European Monitoring Centre for Drugs and Drug Addiction

Ireland

Ireland Country Drug Report 2019

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 2017 (or most recent year) and are provided to the EMCDDA by the national focal point, unless stated otherwise.

THE DRUG PROBLEM IN IRELAND AT A GLANCE

Drug use

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

Cannabis

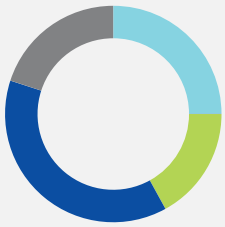
13.8 %

Other drugs

MDMA	4.4 %
Amphetamines	0.6 %
Cocaine	2.9 %

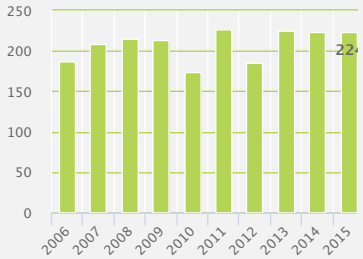
All treatment entrants

by primary drug



Cannabis, 25 %
Amphetamines, 0 %
Cocaine, 17 %
Heroin, 38 %
Other, 20 %

Overdose deaths



Drug law offences

16 880

Population

(15-64 years)

3 129 411

Source: Eurostat Extracted on: 18/03/2019

High-risk opioid users

18 988

(18 720 - 21 454)

Opioid substitution treatment clients

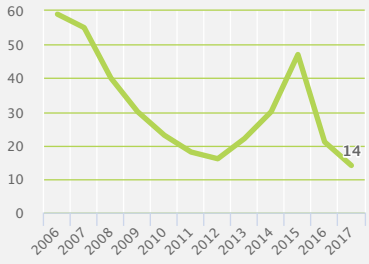
10 316

Syringes distributed

through specialised programmes

519 578

New HIV diagnoses attributed to injecting



Source: ECDC

NB: Data presented here are either national estimates (prevalence of use, opioid drug users) or numbers reported through the EMCDDA indicators (treatment clients, syringes, deaths and HIV diagnoses, 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.

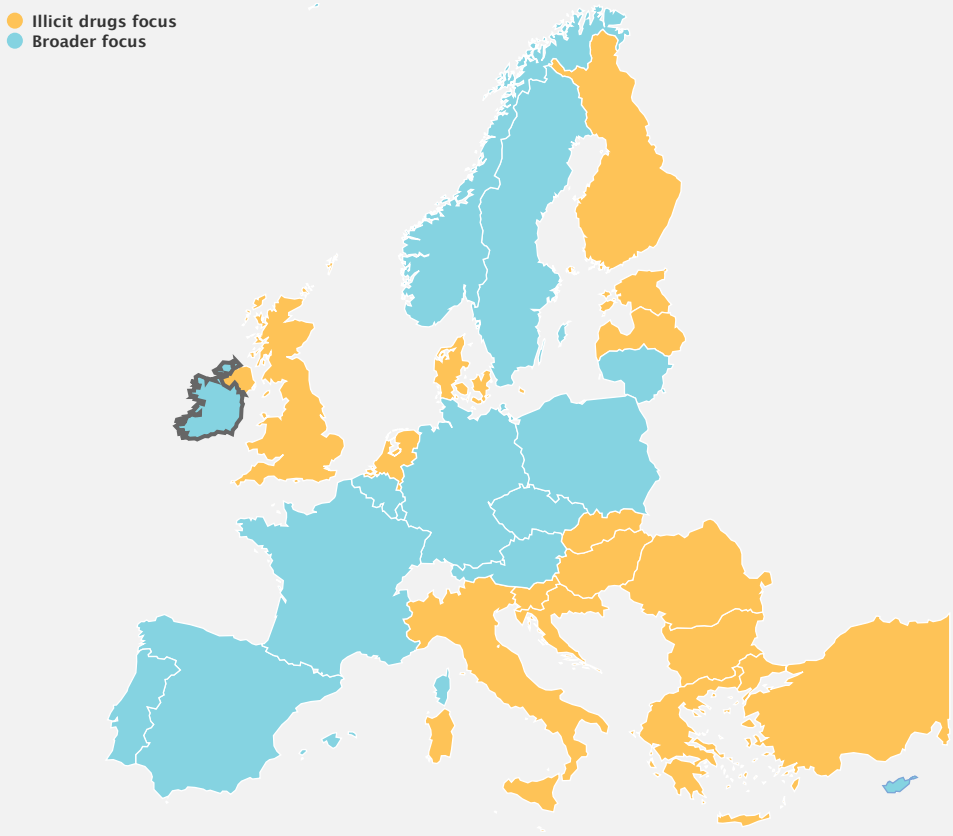
National drug strategy and coordination

National drug strategy

Ireland's national drug strategy, 'Reducing harm, supporting recovery: a health-led response to drug and alcohol use in Ireland 2017-2025', was launched in July 2017 and is the third consecutive long-term drug policy and strategy document adopted in the country. This is the first strategy to move towards an integrated approach to illicit drug and alcohol use. The strategy sets out an overarching vision for 'a healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life'. The vision is underpinned by five strategic goals that structure the adopted approach: (i) to promote and protect health and well-being; (ii) to minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery; (iii) to address the harms of drug markets and reduce access to drugs for harmful use; (iv) to support participation of individuals, families and communities; and (v) to develop sound and comprehensive evidence-informed policies and actions. Performance indicators are defined for each goal. The Department of Health has overall responsibility for implementing the strategy, which is supported by a shorter-term action plan (2017-20) that contains 50 actions.

Like other European countries, Ireland evaluates its drug policy and strategy through ongoing indicator monitoring and specific research projects. In 2016, an external assessment of Ireland's National Drugs Strategy (Interim) 2009-16 was completed; it considered the strategy's implementation and generated insights for the development of the current strategy. The new strategy contains a number of performance indicators associated with each goal. More broadly, the strategy aims to operationalise a new performance measurement system by 2020.

Focus of national drug strategy documents: illicit drugs or broader



NB: Data from 2017. Strategies with a broader focus may include, for example, licit substances and other addictions.

National coordination mechanisms

The Minister for Health has overall responsibility for Ireland's national drug strategy and is supported by a Minister of State with responsibility for Health Promotion and the National Drugs Strategy. The National Oversight Committee includes

representatives from the statutory, community and voluntary sectors and benefits from the expertise of both a clinical and an academic representative. This group meets quarterly and is supported by a standing subcommittee chaired by a senior official at the Department of Health. The subcommittee meets monthly and supports the implementation of the strategy, as well as promoting coordination between national, regional and local levels. The Drugs Policy and Social Inclusion Unit at the Department of Health is responsible for providing objective and informed analysis and advice to the National Oversight Committee. At a sub-national level, local and regional Drug and Alcohol Task Forces are responsible for strategic and operational coordination in the implementation of the strategy. The Health Research Board is Ireland's Reitox national focal point and manages the commissioning of research for the National Oversight Committee. Its Early Warning and Emerging Trends Committee monitors European and national data sources.

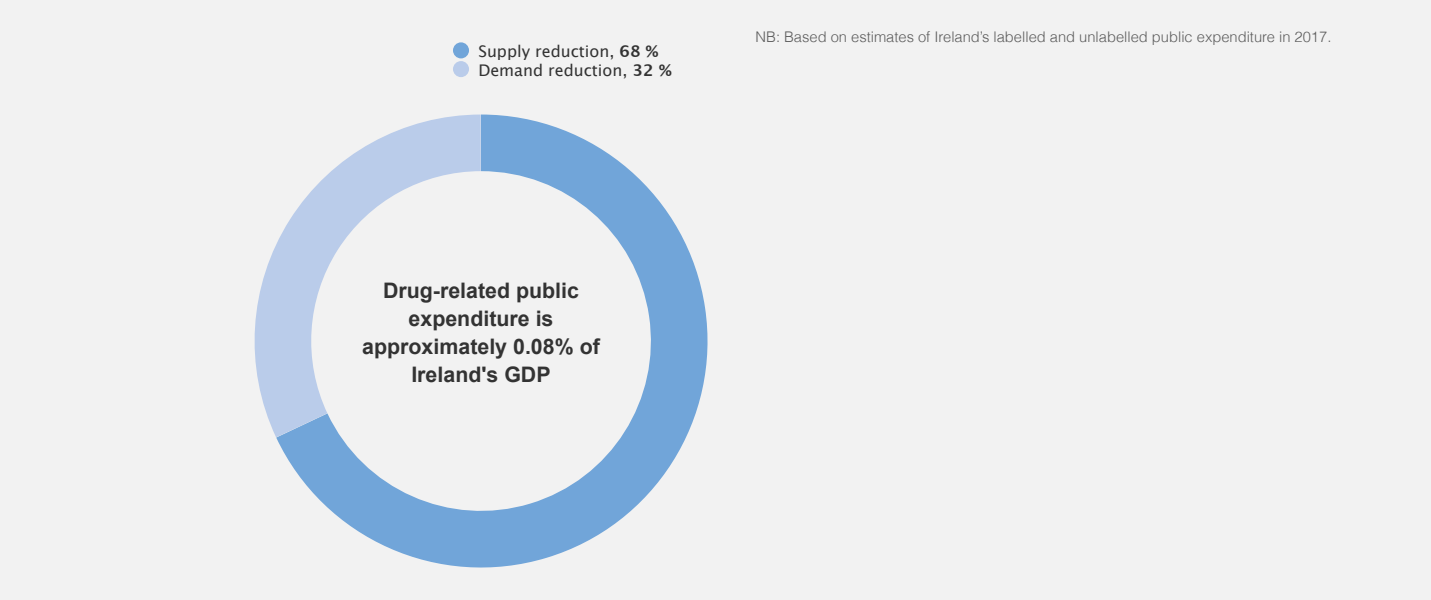
Public expenditure

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

Estimates of executed labelled expenditures in Ireland are available from 2005. The priorities for drug-related public expenditure are set out in the national drugs strategy. In recent years, the method of estimating drug-related public expenditure has been standardised, and it has become possible to compare levels of labelled drug-related public expenditure over time. In 2015, 2016 and 2017 expenditure stabilised at 0.08 % of gross domestic product (GDP).

In 2017, total drug-related expenditure was approximately EUR 241 million. The drug budget allocated approximately 52 % of spending to health, 32 % to public order and safety, 8 % to recreation, culture and religion, 8 % to social protection initiatives and 0.3 % to education.

Public expenditure related to illicit drugs in Ireland



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 1977-2017. The drugs controlled under the act are listed in schedules, together with some generic definitions of substance groups. The legislation distinguishes between simple possession (for personal use) and possession for sale or supply.

