Focal Point Ireland: national report for 2019 - Prison

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

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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 2 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 2018, the overall daily average number of prisoners in custody was 3,893, compared with 3,680 in 2017. The average number of female offenders in custody was 165, a 14.6% increase on the 2017 average of 144. In 2018, there were 394 committals (373 male and 21 female) to Irish prisons for controlled drug offences.

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.

The availability of illegal drugs in Irish prisons continues to pose problems; there was a total of 1,138 drug seizures in prisons in 2018, representing a 12% increase on the 1,018 seizures that were recorded in 2017 and a 59% increase on the 715 seizures in 2016. A comprehensive examination of the drugs used in prisons in the Republic of Ireland is currently unavailable, as testing is not conducted on substances found within the prison estate, despite a policy commitment by the IPS in 2006 to keep records on the types of drugs seized.

The National Suicide and Harm Prevention Steering Group commissioned an investigation to review the deaths of prisoners in Ireland between 2009 and 2014. In total, there were 69 deaths in custody during this period, of which 38 were deemed not to be a result of natural causes. Sixteen cases involved drug overdoses. Another eight deaths, all due to hanging, were linked to drug taking. Drug tests showed that two other deaths were also associated with the use of drugs.

The IPS offers multidimensional drug rehabilitation programmes for prisoners. In addition to addiction counselling, opioid substitution treatment (OST) and detoxification are the main treatment modalities offered within the prison estate. Methadone substitution treatment is available in 11 of the 12 prisons in Ireland (accommodating more than 80% of the prison population). The IPS reports that, on any given day, there are approximately 530 prisoners on methadone stabilisation treatment within the prison service. In 2017, the IPS provided OST services to almost 1,700 prisoners, which means that 17% of the prison population availed of OST in Ireland in that year.
The proportion of new treatment entrants in Irish prisons in 2018 was the lowest recorded over the past eight years (n = 138, 13.6%). For the first time, cocaine was the main problem drug reported by new entrants, with the proportion rising from 26.2% in 2017, to 33.3% in 2018. There has been a consistent increase in the proportion of new entrants in prison reporting problem cocaine use since 2013. Opioids, which were the most common drug reported by new entrants to prison between 2011 and 2017, dropped to third most common drug (19.6%) after cocaine (33.3%) and benzodiazepines (27.5%). The proportion of new entrants reporting problem benzodiazepine use fluctuated over the period 2011 to 2017 but has peaked at 27.5% in 2018.

There is an eight-week detoxification programme in the Mountjoy Prison Medical Unit which accommodates nine prisoners, with up to six programmes being facilitated annually. The programme assists prisoners in detoxing from methadone and benzodiazepines. Six community-based organisations (CBOs) are funded to provide services in the prison system. In 2017, the

Probation Service provided almost €11.7 million directly to 45 CBOs working with adults, while the Irish Youth Justice Service provided more than €5 million through the Probation Service to 18 projects working alongside Young Persons Probation. A range of services are 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.

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 2018 was €352.69 million. At the end of 2017 there were 3,270.15 (whole time equivalent) 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 older. In 2018, the overall daily average number of prisoners in custody was 3,893, compared with 3,680 in 2017. The daily average number of female offenders in custody in 2018 was 165, a 14.6% increase on the 2017 average of 144. In 2018, there were 8,071 committals compared with 15,099 committals in 2016. The decrease in committals is mainly due to the Fines (Payment and Recovery) Act 2014 which came into operation in January 2016.

There are 12 institutions in the Irish prison system, comprising 10 traditional 'closed' institutions and 2 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. A breakdown of the Irish prison population in 2018 by IPS location is shown in Table T1.1.1.1 and Figure T1.1.1.1 (Irish Prison Service 2019).

Table T1.1.1.1 Irish prison population, 2018

Prison name	Description	Operational capacity	Population (daily average 2018)
Mountjoy Prison	Closed, medium-security prison for males aged 18 years and over. It is the main committal prison for Dublin city.	755	679
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	132
Wheatfield Detention	Closed, medium-security place of detention for adult males.	550	452
Cloverhill Prison	Closed, medium-security prison for adult males, which primarily caters for remand prisoners committed from the Leinster area.	431	402
Arbour Hill Prison	A closed, medium-security prison for males aged 18 years and over.	138	136
Castlerea Prison	Closed, medium-security prison for males aged 18 years and over. It is the committal prison for remand and sentenced prisoners in the west of Ireland.	340	300
Cork Prison	Closed, medium-security prison for	296	288

Prison name	Description	Operational capacity	Population (daily average 2018)
	males aged 18 years and over. It is the committal prison for the south west of Ireland.		
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	247
Loughan House	Open, low-security prison for males aged 18 years and over.	140	110
Shelton Abbey	Open, low-security prison for males aged 19 years and over.	115	97
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	227
Midlands Prison	Closed, medium-security prison for males aged 18 years and over. It is the committal prison for the Irish midlands.	845	823
Total		**4244**	**3893**

