

Focal Point Ireland: national report for 2017– Drugs Ireland

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

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(2018) *Focal Point Ireland: national report for 2017 – prevention*.

(2018) *Focal Point Ireland: national report for 2017 – prison*.

(2018) *Focal Point Ireland: national report for 2017 – harms and harms reduction*.

(2018) *Focal Point Ireland: national report for 2017 – legal framework*



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0. Summary

0.1 Main illicit drug use in Ireland

The first survey on drug use in the general population was carried out in Ireland in 2002/03 among people aged 15-64 years. The results were jointly published by the National Advisory Committee on Drugs (NACD) – now the National Advisory Committee on Drugs and Alcohol (NACDA) – and the Drug and Alcohol Information and Research Unit. The survey was repeated in 2006/07 and in 2010/11. In 2014, the NACDA commissioned Ipsos MRBI to conduct the Drug Use in Ireland and Northern Ireland: Drug Prevalence Survey 2014/15. A sample of all households throughout the island of Ireland was randomly selected to participate. Fieldwork began in September 2014 and was completed in May 2015.

In addition to findings from the previous NACDA drug prevalence surveys (National Advisory Committee on Drugs and Public Health Information and Research Branch 2011), this workbook includes data from the 2014/15 sample pertaining to the Republic of Ireland (National Advisory Committee on Drugs and Alcohol 2016). It also includes data on substance use from waves 1–5 of the Health Behaviour in School-aged Children (HBSC) survey (Gavin, *et al.* 2015), data from the European School Survey Project on Alcohol and Other Drugs (ESPAD) (Taylor, *et al.* 2016), results from the Growing Up In Ireland (GUI) National Longitudinal Study of Children (Economic and Social Research Institute and Trinity College Dublin 2016) and findings from waves 1–3 on estimates of opioid use in Ireland using a capture-recapture (CRC) analysis (Kelly, *et al.* 2003) (Kelly, *et al.* 2009) (Hay, *et al.*).

Results from the 2014/15 general population survey indicate an increase in the use of illicit substances in Ireland. The most commonly used illicit drugs, based on last month prevalence, were cannabis (4%), ecstasy (1%) and cocaine (0.5%). In contrast to trends observed with other illicit substances, data from the 2014/15 study demonstrate a reduction in the use of new psychoactive substances (NPS) in both genders. Results from the most recent CRC study also show a slight decrease in opioid use, both inside and outside of Dublin, when compared to 2006.

Findings from the HBSC and ESPAD surveys suggest that the use of alcohol, tobacco and cannabis has stabilised among school-aged children. However cannabis use is still relatively common among Irish school students, with almost 14% of males and 9% of females aged 17 years reporting current cannabis use.

0.1.1 The main illicit drugs and polydrug use

Illicit drug use in the Republic of Ireland

Results from 2014/15 NACDA survey show that the proportion of respondents aged 15-64 years who reported using any illicit drug in their lifetime has increased from 19% in 2002/03 to almost 31% in 2014/15 (Figure 0.1.1.1). There has also been an increase when compared to the 2010/11 study (27%). Similarly, last year and last month prevalence of any illegal drug use has increased since the previous survey; from 7% to 9% and 3% to 5% respectively. Any illegal drug refers to the use of cannabis, ecstasy, cocaine powder, magic mushrooms, amphetamines, poppers, LSD, new psychoactive substances (NPS), solvents, crack, and heroin.

Illicit drug use was more prevalent in males, and was also greater in young adults, with almost 9% of persons aged 15-34 years having reported illegal drug use in the previous month (compared to 5% in 2010/11). Results from the 2014/15 survey indicated that the most commonly used illicit drugs in Ireland, based on last month prevalence, were cannabis (4%), ecstasy (1%) and cocaine (0.5%).

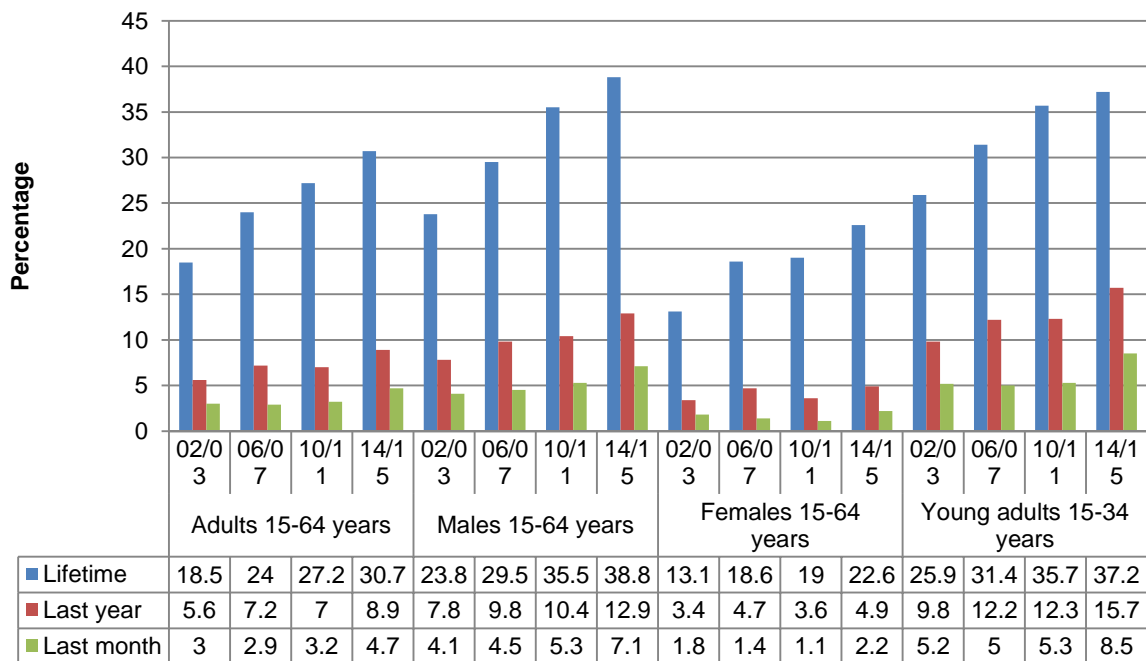


Figure 0.1.1.1 Lifetime, last year and last month prevalence of any* illicit drug use in Ireland, 2002/3, 2006/7, 2010/11 and 2014/15

Source: NACDA, 2016

*Any illicit drug refers to the use of cannabis, ecstasy, cocaine power, magic mushrooms, amphetamines, poppers, LSD, new psychoactive substances (NPS), solvents, crack and heroin.

Substance use in the general population in Irish Regional Drug and Alcohol Task Force (RDTF) areas

The NACDA has recently published *Bulletin 2*, detailing the prevalence of illicit substance and alcohol and tobacco use by Regional Drug and Alcohol Task Force (RDTF) areas (National Advisory Committee on Drugs and Alcohol 2017). This section highlights major findings from this report.

Illicit drug use in Irish RDTF areas

Figures 0.1.1.2 and 0.1.1.3 show RDTF areas in Ireland and the prevalence of any illegal drug use in RDTF areas. The results from the 2014/15 survey show that the prevalence of illicit substance use varies across task force areas. Lifetime use of any illegal drug was highest in the East Coast and Northern regions (41%) and was lowest in the North Western RDTF (20%). Recent use of any illicit substance was highest in the South Western RDTF area (12%) and lowest in the Mid Western region (5%). Current use was also highest in the South Western area (8%) and lowest in the Mid Western RDTF (2%).

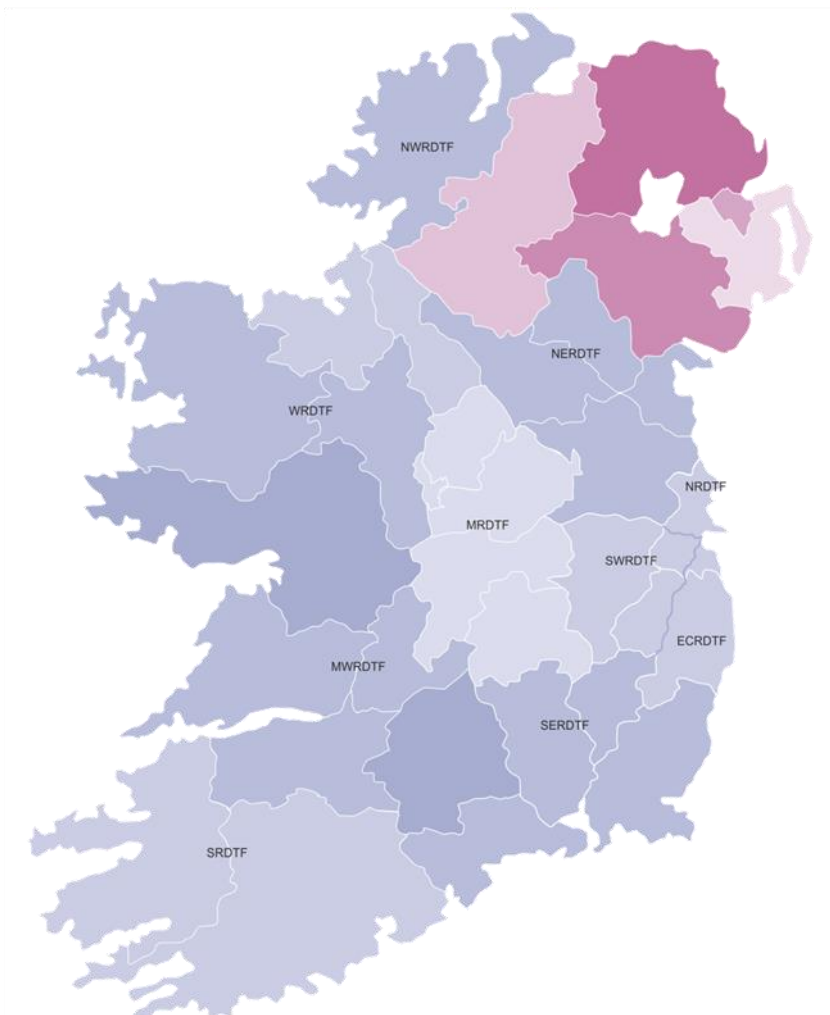


Figure 0.1.1.2 Map of Ireland: Regional Drug and Alcohol Task Force (RDTF) areas*

Source: NACDA, 2017

*RDTF areas: ECRDTF (East Coast), MRDTF (Midland), MWRDTF (Mid Western), NERDTF (North Eastern), NWRDTF (North Western), NRDTF (Northern), SERDTF (South Eastern), SWRDTF (South Western), SRDTF (Southern), WRDTF (Western).