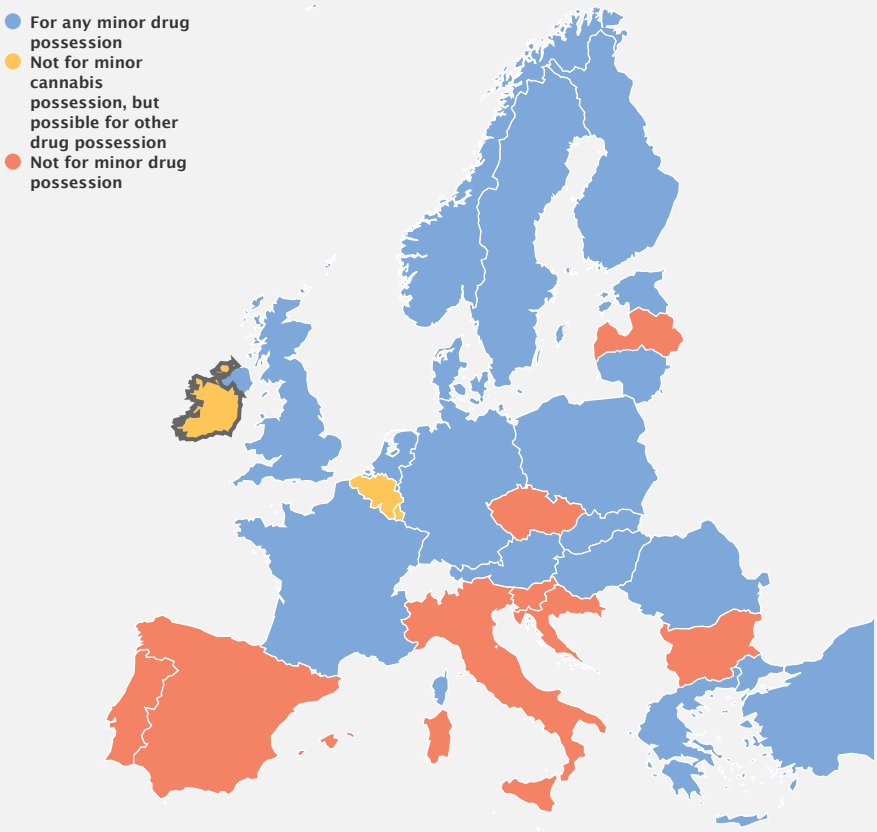
Penalties for simple possession depend on the type of drug (cannabis or other drugs) and on the penal proceedings, that is, whether a summary conviction (dealt with by a judge) or a conviction on indictment (tried before a judge and jury) is sought. Possession of cannabis or cannabis resin for personal use is punishable by a fine of up to EUR 1 000 or EUR 2 540, depending on whether it is a first or second conviction and on summary or indictment proceedings. However, third and subsequent offences are punishable by a fine and/or up to 1 year in prison for a summary conviction and a fine and/or up to 3 years' imprisonment for conviction on indictment. Simple possession in any other case is punishable by up to 1 year in prison and/or a fine on summary conviction and up to 7 years' imprisonment for conviction on indictment. However, the Criminal Justice (Community Service) Amendment Act 2011 requires courts to consider imposing a community service order instead of a prison sentence in all cases in which up to 12 months' imprisonment might have been deemed appropriate. The Drug Treatment Court, 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 prosecution proceedings, the circumstances of the offender and the market value of the drug 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, but there has been no change to date.

In 2010, in response to the threat posed by new psychoactive substances (NPS), which were sold in so-called 'head shops', statutory instruments were introduced to subject more than 200 individual substances to control under the Misuse of Drugs Act 1977. In addition, the Criminal Justice (Psychoactive Substances) Act 2010 was passed to allow the prohibition of supply-related acts involving any harmful NPS, with maximum penalties of 5 years' imprisonment.

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

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



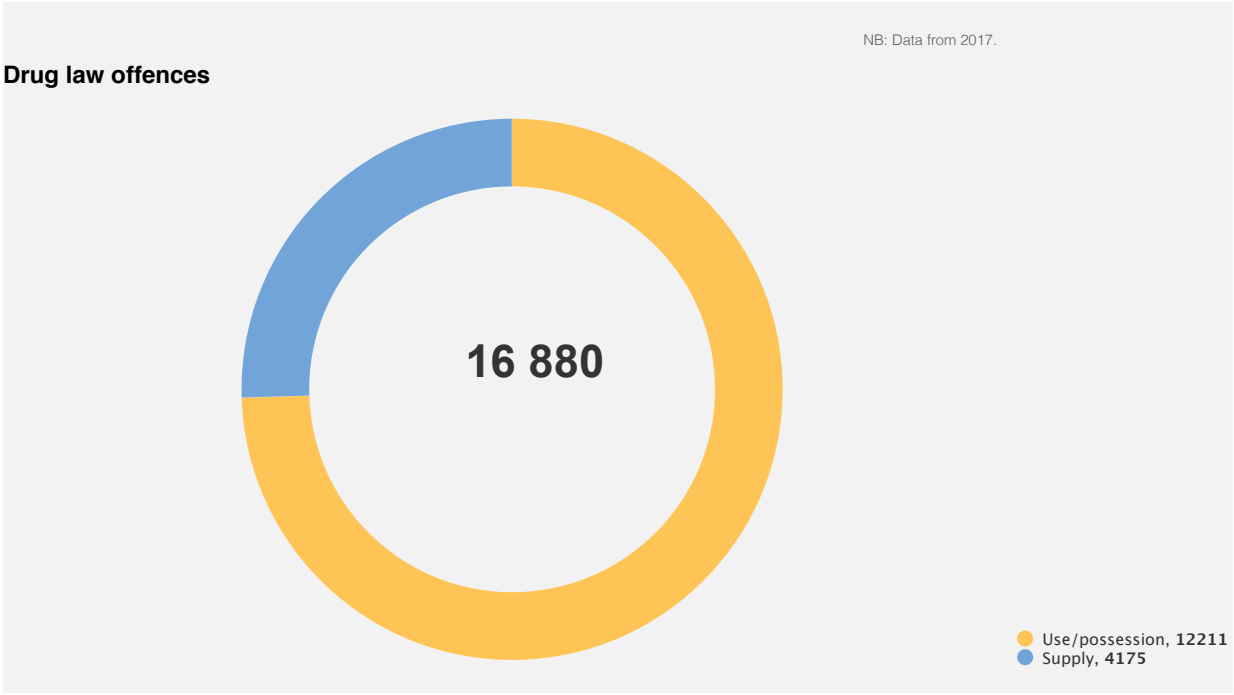
NB: Data from 2017.

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.

Statistical data indicate that the number of DLOs incidents decreased in Ireland between 2008 and 2013 and has remained relatively stable since then. In 2017, the majority of DLO incidents were linked to use/possession.

