Focal Point Ireland: national report for 2019 – Drugs Ireland

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

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(2020) Focal Point Ireland: national report for 2019 – prison.
(2020) Focal Point Ireland: national report for 2019 – harms and harms reduction.
(2020) Focal Point Ireland: national report for 2019 – legal framework.

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T0. Summary

T0.1 Main illicit drug use in Ireland

At the time of publication there were no new data on the prevalence of illicit drug use in Ireland.

The proportion of cases treated for problem cannabis use (excluding synthetic cannabinoids), as recorded in the TDI data, has fluctuated over the reporting period. It decreased from 21.2% in 2004 to a low of 16.3% in 2007 but since then has increased year-on-year to a peak of 28.9% in 2013. Since then the trend has been downwards, dropping to 23.0% in 2018.

In 2018, there were 2,281 cases treated for problem stimulant use as reported through TDI, compared to 1,526 cases reported in 2017. Similar to previous years, the majority were for problem cocaine use (95.8%), followed by amphetamine-type stimulants (2.6%), ecstasy (1.4%) and then synthetic cathinones (0.1%). The increase in the number of cases reporting problem stimulant use is solely due to the increase in problem cocaine users.

Data from TDI show that in 2018, two-fifths (42.2%) of cases reported were treated for problem opioid use, slightly down on 2017 (44.9%). Problem heroin use represented 37.1% of all cases treated in 2018 and 87.8% of all opioids treated. The proportion of cases treated for problem heroin use has fluctuated, rising from 59.7% in 2004 to a peak in 2006 of 60.3%. In 2018, the downward trend observed since 2007 may have steadied, with 37.1% reported in 2018 compared to 37.9% in 2017.

In 2018, hypnotics and sedatives were the fourth most common drug group treated (10.5%), as reported through TDI, similar to 2017 (10.9%). The proportion of cases has risen consistently every year from 2006 from 2% to 11.2% in 2014, with the trend remaining stable since then. In 2017, the main drug type included in this group were benzodiazepines (92.1%), similar to previous years.

T0.2 The use of illicit drugs with alcohol, tobacco and prescription drugs

See the 2018 National report on drugs for most recent information {Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction, 2017 #3103}.

SECTION A. CANNABIS

T1. National profile

T1.1 Prevalence and trends

T1.1.1 The relative importance of different types of cannabis

At the time of publication there were no new data on the relative importance of different types of cannabis in Ireland

T1.1.2 Cannabis use in the general population

At the time of publication there were no new data on the prevalence of cannabis use in the general population in Ireland.

T1.1.3 Cannabis use in schools and other sub-populations

At the time of publication there were no new data on the prevalence of cannabis use in schools and other sub-populations in Ireland

T1.2 Patterns, treatment and problem/high risk use

T1.2.1 Patterns of Cannabis Use

At the time of publication there were no new data on patterns of cannabis use.

T1.2.2 Reducing the demand for cannabis

The proportion of cases treated for problem cannabis use (excluding synthetic cannabinoids), as recorded in the TDI data, has fluctuated over the reporting period. It decreased from 21.2% in 2004 to a low of 16.3% in 2007 but since then has increased year-on-year to a peak of 28.9% in 2013. Since then the trend has stabilised, although the proportion dropped slightly in 2017 to 24.6% compared to 26.6% 2016. The reason for this slight decrease could be due to changes that took place in the national surveillance database in 2017 (see Treatment workbook Section T1.3.3 for further information).

Cannabis was the second most common drug for which all entrants sought treatment, after opiates (mainly heroin). For new entrants, in 2011 cannabis replaced opiates as the most common problem drug reported to treatment (also see Treatment workbook T1.3).

In 2017, 78.7% of cases reporting cannabis as their main problem drug were male, similar to previous years. The mean age was 24 years (males 24 years, females 26 years), similar to previous years. In 2017, 60.4% were new entrants, similar to previous years.

In 2017, the highest percentage of cases (45.5%) were self-referred (including referral from family, friends, no other agency/institution involved), similar to previous years. This was followed by 39.5% who were referred by other medical agencies or social services.

