European Monitoring Centre for Drugs and Drug Addiction

Health Research Board

Ireland

Country Drug Report 2017

THE DRUG PROBLEM IN IRELAND AT A GLANCE

Drug use

in young adults (15-34 years) in the last year

Cannabis

13.8 %

No data

Other drugs

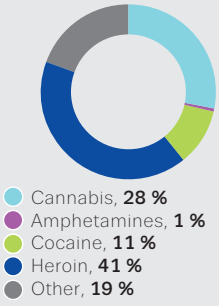
MDMA	4.4 %
Cocaine	2.9 %
Amphetamines	0.6 %

High-risk opioid users

No data

Treatment entrants

by primary drug



Opioid substitution treatment clients

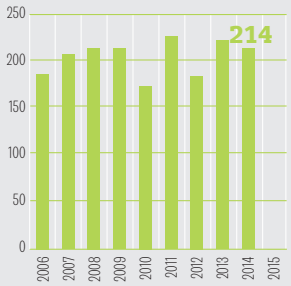
9 917

Syringes distributed

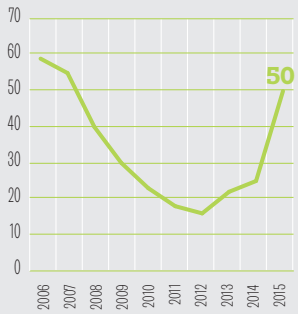
through specialised programmes

Not available

Overdose deaths



HIV diagnoses attributed to injecting



Source: ECDC

Drug law offences

15 119

Top 5 drugs seized

ranked according to quantities measured in kilograms

No data

Population

(15-64 years)

3 003 481

Source: EUROSTAT
Extracted on: 26/03/2017

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or reported numbers through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnosis, drug law offences and seizures). Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin.

About this report

This report presents the top-level overview of the drug phenomenon in Ireland, covering drug supply, use and public health problems as well as drug policy and responses. The statistical data reported relate to 2015 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

An interactive version of this publication, containing links to online content, is available in PDF, EPUB and HTML format: www.emcdda.europa.eu/countries

National drug strategy and coordination

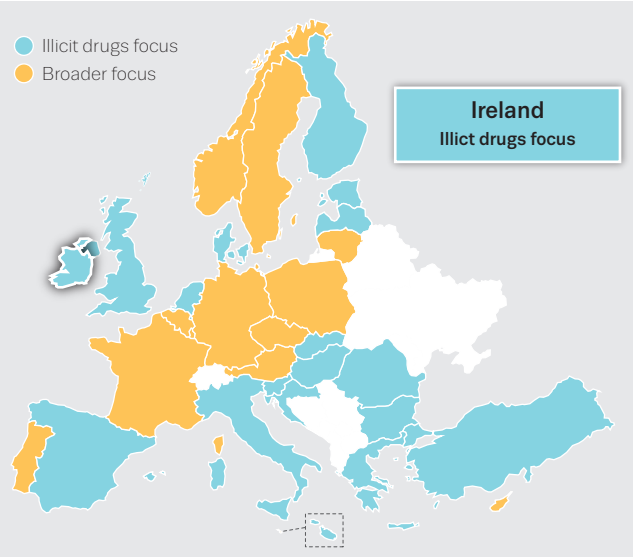
National drug strategy

Launched in 2009, Ireland's National Drugs Strategy (Interim) 2009-16 aims to tackle the harm caused to individuals and society by the use of drugs, through a concerted focus on the five pillars of supply reduction, prevention, treatment, rehabilitation and research. This top-level aim is further elaborated through five strategic aims, alongside specific objectives and key performance indicators for each pillar. The strategy is accompanied by an action plan containing 63 actions that specify the agencies responsible for implementation. While the National Drugs Strategy focuses predominantly on illicit drugs, Action 1 called for the establishment of a steering group to develop a national substance misuse strategy with the aim of covering both illicit drugs and alcohol. The steering group's report was launched on 7 February 2012 and measures based on it, such as the Public Health (Alcohol) Bill 2015, have been developed by the government (Figure 1).

Like other European countries, Ireland evaluates its drug policy and strategy through ongoing indicator monitoring and specific research projects. Each year, progress reports on the implementation of the strategy and the action plans are compiled. In 2016, an external assessment of the strategy was completed, which considered the strategy's implementation and generated insights for the development of the strategy's successor. Previously, mid-term and progress reviews of the 2001-08 strategy were undertaken. A new drug strategy is under development and should be in place by the end of 2017.

FIGURE 1

Focus of national drug strategy documents: illicit drugs or broader



NB: Year of data 2015. Strategies with broader focus may include, for example, licit drugs and other addictions.

National coordination mechanisms

The Oversight Forum on Drugs is tasked with the inter-ministerial coordination of Ireland's drug strategy and includes representatives from key ministries and sectors involved in implementing the strategy. It is chaired by the minister of state with specific responsibility for the strategy, who is attached to the Ministry of Health. Strategic and operational coordination and the strategy's implementation at the national level are undertaken by the Drug Policy and Social Inclusion Unit at the Ministry of Health. At a local level, local and regional drug and alcohol task forces are responsible for strategic and operational coordination in the implementation of the strategy. These structures and the minister of state are both supported by the Ministry of Health's National Coordinating Committee for Drug and Alcohol Task Forces. The National Advisory Committee for Drugs and Alcohol advises the government on different drug policy issues.

The National Drugs Strategy focuses predominantly on illicit drugs; however, Action 1 called for the establishment of a steering group to develop a national substance misuse strategy with the aim of covering both illicit drugs and alcohol

Public expenditure

Understanding the costs of drug-related actions is an important aspect of drug policy. Some of the funds allocated by governments to expenditure on tasks related to drugs are identified as such in the budget ('labelled'). Often, however, the majority of drug-related expenditure is not identified ('unlabelled') and must be estimated using modelling approaches.

The need for drug-related public budgets has been mentioned in drug policy documents since the early 2000s. Estimates of executed expenditures in Ireland are available from 2005. The priorities for drug-related public expenditure are set out in the National Drugs Strategy. The methods and the completeness of the expenditure estimates have varied over time. Recently, the method to estimate drug-related public expenditure has been defined and it has become possible to compare levels of drug-related public expenditure over time.

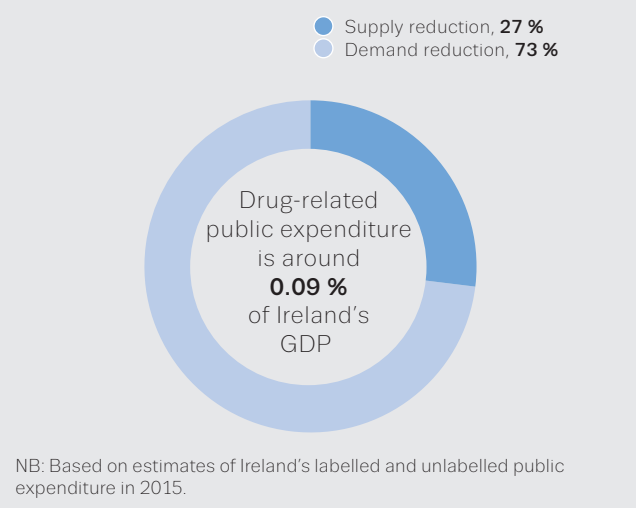
In 2015, total drug-related expenditure represented 0.09 % of gross domestic product or approximately EUR 237 000 (Figure 2).

In 2015, the planned budget allocated approximately 52 % of spending to health, 27 % to public order and safety, 9 % to recreation, culture and religion, 7 % to education and 7 % to social protection initiatives.

Between 2009 and 2014, drug-related expenditure in Ireland declined by 16 %. However, in 2015, expenditure stayed at the same level as in the previous year and a 5 % increase was foreseen in the 2016 drug-related government budget.

FIGURE 2

Public expenditure related to illicit drugs in Ireland



NB: Based on estimates of Ireland's labelled and unlabelled public expenditure in 2015.

Drug laws and drug law offences

National drug laws

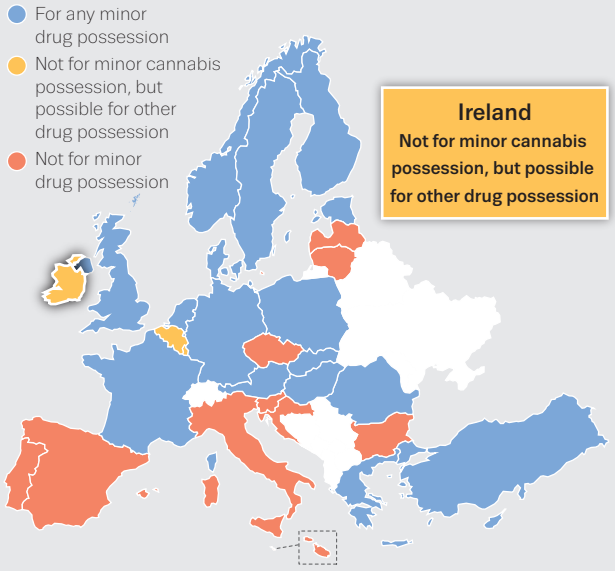
Possession of any controlled substance without due authorisation is an offence under the Misuse of Drugs Acts 1977 and 1984. The drugs to which the Acts apply are listed in their schedules, together with some generic definitions of substance groups. The legislation makes a distinction between possession for personal use and possession for sale or supply.