Reported drug law offences in Ireland



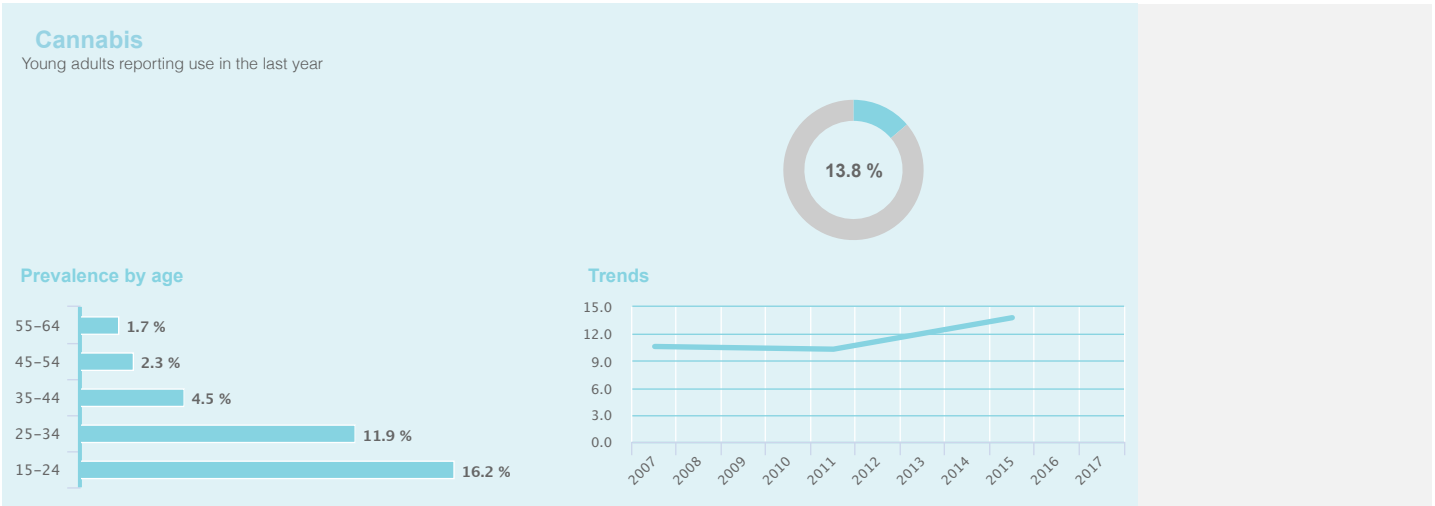
Drug use

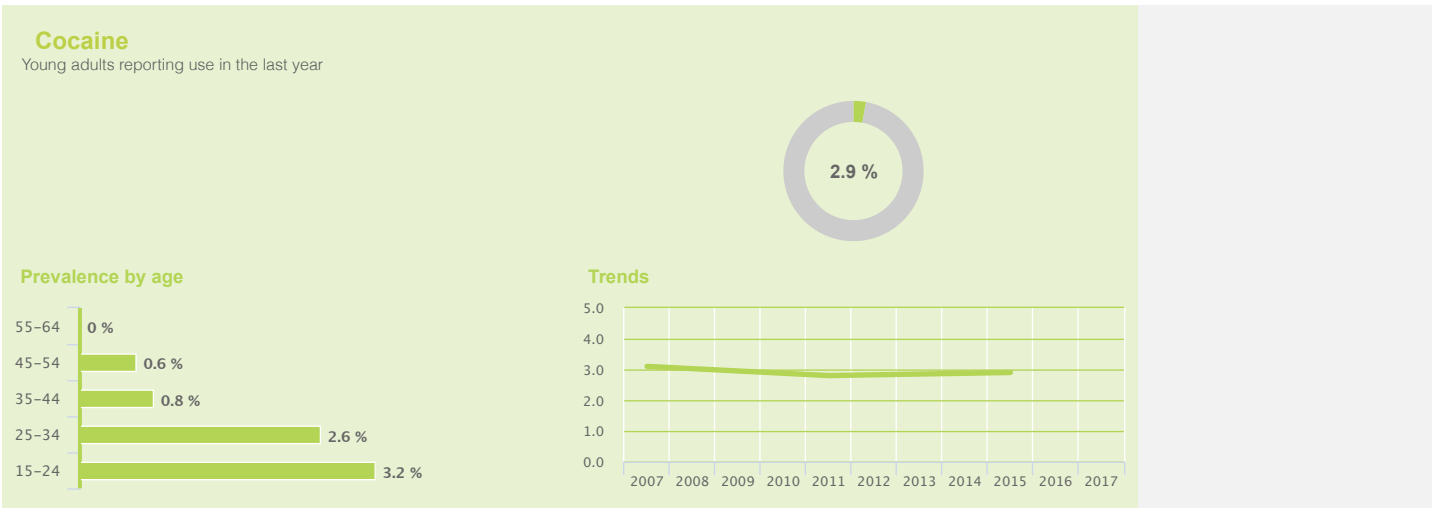
Prevalence and trends

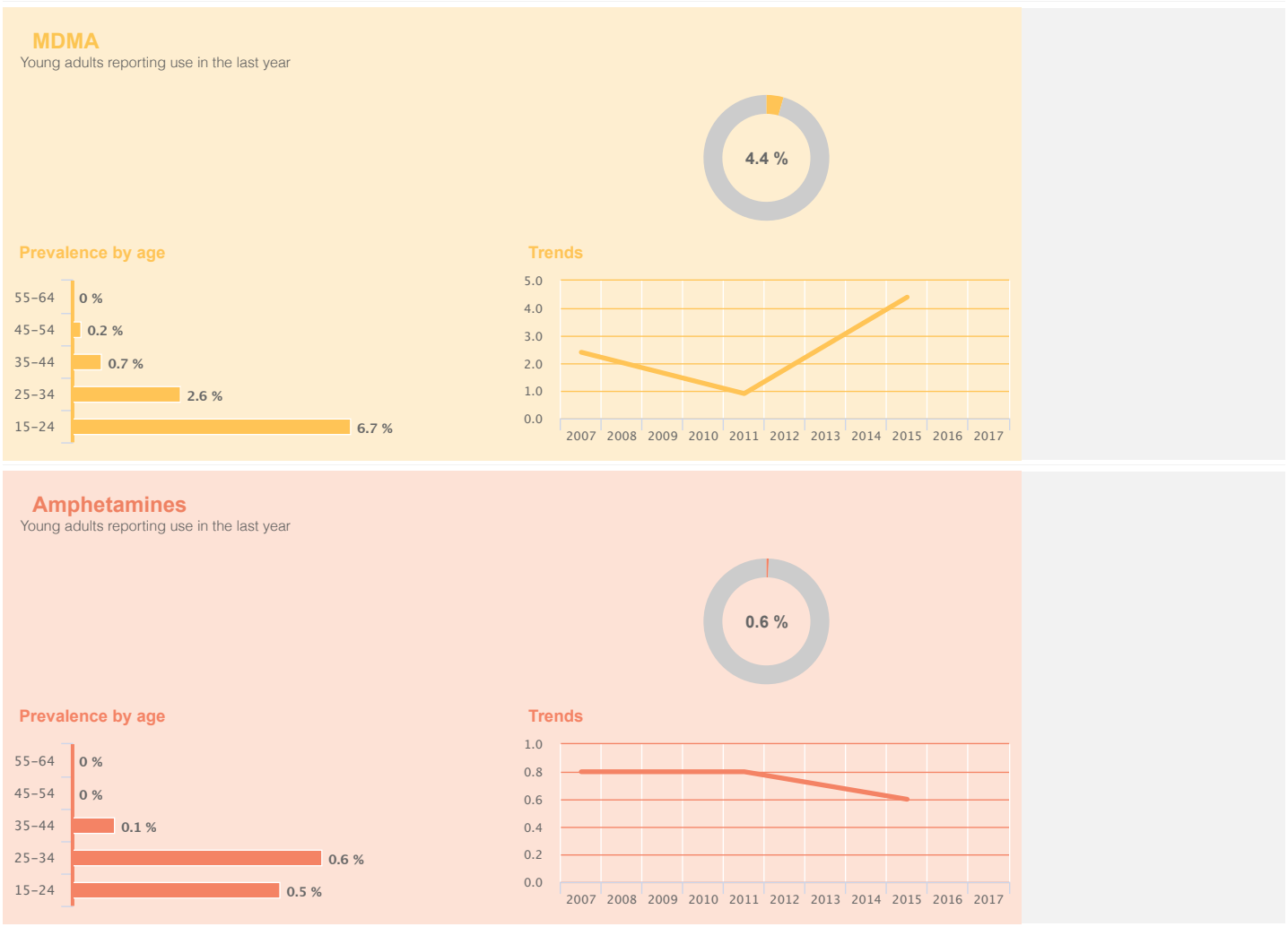
The available data suggest that drug use has become more common among the adult general population aged 15-64 years in Ireland over recent years. Fewer than 2 in 10 adults reported use of any illicit drug during their lifetime in 2002-03, but this figure increased to approximately 3 in 10 in 2014-15. 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, suggests 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 it 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; cocaine use has remained stable.

In 2014-15, the reported prevalence of lifetime use of new psychoactive substance (NPS) 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 among 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.

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

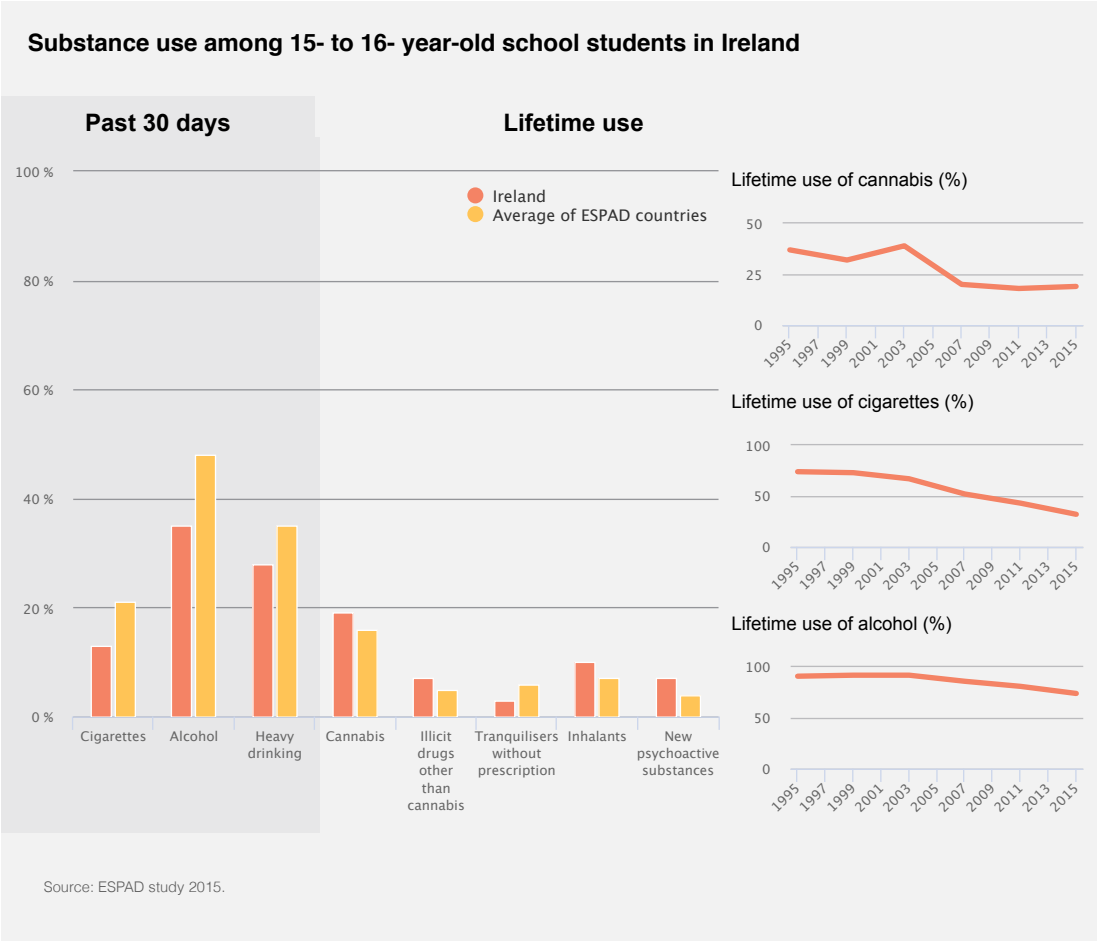






NB: Estimated last-year prevalence of drug use in 2015.

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 (lifetime use of cannabis, lifetime use of inhalants and lifetime use of NPS), Irish students reported prevalence rates that were slightly above the ESPAD average (based on data from 35 countries), 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.



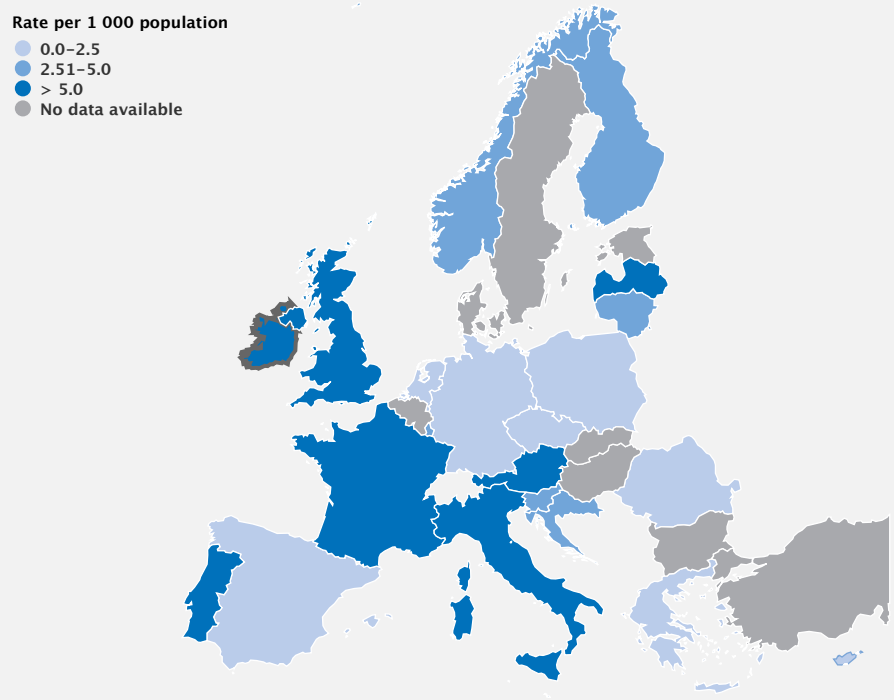
High-risk drug use and trends

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 an understanding of the nature of and trends in high-risk drug use.

The estimate of high-risk opioid use in 2014 was based on a four-source capture-recapture method and indicated that there were 19 000 opioid users in Ireland (6.18 per 1 000 population aged 15-64 years), of whom almost two thirds lived in Dublin. In 2014, more than half of opioid users were aged 35 years or older, compared with less than one third in 2006, suggesting that this high-risk population is ageing.

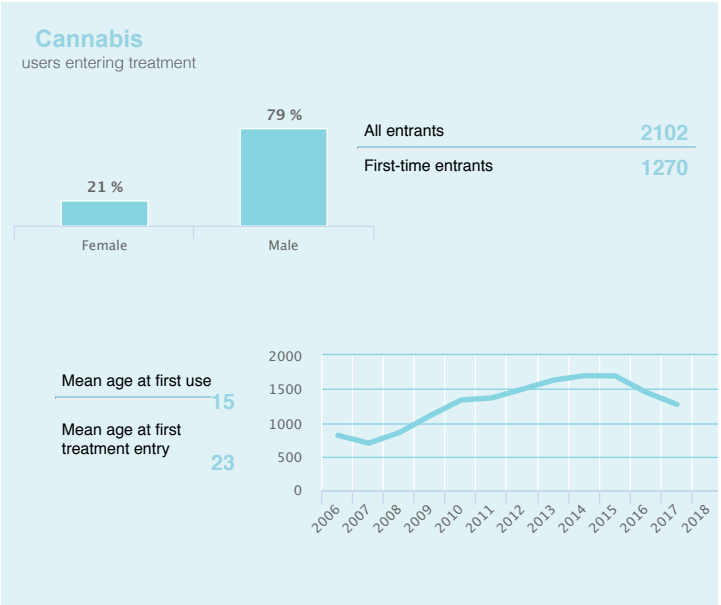
Data from the specialised drug treatment centres indicate that opioids (mainly heroin) remain the most common primary drug among those entering treatment. Between 2006 and 2010, heroin was the main drug reported by first-time entrants, but this was superseded by cannabis in 2011, and this remained the case in 2017. The most notable trend is the continued increase in the number of cases presenting for treatment for problem cocaine use. Numbers of first-time entrants reporting cocaine as their primary drug have been increasing since 2012, reaching the highest level in 10 years in 2017. Both amphetamines and MDMA are rarely reported as the main problem drug by first-time entrants. Approximately one quarter of clients entering treatment are female; however, this proportion varies depending on primary drug and treatment programme.

