland

## T5.2 Methodology

Established in 2005, the **National Drug-Related Deaths Index (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 **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 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.

The **Hospital In-Patient Enquiry (HIPE)** is a computer-based health information system, managed by the 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 **National Psychiatric Inpatient Reporting System (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 at the request of the Department of Health and Children by the National Suicide Research Foundation. Since 2006–2007, the Registry has achieved complete national coverage of hospital-treated deliberate self-harm. The Registry 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.

## T5.3 Bibliography


Adolescent addiction service. 2023. *Adolescent addiction service report 2023.* Dublin: Health Service Executive. p. 4 p. Available at: https://www.drugsandalcohol.ie/38451/.

Ana Liffey Drug Project. 2022. *Ana Liffey Drug Project annual report 2021*. Dublin: Ana Liffey Drug Project. Available at: https://www.drugsandalcohol.ie/37822/.

Arksey, H. and O'Malley, L. 2005. Scoping studies: towards a methodological framework. *International journal of social research methodology* 8, pp. 19–32.

Brennan, M., Hennessy, T., Meredith, D. and Dillon, E. 2022. Weather, workload and money: determining and evaluating sources of stress for farmers in Ireland. *J Agromed* 27(2), pp. 132–142.

Bruton, L., Featherstone, T., Gibney, S., and Department of Health. 2021. *Impact of COVID-19 on drug and alcohol services and people who use drugs in Ireland: a report of survey findings*. Dublin: Government of Ireland. Available at: https://www.drugsandalcohol.ie/34128/.

Central Statistics Office. 2020. *Census of Agriculture 2020 – preliminary results*. Cork: Central Statistics Office. Available at: https://www.cso.ie/en/releasesandpublications/ep/p-coa/censusofagriculture2020-preliminaryresults/.

Coolmine. 2022. *Coolmine annual report 2021*. Dublin: Coolmine. Available at: https://www.drugsandalcohol.ie/37483/.

Corbett, G.A., Carmody, D., Rochford, M., Cunningham, O., Lindow, S.W. and O'Connell, M.P. 2022. Drug use in pregnancy in Ireland's capital city: a decade of trends and outcomes. *European Journal of Obstetrics, Gynecology, and Reproductive Biology* 282, pp. 24–30.

Covington, C.Y., Nordstrom-Klee, B., Ager, J., Sokol, R. and Delaney-Black, V. 2002. Birth to age 7 growth of children prenatally exposed to drugs: a prospective cohort study. *Neurotoxicol Teratol* 24(4), pp. 489–96. doi: 10.1016/s0892-0362(02)00233-7.

Cox, G., Munnelly, A., Rochford, S. and Kavalidou, K. 2022. *Irish probable suicide deaths study - IPSDS 2015–2018*. Dublin: National Office for Suicide Prevention. Available at: https://www.drugsandalcohol.ie/37546/.

Cullen, W., Stanley, J., Langton, D., Kelly, Y. and Bury, G. 2007. Management of hepatitis C among drug users attending general practice in Ireland: baseline data from the Dublin area hepatitis C in general practice initiative. *European Journal of General Practice* 13(1), pp. 5–12.

Daly, A. and Craig, S. 2022. *Annual report on the activities of Irish psychiatric units and hospitals 2021*. Dubin: Health Research Board. Available at: https://www.drugsandalcohol.ie/37218/.

Degenhardt, L. et al. 2017. Global prevalence of injecting drug use and sociodemographic characteristics and prevalence of HIV, HBV, and HCV in people who inject drugs: a multistage systematic review. *Lancet Glob Health* 5(12), pp. e1192-e1207.

Department of Community, Rural and Gaeltacht Affairs. 2009. *National Drugs Strategy (interim) 2009–2016*. Dublin: Department of Community, Rural and Gaeltacht Affairs. Available at: http://www.drugsandalcohol.ie/12388/.

Department of Health. 2015. *National sexual health strategy 2015-2020 and action plan 2015-2016*. Dublin: Department of Health. Available at: https://www.drugsandalcohol.ie/24714/.

Department of Health. 2017. *Hepatitis C screening. National clinical guideline no. 15*. Dublin: Department of Health. Available at: https://www.drugsandalcohol.ie/27729/.