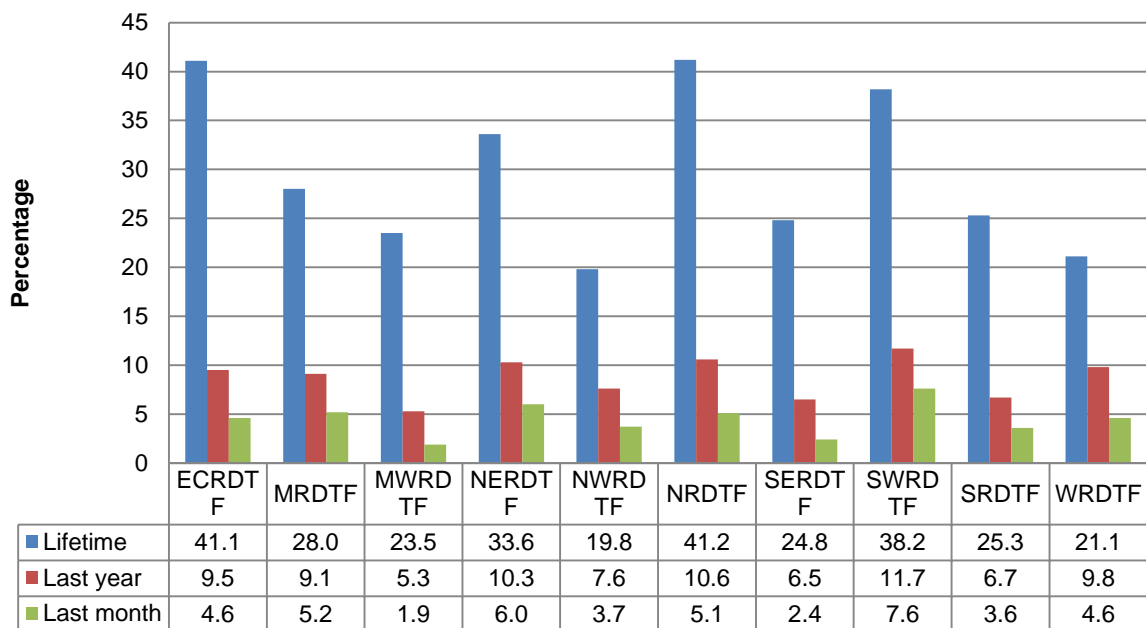


Figure 0.1.1.3 Lifetime, last year and last month prevalence of any* illicit drug use in Ireland by RDTF areas, 2014/15

Source: NACDA, 2017

Cannabis was the most commonly used illicit substance in all areas in the year prior to the survey. After cannabis, ecstasy and cocaine were the most frequently reported drugs regarding recent use. When results were compared to the previous general population survey conducted in 2010/11, findings showed an overall increase in recent and current use of cannabis and ecstasy for many regions. Exceptions were noted for the Mid Western RDTF, which has seen reductions in (or similar rates of) recent and current use of cannabis and ecstasy. Recent use of NPS has decreased in all regions.

As in previous surveys, males were more likely to use illicit substances than females, and younger adults (aged 15-34) were more likely to use illegal drugs than older subjects (aged 35-64) in all RDTF areas.

Alcohol and tobacco use in Irish RDTF areas

Last year alcohol prevalence ranged from 67% in the North Western RDTF to 83% for the South Western area. Recent tobacco use was highest in the South Western region (35%), followed by the East Coast RDTF (34%), and was lowest in the Southern RDTF area (28%). Recent and current alcohol prevalence was higher among young adults in some regions (Midlands, North Eastern and North Western) while the opposite was the case in other areas (East Coast, Northern and Western). All of the remaining regions showed similar rates of recent and current alcohol use between younger and older adults.

For the first time, the NACDA prevalence survey included participants over the age of 65. In addition to showing no recent illegal drug use, the prevalence of recent alcohol and tobacco use was also lowest among this age group in all RDTF areas.

0.2 The use of illicit drugs with alcohol, tobacco and prescription drugs

Polydrug use in Ireland: 2014/15 survey results

The NACDA has recently compiled Bulletin 4 in a series of reports on the 2014/15 survey on drug use in the general population (unpublished). The bulletin focused on polydrug use in the adult population. Polydrug use was defined as the use of any two or more substances, legal, illegal or prescribed, in a one-month period.

Polydrug use in adults

Twenty-three per cent of survey participants had not used any substance (either legal or illegal) in the last month. The most commonly used substance was found to be alcohol, with 32.7% reporting alcohol consumption in the month prior to the survey. The most common combination of substances in the population was found to be alcohol and tobacco (10.5% reporting use of both in the last month), and the percentage of those reporting the use of alcohol and other legal drugs was found to be 8.1%.

The combination of alcohol, tobacco and any illegal drugs was 2.0%, which is higher than the proportion of respondents reporting use of tobacco and other legal drugs (1.1%) or alcohol and antidepressants (0.8%). All other combinations of polydrug use reported were 0.5% or less.

Polydrug use by gender

A higher percentage of females (26.0%) than males (20.3%) had not used any substance (legal or illegal) during the last month. A greater proportion of males had consumed alcohol (36.8%) compared to females (28.7%), and the same was true for the combination of alcohol and tobacco in the last month (13.2% of males vs 7.9% of females). Males were also more likely to report the use of illegal drugs combined with alcohol and tobacco (3.2% of males vs 0.8% of females). However, a higher percentage of females reported that they had used alcohol with other legal drugs compared to males (9.2% vs 6.9%).

Polydrug use by age

The prevalence of alcohol and tobacco use in young adults aged 15-34 years was found to be 12.6%, which was higher than that reported by older adults aged 35-64 years (10.9%) and over-65s (4.3%). Polydrug use of alcohol and other legal drugs was found to be similar for younger and older adults (8.5% and 8.7%, respectively) and lower in participants who were over 65 (5.0%). In younger adults, illicit substances were most commonly used in combination with alcohol and tobacco (4.3%), while 0.9% of older adults reported this combination in the month before the survey. Older adults were more likely than younger adults to have used alcohol and antidepressants (1.4% vs 0.2%).

Relationship between use of particular substances and use of other substances

Patterns of association between pairs of substances are presented in Table 0.1.1.1. For respondents who indicated using alcohol in the previous month, 30.2% had also used tobacco, while 5.9% had also used cannabis. A high percentage of people who used tobacco also reported the use of alcohol (71.5%), while 13.2% had also used cannabis and 7.7% also used antidepressants. Participants who indicated using cannabis in the month prior to the survey were also more likely to report alcohol use (87.4%) and/or tobacco use (82.9%), while 20.2% of people who used cannabis also reported the use of amphetamine-type stimulants (ATS).

Table 0.1.1.1 Total proportion of people using one substance by proportion using another substance, 2006/07, 2010/11 and 2014/15

	Last month prevalence			Use of alcohol		
	06/07	10/11	14/15	06/07	10/11	14/15
Total weighted n	4967	5126	5937	3653	3621	3856
Alcohol	73.4	70.6	65.0	-	-	-
Tobacco	32.6	28.3	27.4	36.1	31.4†	30.2
Cannabis	2.6	2.8	4.4	3.2	3.3	5.9*
ATS¹	0.4	0.1	1.0	0.5	0.1†	1.5*
Cocaine	0.5	0.5	0.5	0.7	0.7	0.8
ST²	3.0	2.8	3.3	2.6	2.6	2.7
AD³	3.1	4.1	4.8	2.6	3.7†	4.2

	Last month prevalence			Use of tobacco		
	06/07	10/11	14/15	06/07	10/11	14/15
Total weighted n	4967	5126	5937	1619	1451	1629
Alcohol	73.4	70.6	65.0	81.2	78.3†	71.5*
Tobacco	32.6	28.3	27.4	-	-	-
Cannabis	2.6	2.8	4.4	7.0	7.6	13.2*
ATS¹	0.4	0.1	1.0	1.0	0.3†	3.4*
Cocaine	0.5	0.5	0.5	1.2	1.4	1.5
ST²	3.0	2.8	3.3	4.1	4.5	4.6
AD³	3.1	4.1	4.8	4.8	6.3	7.7

	Last month prevalence			Use of cannabis		
	06/07	10/11	14/15	06/07	10/11	14/15
Total weighted n	4967	5126	5937	128	143	259
Alcohol	73.4	70.6	65.0	90.6	84.5	87.4
Tobacco	32.6	28.3	27.4	88.3	76.7†	82.9
Cannabis	2.6	2.8	4.4	-	-	-
ATS¹	0.4	0.1	1.0	11.7	2.2†	20.2*
Cocaine	0.5	0.5	0.5	11.7	7.4	8.9
ST²	3.0	2.8	3.3	5.5	9.0	4.6
AD³	3.1	4.1	4.8	7.0	8.9	7.2

	Last month prevalence			Use of cocaine		
	06/07	10/11	14/15	06/07	10/11	14/15
Total weighted n	4967	5126	5937	25	26	30
Alcohol	73.4	70.6	65.0	100.0	100.0	100.0
Tobacco	32.6	28.3	27.4	80.0	77.2	83.6
Cannabis	2.6	2.8	4.4	60.0	40.9	76.6*
ATS¹	0.4	0.1	1.0	25.0	14.1	50.1*
Cocaine	0.5	0.5	0.5	-	-	-
ST²	3.0	2.8	3.3	4.0	11.4	6.7

AD ³	Last month prevalence			Use of cocaine		
	06/07	10/11	14/15	06/07	10/11	14/15
	3.1	4.1	4.8	0.0	12.4	17.6

	Last month prevalence			Use of ATS ¹			Use of ST ²			Use of AD ³		
	06/07	10/11	14/15	06/07	10/11	14/15	06/07	10/11	14/15	06/07	10/11	14/15
Total weighted n	4967	5126	5937	19	5	60	147	142	193	154	209	285
Alcohol	73.4	70.6	65.0	100.0	100.0	97.1	65.3	65.2	54.8	62.1	63.5	56.3
Tobacco	32.6	28.3	27.4	84.2	88.3	90.9	45.6	46.1	38.6	50.0	43.5	44.1
Cannabis	2.6	2.8	4.4	78.9	62.4	87.4	4.7	9.0	6.1	5.8	6.1	6.5
ATS¹	0.4	0.1	1.0	-	-	-	0.7	0.4	1.3	0.6	1.2	2.6
Cocaine	0.5	0.5	0.5	33.3	74.1	25.1*	0.7	2.1	1.0	0.0	1.5	1.9
ST²	3.0	2.8	3.3	5.3	11.7	4.0	-	-	-	38.3	26.2†	30.8
AD³	3.1	4.1	4.8	5.3	52.9†	12.1*	40.1	38.5	45.3	-	-	-

Source: NACDA, 2017

All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses.

† Denotes a statistically significant change (p<0.05) between 2006/07 and 2010/11

* Denotes a statistically significant change (p<0.05) between 2010/11 and 2014/15

¹ ATS – Amphetamine-type stimulants (ecstasy and amphetamines)

² ST – Sedatives or tranquilisers

³ AD – Antidepressants

A majority of people who used ATS in the last month when they completed the 2014/15 survey had also used alcohol (97.1%), tobacco (90.9%) and cannabis (87.4%), whereas only 25.1% had also used cocaine. Among respondents who had used cocaine in the previous month, 83.6% had also used tobacco, 76.6% had also used cannabis and half (50.1%) had also consumed ATS.

Since the 2010/11 survey, there has been a significant increase in the proportion of people who drink alcohol, people who use tobacco and people who use cannabis among people who use ATS (+1.4, +3.1 and +18.0 percentage points respectively). The proportion of those who used alcohol, tobacco or cocaine in the last month, and who also reported using cannabis has also increased significantly since 2010/11 (+2.6, +5.6 and +35.7 percentage points, respectively).

Other findings

Other main findings from the NACDA general population survey include the following:

- Among people who use alcohol, males are more likely than females to have smoked tobacco (33.5% vs 26.2%) in the last month, or to have used cannabis (8.3% vs 3.1%).
- The proportion of males who use cannabis and who also report the use of cocaine is almost double that of females (10.0% vs 5.4%).
- Since 2010/11, the proportion of people who use tobacco and who also use alcohol has decreased significantly for males and females (from 83.1% to 76.7% in males and from 72.5% to 64.9% in females), whereas the percentage of people who use tobacco and who also use cannabis has increased significantly (from 11.2% to 17.6% in males and from 3.1% to 7.7% in females).
- The proportion of respondents who use sedatives or tranquilisers and who also use antidepressants has increased since the 2010/11 survey (+6.8 percentage points). Similarly, the proportion of those using antidepressants who also use sedatives or tranquilisers has increased by 4.6 percentage points.