Most problem cannabis users access treatment in generic drug treatment services. However, there was one drug treatment programme specifically for cannabis which commenced in 2015. The funding for this programme ceased in March 2018.

T1.2.3 High Risk Cannabis Use

At the time of publication there were no new data on high risk cannabis use.

T1.2.4 Synthetic cannabinoids

Since 2009 only a very small number of cases have reported synthetic cannabinoids as their main problem drug in the TDI data. In 2017, 35 cases reported a synthetic cannabinoid as a main problem drug compared to 47 cases in 2016 and 41 in 2015. It should be noted the type of NPS used by clients presenting to treatment is self-reported and the actual drug rarely tested by centres, so it is not possible to say with any certainty that what was reported was definitely a synthetic cannabinoid. The type of NPS was not specified in a proportion of NPS drugs recorded in the TDI data, and so the true number of synthetic cannabinoid users may be under- or over-estimated (also see Section B T1.2.4, and Section D T1.2.4, below). These 35 cases are not included in the analysis of problem cannabis users in Section T1.2.2 above. See also Treatment workbook, Sections T1.3 and T2.

SECTION B. STIMULANTS

T1. National profile

T1.1 Prevalence and trends

T1.1.1 The relative importance and use of different stimulant drugs

At the time of publication there were no new data on the relative importance and use of different stimulant drugs in Ireland.

T1.1.2 Stimulant Use in the General Population

At the time of publication there were no new data on the prevalence of stimulant use in the general population in Ireland

T1.1.3 Stimulant use in schools and other sub-populations

At the time of publication there were no new data on the prevalence of stimulant use in schools and other sub-populations in Ireland

T1.2 Patterns, treatment and problem/high-risk use

T1.2.1 Patterns of stimulant use

At the time of publication there were no new data on the patterns of stimulant use in Ireland.

T1.2.2 Treatment for Stimulants

In 2017, there were 1,526 cases treated for problem stimulant use as reported through TDI. Similar to previous years, the majority were for problem cocaine use (93.4%), followed by amphetamine-type stimulants (2.5%), ecstasy (2.5%) and then synthetic cathinones (0.6%).

The increase in the number of cases reporting problem stimulant use is solely due to the increase in problem cocaine users, as the proportion of cases reporting use of amphetamine-type stimulants, ecstasy and synthetic cathinones was lower 2017 compared to 2016.
In 2017, 80.1% of cases were male, a slight increase on previous years. The mean age was 30 years. Just over half (52.7%) of those treated for problem stimulant use had never been treated before. Over the period, the proportion of new entrants has shown a downward trend from 62.9% in 2004 to 52.7% in 2017. In 2016, the majority of cases were self-referred or referred by family/friends (62.9%).

Cocaine
Cocaine is the most common drug among the stimulants group that is reported in Ireland. The proportion of all cases treated for problem cocaine use increased again in 2017 to 16.8% (compared to 12.2% in 2016). This is compared to a low of 7.5% in 2004 and compared to the highest level previously recorded of 13.3%, in 2007.

In 2017, 80.6% of cases treated for problem cocaine use were male and the mean age was 30 years. Just over half (52.3%) had never been treated before, similar to 2016. The majority (63.7%) were self-referred or referred by family/friends.

Amphetamine-type stimulants
Amphetamine-type stimulants including ecstasy, BZP and other unknown/unspecified stimulants, represent only a small proportion of all cases seeking treatment for problem drug use in Ireland. In 2017, 1.1% of cases reported this group of drugs. The proportion decreased continuously year-on-year from 3.5% in 2004 to 1.2% in 2013. Since 2013 the proportion appears to have stabilised.

In 2017, 71.6% of problem amphetamine-type stimulant users were male. In 2017, 58.9% of those treated for problem amphetamine-type stimulant use have never been treated before. Small numbers in this groups means that trends are difficult to interpret. Given this, the proportion of new cases treated for amphetamine-type stimulants has fluctuated between a high of 74% and a low of 40.2% in 2016.

The majority of problem stimulant users access treatment within generic addiction services. There are very few stimulant-specific programmes (see Drug Treatment workbook).