Penalties for possession for personal use depend on the type of drug (cannabis or other drugs) and on the penal proceedings, that is, whether a summary conviction or a conviction on indictment is sought. Possession of cannabis or cannabis resin for personal use is punishable by a fine on first or second conviction; however, third and subsequent offences are punishable by up to one year in prison for a summary conviction and up to three years for conviction on indictment (Figure 3). Possession in any other case is punishable by up to one year in prison and/or a fine on summary conviction and up to seven years' imprisonment for conviction on indictment. However, the Criminal Justice (Community Service) Act 2011 requires courts to consider imposing a community service order instead of a prison sentence in all cases where up to 12 months' imprisonment might have been deemed appropriate. A Drug Treatment Court (DTC), which is based in Dublin, has been running since 2001 and was reviewed in 2010 and 2013.

With regard to drug trafficking, different penalties can be imposed depending on the circumstances of the offender, the type of drug and the quantity involved. Possession for sale or supply can attract penalties of up to life imprisonment, with a presumptive mandatory minimum sentence of 10 years for the possession of drugs with a market value of at least EUR 13 000. In 2013, the Law Reform Commission, an independent statutory body established by the Law Reform Commission Act 1975, recommended repeal of this presumptive sentencing regime.

FIGURE 3

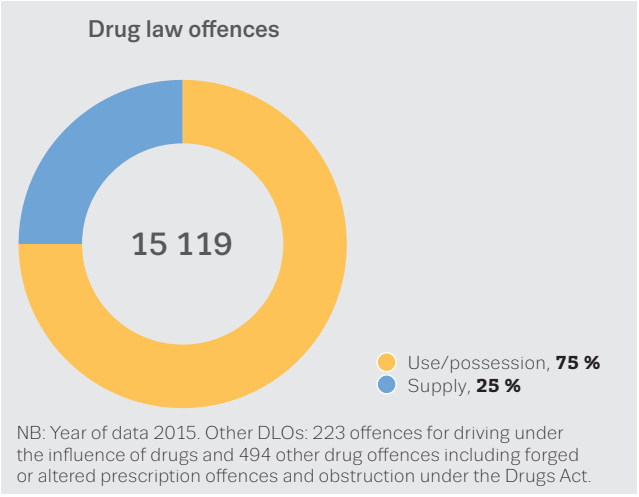
Legal penalties: the possibility of incarceration for possession of drugs for personal use (minor offence)



NB: Year of data 2015.

FIGURE 4

Reported drug law offences in Ireland



NB: Year of data 2015. Other DLOs: 223 offences for driving under the influence of drugs and 494 other drug offences including forged or altered prescription offences and obstruction under the Drugs Act.

In response to the new psychoactive substances (NPS), which are sold in so-called 'head shops', in 2010, more than 200 individual substances were controlled under the Misuse of Drugs Act 1977; the Criminal Justice (Psychoactive Substances) Act 2010 was passed to allow the prohibition of supply-related acts involving any harmful NPS.

In 2015, the Court of Appeal effectively annulled earlier Declaration Orders banning numerous substances over the last two decades, so the Misuse of Drugs (Amendment) Act 2015 was introduced as emergency legislation to control those substances. Further amendments were made in 2016.

Drug law offences

Drug law offence (DLO) data are the foundation for monitoring drug-related crime and are also a measure of law enforcement activity and drug market dynamics; they may be used to inform policies on the implementation of drug laws and to improve strategies.

The statistical data indicate that the number of DLO incidents decreased in Ireland between 2008 and 2013 and has remained relatively stable since then. In 2015, the majority of DLO incidents were linked to use/possession (Figure 4). There has been a decline in recent years in all sub-categories of DLO incidents, with the most remarkable reductions in the number of DLOs linked to the cultivation or manufacturing of drugs and to importation: the figures for 2015 were more than 50 % lower than those for 2011. This decline may be the result of intensified law enforcement operations and may also reflect changing behaviour in drug use.

Drug use

Prevalence and trends

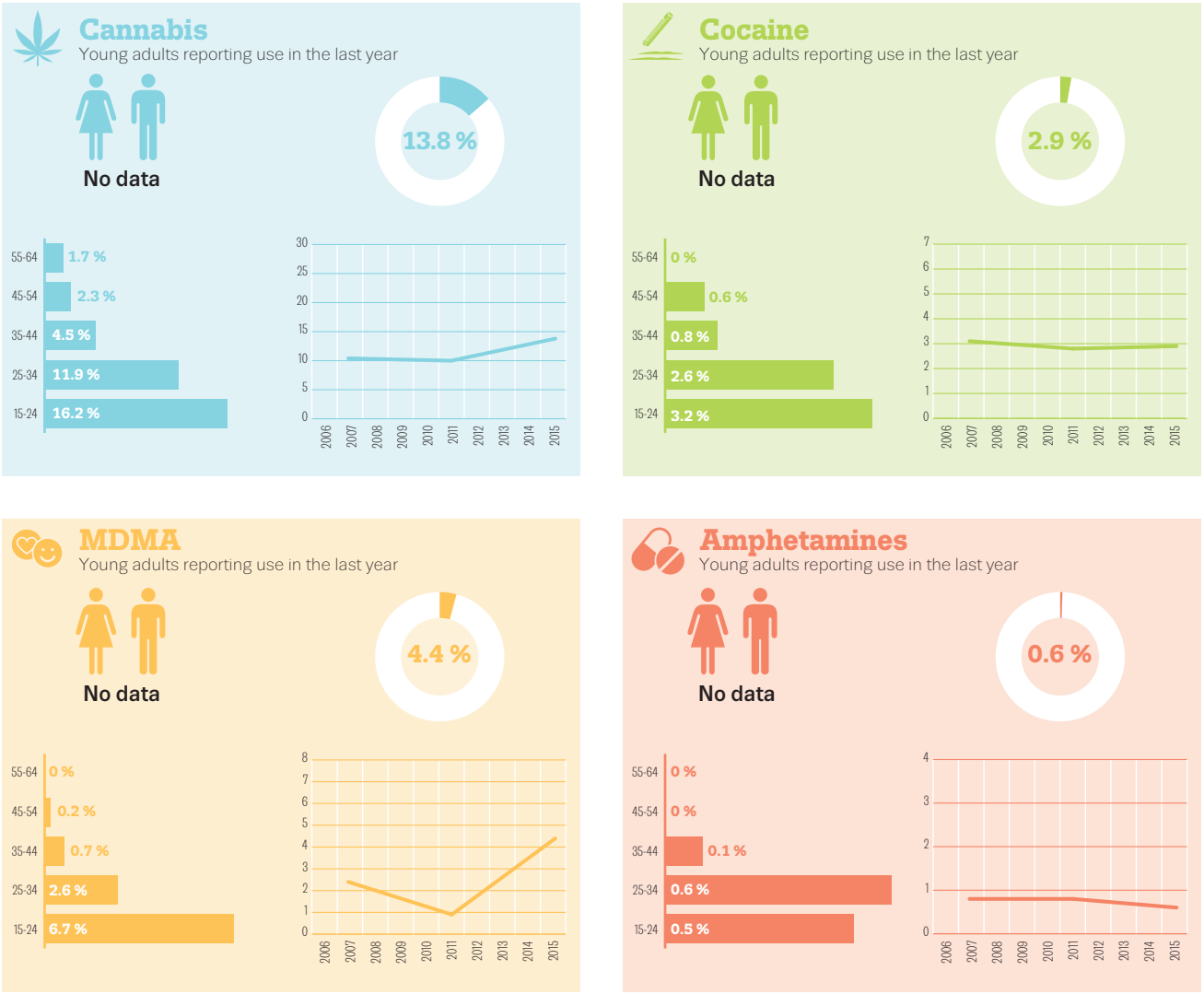
Available data suggest that drug use has become more common among the adult general population aged 15-64 years in Ireland over recent years. Fewer than 2 in 10 adults reported use of any illicit drug during their lifetime in 2002-03, but this figure increased to approximately 3 in 10 in 2014-15. Similarly, last-year and last-month prevalence of use of any illicit drug has increased since the 2011 survey. The most recent survey in 2014-15 confirms that cannabis remains the most commonly used illicit drug, followed by MDMA/ecstasy and cocaine. Illicit drug use is more common among males and younger age groups. Among young adults (aged 15-34 years), the prevalence of last-year cannabis use was stable between the 2006-07 and 2010-11 surveys but was found to have increased in the most recent study.

Reported last-year use of MDMA decreased between 2006-07 and 2010-11 but increased substantially in 2014-15; however, cocaine use has remained stable (Figure 5).

In 2014-15, the reported prevalence of lifetime NPS use among the adult general population aged 15-64 years was approximately 4 %. In contrast to trends observed for other illicit substances, data from the 2014-15 study demonstrate that the prevalence of NPS use in the Irish general population has decreased since the 2010-11 survey. Among young adults, last-year prevalence decreased from 6.7 % in 2010-11 to 1.6 % in 2014-15.

