Focal Point Ireland: national report for 2017 - Prison

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

Authors of the national report
Lucy Dillon, Brian Galvin, Ciara Guiney, Suzi Lyons, and Sean Millar

Head of Irish Focal Point
Brian Galvin

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(2019) *Focal Point Ireland: national report for 2018 – harms and harms reduction.*
(2019) *Focal Point Ireland: national report for 2018 – drugs.*

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T0. Summary

T0.1 National profile

There are 12 institutions in the Irish prison system, comprising 10 traditional 'closed' institutions and two open centres, which operate with minimal internal and perimeter security. The majority of female prisoners are accommodated in the purpose-built Dóchas Centre adjacent to Mountjoy Prison in Dublin, and the remainder are located in a separate part of Limerick Prison. In 2017, the overall daily average number of prisoners in custody was 3,680, as compared with 3,718 in 2016. The average number of female offenders in custody was 144, a 2.9% increase on the 2016 average of 140. In 2017 there were 9,287 committals, as against 15,099 in 2016.

Political responsibility for the prison system in Ireland is vested in the Minister for Justice and Equality. The Irish Prison Service (IPS) operates as an executive agency within the Department of Justice and Equality. It is headed by a Director General, supported by five directors. The provision of prison healthcare is based on a set of policy documents drawn up by various stakeholders.

As in previous years, the main problem drugs reported by all treatment entrants in Irish prisons were opiates and cocaine. Although a comprehensive examination of drugs used in Irish prisons is currently unavailable, there appears to be a decrease in the use of traditional drugs such as, heroin, other opiates, etc., and an increasing use of newer drugs of abuse, including novel psychoactive substances.

Substance misuse and mental health have been highlighted as key areas of need among Irish prisoners. A recent meta-analysis study found that 51% of Irish prisoners had a substance use disorder at committal, with 3.6% and 4.3% having major psychotic or affective disorders. The availability of illegal drugs in Irish prisons continues to pose problems; the proportion of prisoners experiencing screened visits behind glass was increased during 2016 with the aim of eliminating the movement of drugs into prisons. However, the issue of drugs coming in from outside prison boundaries continues to be a significant cause for concern.

The IPS offers multidimensional drug rehabilitation programmes for prisoners. In addition to addiction counselling, substitution treatment and detoxification are the main treatment modalities offered within the prison estate. Methadone substitution treatment is available in 11 of the 12 prisons (accommodating over 80% of the prison population). The Medical Unit in Mountjoy Prison has 18 beds specifically allocated to an eight-week drug-free programme. The aim of the programme is to assist participants in achieving drug-free status. Six community-based organisations (CBOs) are funded to provide services in the prison system.

A recent report from the Irish Prison Reform Trust (IPRT) welcomed commitments made under the national drugs strategy that drug addiction should be viewed as a health issue and not a criminal justice issue. The report noted that further progress is required in diverting offenders with substance misuse away from prison to relevant treatment services. The IPRT report outlined a number of short-term actions that are required. These were:

- The IPS should publish information on waiting lists that is of relevance to accessing treatment in prison and post-release.
- IPS healthcare should reduce reliance on methadone maintenance in Irish prisons and look to alternative treatment options.
- The Department of Health should increase provision of drug treatment residential places in the community, including facilities that accept former prisoners, irrespective of their category of offending behaviour.

- The Department of Health must commit to implementing recommendations made in the national drugs strategy.
- Further evaluation of the Drug Treatment Court should be conducted to assess how it might work more effectively.

T1. National profile

T1.1 Organization

T1.1.1 Overview of prison services

Political responsibility for the prison system in Ireland is vested in the Minister for Justice and Equality. The Irish Prison Service (IPS) operates as an executive agency within the Department of Justice and Equality. It is headed by a Director General, supported by five Directors. The annual budget for the IPS for 2017 was €327.37 million. At end 2017 there were 3,186 staff in the IPS, including civilian grades and headquarters staff.

The IPS deals with male and female offenders who are 18 years of age or over. In 2017, the overall daily average number of prisoners in custody was 3,680, as compared with 3,718 in 2016. The average number of female offenders in custody was 144, a 2.9% increase on the 2016 average of 140. In 2017, there were 9,287 committals, as against 15,099 in 2016. The decrease in committals is mainly due to The Fines (Payment and Recovery Act) 2014 which came into operation in January 2016. This has seen committals for the non-payment of court-ordered fines decrease by 73.2%; 2,261 in 2017 as compared with the 2016 figure of 8,439. This in turn has led to a drop in sentenced committals, from 12,163 in 2016 down to 6,037 in 2017, a total decrease figure of 6,126 (50.4%).

There are 12 institutions in the Irish prison system, comprising 10 traditional 'closed' institutions and two open centres, which operate with minimal internal and perimeter security. The Training Unit, which was a 'semi-open' facility with traditional perimeter security but minimal internal security, was closed on a temporary basis on 12 May 2017. On 7 April 2017, St Patrick's Institution was subsumed into Mountjoy Prison. The majority of female prisoners are accommodated in the purpose-built Dóchas Centre adjacent to Mountjoy Prison in Dublin and the remainder are located in a separate part of Limerick Prison. A breakdown of the Irish prison population in 2017 and IPS locations is shown in Table T1.1.1.1 and Figure T1.1.1.1 (Irish Prison Service 2018).

Table T1.1.1.1 Irish prison population, 2017

Prison name	Description	Operational capacity	Population (average 2017)
Mountjoy Prison	Closed, medium-security prison for males aged 18 years and over. It is the main committal prison for Dublin city.	755	563
Dóchas Centre	Closed, medium-security prison for females aged 18 years and over. It is the committal prison for females committed on remand or sentenced from all courts outside the Munster area.	105	116
Wheatfield Detention	Closed, medium-security place of detention for adult males.	550	438
Cloverhill Prison	Closed, medium-security prison for adult males, which primarily caters for remand prisoners committed from the Leinster area.	431	356
Arbour Hill Prison	Closed, medium-security prison for males aged 18 years and over.	142	133
Castlerea Prison	Closed, medium-security prison for males aged 18 years and over. It is the	340	292

Prison name	Description	Operational capacity	Population (average 2017)
	committal prison for remand and sentenced prisoners in the west of Ireland.		
Cork Prison	Closed, medium-security prison for males aged 18 years and over. It is the committal prison for the south west of Ireland.	296	272
Limerick Prison	Closed, medium-security prison for males and females aged 18 years and over. It is the committal prison for the mid-west of Ireland.	238	239
Loughan House	Open, low-security prison for males aged 18 years and over.	140	109
Shelton Abbey	Open, low-security prison for males aged 19 years and over.	115	98
Portlaoise Prison	A closed, high-security prison for males aged 18 years and over. It is the committal prison for those sentenced by the Special Criminal Court.	291	221
Midlands Prison	Closed, medium-security prison for males aged 18 years and over. It is the committal prison for the Irish midlands.	870	818
Total		**4273**	**3655**