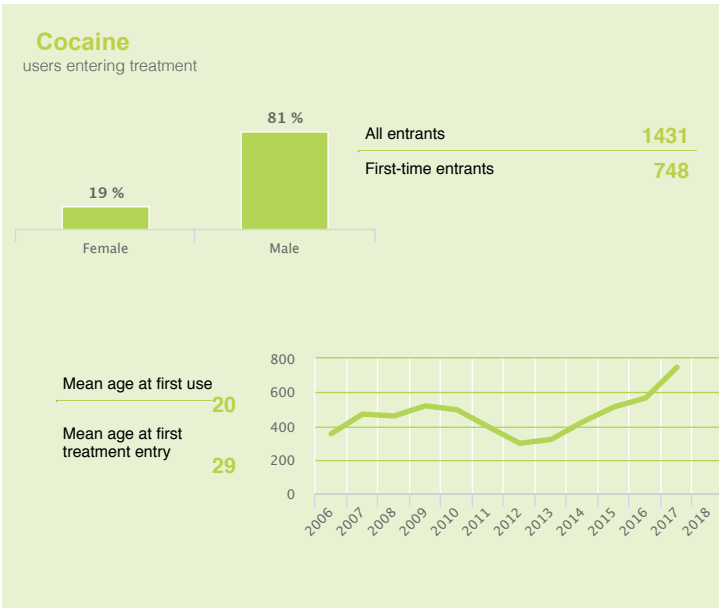
National estimates of last year prevalence of high-risk opioid use

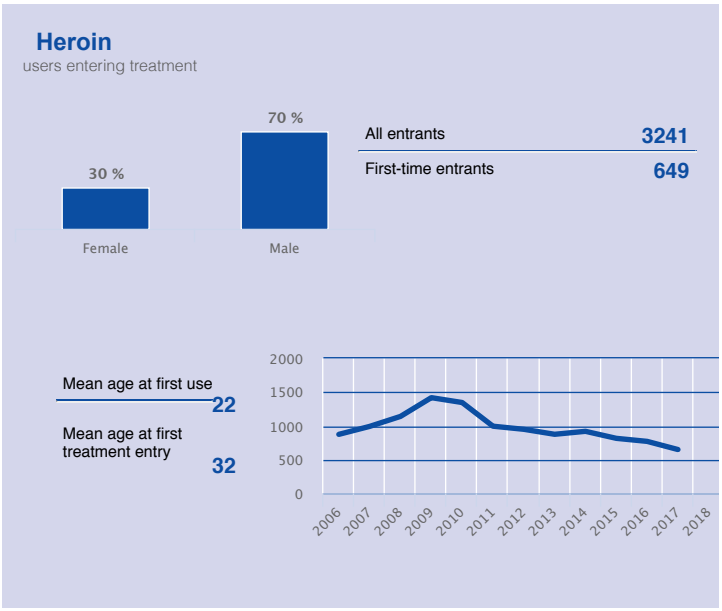


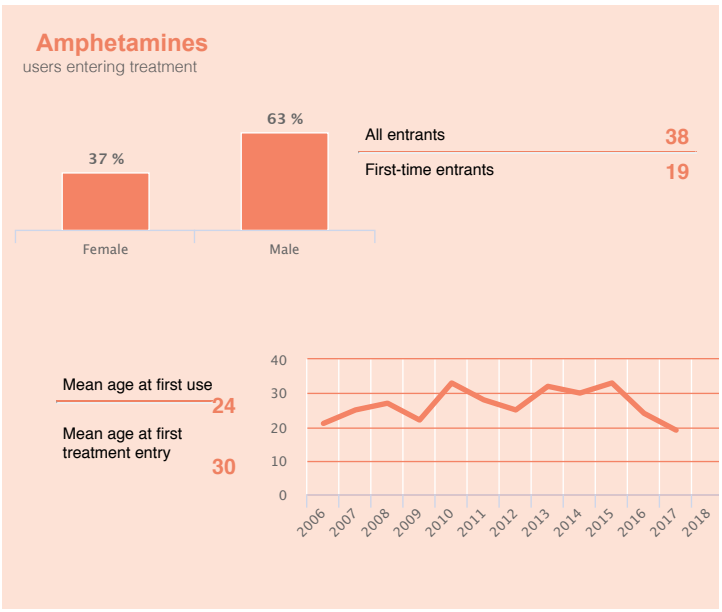
NB: Data from 2017, or the most recent year for which data are available.

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









NB: Data from 2017. Data are for first-time entrants, except for the data on gender, which are for all treatment entrants.

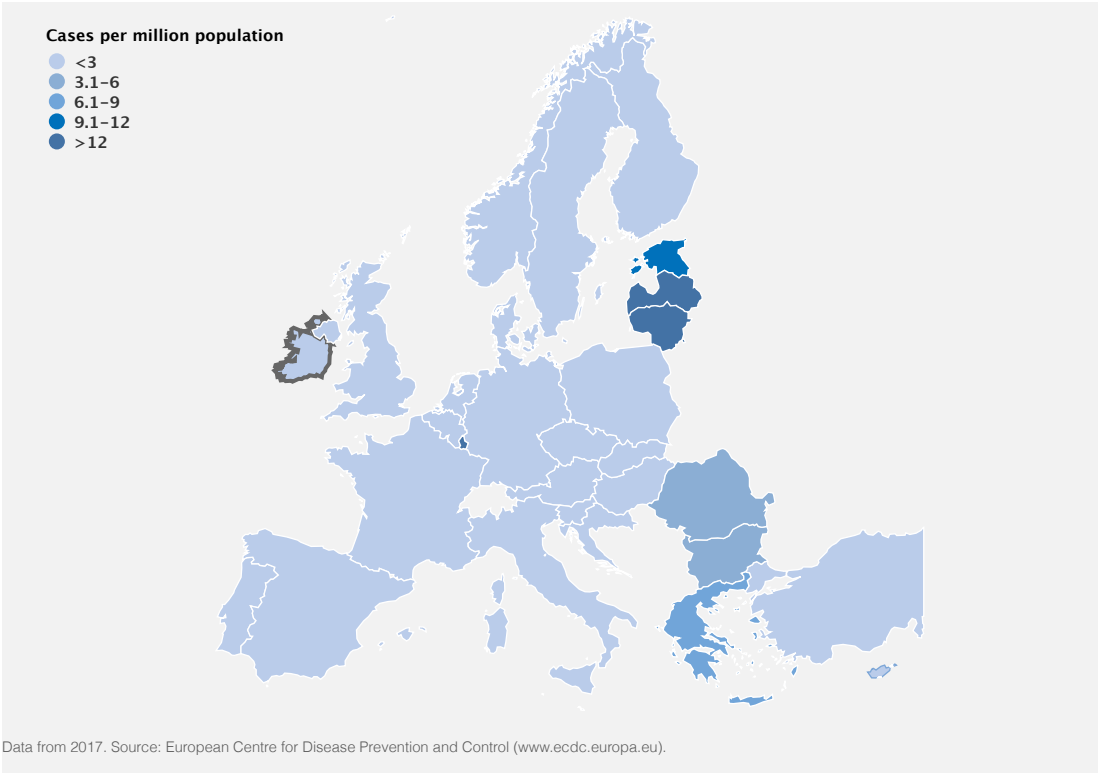
Drug-related infectious diseases

In 2017, a total of 14 people were newly diagnosed with human immunodeficiency virus (HIV) infection related to injecting drug use. This compares with 50 notifications among people who inject drugs (PWID) in 2015, which was the highest number since 2008 and was linked to an outbreak of HIV among homeless synthetic cathinone users in Dublin.

In 2016, more than one third of hepatitis C virus (HCV) cases were attributed to injecting drug use; however, information on the route of transmission was provided for less than half of all reported cases of HCV infection. Old age (older than 34 years), male gender and residence in Dublin or the surrounding counties were notable characteristics of PWID reported to be infected with HCV in Ireland.

With regard to hepatitis B virus (HBV) infections, a downward trend in the number of notifications was observed between 2008 and 2014; however, the most recent data suggest that the numbers of cases diagnosed and notified are stabilising. Of the 74 % of acute cases notified for which risk factor data were available, less than 5 % were likely to have been acquired through injecting drugs.

Newly diagnosed HIV cases attributed to injecting drug use



Data from 2017. Source: European Centre for Disease Prevention and Control (www.ecdc.europa.eu).

Drug-related emergencies

In Ireland, data on drug-related acute emergencies refer to all admissions to acute general hospitals with non-fatal overdoses and are extracted from the Hospital In-Patient Enquiry scheme. The long-term trend shows a decrease in overdose cases in the last decade, from 5 012 cases in 2005 to 4 233 in 2016. In 2016, more than a third of individuals overdosing were younger than 25 years and 6 out of 10 of those admitted to hospital were female. More than one third of the non-fatal hospital drug-related emergencies were linked to non-opioid analgesics (mainly paracetamol), while psychotropic substances were present in one quarter of cases and benzodiazepines in less than one fifth.

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

Drug-induced deaths and mortality

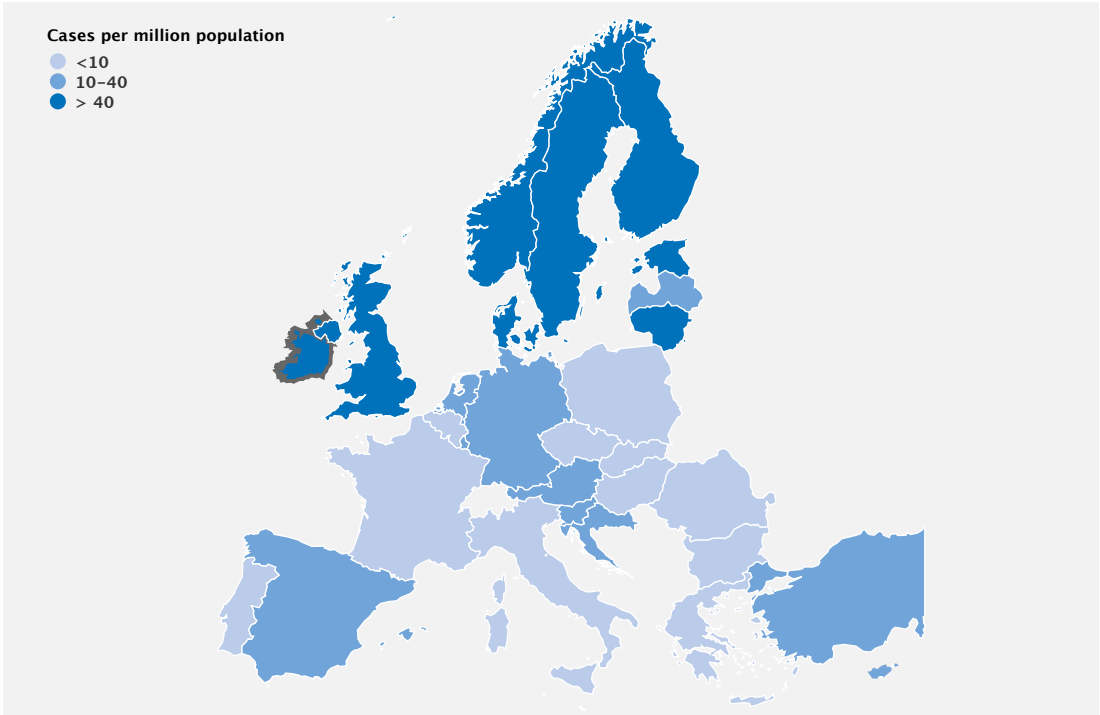
Drug-induced deaths are deaths directly attributable to the use of illicit drugs (i.e. poisonings and overdoses).