FIGURE 5

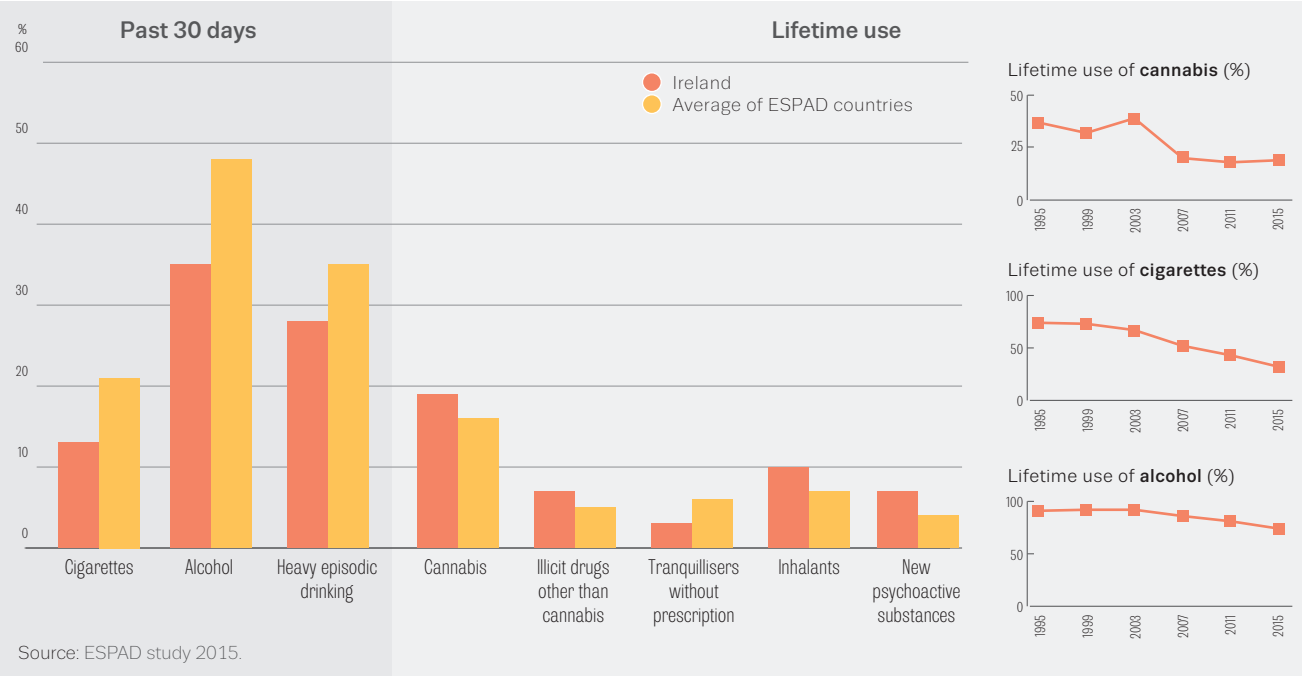
Estimates of last-year drug use among young adults (15-34 years) in Ireland



NB: Estimated last-year prevalence of drug use in 2015.

FIGURE 6

Substance use among 15- to 16- year-old school students in Ireland



Source: ESPAD study 2015.

Data on drug use among 15- to 16-year-old students are reported from the 2015 European School Survey Project on Alcohol and Other Drugs (ESPAD). This study has been conducted regularly in Ireland since 1999.

For three of the eight key variables studied, Irish students reported prevalence rates that were slightly above the ESPAD average (35 countries). This was true for lifetime use of cannabis, lifetime use of inhalants and lifetime use of NPS, although the differences were not substantial. Levels of non-prescribed use of tranquillisers or sedatives were below average, while levels of lifetime use of illicit drugs other than cannabis were similar to the overall average. The trend indicates a decrease in lifetime prevalence rates of cannabis between the 2003 and 2007 surveys, with a stabilisation in prevalence rates between 2011 and 2015 (Figure 6).

High-risk drug use and trends

Studies reporting estimates of high-risk drug use can help to identify the extent of the more entrenched drug use problems, while data on first-time entrants to specialised drug treatment centres, when considered alongside other indicators, can inform understanding on the nature and trends in high-risk drug use (Figure 8).

The latest estimate of high-risk opioid use is from a 2006 study, which was based on the three-source capture-recapture method. This study estimated that there were approximately 20 790 opioid users (range 18 136-23 576) in Ireland and that two thirds of them lived in Dublin (Figure 7).

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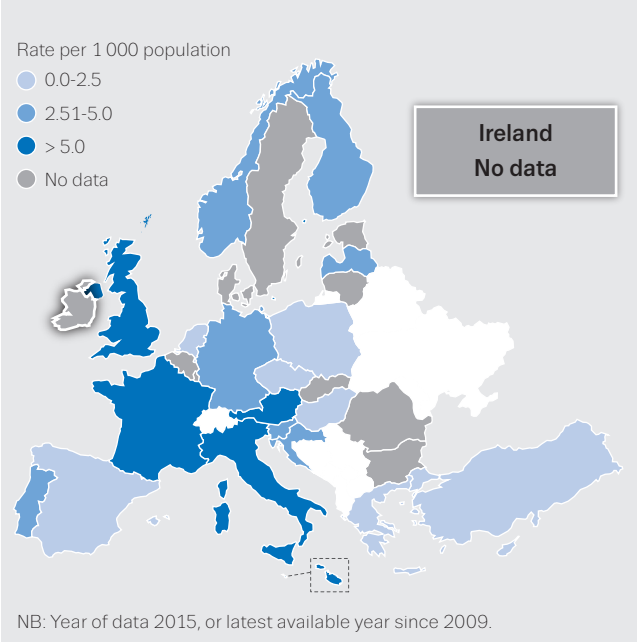
Data from the specialised drug treatment centres indicate that opioids (mainly heroin) remain the most common primary drug among those entering treatment. Between 2006 and 2010, heroin was the main problem drug reported by new entrants, but this was superseded by cannabis in 2011, and this is still the case. Cocaine use peaked among new entrants in 2009. Both amphetamines and MDMA are reported only very rarely by new entrants to treatment. Approximately one quarter of clients entering treatment are female; however, this proportion varies depending on primary drug and treatment programme. For example, females are more likely to seek treatment for primary amphetamine or heroin use than for use of cannabis or cocaine (Figure 8).

FIGURE 7

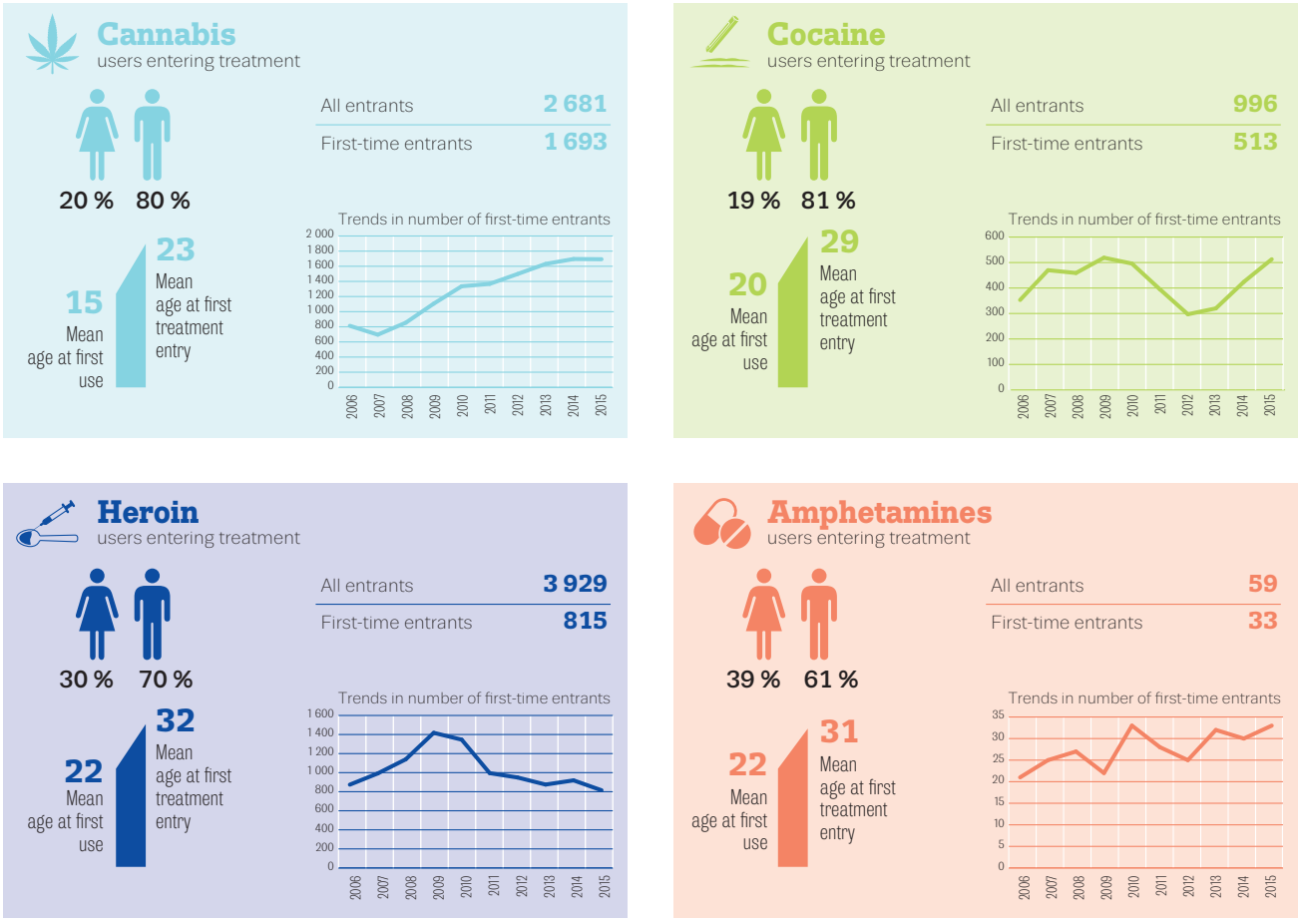
National estimates of last year prevalence of high-risk opioid use



NB: Year of data 2015, or latest available year since 2009.

FIGURE 8

Characteristics and trends of drug users entering specialised drug treatment centres in Ireland



NB: Year of data 2015. Data is for first-time entrants, except for gender which is for all treatment entrants.

Drug harms

Drug-related infectious diseases

Notification data from the Health Protection Surveillance Centre (HPSC) indicate that, in 2015, the number of new HIV cases and the number of HIV cases in people who inject drugs (PWID) had increased since 2014. A total of 491 people were newly diagnosed with human immunodeficiency virus (HIV); 50 cases were linked to injecting drug use (Figure 9). The reasons for this increase are under investigation; however, it may be partly explained by changes in reporting procedures in some areas of Ireland and by the HIV outbreak in Dublin among PWID in 2014/15.