Source: IPS website 2018

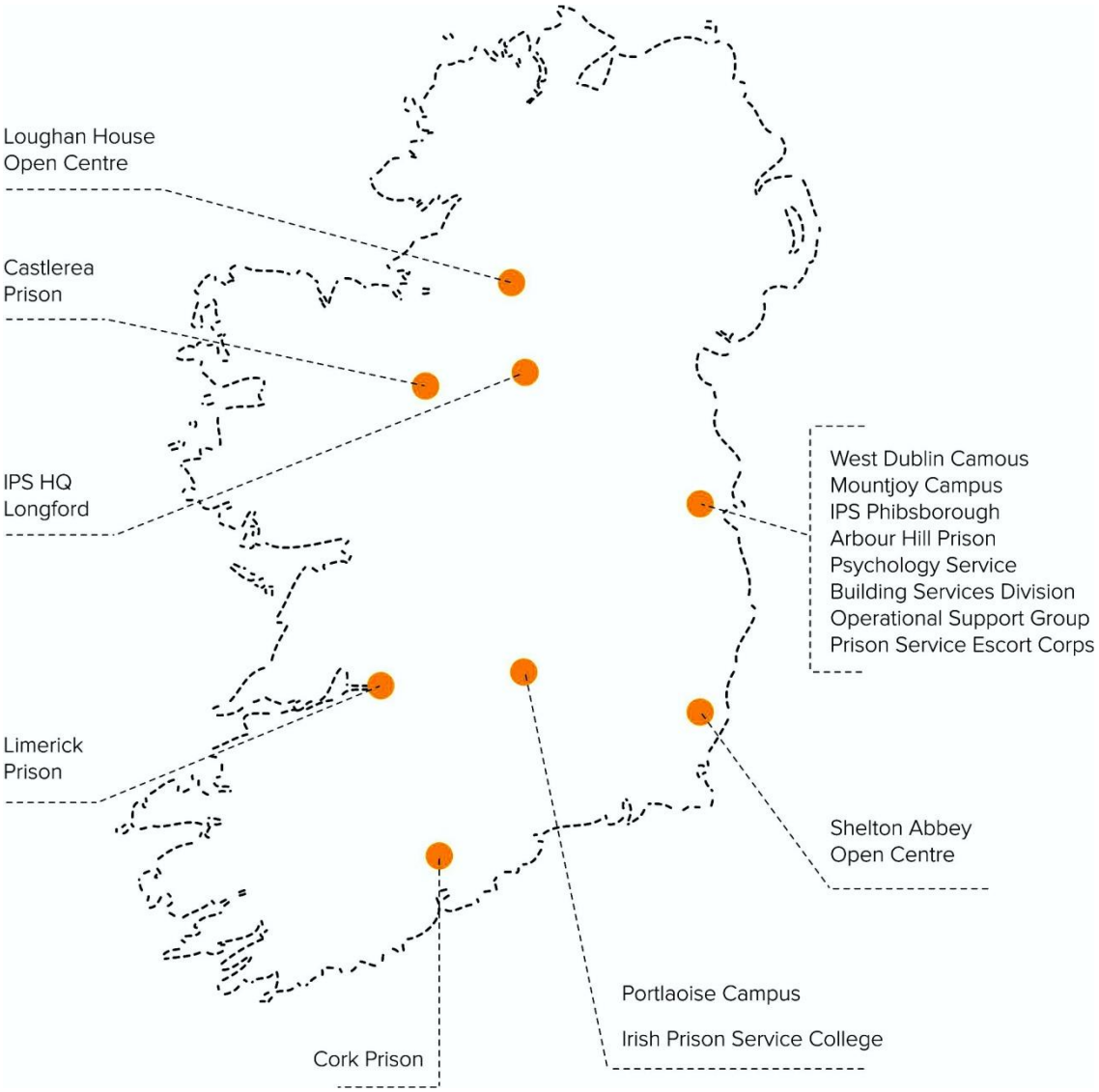

Figure T1.1.1.1 IPS locations in Ireland
Source: IPS, 2018

T1.2 Drug use and related problems among prisoners

T1.2.1 Drug use prior to imprisonment and inside prison

Drug use prior to imprisonment

A full breakdown of the offences, taken from the most recent snapshot of the prison population conducted on 30 April 2016, is set out in Table T1.2.1.1. The figures include the length of the sentence in each case (Clarke and Eustace 2016).

Table T1.2.1.1 Number of people serving sentences for drug-related offences, by length of sentence, 2016

Drug-related offence	<3 mths	3 to <6 mths	6 to <12 mths	1 to <2 yrs	2 to <3 yrs	3 to <5 yrs	5 to <10 yrs	10+ yrs	Total
Cultivation of cannabis plants and opium poppy	0	0	1	1	3	7	3	0	15
Possession for sale or supply of drugs valued at €13,000 or more	0	0	0	2	5	20	38	26	91
Possession of drugs for the purpose of sale or supply	0	6	15	26	26	44	66	32	215
Unlawful possession of drug(s)	2	3	0	4	11	15	13	6	54
Unlawful supply/offer to supply a controlled drug	0	0	0	0	0	1	0	0	1
Unlawful importing or exporting of controlled drugs	0	0	0	2	0	2	1	0	5
Total	**2**	**9**	**16**	**35**	**45**	**89**	**121**	**64**	**381**

Source: Clarke and Eustace, 2016

In 2017, there were 371 committals to Irish prisons for Controlled Drug Offences (Irish Prison Service 2018).

Drug use during imprisonment

2014 report

In 2010, the National Advisory Committee on Drugs and Alcohol (NACDA) commissioned a study to:

- Describe the nature, extent and pattern of consumption of different drugs among the prisoner population
- Describe methods of drug use, including intravenous drug use, among the prisoner population
- Estimate the prevalence of blood-borne viruses among the prisoner population and identify associated risk behaviours
- Measure the uptake of individual drug treatment and harm reduction interventions (including hepatitis B vaccination) in prison.

The NACDA published this study in 2014 (Drummond*, et al.* 2014) and a summary was included in the 2014 National Report (Section 4.3.2).

Drug testing in prisons

A Mandatory Drug Testing programme took place in prison between 2010 and 2013. The reason it ceased was that it was limited in respect of the type of drugs that could be detected; hence it did not provide value for money or meet IPS operational objectives/standards. A new programme is currently being rolled out and aims to make the prison setting safer for staff and prisoners (Department of Health, 2018, personal communication).

However, some drug testing does occur in order to identify those in need of drug treatment. Testing is used to assess addiction levels and/or a need for treatment, to monitor therapeutic measures, and to ensure compliance with prescribed treatment. Screening best practice is outlined in the IPS *Clinical drug Treatment and Policies Manual 2012.* Toxicology screening is undertaken for healthcare purposes as clinically indicated, and the frequency of screening will depend on the purpose for which healthcare staff are undertaking the screen.

Prisoners are not tested on committal. A prisoner cannot be forced to give a sample for testing, but refusal by a prisoner to provide a sample under Prison Rule 26(5)(a) is regarded as a breach of prison discipline under Prison Rule 26(5)(b) and disciplinary action may result.
Currently, operational drug testing is also carried out for a variety of other reasons including, inter alia:

- Discovery of drugs in multi-occupancy cells
- Discovery of drugs or other drug paraphernalia in an area to which the prisoner has access
- Intelligence received on a prisoner
- Recent evidence of otherwise violent or unpredictable behaviour
- Recent P19 disciplinary report for drug-taking or related behaviour
- Open centre applicants
- Prisoners considered for Community Return Schemes
- Applications for drug treatment centres/programmes
- Prisoners moving to drug-free landings

The consequences of a positive result can include:

- Reduction in the prisoner's regime status
- Removal from an enhanced/drug-free landing
- Return from an open centre to a closed prison

Most recent data
Data obtained by Belfast-based investigative outlet The Detail (Fagan 2017), showed that 8,524 drug seizures were made in Irish prisons between 2010 and July 2017. In 2017, 1,018 drug seizures were recorded, representing a 42% increase on the 715 recorded in 2016. In 2017, more than one-third of all drug seizures occurred at Mountjoy Prison. The next-highest figure was at Wheatfield Prison, where 183 seizures were recorded. There were 13 seizures at the Dóchas Centre, which accommodates female inmates (McDonagh 2018).

However, a comprehensive examination of the drugs currently used in prisons in the Republic of Ireland is unavailable, as the IPS is failing to keep records on the type of drugs seized, despite a policy commitment in 2006 to do so. Fianna Fáil Spokesperson for National Drugs Strategy and Justice Committee member, Mr Jack Chambers TD raised concern that the IPS currently does not have any laboratory capacity to test drugs that are found. It is therefore unable to report on changing patterns or trends in prison drug use in Ireland (Fagan 2017).

An IPS internal briefing document from February 2017 did contain some information about changing patterns of drug use in Irish prisons (Fagan 2017). The document stated: "There appears to be a decrease in the use of traditional drugs, such as heroin, other opiates etc., and an increasing use of newer drugs of abuse, including novel psychoactive substances". (See Section T1.2.2.)

Meta-analysis of the prevalence of major mental illness, substance misuse and homelessness among Irish prisoners

Mental disorders, substance misuse and homelessness have been highlighted as key areas of need among Irish prisoners. However, although the prevalence of these vulnerabilities has been studied by health services and governmental or non-governmental organisations, these factors have not been systematically reviewed.

Recent Irish research aimed to systematically review studies from Irish prisons that estimate the prevalence of major mental illness, alcohol/substance misuse and homelessness at the time of committal (Gulati*, et al.* 2018). In this study, which was published in the *Irish Journal of Psychological Medicine*, healthcare databases were searched for studies quantifying the point prevalence for each outcome of interest. Searches were augmented by scanning bibliographies as well as governmental and non-governmental websites. Proportional meta-analyses were completed for each outcome. The major findings with regard to these outcomes are discussed below.

Psychotic and major affective disorders

Eight studies involving a combined sample size of 28,012 prisoners reported data on psychotic disorders. Using a random effects model, the pooled percentage of Irish prisoners suffering from a psychotic disorder was 3.6% (95% CI: 3.0–4.2%). The prevalence in male samples was estimated at 3.8%. Only two studies evaluated prevalence in purely female samples, and estimates for females were 3.9%. Estimates of prevalence in purely remand samples could be extracted from four studies and were 3.9% (Figure T1.2.1.1).