In 2015, the number of drug-induced deaths reported from a special register maintained by the Health Research Board remained stable at 224, compared with 223 deaths reported in 2014. The majority of those who died were male and in their late 30s. The mean age of victims in 2015 was 39 years, the highest ever recorded, mainly due to the increase in deaths among those aged 55 years or older compared with 2014.

Opioids were the drugs most commonly associated with drug-induced deaths, although they were frequently found together with other psychoactive substances, such as alcohol and prescription medicines.

The drug-induced mortality rate among adults (aged 15-64 years) was 69 deaths per million in 2015.

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

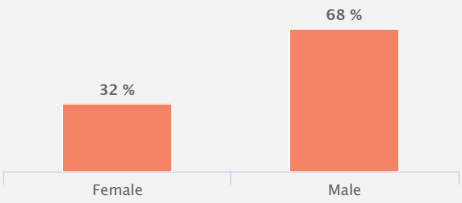


NB: Data from 2017, or the most recent year for which data are available. Comparisons between countries should be undertaken with caution. The reasons for this include systematic under-reporting in some countries, and different reporting systems, case definitions and registration processes. Data for Greece are for all ages.

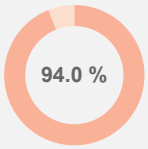
Characteristics of and trends in drug-induced deaths in Ireland

NB: Year of

Gender distribution

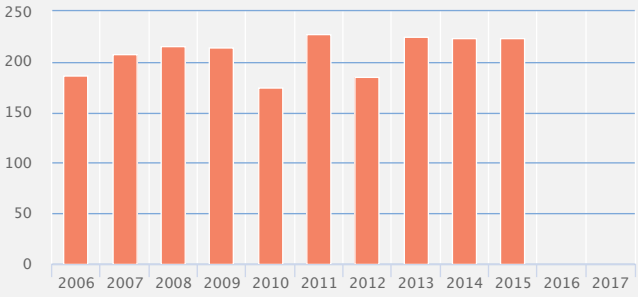


Toxicology



Deaths with opioids present among deaths with known toxicology

Trends in the number of drug-induced deaths



data 2015

Prevention

Prevention is the main focus of one of the goals of Ireland's drug and alcohol strategy, 'Reducing harm, supporting recovery: a health-led response to drug and alcohol use in Ireland 2017-2025'. The strategy aims to promote and protect health and well-being by preventing early use of alcohol and other drugs among young people, influencing behaviour and challenging social norms and attitudes, and providing targeted interventions to minimise harm to those who have already started using or belong to at-risk groups. A number of non-governmental organisations and governmental agencies are involved, with the bulk of the funding provided by the statutory sector.

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 substance use problems and indicated prevention focuses on at-risk individuals.

Environmental prevention interventions in Ireland are focused on increasingly restrictive alcohol and tobacco controls. Local-level strategies are being developed to change the environment in which substance use takes place, rather than focusing on 'problem users' per se. For example, the Responding to Excessive Alcohol Consumption in Third-level (REACT) programme is currently being implemented in 15 higher education institutions across Ireland with the aim of strategically tackling harms associated with alcohol consumption among university students.

In the case of universal prevention, the Social, Personal and Health Education (SPHE) programme is the main vehicle through which substance use prevention is delivered in schools. The programme is a mandatory part of the primary and post-primary (junior cycle) school curriculum, and it supports the personal and social development, health and well-being of students. Specific substance misuse prevention programmes have been integrated into the SPHE curriculum. Since September 2017, SPHE has been incorporated into a new area of learning for junior cycle secondary-school pupils called 'Wellbeing', which is a compulsory element of the curriculum. The Wellbeing programme provides students with the knowledge, attitudes and skills that enable them to protect and promote their own well-being and that of others. Psychologists provide training for teachers so that they can implement evidence-based programmes and practices that promote resilience and social and emotional competence in children and young people. The service has prioritised the delivery of two programmes in particular: the Incredible Years Teacher Classroom Management (IYTCM) Programme and the FRIENDS programmes. Evaluations carried out in Ireland produced positive findings for both programmes.

The Drug and Alcohol Task Forces deliver a range of selective interventions in areas that have been identified as socially and economically disadvantaged and that face a range of challenges, including high levels of drug use. Interventions are delivered through local and regional awareness initiatives, family programmes, programmes targeted at risk behaviours that are specific to the locality, community action on alcohol, etc.

The existing funding streams for youth interventions are being reshaped, based on an evaluation, evidence reviews and stakeholder engagement, into a single funding scheme targeting disadvantaged young people with evidence-informed interventions and services that will secure good outcomes. The purpose of the new scheme Targeted Youth Funding Scheme (TYFS) is 'to support young people to overcome adverse circumstances by strengthening their personal and social competencies'.

Indicated prevention programmes are mostly provided as part of broader services for vulnerable children and young people. There is also a focus on providing brief interventions across an increasingly wide range of settings that deal with both alcohol and drug use.

Harm reduction

The strategic aims and objectives of the current Irish national drug strategy include the reduction of harms related to substance use, namely by (i) enabling people with drug use problems to access treatment; (ii) reducing risk behaviours, harms to individuals, families and communities, and dependency; and (iii) minimising the harm to those who continue to engage in drug-taking activities that put them at risk.

Harm reduction interventions

In Ireland, harm reduction services are delivered by local authorities and community-based organisations. The provision of needle and syringe programmes (NSPs) is a central element of harm reduction service provision. There are three models of NSPs: fixed-site facilities, outreach syringe provision and pharmacy-based programmes.

The total number of syringes given out by pharmacies, outreach workers and at community-based syringe programmes in Ireland in 2017 exceeded half a million. 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 NSPs. Pharmacies in each local and regional Drug and Alcohol Task Force area in Ireland (apart from counties Dublin, Kildare and Wicklow, which are served by a mix of fixed-site and outreach needle exchange programmes) take part in NSPs, distributing packs containing injecting equipment for either 3 or 10 sterile injections. The extension of the pharmacy programme started in 2011 has been successful, and at the end of 2017, there were more than 100 pharmacies providing needle exchange, and around 1 750 individuals used pharmacy needle exchanges each month in 2017. The pharmacy-based programme is well accepted and now provides the most widespread type of syringe outlet in Ireland. In areas without a local clinic or mobile unit, staff complement the distribution of injecting material with ‘backpacking’, a process whereby paraphernalia are delivered by staff directly to known drug users.

A recent review of Irish NSPs, published in 2015, identified the need to standardise the monitoring of services provided, to increase both 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. The evaluation of the pharmacy-based programme showed satisfactory results overall, but it pointed to the need to better match the contents of injecting equipment kits to users’ needs, as well as to further reduce stigma. Further recommendations were to offer in-pharmacy testing for blood-borne viruses or efficient referral, as well as to increase the competence of pharmacy staff in giving harm reduction advice and support. In Ireland, the hepatitis B virus vaccine is recommended for several high-risk groups, including prisoners and people who inject drugs.

In 2015, a 2-year naloxone demonstration project was initiated in Ireland. The project involved the distribution of a pre-filled syringe of naloxone on prescription and training opioid users to administer it. During the demonstration project, five emergencies were recorded in which the naloxone given out under the project was successfully used to reverse overdoses and save lives. By June 2017, approximately 800 people had received training and 1 200 naloxone kits had been distributed.

Based on enabling legislation adopted in 2017, preparations are under way for the opening of a supervised drug consumption facility in Dublin in 2019. The facility will be managed by the largest Irish harm reduction service provider, MQI.

Availablity of selected harm reduction responses in Europe

Country	Needle and syringe programmes	Take-home naloxone programmes	Drug consumption rooms	Heroin-assisted treatment
Austria	Yes	No	No	No
Belgium	Yes	No	Yes	No
Bulgaria	Yes	No	No	No
Croatia	Yes	No	No	No
Cyprus	Yes	No	No	No
Czechia	Yes	No	No	No
Denmark	Yes	Yes	Yes	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	No	No	No
France	Yes	Yes	Yes	No
Germany	Yes	Yes	Yes	Yes
Greece	Yes	No	No	No
Hungary	Yes	No	No	No
Ireland	Yes	Yes	No	No
Italy	Yes	Yes	No	No
Latvia	Yes	No	No	No
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	Yes	Yes
Malta	Yes	No	No	No
Netherlands	Yes	No	Yes	Yes
Norway	Yes	Yes	Yes	No
Poland	Yes	No	No	No
Portugal	Yes	No	No	No
Romania	Yes	No	No	No
Slovakia	Yes	No	No	No
Slovenia	Yes	No	No	No
Spain	Yes	Yes	Yes	No
Sweden	Yes	No	No	No
Turkey	No	No	No	No
United Kingdom	Yes	Yes	No	Yes