Drummond, A., Codd, M., Donnelly, N., McCausland, D., Mehegan, J., Daly, L. and Kelleher, C. 2014. *Study on the prevalence of drug use,including intravenous drug use, and blood-borne viruses among the Irish prisoner population*. Dublin: National Advisory Committee on Drugs and Alcohol. Available at: http://www.drugsandalcohol.ie/21750/.

European Centre for Disease Prevention and Control (ECDC) and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). 2011. *Prevention and control of infectious diseases among people who inject drugs*. Stockholm: ECDC. Available at: http://www.drugsandalcohol.ie/16075/.

European Drug Prevention Quality Standards. 2015. *European Drug Prevention Quality Standards (EDPQS) toolkits to support quality in prevention*. Available at: https://www.drugsandalcohol.ie/24582/.

Evans, D., Bingham, T., Hamza, S. and Keenan, E. 2022. *Naloxone administration by addiction & homeless service providers in Ireland: 2018-2020. Drug insight report 2.* Dublin: HSE National Social Inclusion Office. p. 45 p. Available at: https://www.drugsandalcohol.ie/36455/.

Galander, T., Rosalim, J., Betts-Symonds, G. and Scully, M. 2014. A survey of patients on methadone programmes in Wheatfield Prison, Dublin, Ireland. *Heroin Addiction and Related Clinical Problems* 16(2), pp. 17–22.

Grogan, L., Tiernan, M., Geoghegan, N., Smyth, B.P. and Keenan, E. 2005. Bloodborne virus infections among drug users in Ireland: a retrospective cross-sectional survey of screening, prevalence, incidence and hepatitis B immunisation uptake. *Irish Journal of Medical Science* 174(2), pp. 14–20.

Health Protection Surveillance Centre. 2018. *Drug-related bloodborne viruses in Ireland*. Dublin: Health Protection Surveillance Centre. Available at: https://www.drugsandalcohol.ie/29685/.

Health Research Board. 2023. *Health Research Board reports latest drug-related deaths figures*. Available at: https://www.drugsandalcohol.ie/39036/.

Health Service Executive. 2016. *Clinical guidelines for opioid substitution treatment*. Dublin: Health Service Executive. Available at: http://www.drugsandalcohol.ie/26573/.

Hounsome, B., Edwards, R., Hounsome, N. and Edwards-Jones, G. 2012. Psychological morbidity of farmers and non-farming population: results from a UK survey. *Community Ment Health J* 48, pp. 503–510.

Irish College of General Practitioners. 2003. *Working with opiate users in community based primary care*. Dublin: Irish College of General Practitioners.

Jarman, D., Naimi, T., Pickard, S., Daley, W. and De, A. 2007. Binge drinking and occupation, North Dakota, 2004–2005. *Prev Chronic Dis* 4(4), p. A94.

Joyce, M., Chakraborty, S., O'Sullivan, G. and et al. 2022. *National Self-Harm Registry Ireland annual report 2020.* Cork: National Research Foundation. Available at: https://www.drugsandalcohol.ie/37441/.

Keegan, D., Crowley, D., Laird, E. and Van Hout, M.C. 2017. Prevalence and risk factors for Hepatitis C viral infection amongst a cohort of Irish drug users attending a drug treatment centre for Agonist Opioid Treatment (AOT). *Heroin Addiction and Related Clinical Problems* 19(1), pp. 45–55.

Levac, D., Colquhoun, H. and O'Brien, K.K. 2010. Scoping studies: advancing the methodology. *Implement Sci* 5, p. 69. doi: 10.1186/1748-5908-5-69.

Long, J., Keenan, E., Grogan, L., Mullen, L., Barry, J. and Sinclair, H. 2006. HIV infection among heroin users and area of residence. *Irish Medical Journal* 99(8), pp. 230–233.

Lynn, E., Devin, J., Craig, S. and Lyons, S. 2023. *Deaths among people who were homeless at time of death in Ireland, 2019*. Dublin: Health Research Board. Available at: https://www.drugsandalcohol.ie/38793/.

McCarron, P. and Smith, B. 2023. Changes in HIV incidence in people who inject drugs in Ireland from 2000 to 2018: longitudinal observational study. *Addiction* 118(6), pp. 1177–1181.