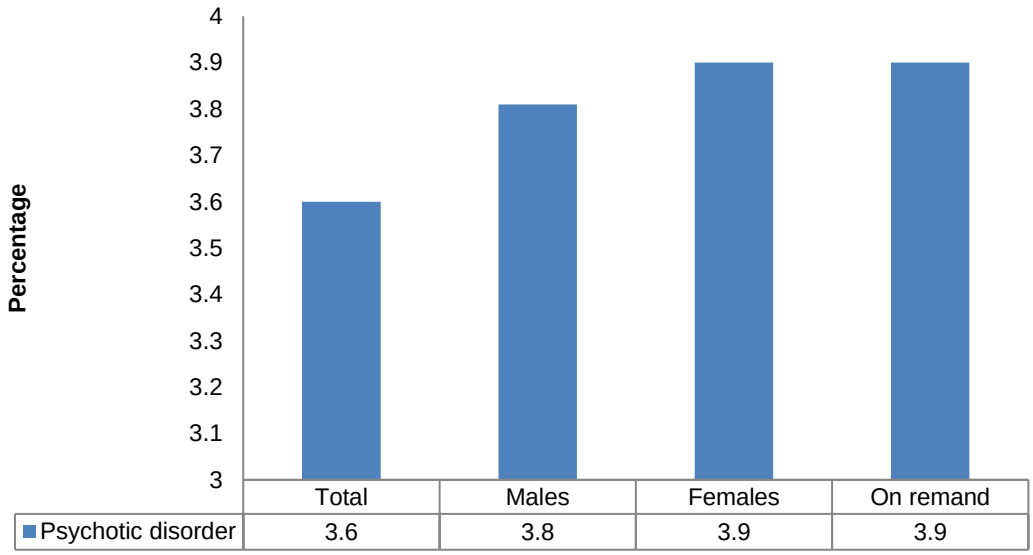

Figure T1.2.1.1 Percentage of Irish prisoners with a psychotic disorder at time of committal
Source: Gulati G, Keating N, O'Neill A, Delaunois I, Meagher D, *et al*., 2018

Seven studies involving a combined sample size of 7,928 prisoners reported on affective disorders. The pooled percentage of prisoners suffering from an affective disorder was 4.3% (95% CI: 2.1–7.1%). Prevalence estimates from male samples were 2.3% and from female samples were 9.1%. Estimates of the prevalence of affective disorders in purely remand samples could only be extracted from two studies and were 2.1% (see Figure T1.2.1.2).

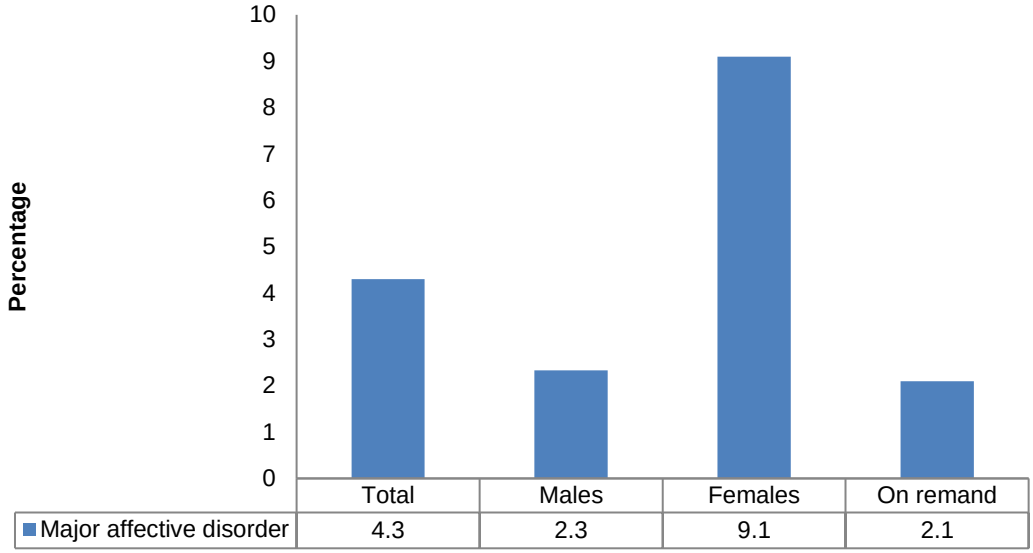

Figure T1.2.1.2 Percentage of Irish prisoners with a major affective disorder at time of committal
Source: Gulati G, Keating N, O'Neill A, Delaunois I, Meagher D, *et al*., 2018

Alcohol and substance use disorders

Six studies involving a combined sample size of 1,659 prisoners reported on alcohol or substance use disorders. The pooled percentage of prisoners suffering from an alcohol disorder across the six studies was 28.3% (95% CI: 19.9–37.4%) (see Figure T1.2.1.3). The pooled percentage of prisoners reporting a substance use disorder was 50.9% (95% CI: 37.6–64.2%) (see Figure T1.2.1.4).

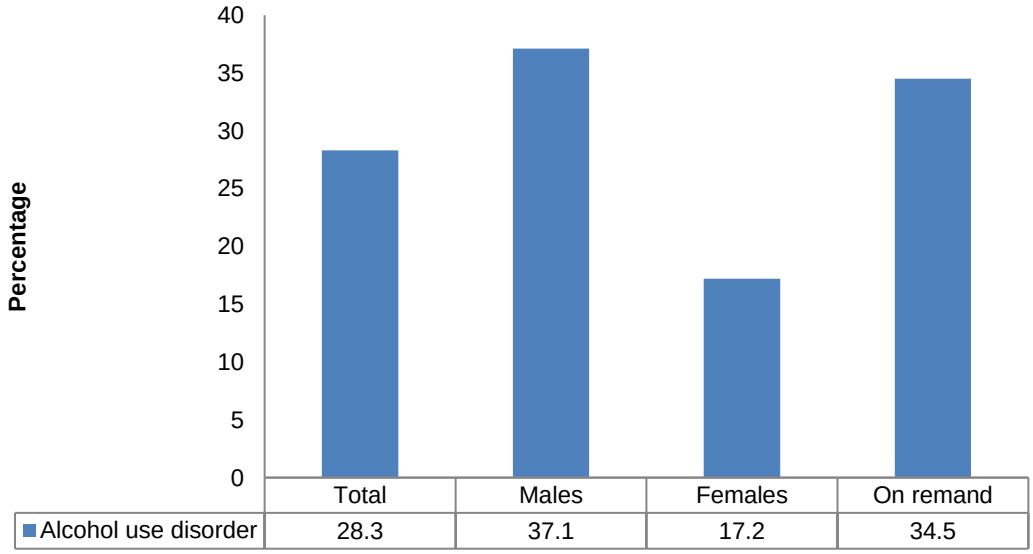

Figure T1.2.1.3 Percentage of Irish prisoners with an alcohol use disorder at time of committal
Source: Gulati G, Keating N, O'Neill A, Delaunois I, Meagher D, *et al*., 2018

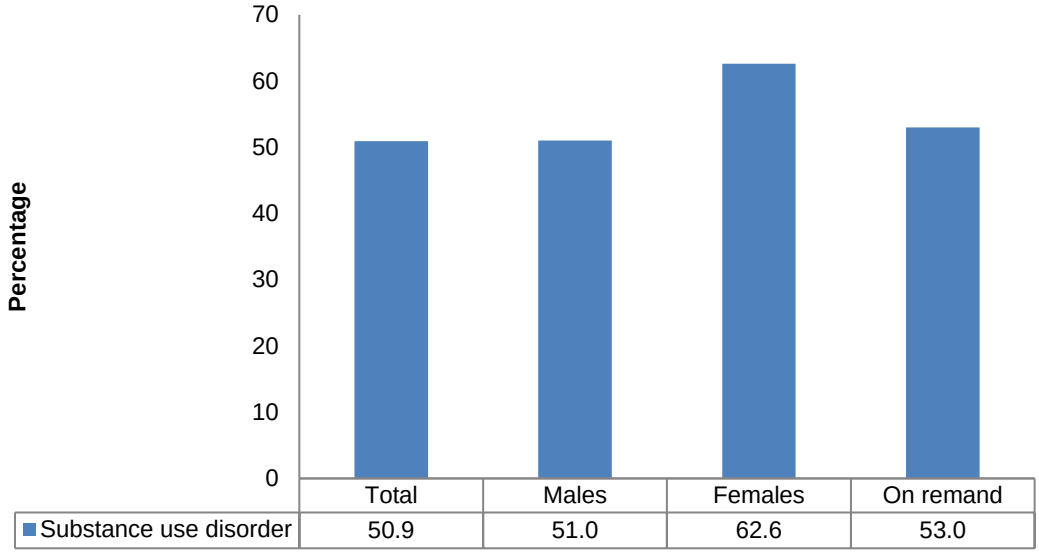

Figure T1.2.1.4 Percentage of Irish prisoners with a substance use disorder at time of committal
Source: Gulati G, Keating N, O'Neill A, Delaunois I, Meagher D, *et al*., 2018

The prevalence estimates for male only samples were 37.1% and 51.0%, for alcohol and substance use disorders respectively. Two studies evaluated prevalence in purely female samples, and estimates for females were 17.2% for alcohol use disorder and 62.6% for substance use disorder. Prevalence estimates for purely remand samples could be extracted from only one study and were 34.5% and 53.0%, for alcohol and substance use disorders respectively.