SECTION A. CANNABIS

1. National profile

1.1 Prevalence and trends

1.1.1 Cannabis use and availability

Age at first use and age at first regular use

According to results from the 2014/15 NACDA general population survey, the median age of first use of cannabis in the Republic of Ireland was 18 years for those who reported ever having used cannabis in their lifetime. The median age for males, females and young adults was also 18 years, though it was slightly higher for older adults (19 years) and over-65s (25 years). Among respondents of all ages who said that they had regularly used cannabis at some point in their lives, the median age of first use was 17 years; this was the case for both males and females, and is unchanged since 2010/11. The median age of first use was found to be 17 years for young adults (compared to 16 years in 2010/11) and for older adults (compared to 18 in 2010/11). The median age of first use was found to be 20 years for adults aged over 65. The period of time between first using cannabis and regular use was one year for all adults.

Other findings

Other main findings from the NACDA survey include the following:

- The majority of people who used cannabis in the last year reported that it would be ‘easy’ or ‘very easy’ to obtain cannabis in a 24-hour period (87.1%), with 2.6% reporting that it would be ‘difficult’ or ‘very difficult’.
- Of those who had ever used cannabis in their lifetime, 32.8% reported using cannabis on a regular basis.
- Respondents who had used cannabis regularly at some point in their lifetime were also asked about attempts to stop. Of this group, 72.1% said they had managed to stop and 7.4% stated they had tried without success.
- Most respondents (74.5%) agreed that people should be permitted to take cannabis for medical reasons. Males were more likely to agree with this statement than females (77.0% vs 72.1%), and older adults aged 35-64 were more likely to agree than younger adults aged 18-34 (78.4% vs 73.9%) and over-65s (64.2%).
- A majority of survey respondents disagreed with the recreational use of cannabis (66.4%), and 74.3% disapproved of people smoking cannabis occasionally.
- Lifetime rates of cannabis use were highest among people who were middle management, senior civil servants, managers or owners of a business, at 28.7%. Last year and last month rates were highest among semi-skilled and unskilled manual workers, trainees and apprentices, with 8.4% having used cannabis in the last year and 5.9% in the last month.
- Lifetime rates for cannabis use were highest in the group classified as ‘renting from a private landlord’ (38.9%). Last year and last month rates were highest for those living with their parents/other family (14.2% and 8.6%, respectively). Cannabis abuse was highest for those living with parents/other family (4.9%); 4.3% met the criteria for cannabis dependence.
- The results show that levels of cannabis use increase with education. Lifetime rates were highest among those who ceased education at 20 years of age and over, and among those with a third-

level education. Rates were lowest among those who ceased education at 15 years of age or under and among those with primary-level education only. Conversely, rates of cannabis abuse and dependence were found to be highest among those who ceased education aged 15 or under (2.2% and 1.5% respectively).

- Lifetime, last year and last month rates were highest among those classified as cohabiting or single.

1.1.2 Cannabis use in the general population

The 2014/15 survey revealed that 28% of the population (aged 15-64 years) had used cannabis at some point in their lives (lifetime prevalence), 8% reported use in the year prior to the survey (recent use), and 4% indicated use in the preceding month (current use). All of these rates are higher than those recorded in previous surveys within Ireland (Figure 1.1.2.1).

Comparable to earlier studies, rates of cannabis use were greater among men than women for lifetime use (36% vs 20%), last year use (11% vs 4%) and last month use (7% vs 2%). Since 2002/03, lifetime rates of cannabis use among males have increased by 61% and last month use has increased by 94%. Lifetime use of cannabis among females has also increased (20% in 2014/15 vs 12% in 2002/03). However, last month prevalence in women has remained relatively stable over time.

The prevalence of cannabis use was noticeably higher among young adults (15-34 years of age); lifetime rates in 2014/15 were similar to those reported in 2010/11 (34% vs 33%). Last year and last month prevalence rates were higher than those reported in the previous survey (14% vs 10% and 8% vs 5%, respectively), and the proportion of young adults who classified themselves as current users of cannabis has almost doubled since 2002/03. Lifetime, last year and last month rates of cannabis use among adults aged 35-64 were 24%, 3% and 2%, respectively.

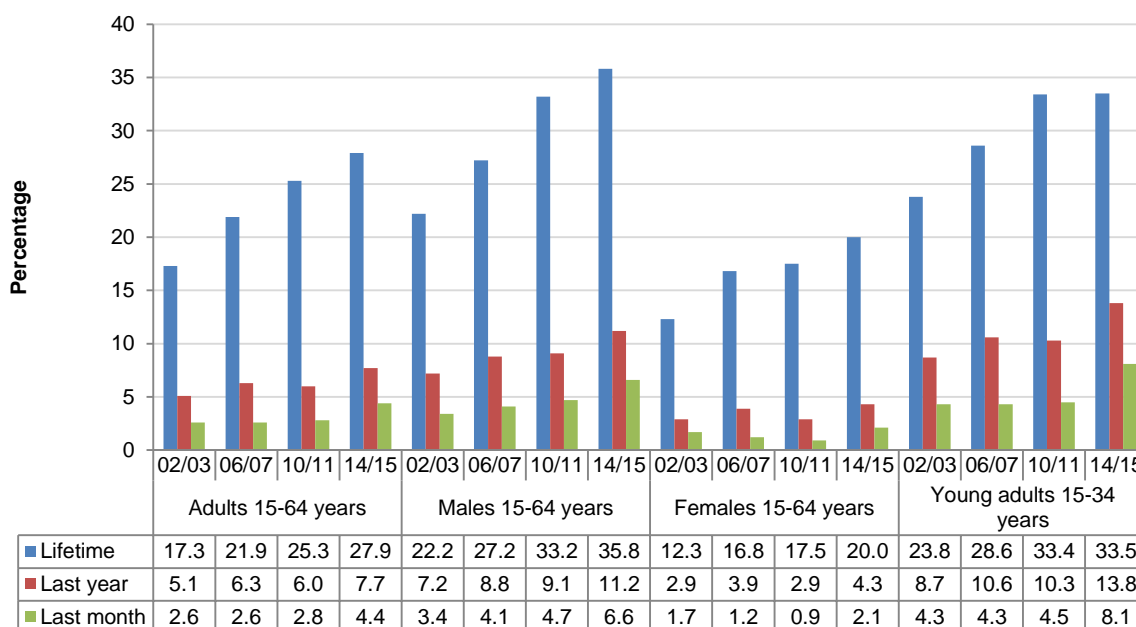


Figure 1.1.2.1 Lifetime, last year and last month prevalence of cannabis use in Ireland, 2002/03, 2006/07, 2010/11 and 2014/15

Source: NACDA, 2016

1.1.3 Cannabis use in schools and other sub-populations

Cannabis use among young adults

The prevalence of cannabis use among young adults aged 15-24 and 25-34 years for the 2014/15 survey are shown in Figure 1.1.3.1. Lifetime prevalence increased across age categories, whereas last year and

last month prevalence rates decreased. Almost 13% of males and approximately 6% of females aged 15-24 indicated that they had used cannabis within the last month prior to the survey.

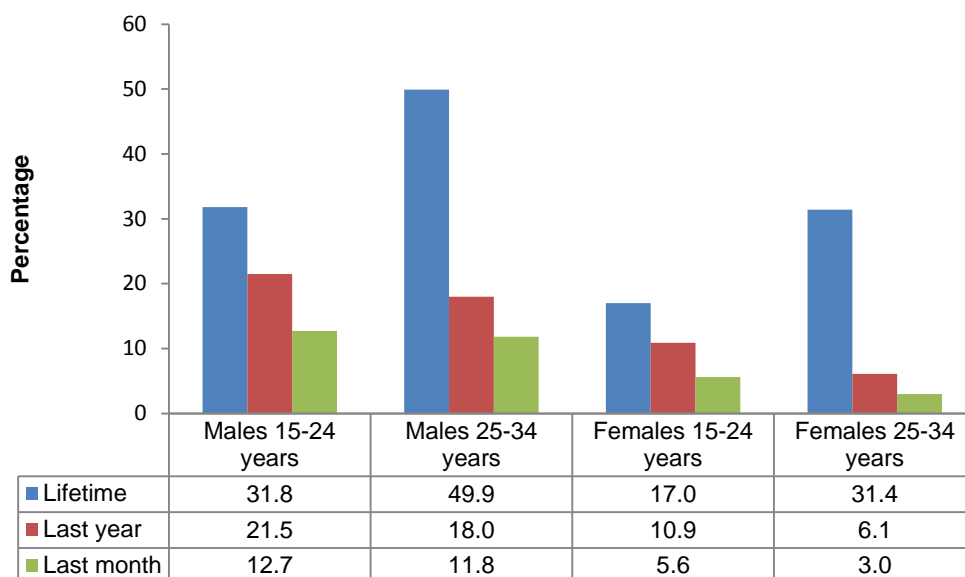


Figure 1.1.3.1 Lifetime, last year and last month prevalence of cannabis use among young adults in Ireland, 2014/15
Source: NACDA, 2016

Health Behaviour in School-aged Children (HBSC) survey

Trends in alcohol, tobacco and cannabis use among school-aged children, 1998–2014

The HBSC survey was first conducted in Ireland in 1998 and has been repeated every four years since. In 2014, the study was conducted in Ireland for the fifth time. This survey included 13,611 children drawn from third class in primary school through to fifth year in post-primary school; 230 primary and post-primary schools across Ireland participated. Data were collected on general health, social class, smoking, use of alcohol and other substances, food and dietary behaviour, exercise and physical activity, self-care, injuries, bullying, and sexual health behaviours. This section presents findings from a series of reports that examined trends in alcohol, tobacco and cannabis use among 10-17-year-old children between 1998 and 2014 (Gavin, *et al.* 2015) (Keane, *et al.* 2017).

HBSC survey: Last year cannabis use among Irish school-aged children

The majority of 13-17-year-olds stated that they had never used cannabis, while approximately 10% reported that they had used cannabis in the last 12 months. However, the prevalence of cannabis use increased with age, with over 20% of students aged 17 years indicating cannabis use within the previous year (Figure T1.1.3.4). A higher percentage of boys (8%) reported using cannabis compared to girls (6%), and this difference was consistent across each year of age.

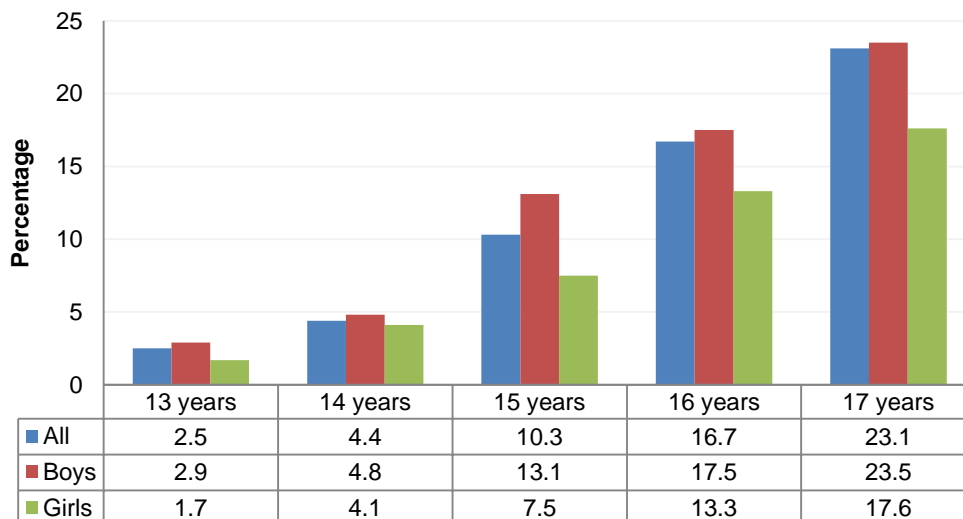


Figure 1.1.3.4 Percentage of 13-17-year-olds reporting use of cannabis in the past year, 2014

Source: HBSC Ireland, 2015

Overall percentages are weighted to account for a gender imbalance in the 2014 dataset.