Source: IPS website 2018

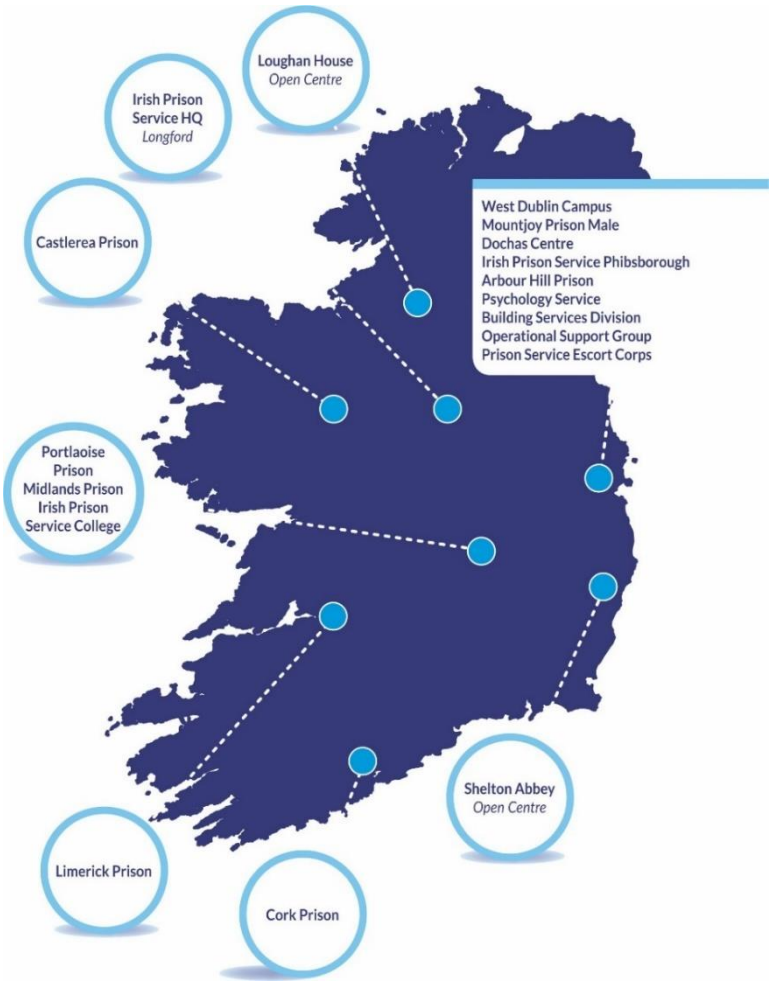

Figure T1.1.1.1 IPS locations in Ireland
Source: (Irish Prison Service 2019)

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)

The IPS estimates that approximately 70% of people come into prison with an addiction or substance abuse problem (Pollak 2017, 2 February). In 2018, there were 394 committals (373 male and 21 female) to Irish prisons for controlled drug offences (Irish Prison Service 2019).

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).

Most recent data

New figures released by the IPS under Freedom of Information show that despite security nets, sniffer dogs, and enhanced CCTV, the level of contraband flowing through Irish prisons continues to increase. There was a total of 1,138 drug seizures in prisons in 2018, representing a 12% increase on the 1,018 seizures that were recorded in 2017 and a 59% increase on the 715 seizures in 2016. In 2018 more than one-third (403) of all drug seizures occurred at Wheatfield Prison. The next-highest haul was from inmates at Mountjoy Prison, where 221 seizures were recorded. There were 155 seizures at Cloverhill Prison (O'Neill 2019, 5 March).

A comprehensive examination of the drugs used in prisons in the Republic of Ireland is currently unavailable, as testing is not conducted on substances found within the prison estate, despite a

policy commitment by the IPS in 2006 to keep records on the types of drugs seized. However, 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, opiates etc., and an increasing use of newer drugs of abuse, including novel psychoactive substances”.

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

Prison visiting committee reports, 2017

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 prison visiting committees is to visit, at frequent intervals, the prison to which they are appointed and hear any complaints which may be made to them by any prisoner. They report to the Minister for Justice and Equality regarding any abuses observed or found, and any repairs which they think are urgently needed. Prison visiting committee members have free access, either collectively or individually, to every part of the prison to which their committee is appointed. Information from prison visiting committee reports relating to drug use in prisons for 2017 is summarised below (Prison visiting committees 2018).

The Visiting Committee at Mountjoy Prison noted the increasing number of prisoners serving sentences for drug-related crimes, reflecting the escalating phenomenon of drug abuse nationwide. It suggested that this is a matter in need of urgent interdepartmental focus, research and planning. The committee heard widespread acknowledgement by prisoners of the crimes committed, acceptance of their punishment and awareness of the negative impact of their lifestyle on their own lives and on the lives of their families. The prevailing underlying theme was the extensive drug culture inside and outside prison and the risks for themselves and their families in this context. While many prisoners expressed an appreciation of the opportunities for rehabilitation, treatment and education while in prison, a large number spoke of the day-to-day disruption, risk and feelings of frustration in the context of drug abuse. Issues raised included bullying and intimidation, lack of drug-free accommodation in prison, and the hopelessness of leaving prison to the very serious lack of drug-free hostels and supported accommodation on discharge. Nevertheless, the Mountjoy committee members were informed that the screening for drugs and random testing in a number of areas had contributed to a reduction in drug availability. These developments have had a positive impact on morale, with both staff and prisoners commenting positively on the reduced risks and more stable atmosphere within the prison.

The Dóchas Centre Visiting Committee noted that despite constant monitoring, drugs remain a serious problem within Dóchas. Although the committee noted that drug use is pervasive across the prison system and that it is difficult to monitor, they urged that more resources be made available to curb this ongoing issue.

The Wheatfield Place of Detention Visiting Committee’s 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-rays. Prison visits are monitored by CCTV for review at a later stage. The institution’s yards are covered with netting to prevent articles from being thrown over 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 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 prison authorities encourage prisoners to use these services. The committee believed that authorities should continue their hard work in 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 noted that drugs coming over the wall from boundaries outside the prison confines and over the netting continue to be a huge cause for concern, as there has been an increase in drugs from this source. The committee was informed that when prisoners retrieve some of these drugs, it leads to serious security and operational problems within the prison.

A site outside the prison perimeter has been identified for some time as an area people use to throw contraband over the walls and netting. Due to resource issues outside the control of the prison, the area cannot be patrolled at all times. The drug situation has also been complicated by instances of unknown chemical substances from outside sources, and these instances put a severe strain on medical and security staff. It was the view of the visiting committee that the whole issue of drugs and security measures in Cloverhill remains an area of deep concern and needs urgent intervention by the IPS.