Homeless on committal

Five studies involving a combined sample size of 1,523 prisoners reported on the incidence of homelessness at time of committal. The pooled percentage of homelessness from a random effects model was 17.4% (95% CI: 8.7–28.4%). The prevalence estimate in purely male samples was 8.2%. Only one study evaluated prevalence in a purely female sample and the estimate for females was 18.8%. Prevalence estimates from remand samples could be extracted from two studies and gave a figure of 23.2% (see Figure T1.2.1.5).

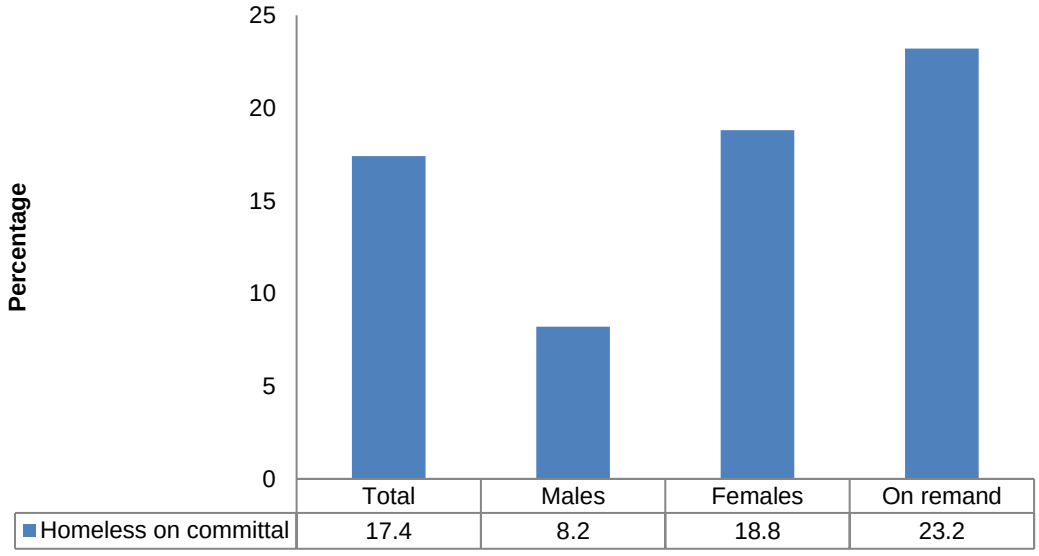

Figure T1.2.1.5 Percentage of Irish prisoners who were homeless at time of committal
Source: Gulati G, Keating N, O'Neill A, Delaunois I, Meagher D, *et al*., 2018

Conclusions
The authors concluded that the study showed prevalence estimates of psychotic illness and substance abuse among Irish prisoners that are in keeping with international estimates of morbidity in prisons, while the estimates for affective disorders were lower. The prevalence of homelessness on committal to Irish prisons was found to be higher than some international estimates. As rates of psychoses, alcohol/substance misuse and homelessness among Irish prisoners are significantly higher than in the general population, the study highlights the need for improved screening for affective disorders, the development of diversion services and the consideration of integrated treatment plans to address psychiatric and psychosocial need. In particular, the authors suggest that homeless individuals with mental illness are unlikely to seek help or treatment. In addition, subjects who have an active substance use disorder are often excluded from temporary accommodation, which may result in further social decline and increased risk of imprisonment.

T1.2.2 Drug related problems, risk behaviour and health consequences

A visiting committee is appointed to each prison under the Prisons (Visiting Committees) Act 1925 and the Prisons (Visiting Committees) Order 1925. Members of the 12 visiting committees are appointed by the Minister for Justice and Equality for a term not exceeding three years. The function of a prison visiting committee is to visit, at frequent intervals, the prison to which it is appointed, and to hear any complaints which may be made to it by prisoners. The committee reports to the Minister regarding any abuses observed or found, and any repairs which committee members believe are urgently needed. Visiting committee members have free access, either collectively or individually, to every part of the prison to which their committee is appointed. Information gleaned from prison visiting committee reports on the issue of drug use in prisons for 2016 is summarised below (Prison visiting committees 2018).

As in previous years, the availability of illegal drugs in Mountjoy Prison continued to pose problems for prisoners, prison officers and prison staff who provide therapeutic and educational services – as well as being a potential source of intimidation risk to prisoners' families. The Visiting Committee noted that the proportion of prisoners experiencing screened visits behind glass was increased during 2016; the aim being to eliminate the movement of drugs into the prison. The committee members were informed that the volume of contraband drugs coming into the prison had been reduced. However, while strong efforts have been made to restrict the supply of illegal drugs, the committee recommended that emphasis on treatment and recovery may need more investment.

The Mountjoy report noted that significant concern is persistently raised by prisoners, prison and health service staff and the in-reach forensic team about the lack of access to secure specialised treatment and mental health services for prisoners in need of inpatient treatment. Many prisoners reported a past history of homelessness and significant concern about the lack of drug-free and suitable accommodation on release, particularly those prisoners who have successfully completed a drug treatment programme. The Visiting Committee welcomed the recent development of a programme for hepatitis C (HCV) virus screening in Mountjoy.
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The Dóchas Centre Visiting Committee noted that the presence of drugs has continued to be a significant problem and that it is a matter of deep concern, as it fuels aggressive and bullying behaviour. The Committee was concerned that this problem seems to be getting worse and that it threatens the well-being of prisoners, disrupts the prison and its operation, engenders fear in many women and poses serious risks for all.

The Wheatfield Place of Detention report observed that authorities implement a strict policy on drugs in accordance with the IPS drug strategy. Visitors to Wheatfield are subjected to scanners,

searches and sniffer dogs, and their bags are subjected to X-Ray. Prison visits are monitored by CCTV for review at a later stage. The institution's yards are covered with netting to prohibit articles being thrown across the perimeter walls. Wheatfield's authorities take the detection of drugs seriously; prisoners can be subjected to urine tests for the purpose of changing a regime. Drug-free landings are on offer to prisoners who wish to avail of them. Nevertheless, drugs still end up on these landings. The visiting committee felt that drug-free landings are important and that under no circumstances should prisoners who have not been cleared for these landings end up there.

Prisoners can avail of drug rehabilitation programmes within Wheatfield Prison and the authorities encourage prisoners to use these services. The visiting committee believed that the authorities should continue their hard work on the eradication of drugs from Wheatfield Prison, as drugs in the prison have a destructive effect on the lives of inmates. A new confidential phone line to report drugs in the prison has been set up and was welcomed as an important addition in the battle against drugs.

The Cloverhill Prison Visiting Committee expressed disappointment that passive drug detection dogs are no longer used during the week in conjunction with search procedures. Although Cloverhill Prison does operate screen visits – which help eliminate the passing of drugs – the issue of drugs coming in over the wall boundaries from outside the prison has continued to be a significant cause for concern. A site outside the prison has been identified as an area that people are using to throw contraband over the walls. However, due to resource issues outside the control of the prison, it cannot be patrolled at all times. Cameras are due to be installed in the spring of 2017.

The Arbour Hill Prison report noted that there were there had been no incidents of drug use in Arbour Hill during 2016. Random drug testing is part of the day-to-day routine at Arbour Hill, and prisoners are acutely aware that if they wish to avail of the many excellent services that Arbour Hill has to offer, they are expected to be 100% drug-free.

The Shelton Abbey report noted that a full-time addiction counsellor, who is respected by offenders and noted as a trusted listener, had been appointed. A number of addiction-related programmes were conducted during the year. The Midlands Prison report also noted the addition of a 1.8 whole time equivalent (WTE) drugs counsellor.

Parliamentary Questions

Information relating to drug use in Irish prisons and responses may sometimes be obtained through answers to Parliamentary Questions (PQs) in Ireland's national assembly, Dáil Éireann.