HBSC survey: Current use of cannabis among Irish school-aged children

Overall, in 2014 one in twenty student respondents (5%) reported using cannabis in the last 30 days. Statistically significant differences in current cannabis use were observed by gender and across ages (Table 1.1.3.1). Similar to last year use, the rate of current cannabis use increased with age, with approximately 13% of 17-year-olds reporting having used cannabis within the last 30 days compared to less than 1% of children aged 13 years. There were no significant differences in cannabis use by social class.

Table 1.1.3.1 Percentage of 13-17-year-olds reporting use of cannabis in the last 30 days, 2014

Age	All (%)	Boys (%)	Girls (%)
13 years	0.9	1.1	0.7
14 years	2.5	3.0	2.4
15 years	7.2	8.8	5.2
16 years	10.3	11.3	7.3
17 years	12.9	13.8	8.8

Source: HBSC Ireland, 2015

Overall percentages are weighted to account for a gender imbalance in the 2014 dataset

HBSC survey: Trends in cannabis use among Irish school-aged children, 1998–2014

Results from HBSC surveys suggest that there has been a steady decrease in the lifetime use of cannabis among 13-17-year-olds. This decrease can be observed across all ages (Figure 1.1.3.5).

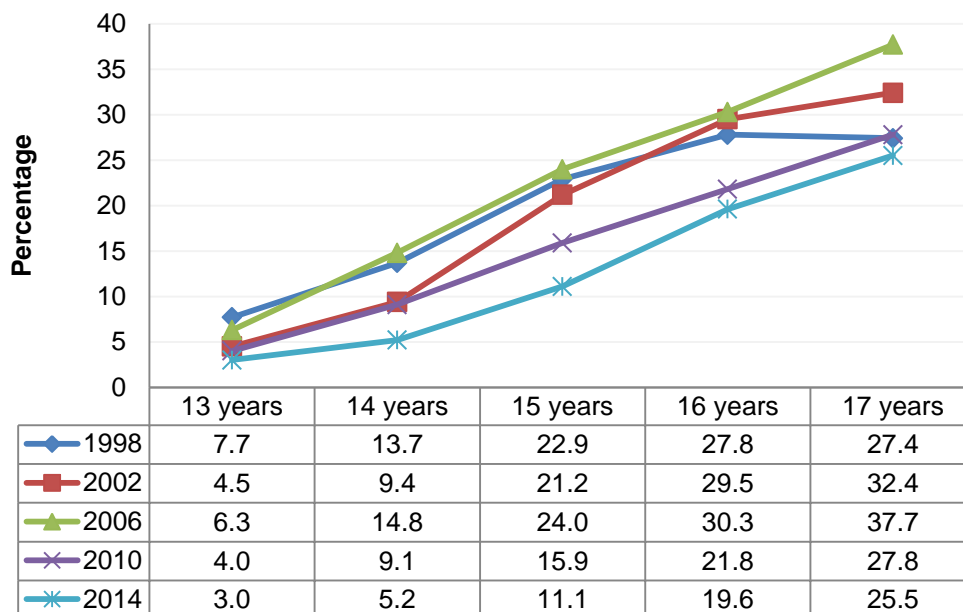


Figure 1.1.3.5 Trends in lifetime use of cannabis among Irish school-aged children, 1998–2014

Source: HBSC Ireland, 2015

Percentages for 2014 are weighted to account for a gender imbalance in the 2014 dataset.

Although the percentage of children reporting lifetime use of cannabis has increased with age in each survey, overall, there has been a decline in self-reported cannabis use among school-aged children in Ireland when compared to 2010 and earlier surveys. This may represent a true decrease, possibly owing to children having less pocket money in recent years because of the recession. Equally, it may be a result of sampling variation, or a combination of both factors.

However, it is important to note that results from the HBSC survey suggest that cannabis use is still relatively common among Irish school students, with almost a quarter of 17-year-olds indicating cannabis use within the previous year (Figure 1.1.3.4) and almost 14% of males and almost 9% of females aged 17 years reporting current cannabis use (Table 1.1.3.1).

European School Survey Project on Alcohol and Other Drugs (ESPAD)

Alcohol, smoking, cannabis and other substance use among 15-16-year-olds

ESPAD has conducted surveys of school-going children every four years since 1995 using a standardised method and a common questionnaire. The sixth survey was undertaken in 35 European countries during 2014/15 and collected information on alcohol, tobacco and other substance use among 15-16-year-old students. Data included in this workbook concentrate on findings from the survey that was conducted in Ireland, in which 2,036 questionnaires were completed by young people from 50 randomly selected post-primary schools (Taylor, *et al.* 2016).

ESPAD survey: Cannabis and other illicit substance use

Students were asked how many times in their lives they had used cannabis. Male students (22.4%) were more likely than females (15.5%) to have ever tried cannabis. Overall, 19% of students had ever tried cannabis, out of which most had tried it once or twice. There was also a sizeable minority of students who had smoked cannabis 40 times or more (3.9%).

Overall, 16.8% of students had used cannabis in the last 12 months. Again, more male (19.5%) than female (13.9%) respondents reported using cannabis in the past year. A small number of males (4.1%) reported using cannabis 40 times in the past year, suggesting heavier use than female respondents (1.2%). Males were also more likely to have tried cannabis at a younger age than females. Three per cent of males and 1% of females had first used cannabis at 12 years of age or younger. Among students who had tried cannabis, most (33%) had first used cannabis at 14 years of age, and 15% had first tried it at 13 years of age. When respondents were asked how easy they thought it would be to obtain cannabis, 41.9% perceived that it would be ‘impossible’, ‘very difficult’ or ‘fairly difficult’, and 43.4% perceived that it would be ‘fairly or very easy’.

With regard to lifetime use of other substances, after alcohol, tobacco and cannabis, inhalants were the most commonly used substance at 10%. The next most regularly used drugs were painkillers ‘to get high’ (4%), ecstasy (3%) and tranquilisers (3%). In general, however, the prevalence of illicit drug use was low. Trend analysis showed that lifetime use of cannabis in Ireland and other ESPAD survey countries stayed approximately the same, with a one percentage point decrease for the ESPAD average and a one percentage point increase for Ireland. For Ireland, this represents a drop of almost half since 1995, although lifetime prevalence of cannabis use has remained relatively unchanged at approximately 20% since 2007 (Table T1.1.3.4). In Ireland, there was an increase in the lifetime use of illicit drugs other than cannabis by one percentage point, increasing from 6% to 7%. Overall, however, there has been a 56% reduction since 1995.

Table 1.1.3.4 Percentage of 15-16-year-olds who reported lifetime use of drugs in the ESPAD Irish surveys of 2003, 2007, 2011 and 2015

Lifetime use	2003 (%)	2007 (%)	2011 (%)	2015 (%)
Cannabis	39	20	18	19
Illicit substances other than cannabis	9	10	6	7
Tranquilisers (prescribed)	10	10	9	11
Tranquilisers (non-prescribed)	23	3	3	3
Inhalants	18	15	9	10
Magic mushrooms	4	4	2	2
Ecstasy	5	4	2	3
Amphetamines	1	3	2	2
LSD	2	3	2	2
Crack	2	4	2	1
Cocaine	3	4	3	2
Heroin	1	1	1	0.4

Source: ESPAD Ireland, 2016

The use of cannabis, inhalants and other illicit substances may have stabilised in this age group, with an overall reduction over the five data collection waves from 1995 to 2015, but it should nevertheless be noted that early school leavers, a group known to be vulnerable to alcohol and drug use, are not represented in this survey. Consequently, the results may not indicate the true extent of alcohol and other illicit substance use among all 15-16-year-old children in Ireland.

Growing Up in Ireland (GUI) study

Alcohol, smoking, cannabis and other substance use among 17-18-year-olds

GUI is the National Longitudinal Study of Children in the Republic of Ireland. Funded by the Department of Children and Youth Affairs (DCYA), the project is overseen and managed by the DCYA in association with the Central Statistics Office. The child cohort was recruited in 2007, when 8,568 nine-year-olds were interviewed. Just over 7,400 young people were re-interviewed at 13 years of age (between August 2011 and February 2012) and just over 6,200 participated again at 17-18 years (between November 2015 and September 2016). This section highlights key findings on alcohol, tobacco and illicit substance use in this cohort using information collected during the third wave of the study (Economic and Social Research Institute and Trinity College Dublin 2016). The data were collected in home-based, face-to-face interviews.

GUI study: Cannabis and other illicit substance use

When subjects were asked about illicit substance use, a majority (69%) of 17-18-year-olds reported that they had never used cannabis, with 8% suggesting occasional use and a small proportion (2%) indicating weekly use. Male participants were significantly more likely to use cannabis than females (12% vs 7%). With regard to the use of other illicit substances, 9% of study participants reported that they had ever used other illicit drugs. Prevalence was below 1% for most of the drugs included, with cocaine and ecstasy showing the highest rates of use (4% for both).

Table 1.1.3.5 Substance use among 17-18-year-olds in Ireland

Substance	Prevalence (%)
Alcohol	
Ever used	89
Don't currently drink	5

Substance	Prevalence (%)
Monthly or less	48
2–4 times per month	40
2–3 times per week	6
Cigarettes	
Never smoked	51
Tried smoking once or twice	25
Used to smoke	4
Smoke occasionally	12
Smoke daily	8
Cannabis	
Never used	69
Used once or twice	17
Used to but not now	4
Use occasionally	8
Use more than once per week	2
Ever used illicit drugs	9
Ever used cocaine	4
Ever used ecstasy	4

Source: GUI, 2017

1.2 Patterns, treatment and problem/high risk use

1.2.1 Patterns of Cannabis Use

Type of cannabis most commonly used

In the 2014/15 NACDA survey, participants were asked to state what type of cannabis they most commonly used. The possible options and their relevant frequencies are shown in Table T1.2.1.1. The results demonstrate that almost 50% of those who used cannabis in the last month reported using 'weed', 28.1% used 'grass', 2% used 'herb', and 2% used 'skunk'. Resin was reported by 16.3% of people who used cannabis in the last month, and the types mentioned were 'hash' (14.9%) and 'resin' (1.4%).

Table 1.2.1.1 Types of cannabis commonly used among people who used in the last month by gender, 2006/06, 2010/11 and 2014/15

	All adults (15-64)			Males (15-64)			Females (15-64)		
	06/07	10/11	14/15	06/07	10/11	14/15	06/07	10/11	14/15
Total weighted n	128	143	259	99	119	196	28	24	63
Hash	53.8	22.6	14.9	50.3	23.5	15.4	66.2	18.3	13.2
Grass	26.8	21.8	28.1	27.8	19.9	28.4	23.5	30.9	27.1
Resin	6.4	4.2	1.4	6.7	3.8	1.6	5.2	6.0	0.8
Weed	8.4	46.5	49.6	10.1	49.0	48.9	2.5	33.9	51.8
Herb	1.9	0.0	2.0	2.5	0.0	1.3	0.0	0.0	4.2
Skunk	1.2	2.4	2.0	1.6	2.5	2.6	0.0	2.1	0.0
Hash oil	0.8	0.7	0.3	1.1	0.5	0.5	0.0	2.1	0.0
Don't Know	0.6	1.7	0.5	0.0	0.7	0.7	2.6	6.8	0.0

Source: NACDA, 2017

All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses.