T1.2.3 High Risk Stimulant Use

At the time of publication there were no new data on high risk stimulant use in Ireland.

T1.2.4 Synthetic Cathinones

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

Synthetic cathinones first appeared in treatment data in 2009 so no information is available before that time. The proportion of cases treated for this type of drug peaked in 2010 at 1.5% of all treatment episodes, dropping to 0.1% in 2017. Please note that the annual number of small numbers reporting synthetic cathinones makes analysis unreliable

T1.2.5 Injecting and other routes of administration

In 2017, 9.7% of cases accessing drug treatment for any stimulant reported ever injecting (not necessarily the main problem drug). However, the proportion reporting injecting of the stimulant as the current main problem drug was much lower, at 1.4%. As with previous years the most common route of administration was sniffing/snorting (78.2%) similar to previous years.

T1.2.6 Infectious diseases

For information regarding drug-related infectious diseases in Ireland, see Harms and Harm Reduction workbook Section T1.3.

T2. Trends

Included above

T3. New developments

T3.1 New developments in the use of stimulants

At the time of publication there were no new data on new developments in the use of stimulants in Ireland.

T4. Additional information

T4.1 Additional Sources of Information (optional)

T4.2 Further Aspects of Stimulant Use (optional)

SECTION C. HEROIN AND OTHER OPIOIDS

T1. National profile

T1.1 Prevalence and trends

T1.1.1 The relative importance of different opioid drugs

At the time of publication there were no new data on the relative importance of different opioid drugs in Ireland

T1.1.2 Estimates of opioid use in the general population

At the time of publication there were no new data on the prevalence of opioid use in the general population in Ireland.

T1.1.3 Estimates of Opioid Use in Sub-populations

At the time of publication there were no new data on the prevalence of opioid use in sub-populations in Ireland.

T1.2 Patterns, treatment and problem/high risk use

T1.2.1 Patterns of opioid use

At the time of publication there were no new data on the patterns of opioid use.

T1.2.2 Treatment for heroin and other opioids

All opioids
Data show that in 2017, just under half of all cases (44.9%) reported through TDI were treated for opioids, slightly down on 2016 (46.9%). Of those treated for problem opiate use in 2016, heroin comprised the vast majority of cases (84.5%), similar to previous years. However, it should be noted that the results for opiates cases in 2016 could be due to changes that took place in the national surveillance database in 2017 (see Treatment workbook Section T1.3.3 for further information).

Problem heroin use
Problem heroin use represented 37.9% of all cases treated in 2017 and 84.5% of all opioids treated. The proportion of cases treated for problem heroin use has fluctuated over the reporting period, rising from 59.7% in 2004 to a peak in 2006 of 60.3%. In 2017, the downward trend observed since 2007 has continued, with the proportion of cases dropping slightly year on year from 39.8% in 2016 to 37.9% in 2017. However, the reason for this decrease could be due to changes that took place in the national surveillance database in 2017 (see Treatment workbook Section T1.3.3 for further information).

In 2017, 69.2% of cases were male, and the mean age was 34 years. The majority of cases were previously treated (75.8%). The proportion of problem heroin users who were new to treatment peaked in 2009 at 34.4% but has decreased every year since. The majority (47.4%) were self-referred or referred by family/friends.

Other opioids
In 2017 methadone (prescribed or street) was the second most common other opioid reported, comprising 6.9% of all treatment entrants for problem opiate use. Methadone was responsible for 3.1% of all cases treated. This was followed by codeine, accounting for 5.7% of all treatment entrants for problem opiate use. For further information on heroin and other opioids, see also TDI and Treatment workbook Sections T1.3.1 and T2.1.

Treatment for problem opiate use is provided by both statutory and non-statutory services. Opiate substitution treatment (OST) is provided in specialised clinics or by specialised GPs. Other treatment provided includes counselling, social and occupational reintegration, psychiatric treatment, complementary therapy etc. For further information see Treatment workbook, Section T1.4.