At a Joint Committee on Future of Mental Health Care debate held on 23 May 2018 (Dail Eireann Joint Committee on Future of Mental Health Care 2018, 23 May), Deputy James Browne indicated the existence of evidence of increasing patient violence against prison staff in Ireland. According to prison staff, the root cause is that the type of drugs being misused and abused by prisoners has changed. For example, 20 years ago they might have been abusing hashish, marijuana, heroin and misusing benzodiazepines, but they are now misusing polydrugs, which means they have moved from drugs which had a docile effect to drugs that have an energetic effect.

In response, the IPS National Operational Nurse Manager, Mr Enda Kelly, noted that the IPS had spent a considerable amount of time with international colleagues looking at the issue of drugs in prison. Mr Kelly agreed that there had been a substantial shift away from previous drugs of choice, namely hashish, marijuana, and heroin. Nowadays, users did not know what they were taking. They

might be told that they were being given ecstasy, a benzodiazepine or a 'roche', but this might not be the case. Mr Kelly noted that when prisoners took these drugs, the onset of acute psychosis was often so rapid that it caused a massive management problem for the person in the prison environment and the clinical environment outside of the prison. He said that the IPS were finding that once psychosis passed, amnesia could occur. Prisoners were often missing up to a week of their lives where they could not remember what had happened.

Mr Kelly said that responding to the drugs prisoners were taking was a huge challenge. The IPS works closely with the State Laboratory to analyse and attempt to identify the types of drug being consumed in such instances. He noted that the State Laboratory, and all laboratories across Europe, were having trouble keeping up with the chemical formulations that are being created and distributed. The IPS is very much working in the dark, underlining the need for a dual diagnosis service. Mr Kelly noted that there were many people with mental health problems, not only in prisons, but across the entire country. It was not a case of silos of mental health on one side and of drug addiction on the other; they were linked inextricably. The IPS has committed in the national drugs strategy to working with the Health Service Executive (HSE) to take a lead on developing dual diagnosis, given its status as a service that can initiate help and treatment as soon as a person presents a need.

Irish Penal Reform Trust (IPRT)

As discussed in the 2016 Prison workbook, a report from the IPRT entitled *Improving prison conditions by strengthening the monitoring of HIV, HCV, TB and harm reduction: mapping report – Ireland* was published in 2016 (MacNamara*, et al.* 2016). The report forms part of the EU co-funded project, Improving Prison Conditions by Strengthening Infectious Disease Monitoring*,* which was implemented under the lead of Harm Reduction International. The project aims to reduce the ill-treatment of persons in detention and improve prison conditions through better, more standardised monitoring and inspection mechanisms on HIV, HCV and tuberculosis. This broader research contributed to the development of a user-friendly tool to help generate better-informed, more consistent and sustained monitoring of these diseases in prisons by national, regional and international human rights-based prison monitoring mechanisms, with harm reduction as an objective.

The Irish report presented the findings of a national mapping exercise carried out to investigate available standards relating to human rights, infectious diseases and prison monitoring. It described the evolution in Ireland of the healthcare and prison systems; of illicit drug use and the related legislative and policy context; and of human rights, particularly in the context of judicial care. It then explored the situation in relation to infectious diseases among prisoners. Information was collected through a literature review, analysis of public documents, Freedom of Information requests, and consultation with experts in the prison service.

Among the key findings was the fact that the IPS's provision for HIV and HCV prevention measures did not meet the standard of best practice models found elsewhere in Europe and North America. Furthermore, the IPS did not fulfil its stated objective of providing primary healthcare (prevention, treatment and health rehabilitation) to offenders of at least an equivalent standard to that available to the general population. The authors argued that the IPS's response to the HIV and HCV crisis fell far short of this objective.

On the issue of surveillance, they noted that while the Health Protection Surveillance Centre (HPSC) collected and collated data on notifiable diseases nationally, it was not possible for the authors to distinguish between those identified in the prison setting and in the general population.

They maintained that while some progress had been made in the adoption of monitoring mechanisms for infectious diseases in Irish prisons, it was less than sufficient in meeting the standards of human rights-based prison monitoring.

T1.2.3 Drug-supply in prisons

The NACDA published a study in 2014 which examined the nature, extent and pattern of consumption of different drugs among the prisoner population in the Republic of Ireland (Drummond*, et al.* 2014). A summary was included in the 2014 National Report (see Section 4.3.2).

T1.3 Drug-related health responses in prisons

T1.3.1 Drug-related prison health policy

Four policy documents are shaping the provision of drug-related healthcare in the Irish prison system.

1. IPS three-year strategic plan 2016–2018

The three-year strategic plan committed the IPS to providing prisoners with access to the same quality and range of healthcare services as that available to members of the community entitled to General Medical Scheme (GMS) health services (Irish Prison Service 2016). The IPS has endorsed a Department of Justice and Equality recommendation that prison healthcare services be brought under the responsibility of the Department of Health and operated by the HSE.

The IPS wishes to maximise the unique opportunity that prison provides to support individuals in addressing their addiction, through the availability of a comprehensive range of treatment options across the prison estate. Specific actions to be taken include the following:

- Progress the recommendations of the Review of Drug and Alcohol Treatment Services for Adult Offenders in Prison and in the Community
- Progress the development of a Therapeutic Community within the Mountjoy Campus
- Re-engineer the treatment and intervention options available and widen focus beyond opiate abuse. In conjunction with addiction service providers, the IPS will develop a broader harm reduction strategy to include education, health/well-being and pre-release planning
- Recruit assistant psychologists who, under the supervision of qualified psychologists, will increase the number of those in prison accessing therapies for mental health difficulties. The plan promises to implement a prison-wide system of random drug testing which can support positive prisoner choices and assist in making prisons a safer environment, and to develop appropriate interventions for offenders presenting with comorbidities.
- Implement a prison-wide system of random drug testing which can support positive prisoner choices and assist in making prisons a safer environment.
- Develop appropriate interventions for offenders presenting with comorbidities (e.g. alcohol, and/or drug abuse combined with mental health issues).
- Invest in new technologies in order to increase the level of safe and secure custody in the prison estate by combating the smuggling of contraband into prisons.
- Explore new screening and detection equipment in order to improve the prevention and detection of contraband.
- Review the Drug Treatment Programme, with a view to better coordination, a universal curriculum, and the gathering of evidence on outcomes.
- Develop a shared care approach with the HSE to ensure seamless transition between custody and community for prisoners. The IPS will review Care Planning, and the IPS and

the HSE will together develop a shared approach to care administered within the community and the custodial service.

2. Keeping drugs out of prisons

In May 2006, the Minister for Justice and Equality launched *Keeping drugs out of prisons: drug policy and strategy* (Irish Prison Service 2006). This document set out the steps required to tackle the supply of drugs into prisons, to provide adequate treatment services to those addicted to drugs, and to ensure that developments in the prisons were linked to those in the community. Details from this policy document were included in the 2015 workbook.

3. *Reducing Harm, Supporting Recovery – a health-led response to drug and alcohol use in Ireland 2017-2025*

On 17 July 2017, the Irish Taoiseach Leo Varadkar joined the Minister for Health Simon Harris and Minister of State at the Department of Health Catherine Byrne to launch *Reducing Harm, Supporting Recovery – a health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017). *Reducing Harm, Supporting Recovery* sets out the direction of government policy on drug and alcohol use until 2025. The new strategy aims to provide an integrated public health approach to drug and alcohol use, focused on promoting healthier lifestyles within society.
The strategy contains an ambitious 50-point Action Plan covering the period 2017 to 2020, and provides the scope to develop further actions between 2021 and 2025 to ensure the continued relevance of the strategy to emerging needs into the future. The vision of the strategy is to create a healthier and safer Ireland. Key actions of *Reducing Harm, Supporting Recovery* specific to the Irish prison population include the following:

- Providing training to enable the delivery of screening, brief intervention and onward referral in line with national screening and brief intervention protocols for problem substance use among prisoners
- Further developing a range of service-specific problem substance use interventions for prisoners in line with best international practice
- Determining the prevalence of NPS use in prison settings, with a view to developing specific training for staff and appropriate interventions
- Establishing a working group to explore ways of improving progression options for people exiting prison, with a view to developing a new programme of supported care and employment.

4. IPS and Probation Service Strategic Plan, 2018–2020

The *IPS & Probation Service Strategic Plan 2018–2020* sets out the multi-agency approach for offender management and rehabilitation, from pre- to post-imprisonment, that the IPS and the Probation Service will pursue in order to reduce re-offending and improve prisoner outcomes (Irish Prison Service and Probation Service 2018). Specific objectives include the following:

- Changing the way offenders think, highlighting the effect of their behaviour on themselves and others and teaching them positive strategies to avoid the situations that lead to offending. Alcohol and drug addiction counselling services and programmes are essential, given the prevalence of substance misuse in the lives of those who offend.
- Providing mental health assessment and support to those in prison experiencing mental health problems. Effective resettlement work can match prisoners directly to available jobs in

the community. Working with the third sector in the provision of advocates, advice, support and encouragement.