In 2015, approximately half of hepatitis C virus (HCV) cases with a known risk factor could be attributed to injecting drug use; however, a main risk factor was reported for fewer than half of all cases of HCV infection. Old age, high-risk injecting practices and increased time spent in prison have been associated with HCV-positive status among PWID in Ireland. With regard to hepatitis B virus (HBV), a downward trend in the number of notifications was observed between 2008 and 2014; however, an increase was reported in 2015 and this is likely to be linked to immigration. For more than half of the notifications, the transmission route remains unknown, although it is thought that sexual transmission is the predominant mode of transmission of HBV.

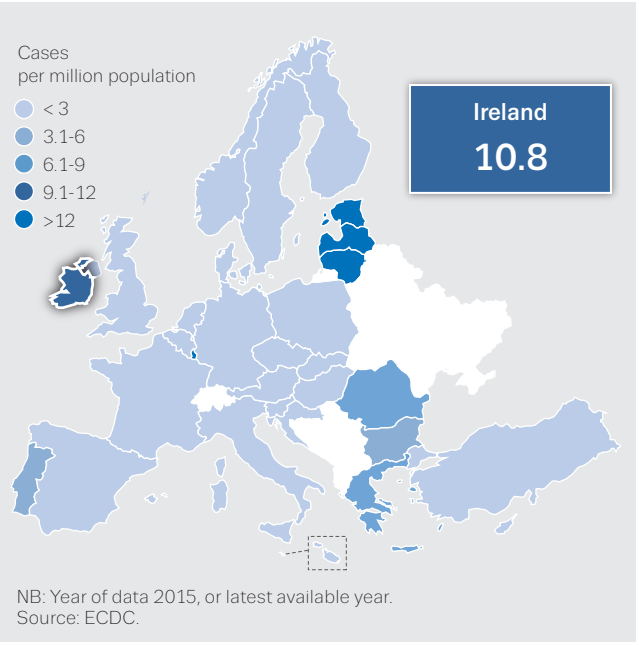
Drug-related emergencies

Of the 4 256 overdose discharges recorded in hospitals in Ireland in 2014, approximately 16 % involved narcotic or hallucinogenic drugs. In the majority of these cases (524), opiates had been used, followed by cocaine (103 cases) and cannabis (57 cases).

Emergency departments in two Irish hospitals participate in the European Drug Emergencies Network (Euro-DEN) project, which was established in 2013 to monitor acute drug toxicity in sentinel centres across Europe.

FIGURE 9

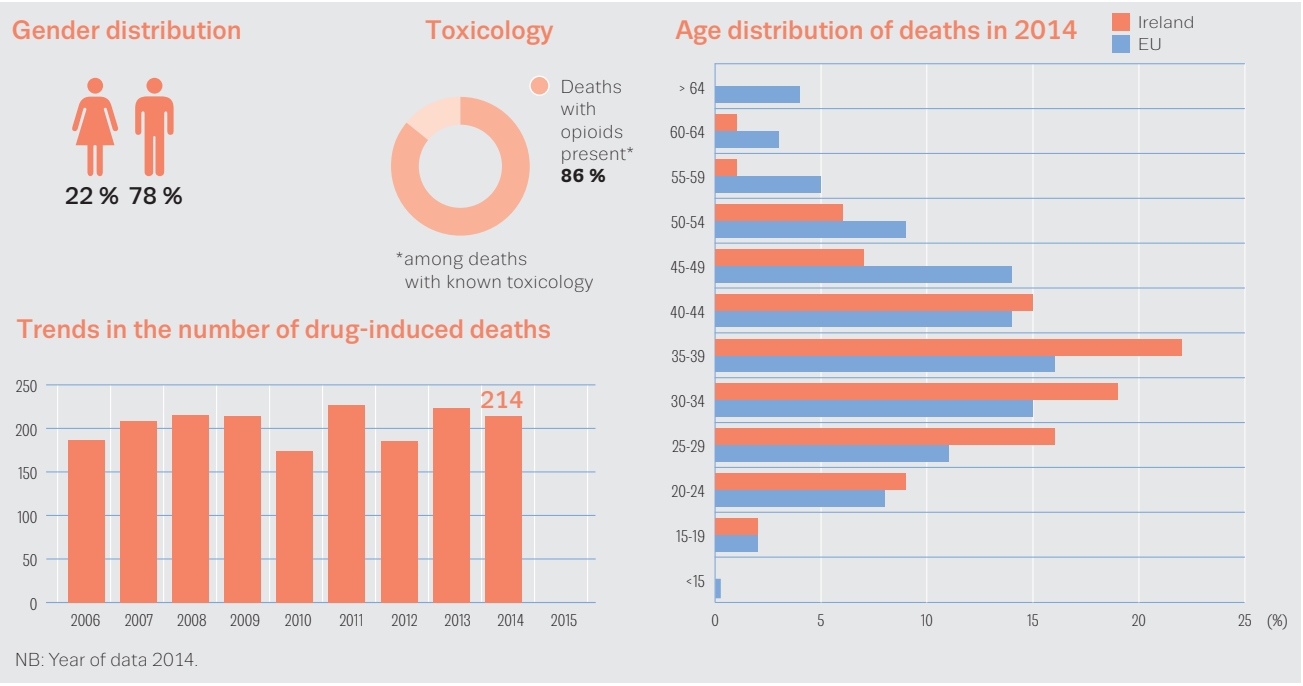
Newly diagnosed HIV cases attributed to injecting drug use



NB: Year of data 2015, or latest available year.
Source: ECDC.

FIGURE 10

Characteristics of and trends in drug-induced deaths in Ireland



NB: Year of data 2014.

Drug-induced deaths and mortality

Drug-induced deaths are deaths directly attributable to the use of illicit drugs (i.e. poisonings and overdoses).

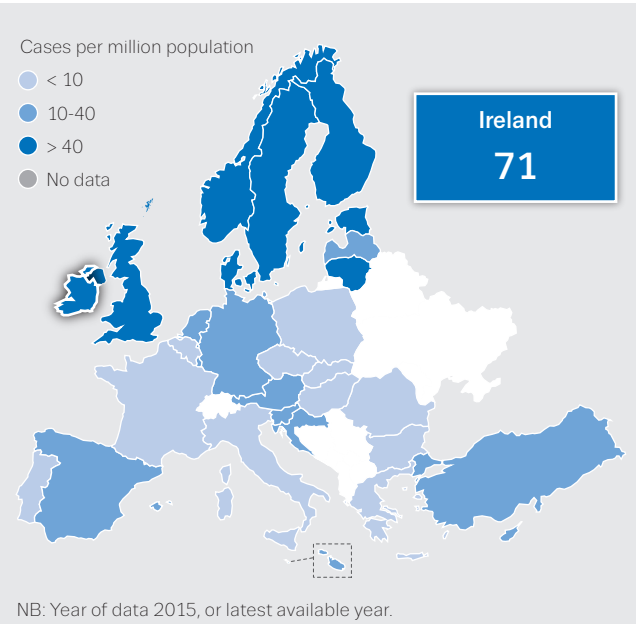
In Ireland, the data are collected and reported by the National Drug-Related Death Index. In 2014, the number of drug-induced deaths fell slightly, to 214, compared with 223 deaths in 2013. The majority of those who died were male and were in their thirties. Opioids were the drugs most commonly associated with drug-induced deaths (Figure 10). Prescription drugs were commonly implicated in polydrug deaths.

In 2014, despite the small decrease overall in drug-induced deaths, the number of deaths in which methadone, heroin, cocaine or MDMA was implicated rose. This is probably a reflection of the increase in polydrug poisonings.

The drug-induced mortality rate among adults (aged 15-64 years) was 71 deaths per million in 2014 (Figure 11), which is more than three times the most recent European average of 20.3 deaths per million.

FIGURE 11

Drug-induced mortality rates among adults (15-64 years)



NB: Year of data 2015, or latest available year.

Prevention

Drug prevention is one of the pillars of Ireland's National Drugs Strategy 2009-16. The strategy set out to develop a framework for prevention activity that is structured around universal, selective and targeted prevention interventions. Young people and their families are the main target groups for drug prevention activities. The strategy supports improved delivery of the social, personal and health education (SPHE) programme in primary and post-primary schools and coordinates the activities and funding for interventions that target young people in out-of-school settings with the aim of optimising their impacts.

Prevention interventions

Prevention interventions encompass a wide range of approaches, which are complementary. Environmental and universal strategies target entire populations, selective prevention targets vulnerable groups that may be at greater risk of developing drug use problems, and indicated prevention focuses on at-risk individuals.

While environmental prevention interventions are not specifically identified in the national strategy, relevant activities are focused around increasingly restrictive alcohol and tobacco controls at the national level. Local-level strategies are also being developed, which set out to change the environment in which substance use takes place, rather than focusing on the 'problem users' per se. An example of this is a pilot project to implement community mobilisation measures to tackle alcohol-related harm in high-risk local communities.

Drug prevention interventions in primary and post-primary schools are delivered through the SPHE programme. This programme is a mandatory part of the school curriculum and supports the personal and social development, health and well-being of students through 10 modules, including a module on substance use. The themes and content of modules are built around helping students to understand the nature of social influences that impact on their development and decision-making, and helping them to develop adequate life skills to improve their self-esteem, develop resilience and build meaningful and trusting relationships. The primary school SPHE substance misuse module ('Walk Tall') has recently been updated and revised. In post-primary schools, the use of harm reduction approaches has been approved as part of the SPHE programme. From 2017 onwards, SPHE will be incorporated into a new compulsory area of learning for post-primary school pupils called 'Wellbeing'.