The Arbour Hill Prison Visiting Committee's report noted that there were no incidents of drug use in Arbour Hill during 2017. 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 Limerick Prison Visiting Committee was extremely concerned about the availability of drugs within the prison. The committee made it clear that it is grossly unfair to prisoners who are committed to being drug free that because of the availability of drugs within the prison, they face a high risk of leaving the prison addicted. The committee called on the Minister for Justice and Equality to explore the possibility of locating full-time sniffer dogs at the point of entry to the prison and within the prison in order to further enhance the tools available to the Governor and staff. Nevertheless, the committee commended the Governor and staff on their continued work of stemming the drug flow into the prison. It also noted the increase in electronic monitoring throughout the prison. The committee further recommended the use of ultrasound as used in the United States of America (USA), as well as the speedy introduction of new search facilities within Limerick Prison.

The Shelton Abbey Visiting Committee's report noted that a full-time addiction counsellor has been appointed, who is respected by offenders and noted as a trusted listener. A number of addiction-related programmes took place during 2017.

Self-harm in Irish prisons

Self-harm and suicide are major issues in the prison population, as rates of suicide and lifetime self-harm are higher in prisoners compared with the general population. The rate of suicide in Irish prisons from 2011 to 2014 was 47 per 100,000 prisoners. However, to date, research on suicidal behaviour in Irish prisons has been limited.

The Self-Harm Assessment and Data Analysis (SADA) Project has been set up in Ireland to provide robust information relating to the incidence and profile of self-harm within prison settings as well as individual- and context-specific risk factors relating to self-harm, and to examine patterns of repeat self-harm (both non-fatal and fatal). The Health Service Executive's (HSE's) National Office for Suicide Prevention and the National Suicide Research Foundation assist the IPS with data management, data analysis, and reporting. This section highlights findings from a report detailing the first 12 months of data on the analysis of all episodes of self-harm across the Irish prison estate in 2017 (Griffin*, et al.* 2018).

Episodes

Between 1 January 2017 and 31 December 2017, there were 223 episodes of self-harm involving 138 individuals recorded in Irish prisons. The majority of prisoners were male (80%) and the mean age was 32 years. The annual person-based rate of self-harm was 4.0 per 100 prisoners. Thus, an episode of self-harm was recorded for 4% of the prison population. Compared with sentenced prisoners, the rate of self-harm was 2.4 times higher among prisoners on remand (7.4 versus 3.1 per 100), while the rate of self-harm was highest among prisoners aged 18–29 years, at 5.0 per 100 prisoners. Episodes of self-harm were more likely to occur on weekdays, with one in five (22%) episodes occurring on Tuesdays. More than half of all episodes (52%) occurred between 2.00 pm and 8.00 pm, and a majority of episodes (60%) occurred while prisoners were unlocked from their cells. Twenty-six per cent of male prisoners repeated self-harm compared with 16% of female prisoners.

Methods, severity and intent

The most common method of self-harm recorded was self-cutting or scratching, which was present in 62% of all episodes. The other common method of self-harm was attempted hanging, which was involved in 21% of episodes. Methods of self-harm were similar for male and female prisoners. In 39% (n=87) of self-harm episodes, no medical treatment was required, while almost one-half (45.7%; n=102) of all episodes required minimal intervention/minor dressings or local wound management. One in eight episodes required hospital treatment (13.5%; n=30) and four self-harm acts involved loss of life (1.8%).

More than one-half (54.3%; n=121) of self-harm episodes were recorded as having no/low intent, with less than one-third (29.1%; n=65) recorded as having medium intent. Approximately one in six acts was rated as having high intent (16.6%; n=37). Suicidal intent varied according to the method involved in the self-harm episode; high intent was recorded in more than two-thirds of attempted hanging episodes (37.0%; n=17).

Contributory factors

Contributory factors were organised into five themes: environmental, relational, procedural, medical and mental health. The most common contributory factors to self-harm are shown in Figure T1.2.2.1. The majority of contributory factors recorded were related to mental health, which included mental disorders as well as problems with coping and emotional regulation. Substance misuse, including drug use as well as drug seeking, was the next most common factor recorded. Hopelessness was recorded as a contributory factor in 6.3% of self-harm episodes, and active psychosis/mental illness was a factor in 4.5% of self-harm episodes.