- Liaising with statutory services, such as Local Authorities and the Department of Social Protection, with a view to ensuring that a sentence can be utilised to improve contact with public services. As successful resettlement demands an integrated approach to rehabilitative programmes and support, the Strategy has actions that cover the entire sentence, pre- and post-custody. It seeks to address many of the factors either associated with a prisoner's offending or which are likely to increase the chances of their re-offending.

T1.3.2 Structure of drug-related prison health responses

Primary care is the model of care through which healthcare is provided in the prison system. A number of contracted private services assist the IPS and the HSE in the provision of drug treatment services. The service is delivered by a mix of part-time and full-time doctors and nursing staff. Nurses first began working in the IPS in 1999 (Nursing and Midwifery Planning and Development Unit & Irish Prison Service 2009).

The Probation Service and the IPS are responsible for managing offenders in the community and in prison respectively. Both the Probation Service and the IPS are represented on the National Drugs Rehabilitation Implementation Committee (NDRIC), which was established to oversee and monitor implementation of recommendations from the *Report of the Working Group on Drugs Rehabilitation* (2007) (Working Group on drugs rehabilitation 2007).

Drug rehabilitation programmes within the prison system are delivered in partnership with CBOs at a cost of €1.14 million per annum (see Section T1.3.3). The Probation Service engages with offenders who have addiction problems to ensure that they have access to required supports. Addiction services are delivered in partnership with 18 CBOs at a cost of €1.59 million per annum.

Annual funding of approximately €0.22 million is provided by the Department of Health through its drug initiative fund to a number of Regional Drug and Alcohol Task Forces (RDATFs) to employ community prison links workers. All of the organisations funded by the Probation Service and the IPS have service level agreements (SLAs). SLAs between the Probation Service and CBOs operate for a year. The SLA between the IPS and Merchants Quay Ireland (MQI) operates for three years.

Table T1.3.2.1. Irish Prison Service expenditure on health and addiction services, 2011, 2012 and 2014

	2011	2012	2014
Total health spend	**c.€9,600,00**	**c. €9,200,00**	**c.€8,800,00**
Of which:			
Drug treatment pharmacy services	€743,678	€781,709	€512,325
Addiction counselling services	€1,178,520	€1,225,039	€1,142,384
Methadone	€67,012	€78,076	€80,169
Total addiction spend	€1,989,210	€2,084,824	€1,734,878
Addiction spend as a percentage of total health	**17%**	**18%**	**16%**

Source: Clarke and Eustace, 2016

T1.3.3 Types of drug-related health responses available in prisons

Drug-related health responses: Overview

The IPS offers multidimensional drug rehabilitation programmes for prisoners. Prisoners have access to a range of medical and rehabilitative services, such as psychosocial services and work and training options, which assist in addressing their substance misuse. Any person entering prison giving a history of opiate use, and testing positive for opioids, is offered a medically assisted symptomatic detoxification, if clinically indicated. Patients can discuss other treatment options with healthcare staff. A consultant-led in-reach addiction service is provided in West Dublin Complex (Cloverhill and Wheatfield). In addition, an addiction specialist GP service is provided in a number of other prisons.

As well as addiction counselling, substitution treatment and detox are the main treatment modalities offered within the prison estate. This may include stabilisation on methadone maintenance for persons who wish to continue on maintenance while in prison, and when they return to the community on release. Prisoners who, on committal to prison, are engaged in a methadone substitution programme in the community will, in the main, have their methadone substitution treatment continued while in prison. Methadone substitution treatment is available in 11 of the 14 prisons (accommodating over 80% of the prison population). The Medical Unit in Mountjoy Prison has 18 beds specifically allocated for a DTP. This programme is eight weeks in duration and is provided by prison staff and the community/voluntary sector. The aim of the programme is to assist participants in achieving a drug-free status.

Six CBOs are funded to provide services in the prison system: MQI (funded under two separate contracts from the IPS and the Probation Service); Ana Liffey Drug Project (ALDP); Coolmine Treatment Centre (CTC); Ballymun Youth Action Project (BYAP); Fusion Community Prison Link (Fusion CPL), and the Matt Talbot Community Trust (MTCT) (all funded by the Probation Service to carry out work both in prison and the community). The Harmony Project is funded by the IPS to provide a module of the DTP in Mountjoy Prison (Clarke and Eustace 2016).

The Probation Service currently commissions 18 CBOs: Aftercare Recovery, Aiséirí in two locations and Ceim Eile (part of the Aiséirí group), BYAP, Clarecare Bushypark, CTC (which has three services: one for women, one for men and a day service), Crinan Youth Project, Cuan Mhuire in four locations, Fellowship House and Tabor Lodge (both part of the same group), Fusion CPL, MQI (St. Francis Farm, High Park and Aftercare programme) and the MTCT. A range of services is provided, including residential treatment programmes for drug and alcohol addictions, harm reduction counselling and support, recovery and aftercare programmes, community education, therapeutic advice and family support.

Drug-related health responses: community-based organisations (CBOs)

Merchants Quay Ireland (MQI) annual report, 2016

Addiction counselling services have been provided to the IPS by MQI since 2007 (Merchants Quay Ireland 2017). In 2016, MQI, a voluntary organisation providing services to vulnerable persons, including drug users, operated in 13 prisons throughout Ireland.

MQI: overview of services provided

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

- Brief interventions
- Motivational interviewing and motivational enhancement therapy
- A 12-step facilitation programme
- Relapse prevention and overdose reduction
- Cognitive behavioural therapy
- Harm reduction approaches

- Individual care planning and release planning

During 2016, a total of 2,624 prisoners accessed the MQI/IPS Addiction Counselling Service.

MQI: counselling sessions and group work attendances

Counselling sessions refer to the number of one-to-one meetings with prisoners where counselling interventions and care planning are provided. During 2016, there were 11,682 counselling sessions delivered to prisoners by the MQI Prison-based addiction counselling service and 3,033 group work attendances.

MQI: Mountjoy DTP

MQI (in partnership with the CBOs ALDP, BYAP and CTC) also coordinates and contributes to the delivery of a structured, multi-agency eight-week DTP in the Mountjoy Medical Unit. The programme assists prisoners in detoxing from methadone and benzodiazepines. During 2016, a total of 80 prisoners availed of the Mountjoy DTP.

Ana Liffey Drug Project (ALDP): prison in-reach and outreach

The ALDP is a low-threshold harm reduction CBO project that works with people who are actively using drugs and experiencing associated problems. Services include a drop-in service, peer support programme, family support, supervised access visits, literacy support, prison work, street-based outreach service and case management.

The ALDP offers support to service users who have been sentenced to prison terms. As part of management and one-to-one work, the ALDP visits and supports prisoners and also helps prisoners prepare for their release. In Dublin, the ALDP delivers two different programmes based in the drug-free wing of Mountjoy Prison for prisoners seeking to live a drug-free lifestyle. One is a six-week programme, while the other is a rolling programme for people currently in the process of detoxification.

In the Midwest and the Midlands, a one-to-one outreach programme is available to prisoners who wish to lead a drug-free lifestyle, or for those recently released from prison who need additional help or information on remaining drug-free.

Coolmine Treatment Centre (CTC): addiction treatment

Coolmine Treatment Centre (CTC) is a drug and alcohol treatment centre providing community, day and residential services to men and women in Ireland engaged in problematic substance use, as well as to their families. Established in 1973, CTC was founded on the philosophies of the therapeutic community approach to addiction treatment. Coolmine continues to see a growing demand for therapeutic community treatment from the prison population. In 2014, 43% of all admissions were from the prison/probation services; in 2015, this rose to 50%, and again to 59% in 2016. During 2016, an average of 95 male and 12 female prisoners sought admission to treatment monthly. CTC has committed to developing a drug-free therapeutic community in the Irish prison estate to meet this demand (Coolmine Therapeutic Community 2017).

The Ballymun Youth Action Project (BYAP): drug-free treatment and detoxification

The Ballymun Youth Action Project (BYAP) is a community response to drug and alcohol misuse. This CBO was founded in 1981 after three young people from Ballymun (an area on Dublin's northside) died from drug-related causes. As a response that has come from within the community

of Ballymun, the overall mission of the BYAP is to reduce the negative impact of drug and alcohol use on the lives of individuals, families, and the community as a whole.