When comparing 2014/15 results to the previous 2010/11 survey, it was found that the use of cannabis herb has increased in all subgroups. The largest proportion increase was in females (+16 percentage points) and older adults (+14 percentage points). The percentage of survey participants who indicated using cannabis resin has decreased by approximately 10 percentage points in all subgroups since 2010/11.

Method by which cannabis is used

Survey respondents were asked about the most common method used to take cannabis (Table 1.2.1.2). The most common method reported was smoking a joint (96.2%), whereas 2% said they used a pipe. Results by gender show that smoking joints was the most common method reported by females (94.8%), whereas 3.1% of females reported eating cannabis. Smoking joints was also the most common method reported by males (96.7%), followed by using a pipe (2.6%) and using a bong (0.7%). In terms of age,

smoking joints was the method used by the majority of young adults (96.3%) and older adults (95.9%) who used cannabis, whereas using a pipe was more likely to be reported by older adults than by young adults (4.1% vs 1.5%).

Table 1.2.1.2 Method of taking cannabis among people who used in the last month, 2014/15

	All adults (15+)	Males (15+)	Females (15+)	Young adults (15-34)	Older adults (35-64)	65+
Total weighted n	259	196	63	210	49	0
Joint	96.2	96.7	94.8	96.3	95.9	0.0
Pipe	2.0	2.6	0.0	1.5	4.1	0.0
Bong	0.8	0.7	1.0	1.0	0.0	0.0
Eat	0.8	0.0	3.1	0.9	0.0	0.0
Refused	0.3	0.0	1.0	0.3	0.0	0.0

Source: NACDA, 2017

All figures are based on weighted data, are rounded to the nearest decimal place and are based on valid responses.

1.2.2 Reducing the demand for cannabis

The proportion of cases treated for problem cannabis use (excluding synthetic cannabinoids), as recorded in the TDI data, has fluctuated over the reporting period. It decreased from 21.2% in 2004 to a low of 16.3% in 2007 but since then has increased year-on-year to a peak of 28.9% in 2013. Since then the trend has stabilised, although the proportion dropped slightly in 2016 to 26.6% compared to 28.3% 2015. The proportion of the general population who now use cannabis has increased so therefore it might be expected that the proportion and number of cases in treatment would also increase (also see Section A T1.1.2 above). However the reason for this decrease could be due to changes that took place in the national surveillance database in 2017 (see Treatment workbook Section 1.3.3 for further information).

Cannabis was the second most common drug for which all entrants who sought treatment, after opiates (mainly heroin). For new entrants, cannabis replaced opiates as the most common problem drug reported to treatment in 2011(also see Treatment workbook 1.3).

In 2016, 80.4% of cases reporting cannabis as their main problem drug were male, similar to previous years. The mean age was 24 years (males 24 years, females 26 years). In 2016, 60.9% were new entrants, similar to previous years. However, the proportion of cases previously treated has increased from 22.2% in 2004 to 35.8% in 2016.

In 2016, the highest percentage of cases (46.0%) were self-referred (including referral from family, friends, no other agency/institution involved), similar to previous years. This was followed by 21.5% who were referred by other medical agency or social services.

1.2.4 Synthetic cannabinoids

Since 2009 only a very small number of cases have reported synthetic cannabinoids as their main problem drug in the TDI data. In 2016, 47 cases reported a synthetic cannabinoid as a main problem drug compared to 41 in 2015. It should be noted the type of NPS used by clients presenting to treatment is self-reported and the actual drug rarely tested by centres, so it is not possible to say with any certainty that what was reported was definitely a synthetic cannabinoid. The type of NPS was not specified in a proportion of NPS drugs recorded in the TDI data, and so the true number of synthetic cannabinoid users may be under- or over-estimated (also see Section B 1.2.4, and Section D 1.2.4, below). These 47 cases **are not included** in the analysis of problem cannabis users in Section 1.2.2 above. See also Treatment workbook, Sections 1.3 and 2.

The majority of problem cannabis users access treatment within generic addiction services. There are very few cannabis-specific programmes.

SECTION B. STIMULANTS

1. National profile

1.1 Prevalence and trends

1.1.1 The relative importance of different stimulant drugs

The most commonly used stimulants, based on the 2014/15 NACDA general population survey, were cocaine and ecstasy.

1.1.2 Stimulant Use in the General Population

The most commonly used stimulants, based on the 2014/15 NACDA general population survey, were cocaine and ecstasy.

Cocaine use in the general population

Lifetime cocaine use has increased when compared to 2010/11 (Figure 1.1.2.1). The percentage of respondents aged 15-64 years who reported using cocaine (including crack) at some point in their lives increased from 7% to 8%. The proportion of young adults (15-34) who reported using cocaine in their lifetimes has also increased from 9% to 11%.

As was observed in previous studies, more men reported using cocaine in their lifetimes compared to women (11% vs. 5%). However, although the lifetime rate of cocaine use among persons aged 15-64 years and young adults aged 15-34 has more than doubled since 2002/3, the percentage of respondents reporting current use of cocaine has remained relatively unchanged across surveys.

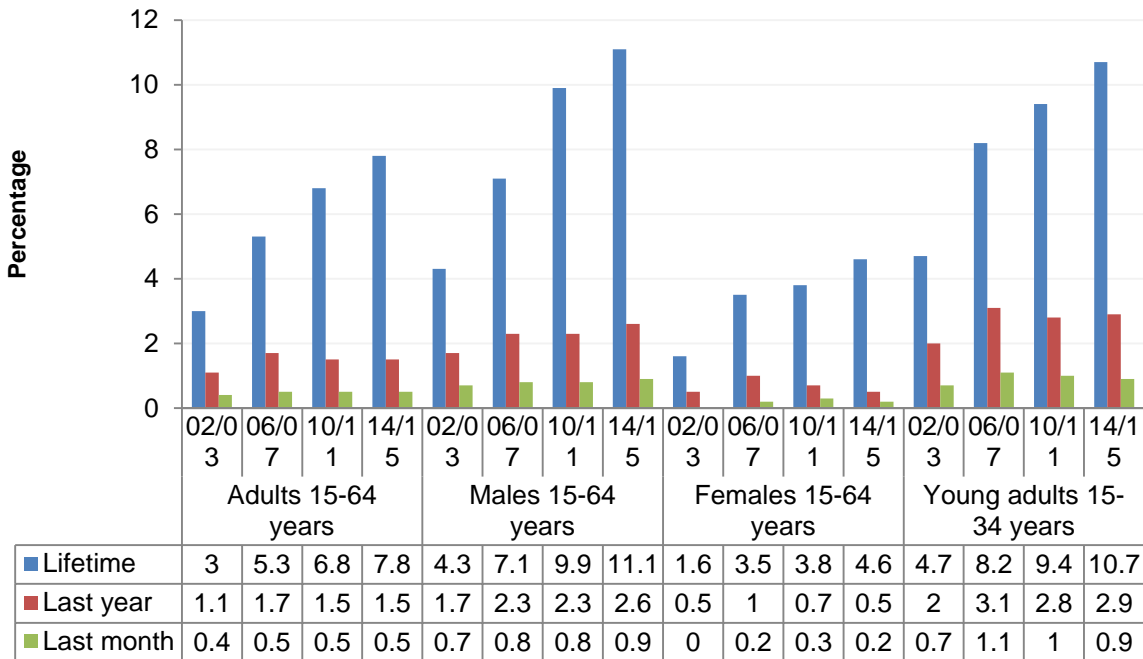


Figure 1.1.2.1 Lifetime, last year and last month prevalence of cocaine use (including crack) in Ireland, 2002/3, 2006/7, 2010/11 and 2014/15

Source: NACDA, 2016

Ecstasy use in the general population

In Figure 1.1.2.2, significant increases in lifetime and last year prevalence of ecstasy use were observed in persons aged 15-64 years (7% to 9% and 0.5% to 2% respectively).

Fourteen per cent of young adults (15-34) claimed to have tried ecstasy at least once in their lifetime, with over 4% having used it within the last year (vs. 0.9% in 2010/11) and 2% indicating current use (vs. 0.1% in 2010/11).

As noted in previous workbooks, last year and last month rates from the 2010/11 survey had suggested a decline in the use of ecstasy among younger Irish adults when compared to earlier studies. This was possibly due to the increased use of NPS sold in head shops and online.

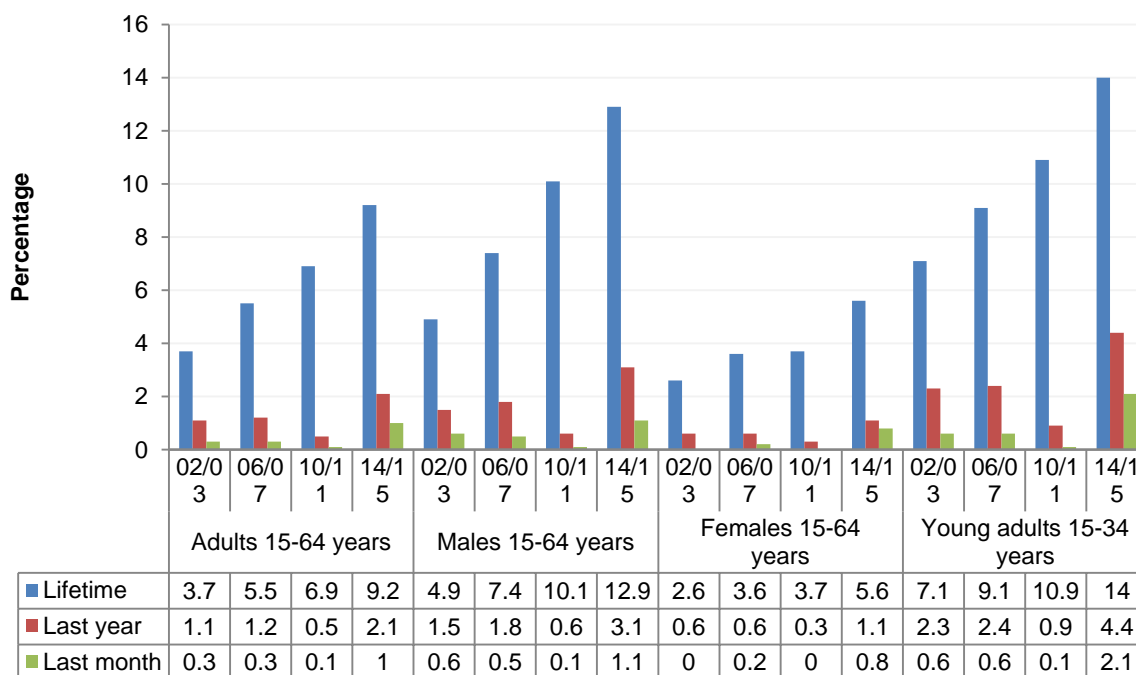


Figure 1.1.2.2 Lifetime, last year and last month prevalence of ecstasy use in Ireland, 2002/3, 2006/7, 2010/11 and 2014/15
Source: NACDA, 2016

1.1.3 Stimulant use in schools and other sub-populations Cocaine use among young adults

The prevalence of cocaine use among young adults aged 15-24 and 25-34 for the 2014/15 survey are shown in Figure 1.1.3.1. Lifetime prevalence increased across age categories, while last year and last month prevalence rates decreased. Last year and last month rates of cocaine use were similar across both age categories, with 6% of men aged 15-24 years indicating use of cocaine in the last year compared to less than 1% of young women for the same age group.