McMahon, E., Greiner, B., Corcoran, P., Larkin, C., Leitao, S., McCarthy, J. and et al. 2022. (2022). Psychosocial and psychiatric factors preceding death by suicide: a case–control psychological autopsy study involving multiple data sources. *Suicide Life Threat Behav* Early online. Available at: https://www.drugsandalcohol.ie/36618/.

Merchants Quay Ireland. 2022. *Merchants Quay Ireland annual review 2021.* Dublin: Merchants Quay Ireland. Available at: https://www.drugsandalcohol.ie/37321/.

Moore, G., McCarthy, P., MacNeela, P., MacGabhann, L., Philbin, M. and Proudfoot, D. 2004. *A review of harm reduction approaches in Ireland and evidence from the international literature*. Dublin: Stationery Office.

Murphy, N., Thornton, L. and Bourke, M. 2018. *Audit of Hepatitis C testing and referral 2016 addiction treatment centres, community health organisation area 7*. Dublin: Health Protection Surveillance Centre. Available at: https://www.drugsandalcohol.ie/30876/.

Murray, S. 2022. Ireland's first medically supervised injection facility gets go-ahead. *Irish Examiner*. 31 December. Available at: https://www.irishexaminer.com/news/arid-41038739.html.

Murtagh, R. et al. 2017. Hepatitis C management among patients receiving opioid substitution treatment in general practice in Ireland. *Irish Journal of Medical Science* 186(12), p. S466.

Murtagh, R., Swan, D., O'Connor, E., McCombe, G., Lambert, J.S., Avramovic, G. and Cullen, W. 2018. Hepatitis C prevalence and management among patients receiving opioid substitution treatment in general practice in Ireland: baseline data from a feasibility study. *Interactive Journal of Medical Research* 7(2), p. e10313.

National Immunisation Advisory Committee of the Royal College of Physicians of Ireland. 2019. *Immunisation guidelines for Ireland, 2019 edition*. Dublin: Royal College of Physicians of Ireland. Available at: https://www.drugsandalcohol.ie/12920/.

O'Connor, S., Malone, S., Firnhaber, J., O' Shaughnessy, B., McNamara, J. and O'Hagan, D. 2023. Disordered alcohol and substance use in Irish farmers: A cross-sectional survey. *J Rural Health* July. doi: 10.1111/jrh.12783. Epub ahead of print. PMID: 37483102.

O'Kelly, F., Cullen, B., Bury, G. and Dean, G. 1988. The rise and fall of heroin use in an inner city area of Dublin. *Irish Journal of Medical Science* 157(2), pp. 35–38.

O'Kelly, F.D. and O'Kelly, C. 2012. The natural history of injecting drug use: a 25-year longitudinal study of a cohort of injecting drug users in inner city Dublin. *Irish Journal of Medical Science* 181(4), pp. 541–548.

Ryan, H. and Ryan, S. 2014. Increasing incidence of hepatitis C among intravenous drug users in HSE Mid-West. *NIHS Research Bulletin* 7(1), p. 32.

Tabor Group. 2023. *Tabor Group annual report 2022*. Cork: Tabor Group. Available at: https://www.drugsandalcohol.ie/39057/.

The Rotunda Hospital. 2022. *The Rotunda Hospital, Dublin annual report 2021.* Dublin: The Rotunda Hospital. p. 235 p. Available at: https://www.drugsandalcohol.ie/37340/.

United Nations Office on Drugs and Crime and World Health Organization. 2018. *International standards on drug use prevention. Second updated edition*. Vienna: United Nations Office on Drugs and Crime. Available at: https://www.drugsandalcohol.ie/30048/.

World Health Organization. 2017. *Global hepatitis report 2017*. Geneva: World Health Organization. Available at: https://www.drugsandalcohol.ie/27177/.

### European Monitoring Centre for Drugs and Drug Addiction

The EMCDDA is a decentralised European Union (EU) agency based in Lisbon. The EMCDDA 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 EMCDDA. These focal points gather and analyse country data according to common data collection standards and tools and supply these data to the EMCDDA. The results of this national monitoring process are supplied to the EMCDDA for analysis, from which it produces the annual *European Drug Report* and other outputs.

The Irish Focal Point to the EMCDDA 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

Health Protection Surveillance Centre, Health Service Executive

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Irish Prison Service

National Advisory Committee on Drugs and Alcohol, Department of Health

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