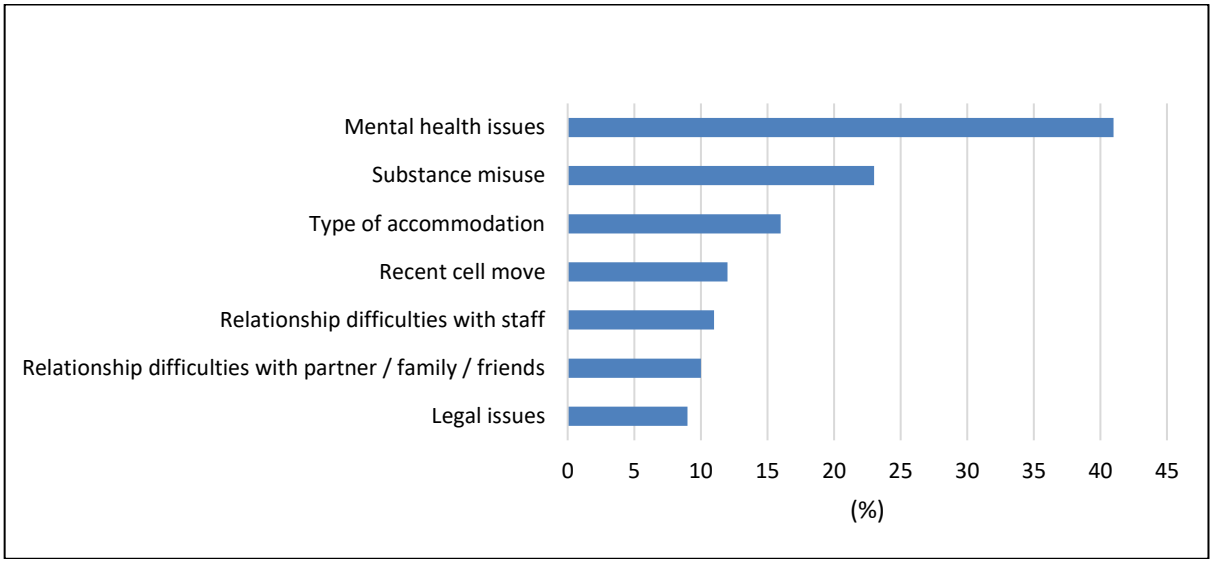

Figure T1.2.2.1 Most common contributory factors to self-harm in Irish prisons, 2017
Source: (Griffin*, et al.* 2018)

Other findings

Other findings highlighted in the report include the following:

- Three-quarters (77%) of self-harm episodes involved prisoners in single cell accommodation.
- While 44% of prisoners who engaged in self-harm were in general population accommodation, a further 44% were in protection at the time of the self-harm act.
- The four fatal episodes of self-harm involved male prisoners who were on remand. Multiple contributory factors were associated with these deaths.

Deaths in custody in the IPS

The National Suicide and Harm Prevention Steering Group commissioned an investigation to review the deaths of prisoners in Ireland between 2009 and 2014. Coroners' findings were analysed, including post-mortem tests, in order to assess whether drugs played a role (Iqtidar*, et al.* 2018).

In all, there were 69 deaths in custody over this period, of which 38 were deemed not to be a result of natural causes. Sixteen cases involved drug overdoses. Another eight deaths, all due to hanging, were linked to drug taking. Drug tests showed that two other deaths were also associated with the use of drugs.

The drugs involved in the deaths included non-prescribed benzodiazepines, opiates, cocaine, cannabis, codeine and other psychoactive substances. Many also had alcohol and prescription drugs in their system.

The investigation noted that 14 of the 38 prisoners died while on temporary release, suggesting that imprisonment may offer partial protection and that continuity of care post-release is crucially important. The study authors suggest that friends and family members who visit prisons should be made aware that bringing in contraband is a major contributory factor to unnatural deaths in custody, including deaths by hanging.

2011 study on drug use and blood-borne viruses in Irish prisons

In a prison study carried out in 2011 (Drummond*, et al.* 2014), 824 randomly selected prison inmates were asked about substance abuse in the previous year. Almost one-third (30%) reported heroin use, 29% reported powdered cocaine use and 12% reported crack cocaine use. Overall, of the prison inmates who were tested, 13% tested positive for hepatitis C virus (HCV) antibodies, 2% were HIV-positive and 0.3% were chronically infected with hepatitis B virus (HBV). Of the prison inmates who had ever injected drugs, 41.5% (n=83) tested positive for HCV antibodies and 6% tested positive for HIV. The prevalence of both viruses was higher in the subset of prisoners who injected heroin: 54% were positive for HCV antibodies and 7% were positive for HIV. Of note, although the prevalence of HIV was similar to that found in two previous prison studies carried out in 1998 (Long*, et al.* 2001) and 1999 (Allwright*, et al.* 2000) (4% and 6%, respectively), the prevalence of HCV antibodies had decreased significantly compared with the earlier studies (81% and 72%, respectively).

HBV results were not reported by injecting status in the 2011 study, but only 0.3% (n=2) of prison inmates tested positive for the HBV surface antigen, indicating that the prevalence of HBV infection is very low in the prison population. Just over half (54%) of those with a history of injecting drug use reported having been vaccinated against hepatitis B, but a further 13% were unaware of their vaccination status, so the reported vaccination rate may be an underestimate. Almost one-fifth of prison inmates with a history of injecting drugs tested positive for hepatitis B antibodies in the two previous prison studies (19% in 2000 and 18% in 2001) (Allwright*, et al.* 2000) (Long*, et al.* 2001), so it is likely that a number of those with long-standing drug use may have been infected in the past, resolved their infection and have a natural immunity to HBV.

2017 study estimating the seroprevalence of untreated chronic HCV infection in Mountjoy Prison

A cross-sectional study of male prisoners in Mountjoy Prison was carried out in 2017. More than 400 prisoners (n=422, 78% of all eligible prisoners) participated in the study. Ninety-five per cent were tested for HCV. Of those tested, 23% were HCV antibody positive, with one-quarter showing spontaneous clearance. Of those with chronic infection, 77% (n=53) had untreated active HCV infection and 23% (n=16) had a sustained virologic response post-treatment, giving a seroprevalence estimate for untreated chronic hepatitis C infection of 13%.

Of those who tested HCV antibody positive, 10 (11%) were co-infected with HIV and 6 (6%) had been infected with hepatitis B. The seroprevalence of hepatitis C among prisoners with a history of injecting drug use was 80%. On multivariable analysis, injecting drug use and having a history of receiving a non-sterile community tattoo were the only significant risk factors independently associated with hepatitis C acquisition (p=0.005, β=0.468) (Personal communication: Dr Des Crowley (lead author), study submitted for publication).

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

Three policy documents are shaping the provision of drug-related healthcare in the Irish prison system. These are summarised below.

1. Keeping drugs out of prisons: Drugs Policy & Strategy
In May 2006, the Minister for Justice and Equality launched *Keeping Drugs out of Prisons: Drugs Policy & Strategy* (Irish Prison Service 2006a). This document set out the steps required to tackle the supply of drugs in 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.