The BYAP seeks to do this through:

- Working with individuals who are using, reducing, or who have stopped using drugs and/or alcohol
- Supporting families impacted by drug and alcohol issues
- Supporting the community in their work of prevention and intervention as responses to drug and alcohol issues; and
- Building capacity through training and research.

The BYAP provides a range of appropriate therapeutic interventions to drug/alcohol users (with a connection to Ballymun) while in prison. These include one-to-one prison sessions, the delivery of the DTP and the Detox Programme within Mountjoy Prison, and assisting individuals with their pre- and post-release choices.

Fusion Community Prison Link (Fusion CPL): prisoner rehabilitation
Established in 1999, Fusion Community Prison Link (CPL) supports the Probation Service in providing line management for prison liaison workers. Fusion CPL works with drug users who are incarcerated in prison, helping them to make the transition from prison back to the community. Ideally, this work begins six months before a prisoner's release date.

Matt Talbot Community Trust (MTCT): personal support
The Matt Talbot Community Trust (MTCT) is a drug-free educational programme endeavouring to create change at a grassroots level in Ballyfermot, a suburb of Dublin. MTCT work tackles the unique social issues that lead to problem drug use and criminal behaviour through the provision of a quality education system and structured person-centred supports. The MTCT provides support for individuals in recovery from addiction and returning to the community from prison.

Their core work is to:

- Promote independence, integration and progression in the lives of participants
- Encourage the participant and all members of the community to re-imagine their role within their environment and become positive contributors to family, community and social stability; and
- Increase awareness of the issues facing drug users and build the capacity of services to respond adequately.

The organisation works with prisoners to develop a tailored plan that develops a route into education and/or employment, backed up with social supports, such as counselling, key working, family support and group work.

Treated problem drug use in prisons from TDI data
In 2017, 616 cases were treated in prison, as reported through TDI (Table T1.3.3.1). The treatment, mainly counselling, was provided by in-reach voluntary services or the prison medical service. In 2017, 7.2% of cases reported to TDI were treated in prison, slightly lower than previous years. This

is likely to be due to reduced participation in the data collection system rather than a true decrease in the number of cases treated in prison.

Of those cases treated in prison, 19.8% were new to treatment. The number of new treatment entrants in prison has decreased steadily over the past seven years, from over 50% in 2010 to 19.8% in 2017. The reason for this decrease is not known, however it may reflect improved access to drug treatment.

Table T1.3.3.1 Treated problem drug use in prison, NDTRS 2011 to 2017

	2011	2012	2013	2014	2015	2016	2017
Total	753	636	743	835	774	720	616
New treatment entrants	337	264	270	285	244	178	122
Previously treated	393	324	446	505	517	520	456
Treatment status unknown	23	48	27	45	13	22	38

Source: NDTRS, 2018

All treatment entrants in prison

In 2017, the main problem drug (64.8%) reported by all treatment entrants was opiates (mainly heroin) (Figure T1.3.3.1). Benzodiazepines were the second most common drug reported (13.1%), followed by cocaine (12.3%). In 2017, 33.9% of cases treated in prison reported ever injecting, a decrease compared to 2016, when 37.4% of all cases treated in prison reported ever injecting. This is likely to be mainly due to the change in questions related to the implementation of the new TDI protocol.

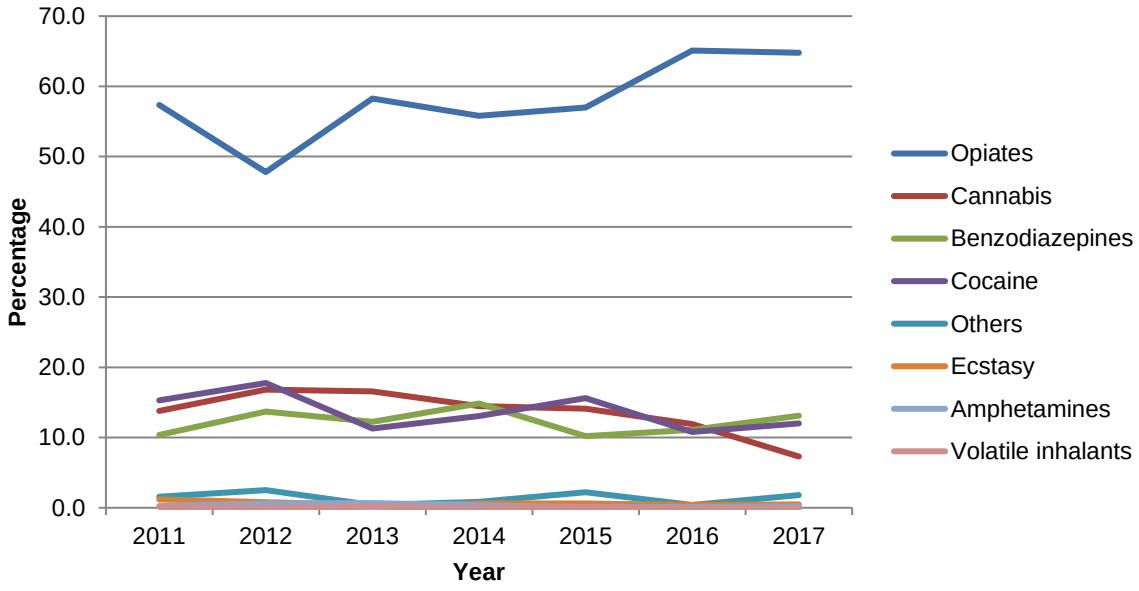

Figure T1.3.3.1 Main problem drug (excluding alcohol), all treatment entrants in prison, by year, NDTRS 2011 to 2017

Source: NDTRS, 2018

In 2017, 82.0% of cases were male while the mean age was 31 years (male 30 years; female 34 years).

New treatment entrants in prison

The number of new treatment entrants was the lowest recorded over the past seven years. Opiates were the main problem drug reported by new entrants, similar to previous years. However, the proportion reporting opiates has dropped from 52.0% in 2010 to 35.2% in 2017 (Figure T1.3.3.2).

In 2016 cannabis (21.3%) was the second most common drug reported, however this dropped to 9.8% of new entrants in prison treatment for 2017. It was replaced by cocaine which increased to 26.2% in 2017 from 20.8% in 2016. The reason for the drop in the number of new entrants in prison presenting with cannabis is unknown but may be related to the drop in participation in the data collection system.

Almost all new entrants to treatment were male (97.5%) and the mean age was 29 years. Among this group, 22.1% reported ever injecting in 2017, compared to 20.8% reported in 2016. Small numbers make trend analysis difficult to interpret.

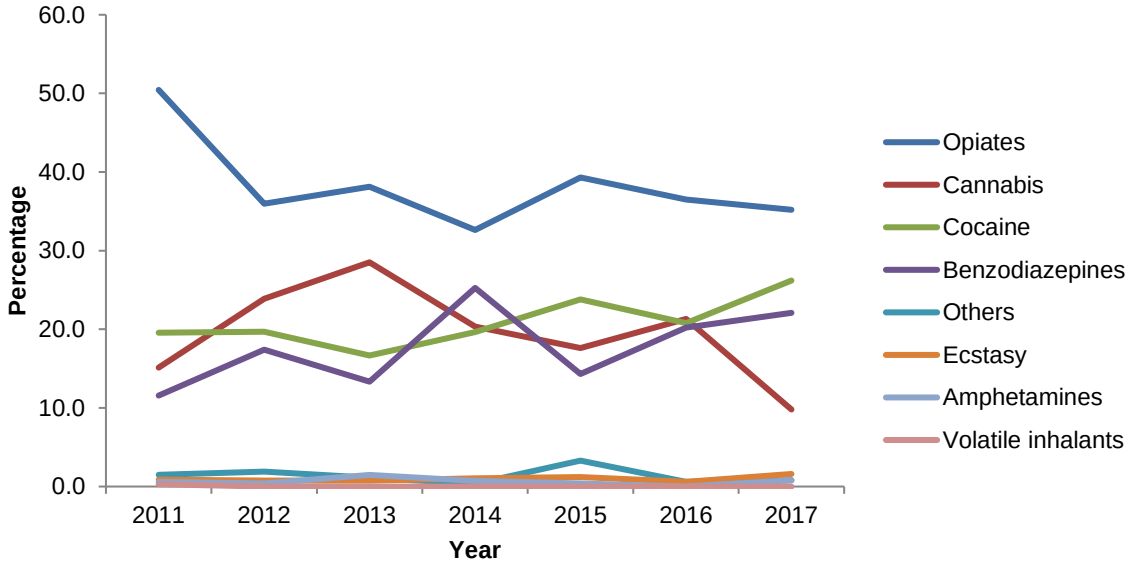

Figure T1.3.3.2 Main problem drug (excluding alcohol), new treatment entrants in prison, by year, NDTRS 2011 to 2017

Source: NDTRS, 2018

T1.3.4 Contextual information on opioid substitution treatment clients in prison

A total of 1,793 prisoners received methadone substitution treatment during 2016. On 31 December 2016, 465 prisoners were receiving methadone substitution treatment. In February 2017, there were 54 persons on a waiting list for drug treatment programmes in prison, and 519 persons engaging with drug treatment services in prison (Irish Penal Reform Trust 2017). A breakdown of prisoners engaging in drug treatment in February 2017, per prison, is shown in Table T1.3.4.1.