In the community, prevention programmes are provided in various settings, such as youth clubs and youth cafés, and by means of diversion activities that are provided by the statutory, voluntary and community sectors. This sector has been further strengthened by the launch of the National Youth Strategy 2015-20, which aims to ensure that young people have access to high-quality, effective programmes that respond to their needs and are designed to secure good outcomes for them.

Selective prevention programmes target at-risk groups and sub-groups of the general population, including the children of drug users, early school leavers and those involved in antisocial behaviour. Selective prevention interventions also support the families of drugs users, and community development is acknowledged as an important step in building the capacity of local communities to avoid, or respond to and cope with, drug problems. Interventions that aim to address early school leaving include the Department of Education and Skills' main instrument to address educational disadvantage, the Delivering Equality of Opportunity in Schools (DEIS) programme. This aims to improve attendance, participation and retention in designated schools located in disadvantaged areas, including the Local Drug Task Force (LDTF) areas. The School Completion Programme (SCP) targets those most at risk of early school leaving as well as those who are already outside the formal educational system. The Strengthening Families programme is a parenting and family skills initiative for high-risk families. It has been implemented in several LDTF areas and has been subject to evaluation in the Irish context, where it has been found to have positive outcomes for participants. The needs of children living with, and affected by, parental substance use are the target of the National Hidden Harm Project.

Indicated prevention programmes in Ireland target children with attention deficit disorders and behavioural problems and who abuse illicit and licit substances, as well as teenagers from disadvantaged families. Indicated prevention programmes tend to be provided as part of broader services for vulnerable children and young people. For example, the Child and Adolescent Mental Health Service teams are the first line of specialist mental health services for children and young people.

Harm reduction

The current Irish national drug strategy aims to reduce harm-related to substance use and drug-related infectious diseases among PWID through the expansion of needle and syringe programmes, including those at community pharmacies.

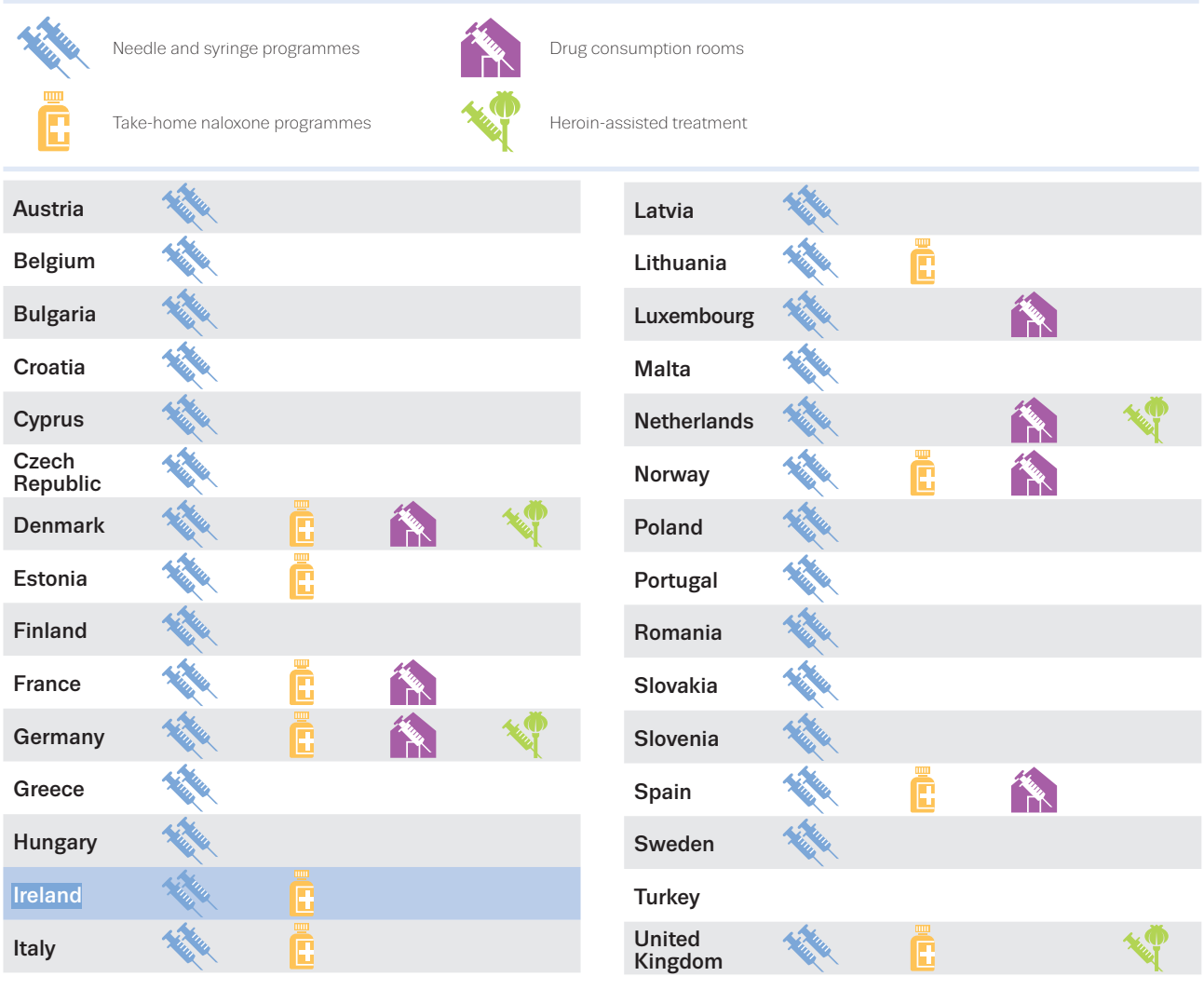
Harm reduction interventions

In Ireland, the provision of needle and syringe programmes is a central element of harm reduction service provision. There are three models of needle and syringe programmes: fixed-site facilities, outreach syringe provision and pharmacy-based programmes.

Harm reduction facilities usually provide a range of sterile injecting equipment and materials, including different sizes and types of needles and syringes, alcohol swabs and citric or acetic acid. Condoms, Stericups or cookers and sterile water, non-toxic foil (for smoking heroin), syringe identifiers and tourniquets are also available through the needle and syringe programmes. In pharmacies, the material is distributed in packs containing injecting equipment for either three or 10 sterile injections. The pharmacy-based programme is well accepted and the number of pharmacies taking part increased from 42 in 2011 to 115 by the end of 2014. This type of programme now provides the most widespread type of syringe outlet.

FIGURE 12

Availability of selected harm reduction responses



NB: Year of data 2016.

A recent review of Irish needle and syringe programmes, published in 2015, identified the need to standardise the monitoring of services provided, to increase the uptake of testing for blood-borne viral infections and the uptake of vaccination, and to provide a wider range of drug use paraphernalia to clients. It is estimated that, in 2014, specialist syringe programmes served almost 16 000 individual clients. Pharmacy-based programmes distributed 236 700 sets of injecting equipment, while the Merchants Quay Ireland, a national voluntary agency, provided 24 266 needle exchanges. In Ireland, the HBV vaccine is recommended for several high-risk groups, including prisoners and PWID.

In 2015, a two-year naloxone demonstration project was initiated in Ireland. The project involved the distribution of a pre-filled syringe of naloxone on prescription and training of opioid users to administer it. Six general practitioners were involved in medical assessments and the prescribing of naloxone and approximately 600 people received training. Based on the positive evaluation of the project, a roll-out of the project has been recommended by the health service executive (Figure 12).

In 2015, a two-year naloxone demonstration project was initiated in Ireland

Treatment

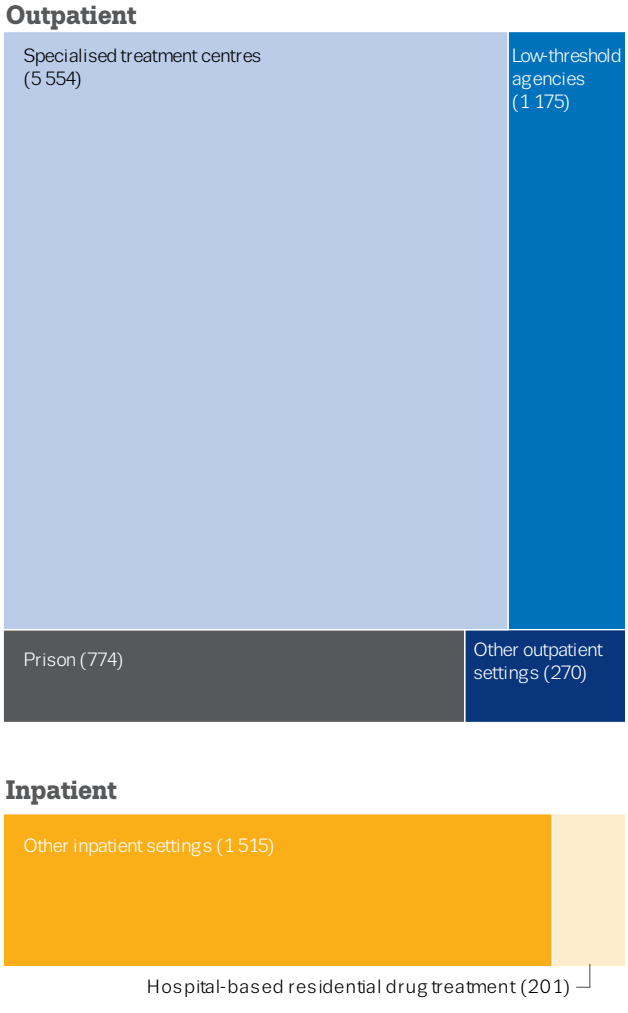
The treatment system

The National Drugs Strategy 2009-16 sets out a range of priorities, each with associated actions, for drug treatment. The overarching categories are the development of general drug treatment services; targeting services for specific at-risk groups; the development of a quality and standards framework; and training and skills development. The Health Service Executive (HSE), which manages Ireland's public health sector, is responsible for the provision of all publicly funded drug treatment. The management of all drug treatment services falls under the remit of the Primary Care Division, which oversees a number of national care groups. Drug treatment is provided through a network of HSE services (public), but also non-statutory/voluntary agencies, many of which are funded by the HSE. Some private organisations also provide treatment.