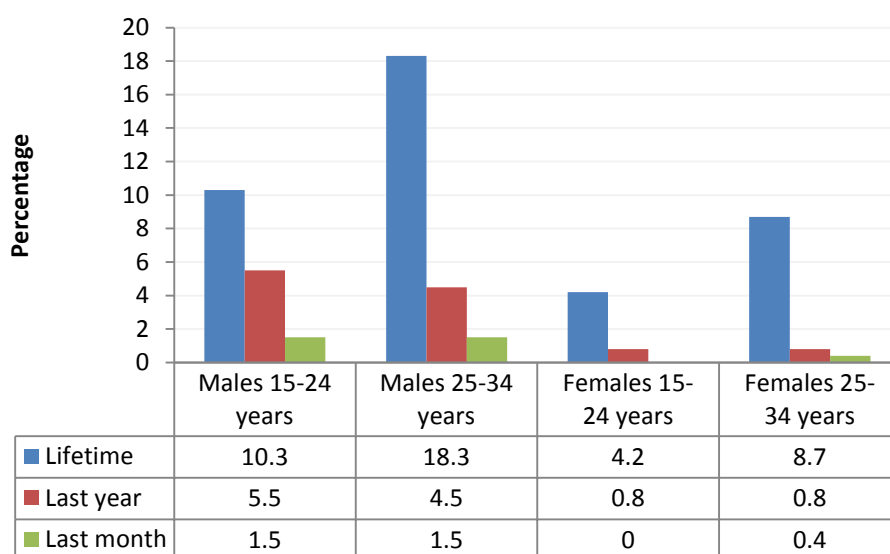


Figure 1.1.3.1 Lifetime, last year and last month prevalence of cocaine use (including crack) among young adults in Ireland, 2014/15
Source: NACDA, 2016

Ecstasy use among young adults

The prevalence of ecstasy use among young adults aged 15-24 and 25-34 for the 2014/15 survey are shown in Figure 1.1.3.2. Similar to cannabis and cocaine use, lifetime prevalence increased across age categories, with last year and last month prevalence rates decreasing. Almost 10% of males and 4% of females aged 15-24 reported using ecstasy within the previous year, while current use was 4% (males) and approximately 3% (females) for the same age category.

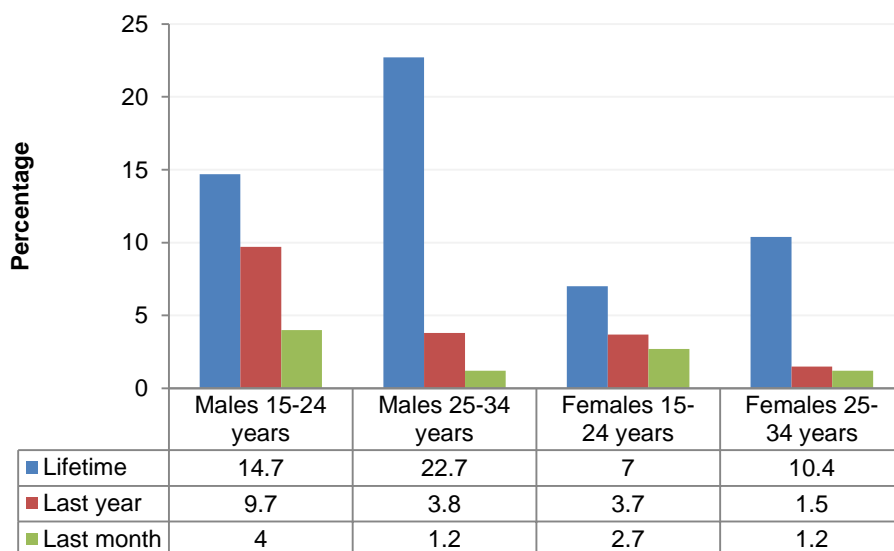


Figure 1.1.3.2 Lifetime, last year and last month prevalence of ecstasy use among young adults in Ireland, 2014/15
Source: NACDA, 2016

Stimulant use in schools

See Section A, 1.1.2 for information on stimulant and other substance use among school-aged children.

1.2 Patterns, treatment and problem/high-risk use

1.2.1 Treatment for stimulants

In 2016, there were 1,225 cases treated for problem stimulant use as reported through TDI. Similar to previous years, the majority were for problem cocaine use (89.5%), followed by amphetamine-type stimulants (4.5%), ecstasy (4.2%) and then synthetic cathinones (1.0%). While the trends for amphetamine-type stimulants and ecstasy are similar to previous years, the proportion reporting synthetic cathinones has decreased from 2.7% in 2015 to 1.0% in 2016. This does reflect the overall decrease in NPS in the treatment data, which in part is due to legislation changes (Smyth, *et al.* 2017)

The proportion of all cases treated for problem stimulant use increased again in 2016 to 13.7% from a low of 9% in 2013 (and a previous high of 6.2% in 2009). This is due to the increase in the number of cases presenting with problem cocaine use (see cocaine section below).

In 2016, 76.3% of cases were male, similar to previous years. Just over half (52.1%) of those treated for problem stimulant use had never been treated before. Over the period, the proportion of new entrants has shown a downward trend from 62.9% in 2004 to 52.4% in 2015. In 2016, the majority of cases were self-referred or referred by family/friends (58.7%).

Cocaine

Cocaine is the most common drug among the stimulants group that is reported in Ireland. The proportion of all cases treated for problem cocaine use increased again in 2016 to 12.2%, from 10.5% in 2015. This is compared to a low of 7.5% in 2004 and compared to the highest level of 13.3%, recorded in 2007. The increase in cases reporting cocaine mirrors that seen in the general population (also see Section B 1.1.2). However given the changes that took place in the national surveillance database in 2017, it could be that the increase was greater (see Treatment workbook Section 1.3.3 for further information).

In 2016, 77.0% of cases treated for problem cocaine use were male and the mean age was 30 years. Just over half (51.6%) had never been treated before, similar to 2015. The majority (61.2%) were self-referred or referred by family/friends.

Amphetamine-type stimulants

Amphetamine-type stimulants including ecstasy, BZP and other unknown/unspecified stimulants, represent only a small proportion of all cases seeking treatment for problem drug use in Ireland. In 2016, 1.3% of cases reported this group of drugs. The proportion decreased continuously year-on-year from 3.5% in 2004 to 1.2% in 2013. Since 2013 the proportion appears to have stabilised.

In 2016, 69.2% of problem amphetamine-type stimulant users were male. In 2016, 40.2% of those treated for problem amphetamine-type stimulant use have never been treated before. Small numbers in this groups means that trends are difficult to interpret. Given this, the proportion of new cases treated for amphetamine-type stimulants has fluctuated between a high of 74% and a low of 40.2% in 2016.

1.2.2 Synthetic Cathinones

Since 2009 only a very small number of cases have reported synthetic cathinones as their main problem drug. It should be noted that the type of NPS used by clients presenting for treatment is self-reported and the actual drug is rarely tested by treatment centres. Therefore it is not possible to say with certainty that what was reported was definitely a synthetic cathinone. In a proportion of cases the type of NPS was not specified, so the true number of synthetic cathinone users may be under- or over-estimated.

Synthetic cathinones first appeared in treatment data in 2009 so no information is available before that time. The proportion of cases treated for this type of drug peaked in 2010 at 1.5% of all treatment episodes, dropping to 0.1% in 2016. This does reflect the overall decrease in NPS in the treatment data, which in part is due to legislation changes (Smyth, *et al.* 2017)

Please note that the annual number of small numbers reporting synthetic cathinones makes analysis unreliable. In 2016, 83.3% of cases were male and the mean age was 33 years. Just over half (41.7%) had never been treated before. Also see Section D 1.1.1 below.

The majority of problem stimulant users access treatment within generic addiction services. There are very few stimulant-specific programmes.

1.2.2 Injecting and other routes of administration

Information from the TDI data about those accessing drug treatment for any stimulant (cocaine, amphetamines or synthetic cathinones) as a main problem drug show that the proportion injecting was very low. In 2016, only 1.9% of cases who used stimulants reported injecting as a route of administration. This is a slight increase compared to 2015, when 1.1% of cases reported injecting (any) stimulants. In 2016 the most common route of administration was sniffing/snorting (77.4%), similar to previous years.

1.2.3 Infectious diseases

Audit of hepatitis C virus (HCV) testing and referral, 2015

In 2014/15, an audit (unpublished) was carried out by the Health Protection Surveillance Centre (HPSC) in Ireland of HCV testing and referral in addiction treatment centres in Health Service Executive (HSE) Community Healthcare Organisation (CHO) Area 7 (formerly HSE Dublin Mid-Leinster). CHO Area 7 covers Dublin 2, 4 (part of), 6, 6W, 8, 10, 12, 16 (part of), 22 and 24. The number of patients attending the addiction treatment centres in CHO Area 7 at the time of starting the audit was 1,255. Eighty-five per cent (177 out of 208) of the patients had a history of injecting drug use and were considered people who inject drugs (PWID). Eighteen patients who did not have a history of injecting drug use reported cocaine use as a possible risk factor for HCV infection.

For further information on this audit and data regarding drug-related infectious diseases in Ireland, see Section 1.3 in the Harms and Harm Reduction workbook.

1.2.4 Synthetic cathinones and HIV infection

A paper published in September 2015 outlines research conducted in response to an increase in recently acquired HIV infection among a population of homeless people who inject drugs in Dublin (Giese, *et al.* 2015).

Clinicians in the drug treatment services were concerned that the increase might be linked to injection of a synthetic cathinone, α -Pyrrolidinopentiophenone (α -PVP), with the street name 'Snow Blow', which was being used by homeless drug users. In response, an epidemiological investigation and case-control study were instigated.

Between 2014 and 2015, 38 confirmed or probable cases of recently acquired HIV were reported. Multivariate logistic regression was used to determine features associated with HIV infection. The factor most strongly related with HIV infection was injecting α -PVP. However, reusing needles and syringes and having sex with a partner who injects drugs were also independently associated. For further information, please see Section 1.3.6 of the Harms and Harm Reduction workbook.

2. New developments

2.1 New developments in the use of stimulants

There have been significant increases in the prevalence of ecstasy use since the previous general population survey. This increased usage may be correlated with decreased use of NPS among younger adults. Please see Section B, T1.1 for information on the prevalence of ecstasy use in the general population and Section D, T1.1 for information on NPS use.

SECTION C. HEROIN AND OTHER OPIOIDS

1. National profile

1.1 Prevalence and trends

1.1.1 Estimates of opioid use in the general population

Opiate use

Capture-recapture (CRC) studies

National three-source CRC studies to provide statistically valid estimates of the prevalence of opioid drug use in the Irish population were commissioned by the NACDA and undertaken in 2001 (Kelly, *et al.* 2003) and 2006 (Kelly, *et al.* 2009). The three data sources used were the Central Treatment List of clients on methadone, the Hospital In-Patient Enquiry scheme and Garda PULSE data.

A third study using the CRC method was commissioned by the NACDA in (Hay, *et al.* 2017). In this research, four data sources were utilised: drug treatment clinic data; information from general practices; prison records; and statistics provided by the Irish Probation Service. This section highlights recent findings.

Prevalence of opioid use, 2014

Table 1.1.2.1 shows the prevalence estimates of opioid use in the Republic of Ireland in 2014. For the most recent CRC study, data from the four sources indicated that the national prevalence estimate of opioid users in 2014 was between 18,720 and 21,454. The point estimate was 18,988, giving a rate of 6.18 per thousand population aged 15-64 (95% CI: 6.09 to 6.98).