Treatment

The treatment system

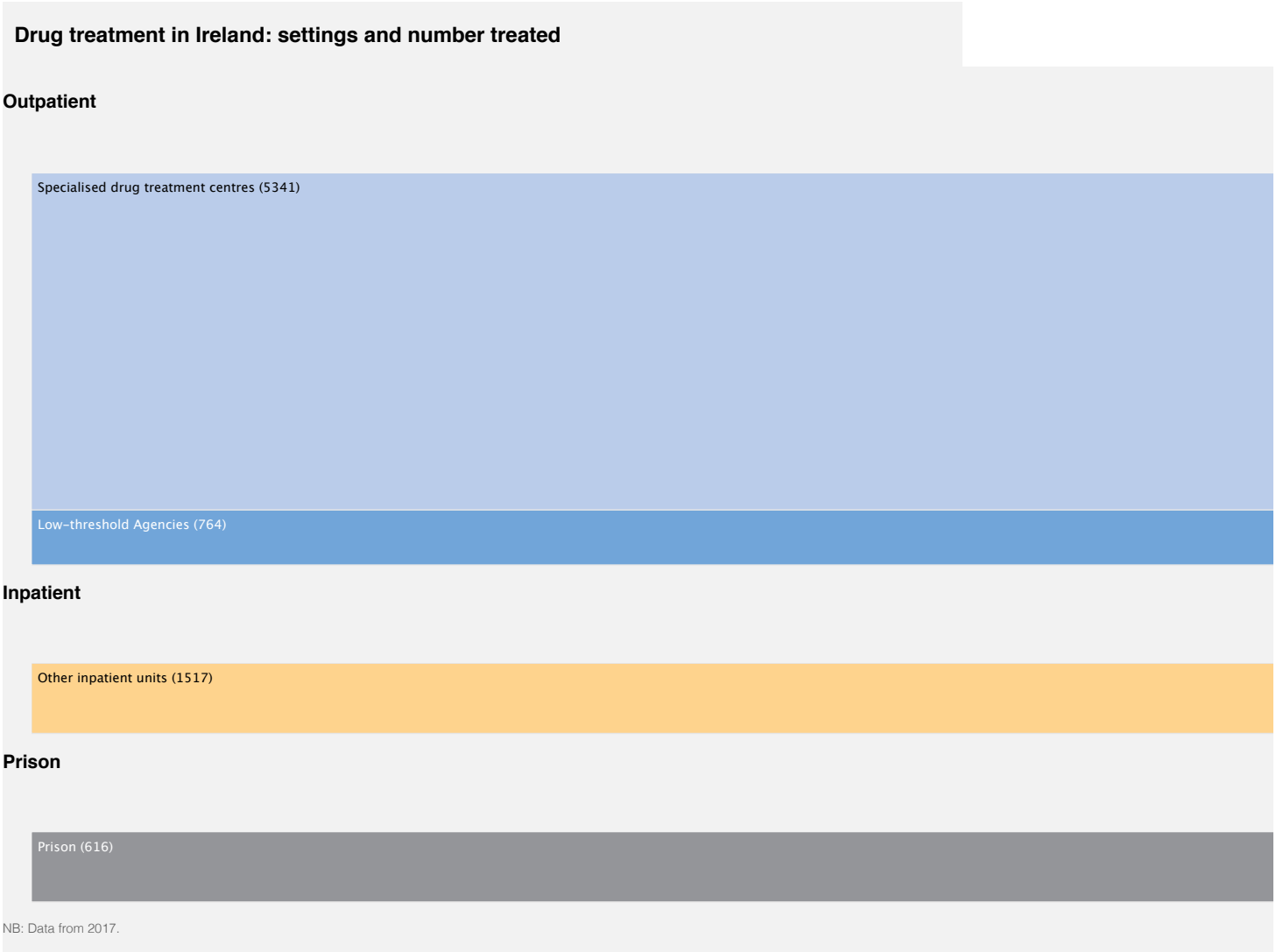
The current national drug strategy, 'Reducing harm, supporting recovery: a health-led response to drug and alcohol use in Ireland 2017-2025', was launched in July 2017 and its main aim is to minimise the harms caused by the use and misuse of substances, and to promote rehabilitation and recovery by supporting the development of a range of treatment, rehabilitation and recovery services using the four-tier model. The strategy also recognises the need for timely access to appropriate services for the client. The integrated care pathways model forms the conceptual basis for the National Drug Rehabilitation Framework.

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.

Most drug treatment is provided through publicly funded outpatient services. These include 314 specialised drug treatment centres, 82 low-threshold agencies and 356 specialised general practitioners, which provide opioid substitution treatment (OST) in the community.

Some outpatient care is 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 51 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. 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 family therapy and specially adapted medication-free therapy, are provided. OST is provided by specialised HSE outpatient treatment clinics, by satellite clinics and through specialised general practitioners in the community, as well as in prisons.

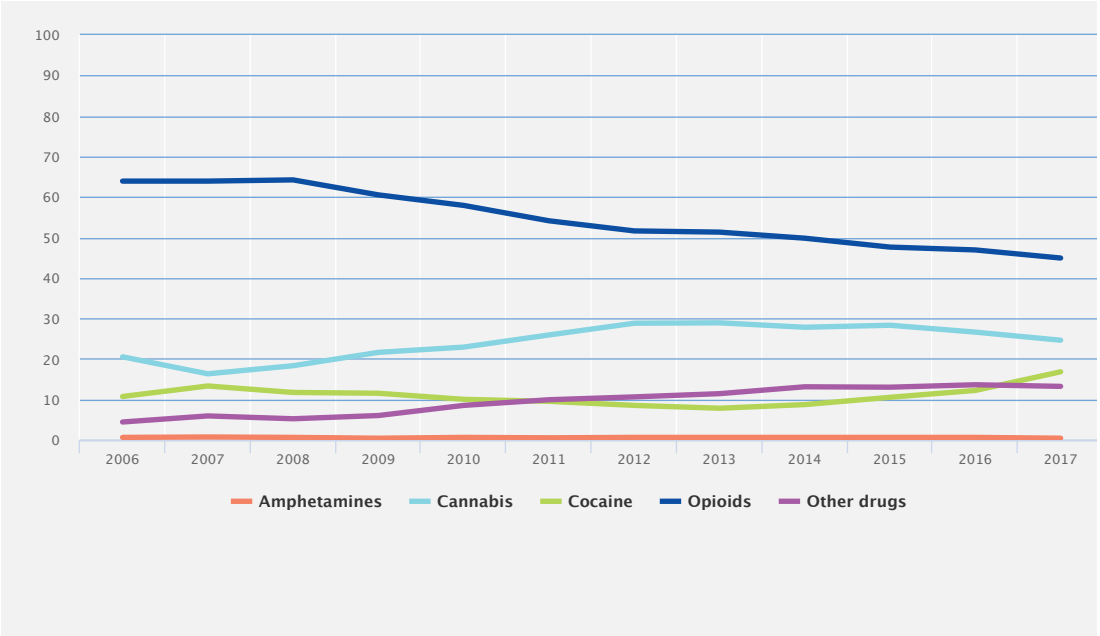


Treatment provision

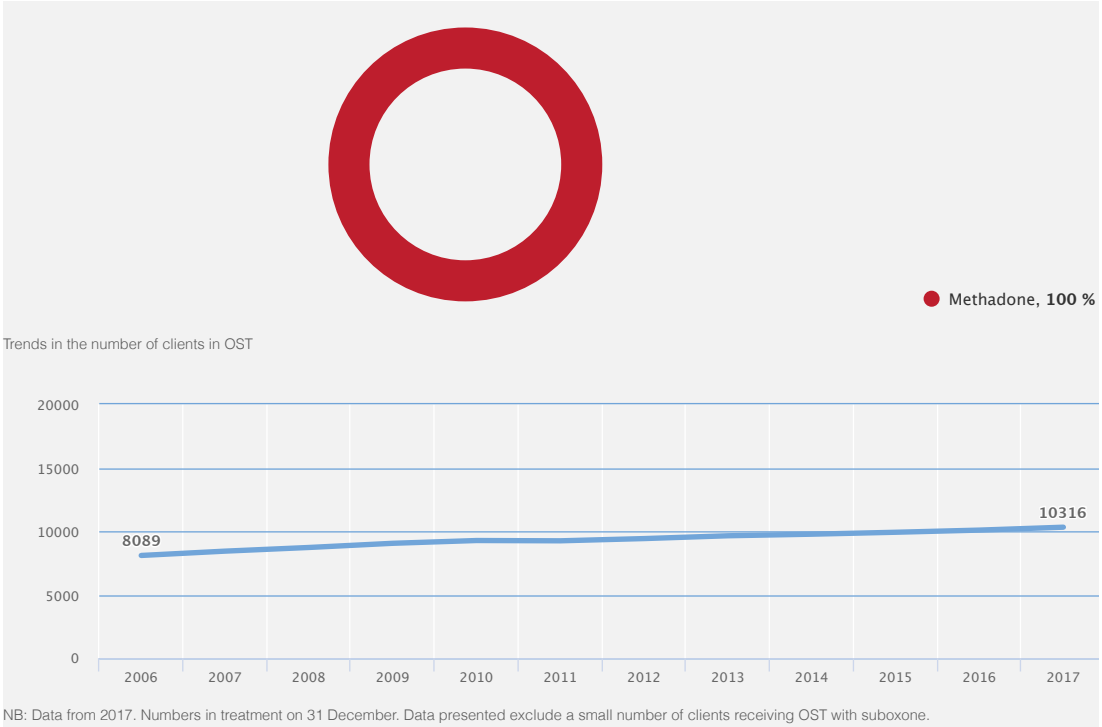
In 2017, around 8 500 clients entered drug treatment, almost 40 % of them for the first time. Most clients entered treatment through outpatient settings. Primary opioid users remain the largest group entering treatment in Ireland; however, as a proportion of all treatment entrants, their number has been steadily decreasing over the last few years. In contrast, the proportion of primary cannabis clients entering treatment rose between 2007 and 2013, while a gradual decrease was observed from 2015. In recent years, an increase in the proportion of clients entering treatment for the use of hypnotics and sedatives, mainly benzodiazepines (classified as ‘other drugs’), has been reported. The most notable trend is the continued increase in the number of cases presenting for treatment for problem cocaine use.

The number of clients receiving OST has increased year on year since 2006 (apart from in 2011). Although the proportion of younger clients in OST has decreased since 2010, the proportion of clients aged 45 years or older has increased steadily.

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



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



NB: Data from 2017. Numbers in treatment on 31 December. Data presented exclude a small number of clients receiving OST with suboxone.

Drug use and responses in prison

The Irish Prison Service (IPS), which manages the country's prison system, operates as an executive agency under the responsibility of the Ministry of Justice, Equality and Defence. It also cooperates with the Probation Service in reducing offending and improving rehabilitative outcomes. In Ireland, prisoners are entitled to receive the same care as that available in the community. The 3-year strategic plan 2016-18 committed the IPS to providing prisoners with access to the same quality and range of healthcare services available to people entitled to General Medical Scheme (GMS) health services in the community.

The latest studies conducted on drug use and drug-related problems in Irish prisons date back to 2008. A 2018 meta-analysis of the prevalence of major mental illness, substance misuse and homelessness among Irish prisoners shows that around half of prisoners have a substance use disorder. As rates of substance use are significantly higher than in the general population, the need to develop diversion services and integrated treatment plans addressing psychiatric and psychological needs is highlighted.

Among people entering drug treatment in prison, most are entering treatment for opiates use, mainly heroin, followed by cocaine, benzodiazepines and cannabis use. Since 2011, an increase in the number of new treatment entrants for primary cocaine use and a decrease in the number of primary cannabis users have been observed. The figures for other substances, including opiates, are relatively stable, although the small numbers make trend analysis difficult to interpret.

Six community-based organisations provide services in prisons. Drug-related interventions available in Irish prisons include structured assessments, individual counselling, therapeutic group work, harm reduction interventions, multidisciplinary care and release-planning interventions. Drug treatment modalities include brief interventions, motivational interviewing and motivational enhancement therapy, such as the 12-step facilitation programme. The Medical Unit in Mountjoy Prison has 18 beds specifically allocated for an 8-week drug-free programme. Opioid substitution treatment is available in prison, for both maintenance and detoxification. In 2016, there were around 2 000 prisoners receiving methadone in prison, mainly for opioid use. Methadone maintenance treatment was the most common treatment provided.

A recent 2017 report by a non-governmental organisation working on prison reform has identified short-term actions to tackle drug dependency in prison from a public health perspective. These include (i) collecting information on waiting lists for treatment access in prisons and post-release; (ii) reducing reliance on methadone maintenance in prisons and increasing the number of alternative treatment options; (iii) increasing the number of drug treatment residential places in the community that accept former prisoners; (iv) implementing harm reduction recommendations; and (v) further evaluating the effectiveness of Drug Treatment Courts.