2. Reducing Harm, Supporting Recovery – a health-led response to drug and alcohol use in Ireland 2017–2025
On 17 July 2017, Irish Taoiseach Leo Varadkar joined 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* lays 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 from 2017 to 2020 and provides the scope to develop further actions between 2021 and 2025 in order 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 interventions 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 new psychoactive substance (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.

3. IPS and Probation Service strategic plan 2018–2020
This strategy 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 reoffending and improve prisoner outcomes (Irish Prison Service and Probation Service 2018). Specific objectives include the following:

- The IPS and the Probation Service will jointly implement the recommendations of the *Review of Drug and Alcohol Treatment Services for Adult Offenders in Prison and in the Community*, published in 2016.
- The IPS and the Probation Service will jointly implement the recommendations of the national drug and alcohol strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*.
- The IPS will continue the surveillance of, and education on, the use and effects of NPS within the prison estate, and the management of related health issues.

- The IPS and the Probation Service will develop appropriate working systems with partner agencies in order to establish a pathway of care for those in the services' care who present with comorbidities (dual diagnosis).
- The IPS and the Probation Service will redesign and review the content of the National Drug Treatment Programme
- in order to further develop the range of service-specific problem substance use interventions in line with best international practice.

Other objectives outlined include the following:

- To aim to change the way offenders think, highlighting the effect of their behaviour on themselves and others, and to teach 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.
- To provide mental health assessment and support to those in prison experiencing mental health problems. Effective resettlement work can directly match prisoners to available jobs in the community.
- To work with the third sector in the provision of advocates, advice, support and encouragement.
- To link with statutory services such as Local Authorities and the Department of Employment Affairs and Social Protection in order 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 IPS and Probation Service's 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 reoffending.

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. These services are 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 Drug Rehabilitation Implementation Committee (NDRIC), which was set up to oversee and monitor the implementation of recommendations from the *Report of the Working Group on Drugs Rehabilitation* (2007) (Working Group on drugs rehabilitation 2007).

A range of addiction services and drug rehabilitation programmes within the prison system are delivered in partnership with six Community-Based Organisations (CBOs) (see Section T1.3.3). IPS expenditure on addiction services and drug rehabilitation programmes for the years 2013–2017 is shown in Table T1.3.2.1 (Flanagan 2019, 12 February). IPS figures for 2018 are not yet available.

Table T1.3.2.1 IPS expenditure on addiction services and drug rehabilitation programmes, 2013–2017

Service	2013	2014	2015	2016	2017
Drug treatment pharmacist services	€781,709	€512,325	€455,283	€456,428	€417,067
Addiction counselling	€1,225,039	€1,142,384	€1,048,041	€1,076,887	€1,036,361

Addiction psychiatry	€93,529	€89,828	€95,902	€118,080	€109,734
Methadone treatment	€78,237	€82,438	€65,481	€77,571	€53,058
Total	€2,178,514	€1,826,975	€1,664,707	€1,728,966	€1,616,220

Source: (Flanagan 2019, 12 February)

CBOs provide a range of services to adult and young offenders in local communities, including training and education, offending behaviour programmes, residential accommodation, and drug and alcohol treatment programmes. These organisations offer a service to offenders who might not otherwise be in a position to avail of a mainstream service opportunity. Each year, these organisations commit to a range of outputs in line with the strategy and work plans of the Probation Service. In 2017, the Probation Service provided almost €11.7 million directly to 45 CBOs working with adults, while the Irish Youth Justice Service provided more than €5 million through the Probation Service to 18 projects working alongside Young Persons Probation (see Section T1.3.3).

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 the West Dublin Complex (Cloverhill and Wheatfield). In addition, an addiction specialist general practitioner service is provided in a number of other prisons.

As well as addiction counselling, substitution treatment and detoxification 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. Six CBOs are funded to provide services in the prison system: Merchants Quay Ireland (MQI) (funded under two separate contracts from the IPS and the Probation Service), Ana Liffey Drug Project (ALDP), Coolmine Therapeutic Community (CTC), Ballymun Youth Action Project (BYAP), Fusion Community Prison Link (Fusion CPL) and the Matt Talbot Community Trust (MTCT).

The Probation Service works directly with 45 CBOs working with adults; the Irish Youth Justice Service provides assistance through the Probation Service to 18 projects working alongside Young Persons Probation. A range of services are provided, including residential treatment programmes for drug and alcohol addiction, harm reduction counselling and support, recovery and aftercare programmes, community education, therapeutic advice, and family support.

Table T1.3.3.1 Drug-related interventions in prison

Type of intervention	Specific interventions	YES/NO (indicates whether it is formally available or not available)	Number of prisons in the country where interventions are actually implemented	Comments or specifications on the type of intervention
Assessment of drug use and drug-related problems at prison entry		YES	12	DETAILS BELOW
Counselling on drug-related problems				
	Individual counselling	YES	12	DETAILS

Type of intervention	Specific interventions	YES/NO (indicates whether it is formally available or not available)	Number of prisons in the country where interventions are actually implemented	Comments or specifications on the type of intervention
				BELOW
	Group counselling	YES	12	DETAILS BELOW
Residential drug treatment				
	Drug-free units/drug-free wings	YES	2	DETAILS BELOW
	Therapeutic community/residential drug treatment	YES	12	DETAILS BELOW
Pharmacologically assisted treatment				
	Detoxification	YES	1	DETAILS BELOW
	Opium substitution treatment (OST) continuation from the community to prison	YES	12	DETAILS BELOW
	OST initiation in prison	YES	10	DETAILS BELOW
	OST continuation from prison to the community	YES	12	DETAILS BELOW
	Other pharmacological treatment targeting drug-related problems	DATA NOT AVAILABLE		
Preparation for release				
	Referrals to external services on release	YES	12	DETAILS BELOW
	Social reintegration interventions	YES	12	DETAILS BELOW
	Overdose prevention interventions for prison release (e.g. training, counselling, etc.)	YES	12	DETAILS BELOW
	Naloxone distribution	YES	12	DETAILS BELOW
Infectious disease interventions				
	HIV testing	YES	12	DETAILS BELOW
	HBV testing	YES	12	DETAILS BELOW
	HCV testing	YES	12	DETAILS BELOW
	Hepatitis B vaccination	YES	12	DETAILS BELOW
	Hepatitis C treatment with interferon	DATA NOT AVAILABLE		
	Hepatitis C treatment with DAA	DATA NOT AVAILABLE		
	ART therapy for HIV	DATA NOT AVAILABLE		
Needles and syringe exchange		NO		
Condom distribution		NO		
Others (specify)				