Table T1.3.4.1 Prisoners engaging in drug treatment, per prison, February 2017

Prison	No. of prisoners
Mountjoy Prison	145
Dóchas Centre	42
Wheatfield Detention	69
Cloverhill Prison	91
Castlerea Prison	9
Cork Prison	28
Limerick Prison	36
Portlaoise Prison	11
Midlands Prison	81

Total	**519**

Source: IPRT, 2017

In a recent report (Irish Penal Reform Trust 2017), the IPRT noted that despite a range of treatments available, gaps are apparent in service provision for the treatment of offenders with substance misuse issues, in particular insofar as it concerns treatment services for women offenders; recognition of other addictions, including alcohol and gambling; integrated dual treatment for offenders presenting with comorbidities; and the absence of a peer-led drug-free environment. In addition, the report recognised that there is a need to develop and incorporate harm reduction programmes into the treatment regime within prisons. The provision of needle exchange programmes is not currently being considered by the IPS, despite evidence of its benefits, which include the promotion of safety and a reduced risk of disease within the prisoner population.

Ireland has a Drug Treatment Court, which is a specialised court operating within the legal system that aims to treat, rather than imprison, drug users (Department of Justice 2010). A review in 2010 highlighted a number of restrictive criteria associated with it. Since 2000, only 6% of offenders have successfully completed the Drug Treatment Court Programme. In particular, the lack of available residential treatment options is a key barrier, contributing to its low success rate by comparison with similar programmes in other jurisdictions. In 2014, a strategic review of penal policy recommended that community sanctions be imposed, with the possibility of drug treatment (Strategic Review Group on Penal Policy 2014). Since then, a pilot integrated community service has been established by the Probation Service. However, this has yet to be evaluated.

T1.4 Quality assurance of drug-related health prison responses

T1.4.1 Main prison treatment quality assurance standards, guidelines and targets within Ireland

No new information

T2. Trends

T2.1 Trends

As in previous years, the main problem drugs reported by all treatment entrants to Irish prisoner were opiates and cocaine (see Section T1.3.3). Although a comprehensive examination of the drugs currently used in prisons in Ireland is unavailable, there appears to be a decrease in the use of traditional drugs, such as heroin, other opiates, etc., and an increasing use of newer drugs of abuse, including novel psychoactive substances. See Sections T1.2.1 and T1.2.2.

T3. New developments

T3.1 New or topical developments

A recent report from the IPRT (Irish Penal Reform Trust 2017) welcomed commitments made under Reducing Harm, Supporting Recovery (the health-led response to drug and alcohol use in Ireland 2017–2025) that drug addiction should be viewed as a health issue and not a criminal justice issue.

The IPRT noted that further progress is required in order to divert offenders with substance misuse away from prison towards relevant treatment services. In addition, further analysis is required in

order to ensure that alternatives, such as the Drug Treatment Court and the integrated community service model, effectively meet the needs of this cohort of offenders.

The IPRT report outlined a number of short-term actions that are required. These were:

- The IPS should publish information on waiting lists that is of relevance to accessing treatment in prisons and post-release.
- The IPS healthcare should reduce reliance on methadone maintenance in Irish prisons, and increase alternative treatment options.
- The Department of Health should increase provision of drug treatment residential places in the community, including facilities that accept former prisoners, irrespective of their category of offending behaviour.
- The Department of Health must commit to implementing recommendations made in Reducing Harm, Supporting Recovery (the health-led response to drug and alcohol use in Ireland 2017–2025).
- Further evaluation of the Drug Treatment Court should be conducted to assess how it might work more effectively.

T4. Additional information

T4.1 Additional data on drug market and crime

No information

T4.2 Additional information or new areas of specific importance

No information

T5. Sources and methodology

T5.1 Sources

Notable sources include the IPS Annual Reports, reports of the Inspector of Prisons, and responses to PQs. IPRT publications and the IPRT website are also useful.

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

T5.2 References

Clarke, A. and Eustace, A. (2016). Review of drug and alcohol treatment services for adult offenders in prison and in the community. Probation Service and Irish Prison Service, Dublin. Available at http://www.drugsandalcohol.ie/26569/

Coolmine Therapeutic Community (2017). Coolmine Therapeutic Community annual report 2016. Coolmine Therapeutic Community, Dublin. Available at https://www.drugsandalcohol.ie/29363/

Dail Eireann Joint Committee on Future of Mental Health Care (2018, 23 May) Mental health services in prisons and detention centres: discussion. Available at https://www.oireachtas.ie/en/debates/debate/joint_committee_on_future_of_mental_health_care/2018-05-23/3/

Department of Health (2017). Reducing harm, supporting recovery. A health-led response to drug and alcohol use in Ireland 2017 - 2025. Department of Health, Dublin. Available at http://www.drugsandalcohol.ie/27603/

Department of Justice, Equality and Law Reform (2010). Review of the Drug Treatment Court. Stationery Office, Dublin. Available at www.drugsandalcohol.ie/13113/

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

Fagan, M. (2017). 11,000 drug seizures in Irish prisons in seven years. Irish Times. Retrieved from https://www.drugsandalcohol.ie/27966/

Gulati, G., Keating, N., O'Neill, A. and Delaunois, I. (2018). The prevalence of major mental illness, substance misuse and homelessness in Irish prisoners: systematic review and meta-analyses. Irish Journal of Psychological Medicine, **Early online**. Available at https://www.drugsandalcohol.ie/29009/

Irish Penal Reform Trust (2017). Progress in the penal system: a framework for penal reform (PIPS). Irish Penal Reform Trust, Dublin. Available at https://www.drugsandalcohol.ie/28044/

Irish Prison Service (2006). Keeping drugs out of prisons: drug policy and strategy. Irish Prison Service, Dublin. Available at http://www.drugsandalcohol.ie/11662/

Irish Prison Service (2016). Irish Prison Service strategic plan 2016-2018. Irish Prison Service, Longford. Available at http://www.drugsandalcohol.ie/25735/

Irish Prison Service (2018). Irish Prison Service annual report 2017. Irish Prison Service, Longford. Available at https://www.drugsandalcohol.ie/29244/

Irish Prison Service and Probation Service (2018). Irish Prison Service & Probation Service joint strategic plan 2018 - 2020. Irish Prison Service & Probation Service, Ireland. Available at https://www.drugsandalcohol.ie/29241/

MacNamara, C., Varley, L. and Mannix McNamara, P. (2016). Improving prison conditions by strengthening the monitoring of HIV, HCV, TB and harm reduction. Mapping report Ireland. Irish Penal Reform Trust, Dublin. Available at http://www.drugsandalcohol.ie/25635/

McDonagh, D. (2018). Volume of drug seizures in Irish prisons soars by 42%, as over 1,000 recorded last year. thejournal.ie. Retrieved from https://www.drugsandalcohol.ie/29362/

Merchants Quay Ireland (2017). Merchants Quay Ireland annual review 2016. Merchants Quay Ireland, Dublin. Available at https://www.drugsandalcohol.ie/27910/

Nursing and Midwifery Planning and Development Unit & Irish Prison Service (2009). Nursing in the Irish Prison Service: working together to meet the healthcare needs of prisoners. Health Service Executive, Dublin. Available at http://www.drugsandalcohol.ie/12520/

Prison visiting committees (2018). Prison visiting committee annual reports 2016. Department of Justice and Equality, Dublin. Available at https://www.drugsandalcohol.ie/28451/

Strategic Review Group on Penal Policy (2014). Strategic review of penal policy. Department of Justice and Equality, Dublin. Available at http://www.drugsandalcohol.ie/22657/

Working Group on drugs rehabilitation (2007). National Drugs Strategy 2001-2008: rehabilitation. Report of the working group on drugs rehabilitation. Department of Community, Rural and Gaeltacht Affairs, Dublin. Available at http://www.drugsandalcohol.ie/6267/

European Monitoring Centre for Drugs and Drug Addiction

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

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

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

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Hospital In-Patient Enquiry Scheme, Health Service Executive
Irish Prison Service
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