Quality assurance

One of the goals of the national drug strategy, 'Reducing harm, supporting recovery: a health-led approach to drug and alcohol use in Ireland 2017-2025', is timely access to appropriate support, treatment and rehabilitation services relevant to the needs and circumstances of the person. The strategy tasks the Health Service Executive with further strengthening the implementation of the National Drug Rehabilitation Framework, increasing the quality and safety of care in the delivery of opioid substitution treatment and improving outcomes for people with comorbid severe mental illness and substance use problems.

The Health Information and Quality Authority (HIQA) is an independent authority established to drive high-quality and safe care for people using health and social care services in Ireland. In 2012, HIQA launched the National Standards for Safer Better Healthcare (NSSBHC), providing a framework to organise, manage and deliver safe and sustainable healthcare consistently.

For addiction services, the Quality in Alcohol and Drug Services organisational standards manual provides a set of quality standards. The manual is intended as a guide and a review tool and is embedded within the NSSBHC; it aims to assist drug and alcohol services in the community and voluntary sector in the development of quality standards for their services. The organisational standards may also be useful to other organisations working with addiction services, such as commissioners.

In April 2018, a new online tool was initiated to support the implementation of evidence-based programmes that address one of five broad national outcomes for children set out in the Better Outcomes, Brighter Future policy document. These include outcomes related to the prevention of drug and alcohol use.

The Irish College of General Practitioners is responsible for the training, accreditation and auditing of specialised general practitioners who prescribe methadone. To address professional development in prevention and early intervention with a standardised module of training, a mapping exercise of existing training is currently on-going.

Drug-related research

The fifth goal of the short-term action plan for 2017-20, designed in accordance with the national drug strategy for 2017-25, 'Reducing harm, supporting recovery: a health-led approach to drug and alcohol use in Ireland 2017-2025', is 'to develop sound and comprehensive evidence-informed policies and actions'. The key elements of this goal include measuring performance and assessing the structures that support the implementation of the strategy.

The Drugs Policy Unit (DPU), Department of Health, is responsible for analysing the implications of research findings for policy and designing initiatives to tackle the drug problem. The DPU provides the National Oversight Committee with advice on the commissioning of new research and the development of new data sources, considering current information and research deficits, as well as changing patterns of drug use and emerging trends. The Health Research Board (HRB) manages the commissioning of any research that the national committee deems necessary to address gaps in its knowledge.

The HRB National Drugs Library online repository contains more than 12 000 reports, articles, systematic reviews, accounts of parliamentary debates and other items. The library publishes factsheets based on data collected by the national focal point. The library also produces a series of rapid reviews in consultation with policymakers and stakeholders in the community and voluntary sectors.

Topics such as the misuse of drugs and supervised injecting facilities, medicinal cannabis, and decriminalisation have deserved special attention from public authorities and call for additional research.

Drug markets

Ireland is a producing country for cannabis and, possibly to a much lesser extent, synthetic drugs. The number of cannabis cultivation sites reached a peak in 2011 and was stable until 2017: based on police data and information, the domestic production of cannabis has recently been increasing again. Cannabis cultivation sites are generally operated by foreign organised crime groups, which also employ foreign nationals to work as gardeners.

The synthetic drug market is continually changing: pre-precursors (alpha- phenylacetoacetonitrile (APAAN), benzyl cyanide) and precursors (piperonyl methyl ketone (PMK) and benzyl methyl ketone BMK) used in the manufacture of MDMA/ecstasy and amphetamine were detected in Ireland in 2013. Between 2014 and 2016, four separate 'box labs' were detected in Cork and Dublin, suggesting that methamphetamine was being produced, albeit on a small scale.

Illicit drugs are trafficked into Ireland mainly by sea — the main mode of transport is by freight via Rosslare Europort and Dublin Port or ferries — or by air via Dublin Airport and Shannon Airport. The bulk of the products that arrive by plane are concealed in luggage. Another method that is used is postal packages.

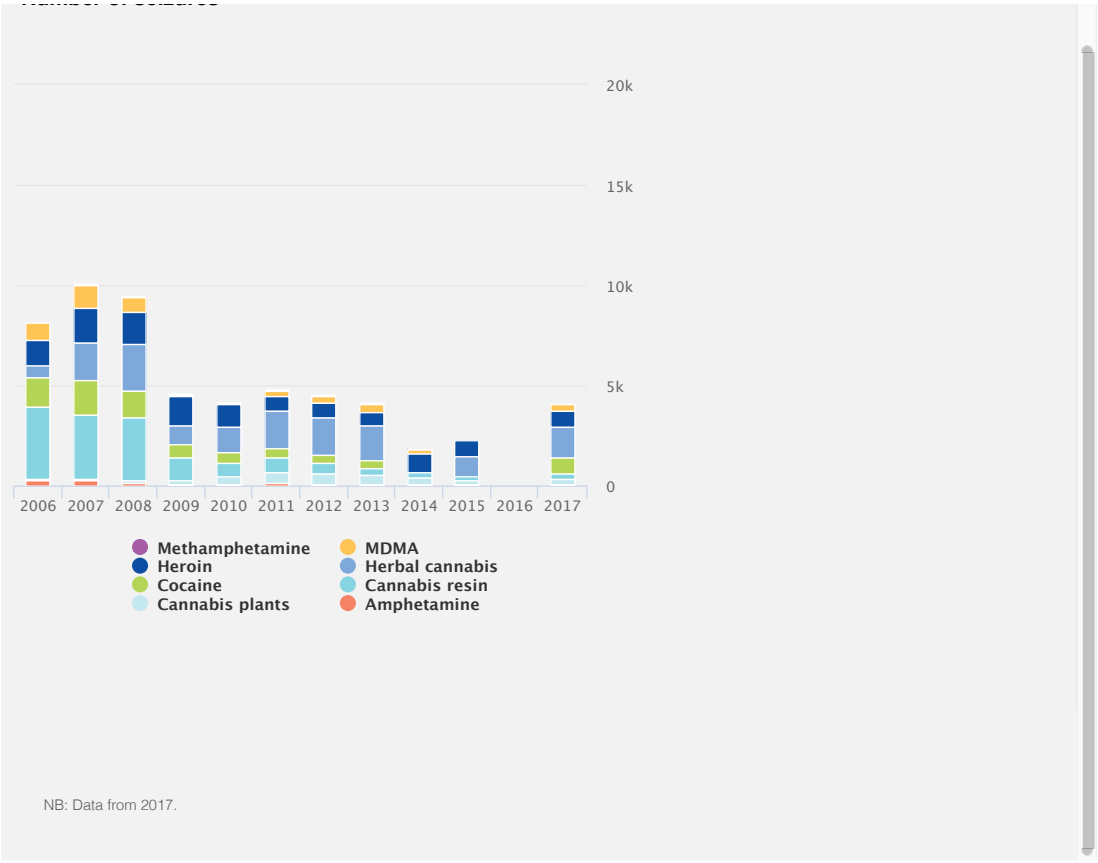
Most of the cannabis resin seized in Ireland originates from Morocco; the bulk of synthetic drugs in Ireland are produced in and imported from the Netherlands; and heroin is smuggled to Ireland from EU hubs receiving the drugs via the Balkan route. India and Pakistan are a source of counterfeit medicines, and China is believed to be the main source of new psychoactive substances (NPS).

Overall, between 2007 and 2015, a decline in the number of illicit drug seizures was reported in Ireland. This reflects a decrease in the number of seizures of cannabis products, which are the drugs most commonly seized. A decrease is also evident in the quantity of stimulants, NPS and medicinal products; however, between 2016 and 2017, the number of cocaine seizures increased.

Supply reduction in Ireland prioritises drug interdiction, tackling organised crime, enhancing community policing and reducing reoffending. Uniquely in the EU, the national drug strategy recognises the need to address drug-related debt intimidation at a community level. The achievement of these goals will involve the participation of a wide network of law enforcement agencies representing An Garda Síochána, the Revenue Commissioners, the Health Products Regulatory Authority, the Naval Service, the Criminal Assets Bureau and relevant community-level partners.

Data on the retail price and purity of the main illicit substances seized are shown in the 'Key statistics' section.

Drug seizures in Ireland: trends in number of seizures



NB: Data from 2017.

Key statistics

Most recent estimates and data reported

	Year	Country data	EU range Min.	EU range Max.
Cannabis				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	18.9	6.51	36.79
Last year prevalence of use — young adults (%)	2015	13.8	1.8	21.8
Last year prevalence of drug use — all adults (%)	2015	7.7	0.9	11
All treatment entrants (%)	2017	24.6	1.03	62.98
First-time treatment entrants (%)	2017	39	2.3	74.36
Quantity of herbal cannabis seized (kg)	n.a.	n.a.	11.98	94 378.74
Number of herbal cannabis seizures	2017	1 546	57	151 968
Quantity of cannabis resin seized (kg)	n.a.	n.a.	0.16	334 919
Number of cannabis resin seizures	2017	257	8	157 346
Potency — herbal (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	65.6
Potency — resin (% THC) (minimum and maximum values registered)	n.a.	n.a.	0	55
Price per gram — herbal (EUR) (minimum and maximum values registered)	n.a.	n.a.	0.58	64.52
Price per gram — resin (EUR) (minimum and maximum values registered)	n.a.	n.a.	0.15	35
Cocaine				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	2.1	0.85	4.85
Last year prevalence of use — young adults (%)	2015	2.9	0.1	4.7
Last year prevalence of drug use — all adults (%)	2015	1.5	0.1	2.7
All treatment entrants (%)	2017	16.8	0.14	39.2
First-time treatment entrants (%)	2017	23	0	41.81
Quantity of cocaine seized (kg)	n.a.	n.a.	0.32	44 751.85
Number of cocaine seizures	2017	792	9	42 206
Purity (%) (minimum and maximum values registered)	2017	5 - 93	0	100
Price per gram (EUR) (minimum and maximum values registered)	n.a.	n.a.	2.11	350
Amphetamines				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	1.9	0.84	6.46
Last year prevalence of use — young adults (%)	2015	0.6	0	3.9
Last year prevalence of drug use — all adults (%)	2015	0.3	0	1.8
All treatment entrants (%)	2017	0.4	0	49.61
First-time treatment entrants (%)	2017	0.6	0	52.83
Quantity of amphetamine seized (kg)	n.a.	n.a.	0	1 669.42
Number of amphetamine seizures	2017	62	1	5 391
Purity — amphetamine (%) (minimum and maximum values registered)	n.a.	n.a.	0.07	100
Price per gram — amphetamine (EUR) (minimum and maximum values registered)	n.a.	n.a.	3	156.25
MDMA				
Lifetime prevalence of use — schools (% , Source: ESPAD)	2015	3.1	0.54	5.17
Last year prevalence of use — young adults (%)	2015	4.4	0.2	7.1
Last year prevalence of drug use — all adults (%)	2015	2.1	0.1	3.3
All treatment entrants (%)	2017	0.5	0	2.31
First-time treatment entrants (%)	2017	0.9	0	2.85
Quantity of MDMA seized (tablets)	n.a.	n.a.	159	8 606 765
Number of MDMA seizures	2017	344	13	6 663
Purity (MDMA mg per tablet) (minimum and maximum values registered)	n.a.	n.a.	0	410
Purity (MDMA % per tablet) (minimum and maximum values registered)	n.a.	n.a.	2.14	87
Price per tablet (EUR) (minimum and maximum values registered)	n.a.	n.a.	1	40
Opioids				
High-risk opioid use (rate/1 000)	2014	6.18	0.48	8.42
All treatment entrants (%)	2017	44.9	3.99	93.45
First-time treatment entrants (%)	2017	24.8	1.8	87.36
Quantity of heroin seized (kg)	n.a.	n.a.	0.01	17 385.18
Number of heroin seizures	2017	765	2	12 932
Purity — heroin (%) (minimum and maximum values registered)	n.a.	n.a.	0	91
Price per gram — heroin (EUR) (minimum and maximum values registered)	n.a.	n.a.	5	200
Drug-related infectious diseases/injecting/death				
Newly diagnosed HIV cases related to injecting drug use (cases/million population, Source: ECDC)	2017	2.9	0	47.8
HIV prevalence among PWID* (%)	2010	6	0	31.1
HCV prevalence among PWID* (%)	2010	41.5	14.7	81.5
Injecting drug use (cases rate/1 000 population)	n.a.	n.a.	0.08	10.02
Drug-induced deaths — all adults (cases/million population)	2015	68.7	2.44	129.79
Health and social responses				
Syringes distributed through specialised programmes	2017	519 578	245	11 907 416