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

Problem heroin use
Problem heroin use comprised 39.8% of all cases treated in 2016. The proportion of cases treated for problem heroin use has fluctuated over the reporting period, rising from 59.7% in 2004 to a peak in 2006 of 60.3%. In 2016, the downward trend observed since 2007 has continued, with the proportion of cases dropping slightly from 41.1% in 2015 to 39.8% in 2016. However the reason for this decrease could be due to changes that took place in the national surveillance database in 2017 (see Treatment workbook Section T1.3.3 for further information).

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

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

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

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

T1.2.3 High Risk Opioid Use (optional)

T1.2.4 Synthetic Opioids

At the time of publication there were no new data on synthetic opioids use in Ireland.

T1.2.5 Injecting and other routes of administration

Over half (55.0%) of cases reporting problem opioid use reported ever injecting (any drug, not necessarily the current main problem drug). Data from TDI show that in 2017, 30.8% of those treated for problem opioid use reported injecting as their primary route of administration. The proportions fluctuated over the period, from a peak of 48.4% in 2004 to its lowest level of 30.2% in 2010. For the next two years the proportion injecting increased to 41.1% in 2012 but has decreased slightly year-on-year since then to 33% in 2015. Heroin represents almost 100% of the opiate drugs injected.

See Section T1.5.3 in Harms and Harm Reduction workbook for data on use of needle exchange programmes by injecting drug users in Ireland

T1.2.6 Infectious diseases

For information regarding drug-related infectious diseases in Ireland, see Harms and Harm Reduction workbook Section T1.3.

T2. Trends

T3. New developments

T3.1 New developments in the use of heroin and other opioids

T4. Additional information

T4.1 Additional sources of information (optional)

T4.2 Further aspects of heroin and opioid use (optional)

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

T1.1 New Psychoactive Substances (NPS), other new or novel drugs, and less common drugs

T1.1.1 Prevalence and trends in NPS use

At the time of publication there were no new data on prevalence and trends in the use of NPS in Ireland.

T1.1.2 Harms related to NPS use

At the time of publication there were no new data on harms related to NPS use in Ireland.

T1.1.3 Prevalence, trends and harms related to other drug use

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

NPS first appeared in treatment data in 2008; before then they were not recorded as a separate category. The proportion of cases treated for these types of drugs peaked in 2010 at 0.4% of all treatment episodes, dropped to 0.06% in 2014, rose again slightly in 2015 to 0.1% before dropping to 0.01% in 2016, and remained at 0.01 in 2017. See also Section A T1.2.4 and Section B T1.2.4 above.

Hypnotics and sedatives
In 2017, hypnotics and sedatives were the fourth most common drug group treated (10.9%), as reported through TDI. The proportion of cases has risen consistently every year from 2006 from 2% to 11.2% in 2014, with the trend remaining stable since then. In 2017, the main drug type included in this group were benzodiazepines (89.9%), similar to previous years. There were no changes to trends of the previous years.

T2. Trends. Not relevant in this section. Included above.

T3. New developments

T3.1 New developments in the use of NPS and other drugs

At the time of publication there were no new data on new developments in the use of NPS in Ireland.

T4. Additional Sources of Information

T4.1 Additional sources of information (optional)

T4.2 Further aspects of NPS and other drug use (optional)

T4.3 Non-specific drug use and polydrug use (optional)

T6. Sources and methodology

T6.1 Sources

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

T6.2 Methodology

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

National Drug Treatment Reporting System (NDTRS)
The NDTRS is a national epidemiological database which 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 co-ordinated by staff at the Health Research Board (HRB) on behalf of the Department of Health

T6.3 Bibliography

European Monitoring Centre for Drugs and Drug Addiction
The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is a decentralised EU agency based in Lisbon. The EMCDDA provides the EU and its Member States with information on the nature, extent, consequences and responses to illicit drug use. It supplies the evidence base to support policy formation on drugs and addiction in both the European Union and Member States.
There are 30 National Focal Points that act as monitoring centres for the EMCDDA. These focal points gather and analyse country data according to common data-collection standards and tools and supply these data to the EMCDDA. The results of this national monitoring process are supplied to the Centre for analysis, from which it produces the annual *European drug report* and other outputs.

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

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Irish Prison Service
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