Table 1.1.2.1 Summary of prevalence estimates of opioid use in Ireland, 2014

Area	Estimate	Lower bound	Upper bound	Rate/1000 population
Dublin	13,458	12,564	14,220	15.15
Rest of Ireland	5,530	5,406	8,023	2.53
Age group				
15-24	1,092	1,076	1,234	1.88
25-34	6,672	6,578	7,539	8.84
35-64	11,224	11,065	12,681	6.46
Gender				
Female	5,966	5,882	6,741	3.86
Male	13,022	12,838	14,713	8.52

Source: Unpublished data from the NACDA, 2017

1.1.2 Estimates of Opioid Use in Sub-populations

Seventy-one per cent of the estimated number of opioid users in Ireland in 2014 lived in Dublin. The estimates for Dublin were 13,458 opioid users (95% CI: 12,564 to 14,220), suggesting a rate of 15.15 per thousand population. The corresponding figures for 2006 were 14,909 (95% CI: 13,737 to 16,450) with a population rate of 17.6 per thousand population. The prevalence for the rest of Ireland (excluding Dublin) was estimated to be 5,530 (95% CI: 5,406 to 8,023). This also represents a slight decrease when compared to estimates from 2006 (5,586, 95% CI: 4,399 to 7,126). Sixty-nine per cent of opiate users in 2014 were male.

In terms of regional differences, County Sligo had the lowest prevalence of opioid use, with a rate of 0.37 per thousand population (95% CI: 0.21 to 1.73). Other counties with prevalence rates lower than 1.0 per thousand population were Co Donegal, Co Leitrim, Co Mayo and Co Monaghan. With regard to city differences, after Dublin, Limerick City had the highest rate of use, at 8.82 per thousand population (95% CI: 7.11 to 13.16), followed by Waterford City (6.72 per thousand population, 95% CI: 5.24 to 15.12) and Cork City (5.67 per thousand population, 95% CI: 4.91 to 6.71). Galway City had the lowest prevalence of opioid use at 1.93 per thousand population (95% CI: 1.55 to 2.73).

1.2 Patterns, treatment and problem/high risk use

1.2.1 Patterns of opioid use

The following are among the trends observed in the CRC studies conducted in the Republic of Ireland (Table 1.2.1.1):

- There has been a slight decrease in opioid use both inside and outside of Dublin when compared to 2006.
- The rate of opioid use among males and females aged 15-24 years has continued to decline.
- More than half (60%) of the State's opioid users are in the 35-64 age group, compared to less than one-third in 2006, suggesting a definite ageing cohort effect.

Table 1.2.1.1 Estimated prevalence of opioid use in Ireland for 2001, 2006 and 2014

2001				
Area	Estimate	Lower bound	Upper bound	Rate/1000 population
Dublin	12,456	11,519	13,711	15.9
Rest of Ireland	2,225	1,934	2,625	1.2
STATE TOTAL	14,681	13,404	15,819	5.6

2006				
Area	Estimate	Lower bound	Upper bound	Rate/1000 population
Dublin	14,909	13,737	16,450	17.6
Rest of Ireland	5,886	4,399	7,126	2.9
STATE TOTAL	20,790	18,136	23,576	7.2

2014				
Area	Estimate	Lower bound	Upper bound	Rate/1000 population
Dublin	13,458	12,564	14,220	15.15
Rest of Ireland	5,530	5,406	8,023	2.53
STATE TOTAL	18,988	18,720	21,454	6.18

Source: Unpublished data from the NACDA, 2017

1.2.2 Treatment for heroin and other opioids

There are no new data specific to rates and trends of infectious diseases among opioid users. For information on drug-related infectious diseases in Ireland, see Harms and Harm Reduction workbook Section 1.3.

All opiates

Data from TDI show that in 2016, just under half of all cases (46.9%) treated for problem drug use (excluding alcohol) were treated for opiates, similar to 2015 (47.6%). Of those treated for problem opiate use in 2016, heroin comprised the vast majority of cases (84.7%), similar to previous years. However it should be noted that the results for opiates cases in 2016 could be due to changes that took place in the national surveillance database in 2017 (see Treatment workbook Section 1.3.3 for further information).

Problem heroin use

Problem heroin use comprised 39.8% of all cases treated in 2016. The proportion of cases treated for problem heroin use has fluctuated over the reporting period, rising from 59.7% in 2004 to a peak in 2006 of 60.3%. In 2016, the downward trend observed since 2007 has continued, with the proportion of cases dropping slightly from 41.1% in 2015 to 39.8% in 2016. However the reason for this decrease could be

due to changes that took place in the national surveillance database in 2017 (see Treatment workbook Section T1.3.3 for further information).

Since 2004, heroin has remained the most common illicit drug for which all cases have sought treatment. However, for cases new to treatment, the pattern changed in 2011, when cannabis replaced heroin as the most common problem drug reported by new entrants to treatment (also see Section 2 in the Treatment workbook).

In 2016, 71.3% of cases were male, and the mean age was 34 years. The majority of cases were previously treated (74.1%). The proportion of problem heroin users who were new to treatment peaked in 2009 at 34.4% but has decreased every year since.

Other opiates

In 2016 methadone (prescribed or street) was the second most common other opiate reported, comprising 6.8% of all treatment entrants for problem opiate use. This was followed by codeine, accounting for 4.8% of all treatment entrants for problem opiate use. For further information on heroin and other opiates, see also TDI and Treatment workbook Sections T1.3.1 and T2.1.

Treatment for problem opiate use is provided by both statutory and non-statutory services. Opiate substitution treatment (OST) is provided in specialised clinics or by specialised GPs. Other treatment provided includes counselling, social and occupational reintegration, psychiatric treatment, complementary therapy etc. For further information see Treatment workbook, Section 1.4

1.2.3 Injecting and other routes of administration

Data from TDI show that in 2016, 32.7% of those treated for problem opiate use reported injecting as their primary route of administration. The proportions fluctuated over the period, from a peak of 48.4% in 2004 to its lowest level of 30.2% in 2010. For the next two years the proportion injecting increased to 41.1% in 2012, but then decreased slightly year-on-year since then to 33% in 2015. Heroin represents almost 100% of the opiate drugs injected.

See Section 1.5.3 in Harms and Harm Reduction workbook for data on use of needle exchange programmes by injecting drug users in Ireland.

1.2.4 Infectious diseases

Audit of HCV testing and referral, 2015

In 2014/15, an audit (unpublished) was carried out by the HPSC in Ireland of HCV testing and referral in addiction treatment centres in HSE CHO Area 7 (formerly HSE Dublin Mid-Leinster). CHO Area 7 covers Dublin 2, 4 (part of), 6, 6W, 8, 10, 12, 16 (part of), 22 and 24. The number of patients attending the addiction treatment centres in CHO Area 7 at the time of starting the audit was 1,255. Eighty-five per cent (177 out of 208) of the patients were PWID.

Of the patients who had a history of injecting drug use, 72% (128) were HCV antibody positive and 44% (78) were HCV antigen or Polymerase chain reaction (PCR) positive. In those with HCV antigen or PCR positive results, the age range was 24 years to 56 years, with a median age of 40 years. The likelihood of having HCV increased with age in those with a history of injecting drug use, with 63% (10 out of 16) of 25-34-year-olds testing positive for HCV antigen or PCR compared to 68% (45 out of 66) of 35-44-year-olds and 80% (20 out of 25) of 45-54-year-olds.

Incidence of HCV among PWID in Ireland

Recent research examined the incidence of HCV infection among PWID in the Republic of Ireland over a 13-year period between 1991 and 2014 (Carew, *et al.* 2017). The estimated total number of injectors up to the end of 2014 was 16,382. The authors estimated that 12,423 (95% CI: 10,799–13,161) individuals were infected with HCV, and that 9,317 (95% CI: 8,022–9,966) of these subjects became chronically infected. The estimated annual number of new HCV infections among PWID peaked in 1998. By 2014, almost 30% of injectors were estimated to have been infected for over 20 years.

For further information on these studies and data regarding drug-related infectious diseases in Ireland, see Harms and Harm Reduction workbook Section 1.3.

SECTION D. NEW PSYCHOACTIVE SUBSTANCES (NPS) AND OTHER DRUGS NOT COVERED ABOVE.

1.1 New Psychoactive Substances (NPS), other new or novel drugs, and less common drugs

1.1.1 Prevalence and trends in NPS use

Estimates of NPS use in the general population

In 2014/15, the lifetime prevalence of NPS use among respondents aged 15-64 years was approximately 4% while last month prevalence was less than 1%. In male adults aged 35-44, and those aged 45-54, lifetime prevalence rates were 3% for both. For females, the corresponding rates were 1.2% and 0.9% respectively. Last month prevalence of NPS use for both age categories was less than 1% in both genders.

For the first time, lifetime and last month data regarding NPS use has been collected in the Drug Use in Ireland and Northern Ireland Drug Prevalence Survey 2014/15. Therefore, it is not possible to compare lifetime and last month rates with previous surveys.

Last year prevalence of NPS use among Irish adults, 2010/11 and 2014/15

Last year prevalence of NPS use was included as a drug category for the first time in the 2010/11 NACDA drug prevalence survey. In contrast to trends observed with other illicit substances, data from the 2014/15 study demonstrate that the prevalence of NPS use in the Irish population has decreased, in both genders (Figure 1.1.1.1).

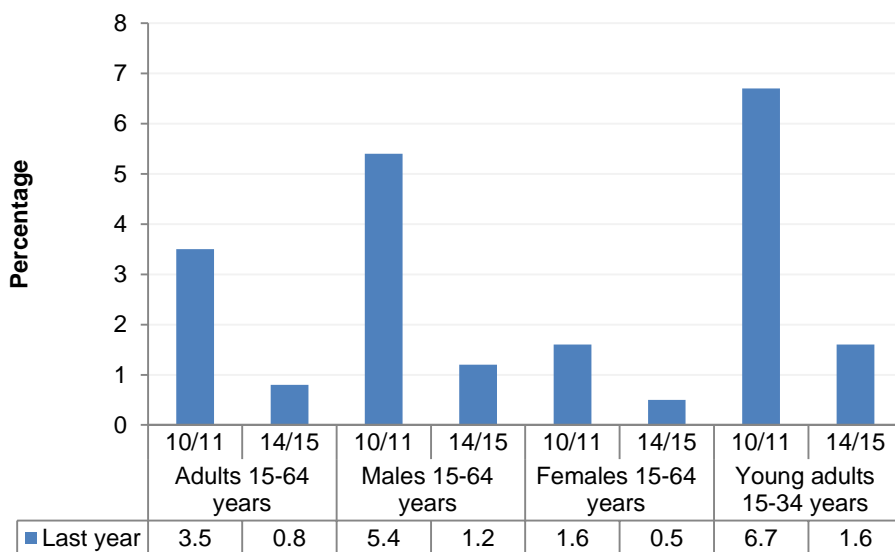


Figure 1.1.1.1 Last year prevalence of NPS use among adults in Ireland, 2010/11 and 2014/15

Source: NACDA, 2016

NPS use among young adults, 2014/5

The prevalence of NPS use among young respondents aged 15-24 and 25-34 for the 2014/15 survey are shown in Figure 1.1.1.2. Lifetime use increased across age categories in men and decreased in women. Similar to the patterns observed with the use of other illicit drugs, last year and last month prevalence rates decreased across age categories. The percentage of male and female young adults who indicated current use of NPS was less than 1%.

The low prevalence of current NPS use among younger Irish adults, and decreasing trends in NPS use among respondents aged 15-64 years of both genders, may be as a result of the Criminal Justice (Psychoactive Substances) Act 2010 which came into effect in August 2010. The Act made it an offence, punishable by up to five years imprisonment, to sell or supply for human consumption substances which are not specifically proscribed under the Misuse of Drugs Acts, but which have psychoactive effects.