Clients in substitution treatment	2017	10 316	209	178 665
Treatment demand				
All entrants	2017	8 539	179	118 342
First-time entrants	2017	3 253	48	37 577
All clients in treatment	n.a.	n.a.	1 294	254 000
Drug law offences				
Number of reports of offences	2017	16 880	739	389 229
Offences for use/possession	2017	12 211	130	376 282

Data for min. and max. price values are not available. Herbal cannabis: mean price per gram, EUR 20; cannabis resin: mean price per gram, EUR 6; cocaine: mean price per gram, EUR 70; amphetamine: mean price per gram, EUR 15; MDMA: mean price per gram, EUR 60; heroin: mean price per gram, EUR 140.

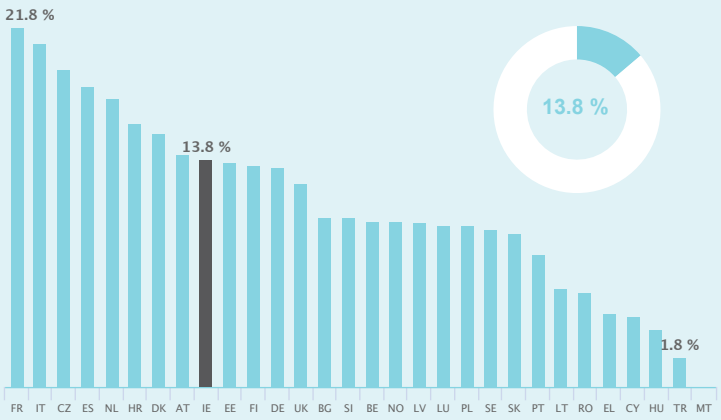
EU Dashboard

Focus on Ireland

EU Dashboard

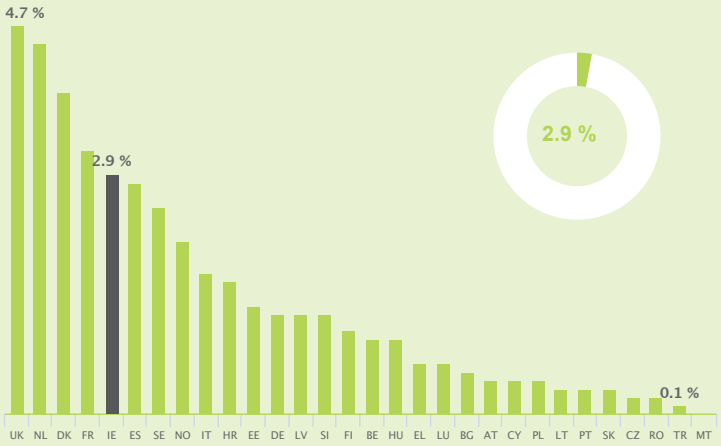
Cannabis

Last year prevalence among young adults (15-34 years)



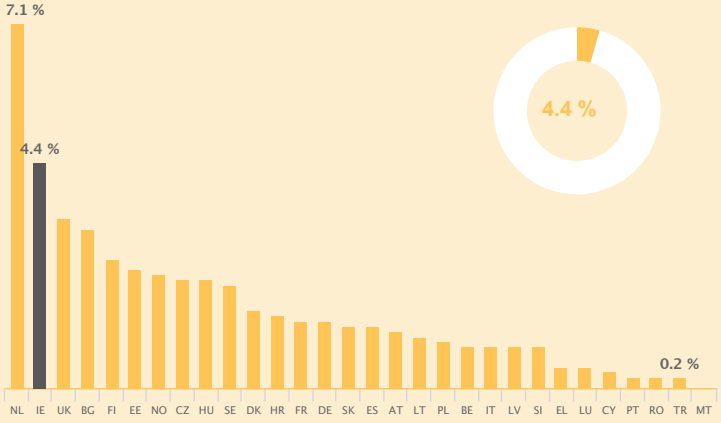
Cocaine

Last year prevalence among young adults (15-34 years)



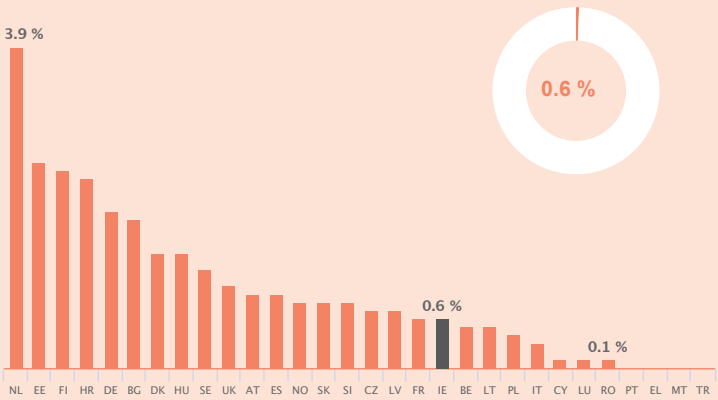
MDMA

Last year prevalence among young adults (15-34 years)



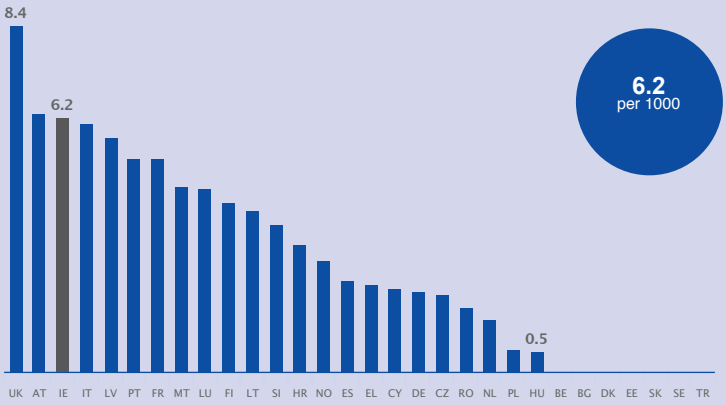
Amphetamines

Last year prevalence among young adults (15-34 years)



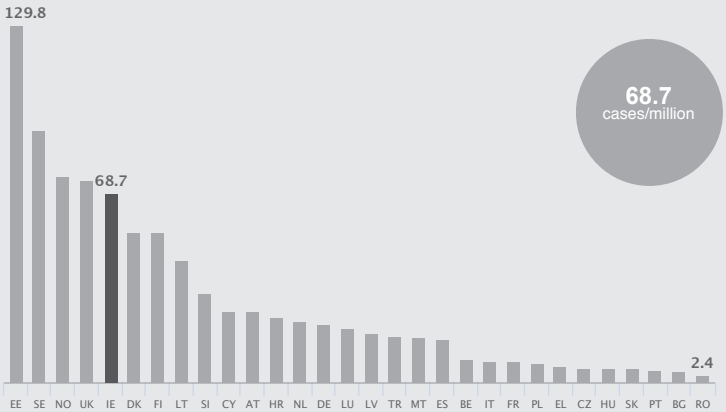
Opioids

High-risk opioid use (rate/1 000)



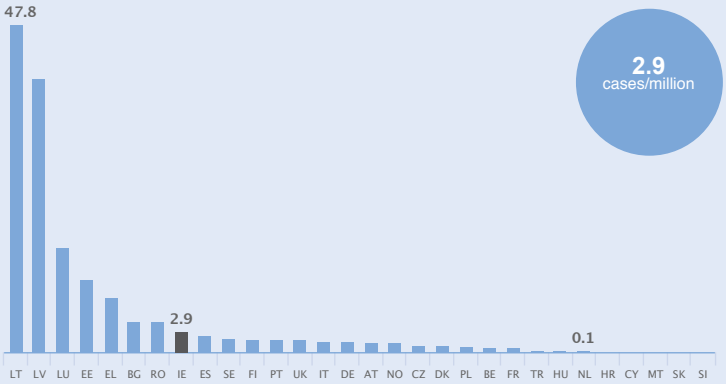
Drug-induced mortality rates

National estimates among adults (15-64 years)



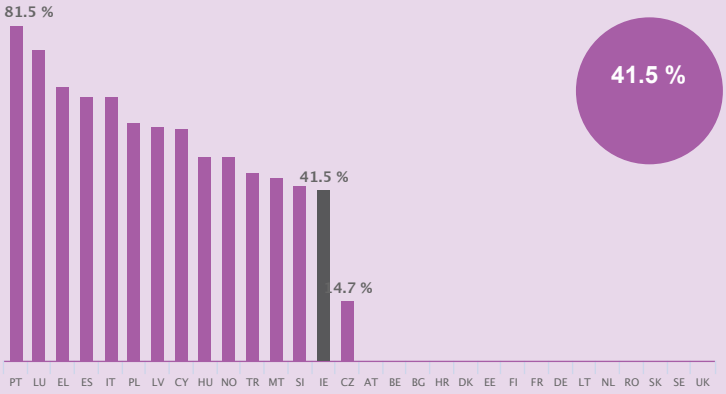
HIV infections

Newly diagnosed cases attributed to injecting drug use



HCV antibody prevalence

National estimates among injecting drug users



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, qualifcations on analysis and comments on the limitations of the information available can be found in the EMCDDA Statistical Bulletin. Last year prevalence estimated among young adults aged 16-34 years in Denmark, Norway and the United Kingdom; 17-34 in Sweden; and 18-34 in France, Germany, Greece and Hungary. Drug-induced mortality rate for Greece are for all ages.

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.

Click here to learn more about our partner in Ireland .

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Head of national focal point: Mr Brian Galvin

Methodological note: Analysis of trends is based only on those countries providing sufficient data to describe changes over the period specified. The reader should also be aware that monitoring patterns and trends in a hidden and stigmatised behaviour like drug use is both practically and methodologically challenging. For this reason, multiple sources of data are used for the purposes of analysis in this report. Caution is therefore required in interpretation, in particular when countries are compared on any single measure. Detailed information on methodology and caveats and comments on the limitations in the information set available can be found in the EMCDDA Statistical Bulletin .