Drug-related health responses: Assessment of drug use and drug-related problems at prison entry

Initial healthcare screening in Irish prisons is carried out on the day of reception by a nurse or medical orderly. A doctor is available for consultation, either in person or by telephone, to address any urgent clinical concerns arising in relation to a newly received prisoner. All prisoners are interviewed by both a nurse and a doctor and the IPS seeks to engage with them around any

addictions they may have, be it in relation to illicit or prescription drugs or any alcohol addictions (Irish Prison Service 2006b). Prisoners who refuse healthcare assessment are required to sign a disclaimer to this effect. 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. 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.

Drug-related health responses: Counselling on drug-related problems

Addiction counselling services have been provided to the IPS by MQI since 2007 (Merchants Quay Ireland 2017). A voluntary organisation providing services to vulnerable persons, including drug users, MQI operates in all 12 prisons.

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, and
- Individual care planning and release planning.

The ALDP is a “harm reduction – low threshold” CBO project working 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 serve time in prison. As part of its case management and one-to-one work, the ALDP visits and supports prisoners and also helps prisoners prepare for their release.

There are 19.8 full-time Addiction Counsellor posts filled across the Irish prison estate. The IPS have advised that 2,750 prisoners benefitted from addiction counselling services in 2018 (Flanagan 2019, 13 June).

Drug-related health responses: Residential drug treatment

Number of drug-free wings across the prison estate

Drug-free landings are on offer to prisoners who wish to avail of them in the Wheatfield Place of Detention and in Mountjoy Prison. The IPS has acknowledged the need to provide more appropriate locations in the prison estate so that prisoners can maintain their drug-free status.

Therapeutic community/residential drug treatment

The CTC is a drug and alcohol treatment centre providing community, day and residential services to men and women with problematic substance use and to their families in Ireland. Established in 1973, the CTC was founded upon the philosophies of the Therapeutic Community Approach to addiction treatment. The CTC continues to see a growing demand for therapeutic community treatment within the prison population, and has committed to developing a drug-free prison

therapeutic community in the Irish prison estate to meet this demand (Coolmine Therapeutic Community 2017).

In the Midwest and Midlands, the ALDP delivers a one-to-one outreach programme to those who are in prison who wish to lead a drug-free lifestyle, and to those who have recently been released from prison and need additional help or information on remaining drug free.

Drug-related health responses: Pharmacologically assisted treatment

Opioid substitution treatment (OST)

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. Opioid substitution treatment (OST) is available in all Irish prisons, with the exception of the open centres (Loughan House and Shelton Abbey). However, it is available across the prison estate, accommodating more than 80% of the prison population (McCaffrey 2019, 17 January). The IPS reports that, on any given day, there are approximately 530 prisoners on methadone stabilisation treatment within the prison service (Flanagan 2019, 12 February). In 2017, the IPS provided OST service to almost 1,700 prisoners, which means that 17% of the prison population availed of OST in Ireland in that year (McCaffrey 2019, 17 January).

Detoxification

MQI (in partnership with the CBOs ALDP, BYAP and CTC) coordinates and contributes to the delivery of a structured eight-week detoxification programme in the Mountjoy Prison Medical Unit which accommodates nine prisoners, with up to six programmes being facilitated annually. The programme assists prisoners in detoxing from methadone and benzodiazepines (Merchants Quay Ireland 2018).

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.

Drug-related health responses: Preparation for release

The ALDP offers support to service users who have been sentenced to serve time in prison, and helps prisoners prepare for their release.

The 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 north side) had 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 its 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 Drug Treatment Programme and the Detox Programme within Mountjoy Prison, and assisting individuals with their pre- and post-release choices.

Established in 1999, Fusion CPL supports the probation service in providing line management for prison liaison workers. Fusion CPL works with drug users who are incarcerated in prison, assisting them to make the transition from prison back into the community. Ideally, this work begins six months before a prisoner's release date.
The MTCT is a drug-free educational programme endeavouring to create change at a grass roots level in Ballyfermot, a suburb of Dublin. The MTCT's 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 from prison. Its core work is to:

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

The MTCT works with prisoners to develop a tailored plan that encompasses developing a route into education and/or employment, coupled with social supports such as counselling, key working, family support and group work.

Naloxone distribution
Within the prison estate, in an emergency, naloxone may be administered without prescription by a nurse. Along with partners in the HSE, the National Family Support Network, and the ALDP, MQI was involved in the national rollout of the Naloxone Demonstration Project in 2015 (Merchants Quay Ireland 2017).

The project has seen more than 1,600 kits issued nationally, with 600 people who use drugs and their family members, and another 800 community workers, trained on how administer naloxone. To date, more than 400 drug users in Ireland have been prescribed naloxone, and an external evaluation concluded that the scheme was a success. However, outside the prison estate, only persons at risk of overdose (the patient) can be prescribed naloxone, and it has been suggested that training should be rolled out across all addiction service and homeless service providers in Ireland, and that naloxone should be available to staff in these projects and to outreach workers.