The total number of drug treatment services available in Ireland showed a strong increase between 1998 and 2004 and the largest expansion was in the outpatient sector.

FIGURE 13

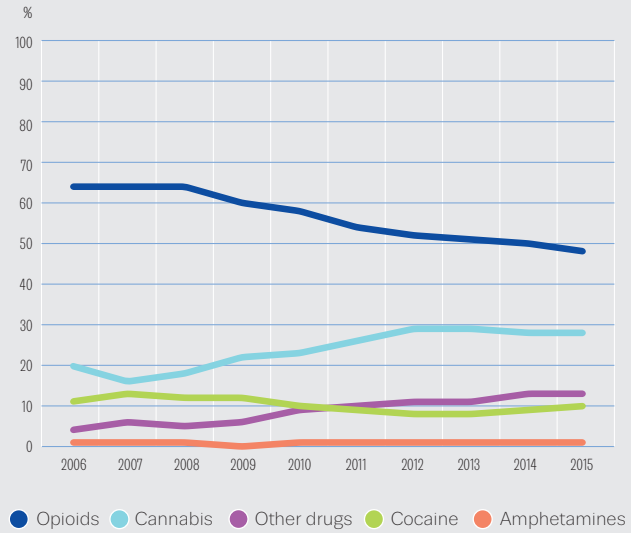
Drug treatment in Ireland: settings and number treated



NB: Year of data 2015.

FIGURE 14

Trends in percentage of clients entering specialised drug treatment, by primary drug, in Ireland

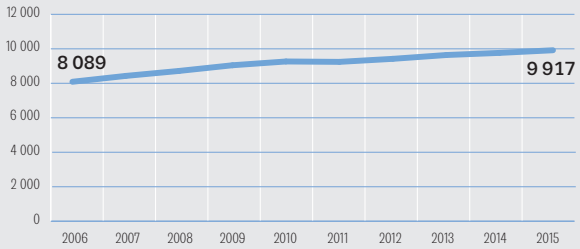


NB: Year of data 2015.

FIGURE 15

Opioid substitution treatment in Ireland: proportions of clients in OST by medication and trends of the total number of clients

Trends in the number of clients in OST



NB: Year of data 2015. Numbers in treatment on the 31st December.

Most drug treatment is provided through publicly funded outpatient services. These include 299 specialised drug treatment centres, 72 low-threshold agencies and 361 specialised general practitioners, which provide opioid substitution treatment (OST) in the community.

Some outpatient care can be provided through mental health services and by private agencies. Inpatient treatment is provided through residential centres run by voluntary agencies or within psychiatric hospitals. There are 47 non-statutory agencies that are based on the principles of residential care or therapeutic communities and two hospital-based detoxification units.

The types of treatment and services offered vary depending on the service. Medication-assisted treatment includes methadone detoxification, methadone maintenance treatment and benzodiazepine detoxification; all of these are increasingly provided in outpatient settings. Alternative therapies, such as acupuncture, are provided through both statutory and community projects. Pregnant opioid users are entitled to immediate access to treatment. For drug users under the age of 18, special interventions, such as psychiatric therapy, family therapy and specially adapted medication-free therapy, are provided. OST is provided by the specialised HSE outpatient treatment clinics, satellite clinics and through specialised general practitioners in the community, and in prisons.

The integrated care pathways model was recently piloted in Ireland and forms the conceptual basis for the National Drug Rehabilitation Framework, which was published in 2010.

Treatment provision

In 2015, approximately 9 500 clients entered drug treatment, 4 000 of them for the first time. Most clients entered treatment through outpatient settings (Figure 13).

Primary opioid users remain the largest group entering treatment in Ireland, they have accounted for a decreasing proportion of all treatment entrants over the last few years. In contrast, the proportion of primary cannabis clients entering the treatment rose between 2007 and 2013. The third group of clients are those entering treatment for the use of hypnotics and sedatives, mainly benzodiazepines (classified as 'other drugs') (Figure 14).

On 31 December 2015, 9 917 clients were receiving OST. The number of clients receiving OST has increased year on year since 2006 (apart from 2011). Although the proportion of younger clients has decreased since 2010, the proportion of clients aged 45 years or older has increased steadily (Figure 15).

Drug use and responses in prison

The Irish Prison Service (IPS), which manages the prison system in the country, operates as an executive agency under the responsibility of the Ministry of Justice, Equality and Defence.

One of the key benchmark criteria relevant to the treatment of prisoners is equivalence of care, which entitles prisoners to the same care as that available in the community. Regular inspections on human rights, living conditions and respect of the equivalence of care principle are conducted by the office of the Inspector of Prisons, as the independent body reporting to the Minister for Justice. The IPS and the Probation Service have a multi-agency approach to offender and rehabilitation in order to reduce offending and improve prisoner outcomes.

The provision of drug-related healthcare is regulated by the IPS policy and strategy document 'Keeping drugs out of prisons', the National Drugs Strategy (interim) 2009-16, the IPS three-year strategic plan 2012-15, and the joint IPS-Probation Service strategic plan 2015-17.

Drug treatment services in prison are sub-contracted to drug treatment services based in the community and to private consultants, including pharmacists.

Counselling services have been provided by agencies providing services to PWID. These services provide structured assessments, individual counselling, therapeutic group work, harm reduction interventions, multidisciplinary care and release planning interventions; they use different modalities, including brief interventions, motivational interviewing and motivational enhancement therapy, such as the 12-step facilitation programme.

Between 2009 and 2015, almost 5 500 prisoners received drug treatment, which was mainly for opioid use. The main type of treatment was methadone maintenance treatment, which was provided through pharmacists. A specific programme has also been put in place for prisoners to detoxify from methadone and benzodiazepines. Vaccination against HBV is recommended for several high-risk groups, including prisoners. A 2010 study estimated that the prevalence of HIV infection among prisoners was 6 % and the prevalence of HCV infection was 41.5 %.

Despite general improvements in healthcare and drug treatment, prison overcrowding in recent years has represented an obstacle to the provision of drug-related services in Irish prisons.

Between 2009 and 2015 almost 5 500 prisoners received drug treatment, which was mainly for opioid use

Quality assurance

A number of methodological guidelines and standards have been developed to assure the quality of drug demand reduction activities in Ireland.

Quality standards with practical information on best practice in substance use education in Ireland have been published as a manual. This is based on a substantial review of international research and provides guidelines for the development and enhancement of substance use education in school, youth work and community-based settings. In 2013, guidelines to promote positive mental health among school students were launched. The quality of SPHE is regularly assessed through school inspections, which involve observations of lessons, reviews of lesson materials, self-evaluations by teachers and surveys among students.

Standards in the overall youth work sector are underpinned by the National Quality Standards Framework (NQSF) for Youth Work. To support this process, in 2015, three Quality Standards Officers from the City of Dublin Education and Training Board were co-located to the Department of Children and Youth Affairs. Their role is to ensure better cohesion between national youth policy and practice.

There are also government-published quality standards for volunteer-led youth groups. The standards are based on three core principles: young person centred; the safety and well-being of young people; and a focus on developmental and educational services for young people.

In terms of treatment and rehabilitation services, one of the priorities set out in the National Drugs Strategy is to develop a clinical and organisational governance framework for all treatment and rehabilitation services. In order to improve the quality of OST, guidelines for prescribing methadone in pregnancy were issued in 2013. The clinical guidelines for OST were published in 2016 and are the first national guidelines applicable in HSE treatment clinics, as well as in primary care settings; they update and replace the 2008 guidelines, (Working with Opiate Users in Community Based Primary Care), and provide guidance on the treatment of opioid dependence in Ireland. The guidelines target clinicians and patients in the management of OST and also target the community and voluntary services that are supporting treatment and rehabilitation.

Quality standards provide guidelines for the development and enhancement of substance use, education of substance use, education in school, youth work and community-based settings

Drug-related research

Research is one of the four pillars of current Ireland's National Drugs Strategy and has two main objectives: (i) to make data available on the extent of drug misuse among all marginalised groups; and (ii) to gain greater understanding of the factors that contribute to the misuse of drugs. The areas of prevalence, prevention, treatment and the consequences of problem drug use were listed as priorities and account for most of the main projects in this area. Funding is made available mainly from government sources. The Department of Health has the responsibility for coordinating the implementation of the National Drugs Strategy 2009-16 and funds the National Advisory Committee on Drugs and Alcohol to identify priority information gaps and deficiencies in the area of drugs and to commission research to fill these gaps.

The National Advisory Committee on Drugs and Alcohol commissions research, much of which is undertaken by university departments.

The national focal point coordinates two main reporting systems. The *HRB National Drugs Library* online repository contains more than 12 000 reports, articles, systematic reviews and accounts of parliamentary debates and other items. The library publishes several factsheets based on data collected by the national focal point to the EMCDDA. The library also produces a series of rapid reviews in consultation with policymakers and stakeholders in the community and voluntary sector. In 2016, the library facilitated the preparation of a framework that can be used by to develop a system of shared measurement of common outcomes in rehabilitation and social reintegration work.