In addition, the Health Service Executive conducted a national campaign on the dangers of legal and illegal drugs, entitled "Legal or illegal highs - they're anything but safe". The campaign sought to raise awareness of the dangers and significant negative mental and physical health effects that can be caused by NPS use (Lyons 2010).

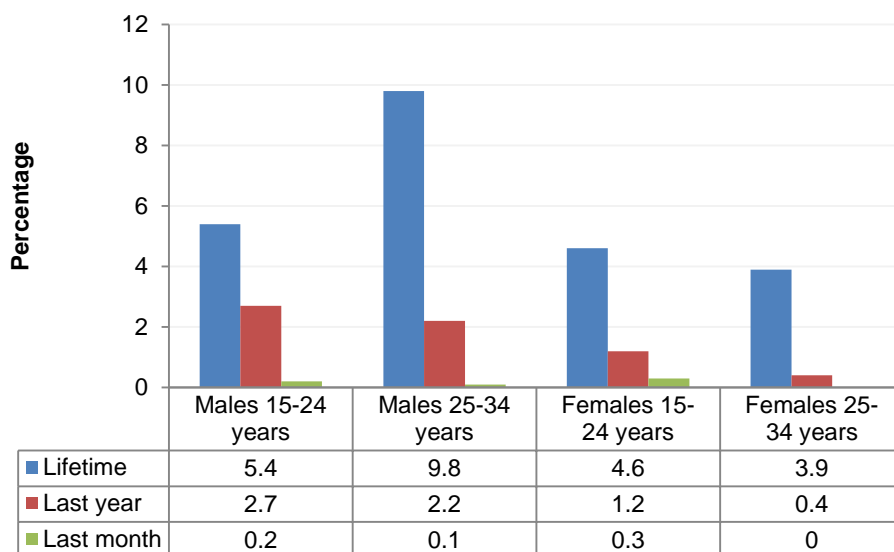


Figure 1.1.1.2 Lifetime, last year and last month prevalence of NPS use among young adults in Ireland, 2014/15
Source: NACDA, 2016

1.1.2 Harms related to NPS use

Since 2008 a very small number of cases presenting for treatment (n=74) have reported a NPS other than a synthetic cannabinoid or cathinone) as their main problem drug through TDI. The type was usually unspecified but does include a very small number of hallucinogenic-type NPS. It should be noted that the type of NPS used by clients presenting to treatment is self-reported and so, even though the type of NPS may have been specified by a client, the actual drug is rarely tested by treatment centres. As a result, it is not possible to say with certainty that, for example, those NPS reported as synthetic cannabinoids or cathinones definitely fall into those categories. Among the cases reporting NPS (other than a synthetic cannabinoid or cathinone) as their main problem drug, there may be a number of which are a synthetic cannabinoid or cathinone, so the true number of synthetic cannabinoid or cathinone users may be under- or over-estimated.

NPS first appeared in treatment data in 2008; before then they were not recorded as a separate category. The proportion of cases treated for this type of drug peaked in 2010 at 0.4% of all treatment episodes, but dropped to 0.06% in 2014, but rose again slightly in 2015 to 0.1%. See also Section A 1.2.4, and Section B 1.2.4 above.

1.1.3 Prevalence, trends and harms related to other drug use

Hypnotics and sedatives

In 2016, hypnotics and sedatives continue to be the third most common drug group treated, as reported through TDI. The proportion of cases has risen consistently every year from 2006 from 2% to 11.2% in 2014. The proportion dipped slightly to 10.2% in 2015 but increased again in 2016 to 11.0%.

In 2016, the main drug type included in this group were benzodiazepines (88.5%), similar to previous years. There were no changes to trends of the previous years. The majority of cases were male (66.8%) and the mean age was 31 years. Forty per cent (40.4%) were new entrants to treatment. In 2016, self-referral or by family/friends was most common (43.4%). Also see Treatment workbook Sections 1.3.1 and 2.1.

2. New developments

2.1 New developments in the use of NPS and other drugs

There has been a decrease in NPS use within Ireland. Please see Section D, 1.1.1 for information on trends in the prevalence of NPS use.

3. Sources and references

3.1 Sources

There are five main sources of data that estimate the prevalence of drug use in the Irish population. These are:

- the NACDA surveys of drug use among the general population;
- the Health Behaviour in School-aged Children (HBSC) surveys;
- the European School Survey Project on Alcohol and Other Drugs (ESPAD);
- the Growing Up in Ireland (GUI) National Longitudinal Study of Children; and
- the Capture-recapture (CRC) studies on opioid use in Ireland.

Results from the most recent NACDA, HBSC, ESPAD, GUI and CRC studies are included in this workbook. The NACDA survey classifies young adults as those between the ages of 15 and 34. The HBSC study records health behaviours (including cannabis use) among school-aged children aged 13-17 years. The ESPAD survey collected information on alcohol, tobacco and other substance use among 15-16-year-old students. The GUI study collected data on 17-18-year-olds.

Data on drug treatment in Ireland are collected through two national data collection tools: the Central Treatment List (CTL) and the National Drug Treatment Reporting System (NDTRS).

3.2 Methodology

NACDA surveys on drug use in the general population

An all-Ireland drug prevalence survey was initiated by the National Advisory Committee on Drugs (NACD) – now the National Advisory Committee on Drugs and Alcohol (NACDA) – in the Department of Health in Ireland, and by the Drug and Alcohol Information and Research Unit (DAIRU), now the Public Health Information and Research Branch (PHIRB), in the Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland. The main focus of the survey is to obtain prevalence rates for key illegal drugs – such as cannabis, ecstasy, cocaine and heroin – on a lifetime (ever used), last year (recent use), and last month (current use) basis. Similar prevalence questions are also asked of alcohol, tobacco, and other drugs such as sedatives, tranquilisers and antidepressants. Attitudinal and demographic information is also sought from respondents.

The questionnaire and methodology for the survey are based on best-practice guidelines drawn up by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The questionnaire is administered through face-to-face interviews with respondents aged between 15 and 64 who are normally resident in households in Ireland and Northern Ireland. Thus, persons outside this age range, or who do not normally reside in private households, have not been included. This approach is commonly used throughout the EU. Because of the exclusion of those living in institutions (for example, prisons and hostels), this type of prevalence survey is usually known as a general population survey.

The first iteration of this general population drug prevalence survey was undertaken in 2002/3, and the second and third iterations in 2006/07 and 2010/11. A series of bulletins reporting the findings of the 2002/03, 2006/07 and 2010/11 iterations have been published (National Advisory Committee on Drugs and Public Health Information and Research Branch 2011). The most recent survey was conducted in 2014/15 (National Advisory Committee on Drugs and Alcohol 2016). A sample was randomly selected from among all households throughout the island of Ireland to participate, and fieldwork began in September 2014 and

was completed in May 2015. Of the household members contacted, 7,005 agreed to take part. The sample was weighted by gender, age and region to ensure that it was representative of the general population.

As with other European drug surveys, people over the age of 64 are excluded, as they grew up in an era when both the use and availability of illegal drugs were very limited. Therefore, surveys with older people have, to date, shown very low rates of use on even a lifetime basis. This situation will change over time as the younger population grows older.

Health Behaviour in School-aged Children (HBSC) survey

The HBSC survey is a cross-national research study conducted in collaboration with the WHO Regional Office for Europe. The study aims to gain insights into, and increase our understanding of, young people's health and well-being, health behaviours and their social context. It collects information on the key indicators of health and health-related attitudes and behaviours (including alcohol and cannabis use) among young people aged 11-17 years.

The HBSC was initiated in 1982 and is conducted every four years. It is a school-based survey with data collected through self-completed questionnaires administered by teachers in the classroom. The Health Promotion Research Centre, National University of Ireland, Galway was invited to join the HBSC network in 1994 and conducted the first survey of Irish schoolchildren in 1998 (Friel, *et al.* 1999). The survey was repeated in Ireland in 2002, 2006, 2010 and 2014 (Gavin, *et al.* 2015).

For the most recent survey, data from the 2011 census were employed to provide the population distribution across geographical regions. The sampling frame consisted of all primary and post-primary schools within Ireland. Two-hundred and thirty schools participated providing a sample of 13,611 children.

The European School Survey Project on Alcohol and Other Drugs (ESPAD)

ESPAD has conducted surveys of school-going children every four years since 1995 using a standardised method and a common questionnaire. The sixth survey was undertaken in 35 European countries during 2014/15 and collected information on alcohol, tobacco and other substance use among 15-16-year-old students.

An important goal of the ESPAD surveys is to monitor trends in alcohol consumption, tobacco and other drug use among 15-16-year-olds and to compare trends between countries and groups of countries. It also provides an opportunity to observe changes in trends in Ireland over the six waves during the past 20 years. The rationale for the ESPAD surveys is that school students are easily accessible and are at an age when the onset of substance use is likely to occur.

Data included in this workbook concentrate on findings from the survey that was conducted in Ireland in 2014/15, in which 2,036 questionnaires were completed by young people from 50 randomly selected post-primary schools (Taylor, *et al.* 2016). Of these participants, 1,493 were born in 1999 and will be included in the international ESPAD dataset.

Growing Up in Ireland (GUI) study

GUI is the National Longitudinal Study of Children in the Republic of Ireland. Funded by the Department of Children and Youth Affairs (DCYA), the project is overseen and managed by the DCYA in association with the Central Statistics Office. The child cohort was recruited in 2007, when 8,568 nine-year-olds were interviewed. Just over 7,400 young people were re-interviewed at 13 years of age (between August 2011 and February 2012) and just over 6,200 participated again at 17-18 years (between November 2015 and September 2016) Economic and Social Research Institute, 2016 #3143}. The data were collected in home-based, face-to-face interviews.

Capture-recapture (CRC) studies on the prevalence of opioid use in Ireland

National three-source CRC studies to provide statistically valid estimates of the prevalence of opioid drug use in the Irish population were commissioned by the NACDA and undertaken in 2001 (Kelly, *et al.* 2003)

and 2006 (Kelly, *et al.* 2009). The three data sources used were the Central Treatment List of clients on methadone, the Hospital In-Patient Enquiry scheme and Garda PULSE data.

A third study using the CRC method was commissioned by the NACDA in 2014 (Hay, *et al.* 2017). In this research, four data sources were utilised: drug treatment clinic data; information from general practices; prison records; and statistics provided by the Irish Probation Service.

Central Treatment List (CTL)

The CTL is an administrative database to regulate the dispensing of methadone treatment. Established under Statutory Instrument No. 225 (Minister for Health and Children 1998), it is a complete register of all patients receiving methadone as treatment for opiate use in Ireland. When a person is considered suitable for methadone detoxification, stabilisation or maintenance, the prescribing doctor notifies the CTL by completing an entry form, a unique number is allocated to the client and a treatment card is issued for clients when methadone is dispensed in community pharmacies. Numbers on the CTL are published annually by the HSE and Health Research Board (HRB).

National Drug Treatment Reporting System (NDTRS)

The NDTRS is a national epidemiological database that provides data on treated drug and alcohol misuse in Ireland. The NDTRS collects data from both public and private outpatient services, inpatient specialised residential centres and low-threshold services. For the purposes of the NDTRS, treatment is broadly defined as 'any activity which aims to ameliorate the psychological, medical or social state of individuals who seek help for their substance misuse problems'. The NDTRS is a case-based, anonymised database. It is coordinated by staff at the Health Research Board (HRB) on behalf of the Department of Health.

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European Monitoring Centre for Drugs and Drug Addiction

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is a decentralised EU agency based in Lisbon. The EMCDDA provides the EU and its Member States with information on the nature, extent, consequences and responses to illicit drug use. It supplies the evidence base to support policy formation on drugs and addiction in both the European Union and 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 Centre 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 Health Research Board. 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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Irish Prison Service
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