Work on this initiative is ongoing, and MQI hopes that eventually, all opiate drug users in Ireland will have access to naloxone provision.

Drug-related health responses: Infectious disease interventions
The latest clinical guidelines for patients on OST were published in 2017 (Lyons 2017). These guidelines recommend that all patients attending OST services be screened for hepatitis A, HBV, HCV and HIV, even if they are not injecting drug users, and that all patients be vaccinated against hepatitis A and B. Repeat testing is recommended for those who initially test negative for HIV if they report engaging in behaviours that would put them at ongoing risk of infection. The guidelines also recommend referral to specialist services and treatment, as clinically appropriate, for patients who test positive for hepatitis C or HIV. These guidelines replaced the 2008 Irish College of General Practitioners (ICGP) guidelines (Irish College of General Practitioners 2003), but the earlier

guidelines also recommended testing for blood-borne viruses and hepatitis A and B vaccination, and this has always been common practice within the addiction services. The Immunisation Guidelines for Ireland also recommend vaccination against hepatitis A and B for non-immune people who inject drugs (National Immunisation Advisory Committee 2008).

The Healthcare Standards for Irish Prisons recommend screening for HIV and hepatitis for all inmates who volunteer a background history of risk factors for these diseases (Irish Prison Service 2006b). Immunisation against hepatitis A and hepatitis B is recommended for all prison inmates (Irish Prison Service 2006b) (National Immunisation Advisory Committee 2002). The prison healthcare standards are currently being revised. In practice, blood-borne virus testing and hepatitis A and B vaccination are offered to all inmates on committal regardless of declared risk factors, or at other times if requested.

Currently, every prisoner undergoes a committal health screen on entering prison in Ireland. This is repeated for every committal and transfer. During that initial screening, information is gathered on drug use and blood-borne virus status, and blood-borne virus testing is offered. All prisoners are also offered hepatitis A and hepatitis B vaccinations. However, uptake of screening and vaccination at committal is suboptimal. Many prisoners initially refuse but then return later and request screening. It should be noted that it is very difficult to obtain data on the uptake of blood-borne virus screening, the prevalence of blood-borne viruses and the incidence of new infections within each prison, as this information is not recorded in an extractable way within the prison database system. Recruit prison staff and current serving staff now receive infection control and prevention education as part of the IPS Continual Professional Development (CPD) programme. This has created a greater awareness of best practice around infection control, making the prison environment a safer place in which to work (Health Protection Surveillance Centre 2018).

Drug-related health responses: CBOs in receipt of funding support through the Irish Probation Service, 2017

The Irish Probation Service recognises and acknowledges the important role that the community plays in working with offenders, supporting their rehabilitation, reintegration and engagement in a positive lifestyle. It therefore engages with a range of CBOs, supporting and enabling them to develop and deliver services across communities which enhance the work of the Probation Service in changing offending behaviour.

In 2017, the Probation Service provided almost €11.7 million directly to 45 CBOs working with adults, while the Irish Youth Justice Service provided more than €5 million through the Probation Service to 18 projects working alongside Young Persons Probation (Probation Service 2018). A list of these CBOs and their core activities is provided below.

Adventure Sports Project: Provides an adventure sports and youth work programme for young people in Dublin.

Aftercare Recovery Group: An abstinence day programme in Dublin for those in recovery from drug addiction.

Aiséirí Cahir: Provides a residential treatment programme for drug, alcohol and other addictions in Co Tipperary.

Aiséirí Wexford: Aiséirí provides a residential treatment programme for drug, alcohol and other addictions in Co Wexford.

Aislinn: Aislinn provides a 12-step abstinence-based residential programme for adolescents and young people for the treatment of alcohol, drug, and/or gambling problems in Co Kilkenny.

ALDP: Provides counselling, support and other services in Dublin, based on a harm reduction approach, for drug users in the community and in prison and for their families.

Athy Alternative Project: Training centre in Co Kildare providing programmes to address anti-social attitudes and behaviours. The programme offers group work, anger management, carpentry, literacy, computers, soccer training, etc.

Ballinasloe Training Workshop: A multidisciplinary training centre based in Co Galway providing programmes to address anti-social attitudes and behaviours, and working to reintegrate ex-offenders as full participants in the life and work of the local community.

BYAP: A Dublin community-based addiction recovery support service providing therapeutic advice and services for young people and community education on drug abuse.

Bridge Project: A Dublin-based interagency initiative developed to deliver programmes and interventions to address offending behaviour, reduce reoffending, and support the settlement and reintegration of ex-offenders in the community.

Bushypark (Clarecare) Residential Treatment Centre: Based in Co Clare, this CBO offers treatment for addictions including alcohol and drugs.

Candle Community Trust: A training centre in Dublin providing programmes to address anti-social attitudes and behaviours. Services include a training workshop, a drop-in day centre (for both 12–15 and 15–21 age groups), educational and personal development programmes, and one-to-one counselling.

Care After Prison: A peer-led, Dublin-based organisation which provides information, referral and support services to people who have been affected by imprisonment.

Céim ar Chéim: A training centre in Co Limerick providing programmes for young people aged 15–25 years who may be clients of the Probation Service or at risk of offending to address anti-social attitudes and behaviours. Céim ar Chéim is co-funded by the Irish Government and the European Social Fund (ESF) as part of the Programme for Employability, Inclusion and Learning 2014–2020.

Ceim Eile (Aiséiri): Aiséirí provides residential treatment in Co Waterford for drug, alcohol and other addictions.

Churchfield Community Trust: A training centre in Co Cork providing programmes to address anti-social attitudes and behaviours. Individual programmes are tailored to need, ability and capacity and include woodwork, horticulture, painting, computers, cookery, metal work, mechanics, literacy, sport and leisure.