Drugnet Ireland is the Irish focal point's quarterly bulletin of research, evaluation and surveillance, covering alcohol and other drug research, and is available in both electronic and hard-copy format. *Drugnet Ireland* keeps policymakers, educators and practitioners abreast of current happenings in their area.

The National Advisory Committee on Drugs and Alcohol commissions research, much of which is undertaken by university departments

Drug markets

In 2014, the first comprehensive study of illicit drug markets in Ireland was published by the National Advisory Committee on Drugs and Alcohol and the Health Research Board. This study examined the nature and organisation of Irish drug markets and analysed the different factors that influence their development, as well as the impact of law enforcement interventions.

Typically, illicit drugs are trafficked into Ireland by sea (in freight transported by ferry) or by air through Dublin or Cork Airports. A number of products have been intercepted in the postal system in controlled deliveries.

Based on police data and information, the cultivation of domestic cannabis has recently been increasing. Cannabis grow houses are generally operated by foreign national organised crime groups, which also employ foreign nationals to work as gardeners. Although synthetic drug production is generally not carried out in Ireland, evidence of small-scale production of synthetic stimulants has been reported.

In addition, Irish organised crime groups are reported to participate in the tableting of pharmaceutical drugs. Benzodiazepines and other 'Z-drugs' are reportedly obtained in powder form, which is then tableted using specialised equipment for a growing market.

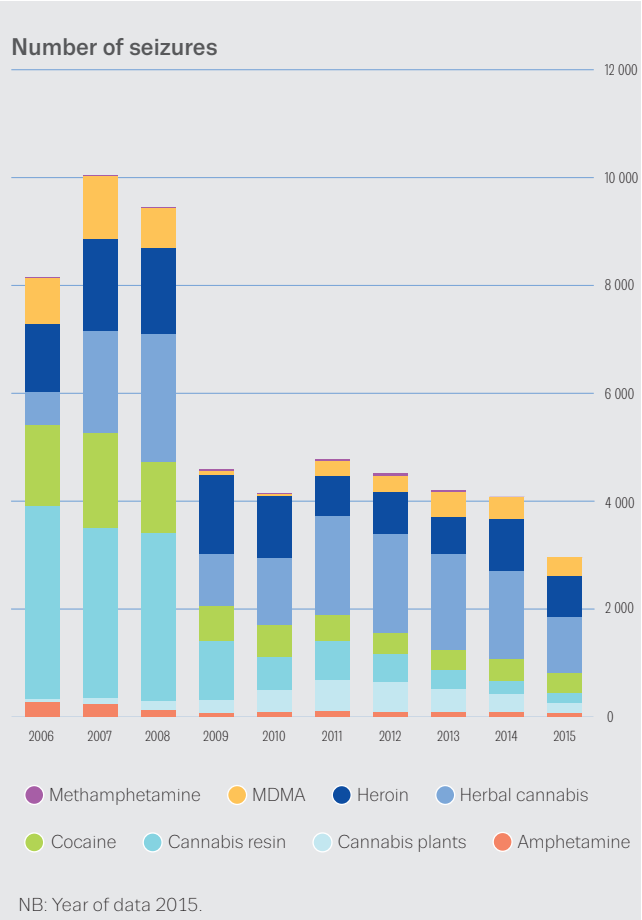
Overall, a decline in the number of illicit drug seizures has been reported in Ireland since 2007. This mirrors a decrease in the number of seizures of cannabis products, which remain, however, the most commonly seized type of drug. Since 2007, the number of cocaine seizures has decreased each year. Similar reductions were evident for heroin seizures, except for two periods, between 2011 and 2012, when there was a slight increase in the number of seizures and between 2013 and 2014, when there was also an increase reported. Seizures of MDMA-type substances also decreased considerably between 2008 and 2010, followed by a period of increase between 2011 and 2014 and a reduction in the number of seizures in 2015 (Figure 16). In recent years, the number of seizures of NPS has increased.

Ireland reports average prices for the main illicit drugs. The mean price of cannabis resin in 2015 was 6 Euro/g, herbal cannabis 20 Euro/g, amphetamine 15 Euro/g, cocaine 70 Euro/g and heroin 140 Euro/g.

Ranges of price and potency/purity data of illicit substances seized are shown in Figure 17.

FIGURE 16

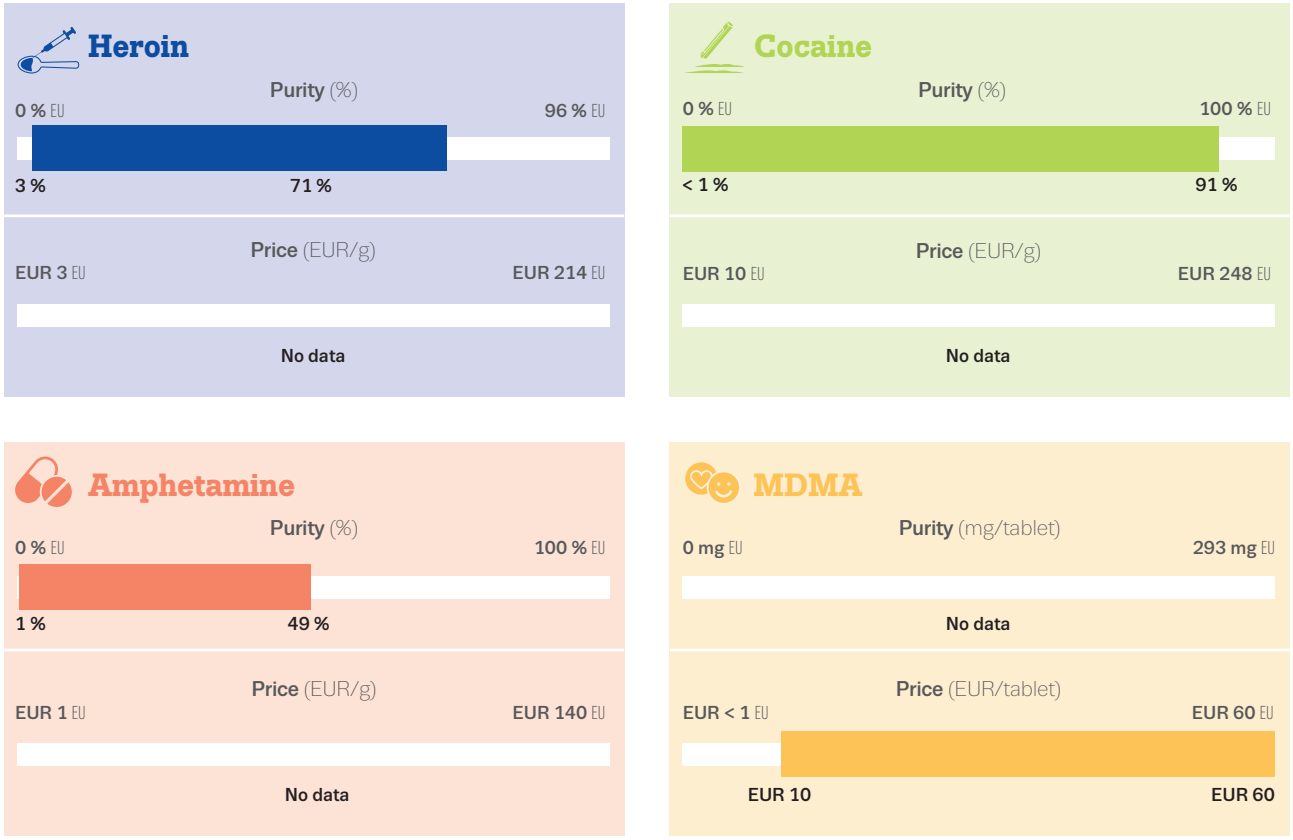
Drug seizures in Ireland: trends in number of seizures



NB: Year of data 2015.

FIGURE 17

Price and potency/purity ranges of illicit drugs reported in Ireland



NB: Price and potency/purity ranges: EU and national mean values: minimum and maximum.
Year of data 2015

KEY DRUG STATISTICS FOR IRELAND

Most recent estimates and data reported

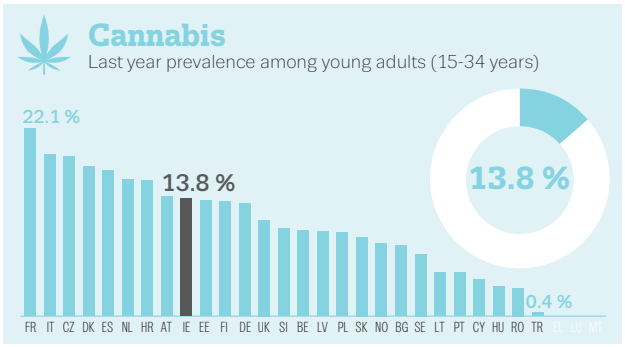
	Year	Country data	EU range	
			Minimum	Maximum
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	18.9	6.5	36.8
Last year prevalence of use — young adults (%)	2015	13.8	0.4	22.1
Last year prevalence of drug use — all adults (%)	2015	7.7	0.3	11.1
All treatment entrants (%)	2015	28	3	71
First-time treatment entrants (%)	2015	45	8	79
Quantity of herbal cannabis seized (kg)	No data	No data	4	45 816
Number of herbal cannabis seizures	2015	1 049	106	156 984
Quantity of cannabis resin seized (kg)	No data	No data	1	380 361
Number of cannabis resin seizures	2015	192	14	164 760
Potency — herbal (% THC) (minimum and maximum values registered)	No data	No data	0	46
Potency — resin (% THC) (minimum and maximum values registered)	No data	No data	0	87.4
Price per gram — herbal (EUR) (minimum and maximum values registered)	No data	No data	0.6	31.1
Price per gram — resin (EUR) (minimum and maximum values registered)	No data	No data	0.9	46.6
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.1	0.9	4.9
Last year prevalence of use — young adults (%)	2015	2.9	0.2	4
Last year prevalence of drug use — all adults (%)	2015	1.5	0.1	2.3
All treatment entrants (%)	2015	10	0	37
First-time treatment entrants (%)	2015	14	0	40
Quantity of cocaine seized (kg)	No data	No data	2	21 621
Number of cocaine seizures	2015	364	16	38 273
Purity (%) (minimum and maximum values registered)	2015	0.3-91	0	100
Price per gram (EUR) (minimum and maximum values registered)	No data	No data	10	248.5
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.9	0.8	6.5
Last year prevalence of use — young adults (%)	2015	0.6	0.1	3.1
Last year prevalence of drug use — all adults (%)	2015	0.3	0	1.6
All treatment entrants (%)	2015	1	0	70
First-time treatment entrants (%)	2015	1	0	75
Quantity of amphetamine seized (kg)	No data	No data	0	3 796
Number of amphetamine seizures	2015	63	1	10 388
Purity — amphetamine (%) (minimum and maximum values registered)	2015	0.6-49	0	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	No data	No data	1	139.8

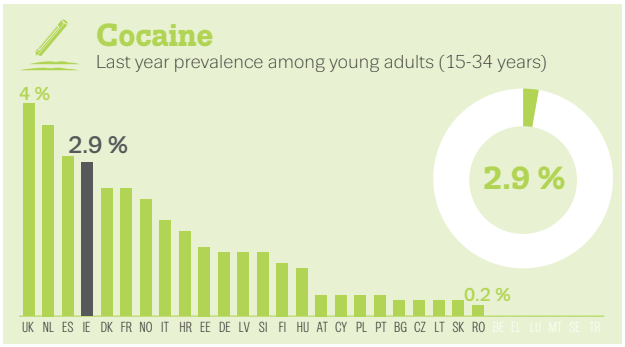
	Year	Country data	EU range Minimum	EU range Maximum
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	3.1	0.5	5.2
Last year prevalence of use — young adults (%)	2015	4.4	0.1	6.6
Last year prevalence of drug use — all adults (%)	2015	2.1	0.1	3.4
All treatment entrants (%)	2015	0	0	2
First-time treatment entrants (%)	2015	1	0	2
Quantity of MDMA seized (tablets)	No data	No data	54	5 673 901
Number of MDMA seizures	2015	204	3	5 012
Purity (mg of MDMA base per unit) (minimum and maximum values registered)	No data	No data	0	293
Price per tablet (EUR) (minimum and maximum values registered)	2015	10-60	0.5	60
Opioids				
High-risk opioid use (rate/1 000)	No data	No data	0.3	8.1
All treatment entrants (%)	2015	48	4	93
First-time treatment entrants (%)	2015	26	2	87
Quantity of heroin seized (kg)	No data	No data	0	8 294
Number of heroin seizures	2015	758	2	12 271
Purity — heroin (%) (minimum and maximum values registered)	2015	3-71	0	96
Price per gram — heroin (EUR) (minimum and maximum values registered)	No data	No data	3.1	214
Drug-related infectious diseases/injecting/deaths				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2015	10.8	0	44
HIV prevalence among PWID* (%)	2010	6	0	30.9
HCV prevalence among PWID* (%)	2010	41.5	15.7	83.5
Injecting drug use (cases rate/1 000 population)	No data	No data	0.2	9.2
Drug-induced deaths — all adults (cases/million population)	2014	71	1.6	102.7
Health and social responses				
Syringes distributed through specialised programmes	Not available	Not available	164	12 314 781
Clients in substitution treatment	2015	9 917	252	168 840
Treatment demand				
All clients	2015	9 489	282	124 234
First-time clients	2015	3 742	24	40 390
Drug law offences				
Number of reports of offences	2015	15 119	472	411 157
Offences for use/possession	2015	10 972	359	390 843

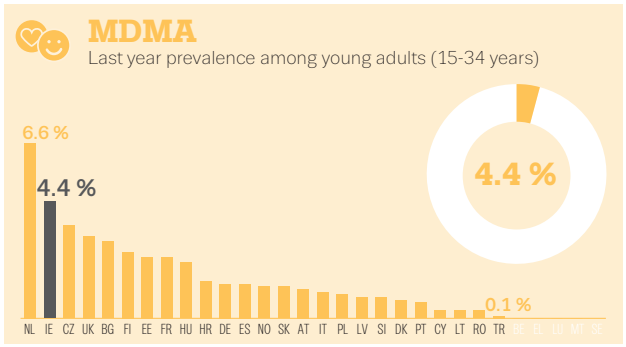
* PWID — People who inject drugs.

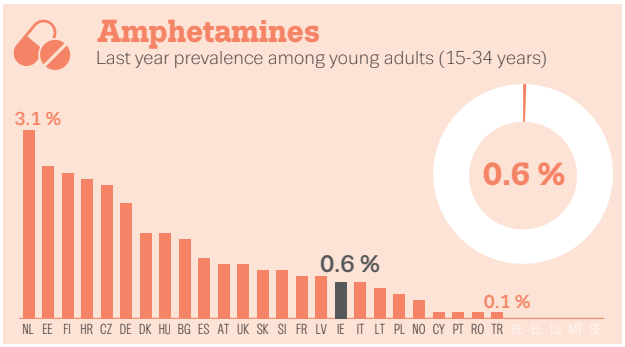
NB: 24 266 syringes were distributed in 2014 by the Merchants Quay Ireland.

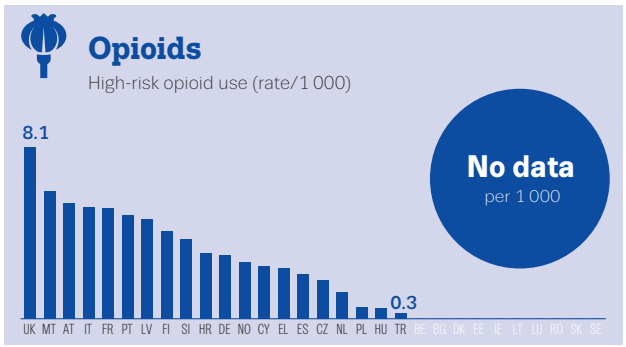
EU Dashboard

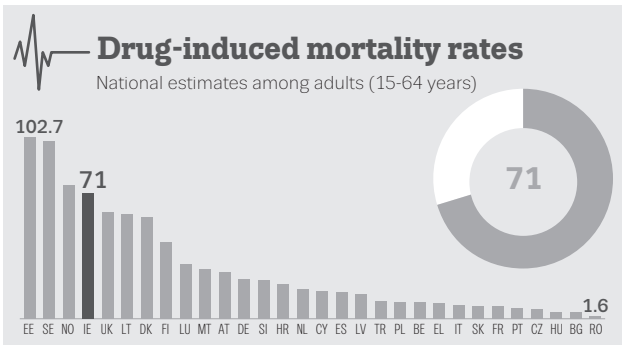


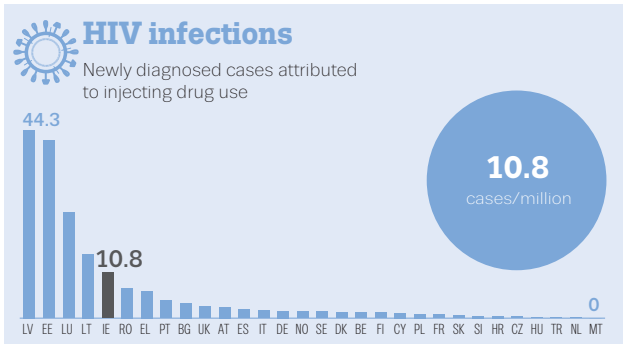


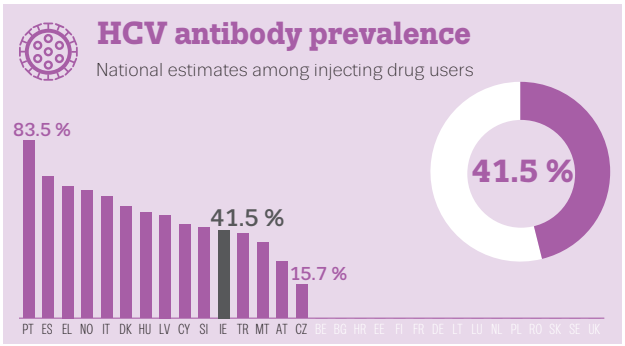












NB: Caution is required in interpreting data when countries are compared using any single measure, as, for example, differences may be due to reporting practices. Detailed information on methodology, qualifications on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Countries with no data available are marked in white.

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About the EMCDDA

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central source and confirmed authority on drug-related issues in Europe. For over 20 years, it has been collecting, analysing and disseminating scientifically sound information on drugs and drug addiction and their consequences, providing its audiences with an evidence-based picture of the drug phenomenon at European level.

The EMCDDA's publications are a prime source of information for a wide range of audiences including: policymakers and their advisors; professionals and researchers working in the drugs field; and, more broadly, the media and general public. Based in Lisbon, the EMCDDA is one of the decentralised agencies of the European Union.

About our partner in Ireland

The Irish national focal point is located in the Health Research Board (HRB). The HRB is a statutory body with a mission to improve health through research and information. The HRB is responsible for promoting, commissioning and conducting medical, epidemiological and health services research in Ireland. Within the HRB, a multidisciplinary team of researchers and information specialists work to provide objective, reliable and comparable information on the drug situation and its consequences and responses in Ireland. The HRB disseminates research findings, information and news in the drugs area through its Trends series, through the HRB National Drugs Library and through a quarterly research and policy bulletin, Drugnet Ireland. Through its research and dissemination activities, the HRB aims to inform policy and practice in relation to drug misuse.

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