CTC: A long-established provider in the Greater Dublin area of residential and non-residential drug rehabilitation programmes for males and females. The CTC also provides a family support service and day induction centre, educational outreach service, prison in-reach, assessment, and counselling and aftercare services.

Cork Alliance Centre: Provides individual and group counselling, resettlement and referral support to offenders and families of ex-offenders in Co Cork.

Cornmarket Project – Wexford Local Development: A multidisciplinary centre in Co Wexford providing programmes to address anti-social attitudes and behaviours, including intervention and support programmes, one-to-one counselling, group work and a structured day programme.

Cox's Demesne: A multidisciplinary centre in Co Louth providing programmes including intervention and support to address behavioural issues, anti-social attitudes and education problems among young people who are at risk and/or out of school.

Crinan Youth Project: A Dublin community-based drug treatment facility and multidisciplinary support service providing multidisciplinary treatment and rehabilitation for under-21-year-olds.

Cuan Mhuire Athy: Provides a residential treatment programme in Co Kildare for drugs, alcohol and other addictions.

Cuan Mhuire Bruree: Provides a residential treatment programme in Co Limerick for drugs, alcohol and other addictions.

Cuan Mhuire Coolarne: Provides a residential treatment programme in Co Galway for drugs, alcohol and other addictions.

Cuan Mhuire Farnanes: Provides a residential treatment programme in Co Cork for drugs, alcohol and other addictions.

Daughters of Charity Community Services: A multidisciplinary centre in Dublin providing a wide range of children and young persons' programmes and services, including a preschool nursery for young children, a school for older children at risk, a community training workshop for early school leavers, and an adult and community education project for adults seeking to return to learning.

Dóchas don Óige: A community-based training project in Co Galway working with young adults in Galway city. The training centre provides programmes to address anti-social attitudes and behaviours catering primarily for the needs of young people at risk and offenders in the west side of Galway city. Dóchas don Óige is co-funded by the Irish Government and the ESF as part of the Programme for Employability, Inclusion and Learning 2014–2020.

Fellowship House: A support service in Co Cork for addicts in early recovery.

Fusion CPL: A prison links project in Dublin working with offenders with addictions both in custody and in the community.

GROW: A community-based mental health self-help, support and care organisation in Dublin providing in-reach services in prisons.

Guild of St Philip Neri: The Guild of St Philip Neri is a conference of the Society of St Vincent De Paul that is dedicated to befriending and providing personal support for prisoners and ex-prisoners in the Dublin area.

Job Sampling Initiative: Based in Dublin, this CBO provides education and training, mentoring, work preparation and personal development to males and females aged 18–23 years who are under Probation Service supervision or at risk of offending.

Kerry Adolescent Counselling: A Co Kerry-based counselling and support service for adolescents at risk and for their parents.

Kilkenny Employment for Youth: A community training workshop in Co Kilkenny for young people (aged 16–25 years) with additional provision for Probation Service referrals who need help to change anti-social behaviour and to achieve access to employment and further education.

Le Chéile: Le Chéile is a nationwide project working in partnership with the Young Persons Probation division of the Probation Service providing mentoring for young people in trouble with the law. Le Chéile recruits, trains and supports volunteers from the community to act as mentors to young people who are under the supervision of the Probation Service. Le Chéile is co-funded by the Irish Government and the ESF as part of the Programme for Employability, Inclusion and Learning 2014–2020.

IASIO (Linkage Programme): The Linkage Programme is a nationwide joint initiative between IASIO and the Probation Service delivering job placement, work experience, employability and on-the-job training, education, apprenticeship placement services and community services for ex-offenders and persons referred through the Probation Service, benefitting individuals, employers and the community.

Matt Talbot Adolescent Services – Day Treatment Centre: A day programme in Co Cork which aims to reduce offending behaviour through appropriate interventions for young adult males with substance misuse problems.

Matt Talbot Adolescent Services – Cara Lodge Residential Treatment Centre: A residential addiction treatment centre in Co Cork for young adult males with substance misuse problems.

MTCT: An adult training centre in Dublin providing programmes to address anti-social attitudes and behaviours. Participants benefit from key worker support and access to training/education, personal development, drug addiction courses, and communication skills. All participants must be drug free.

MQI: An established provider of residential and non-residential drug rehabilitation programmes for males and females. MQI works on the harm reduction model of practice and provides needle exchange and medical services, accommodation, family support services and prisoner support services.

PACE: The PACE Training for Employment project in Dublin provides an education and training project for adult male offenders leaving custody and for offenders on Probation Service supervision. PACE Priorswood House provides accommodation and related services for adult men with specific needs and risks leaving custody or on Probation Service supervision.

PALLS: A newly established centre in Co Limerick providing programmes for ex-offenders referred through the Probation Service to address anti-social attitudes and behaviours and to progress them to employment in partnership with Limerick Regeneration.

Restorative Justice in the Community: A restorative justice initiative in Co Tipperary developed between the local community and the Probation Service with the objective of minimising repeat offending by confronting the offender with the impact of the crime on others, in particular the victim.

Restorative Justice Services: Developed in partnership with the Probation Service and the local community, this Dublin-based CBO provides a range of restorative justice programmes to Courts Service, the Probation Service and the wider community in pre- and post-sentence interventions.

SAOL Project: Provides a community-based training, education, skills and resettlement programme for women in Dublin's North Inner City community who are in treatment for drug addiction.

SOLAS – Compass: Provides a mentoring-based programme in Dublin focusing on positive role modelling in order to improve pro-social behaviour and attitudes for young adults in the Dublin area who have been through the criminal justice system.

Southill Outreach: An innovative outreach training and education initiative for young people involved in truancy, at risk and anti-social behaviour, and substance abuse in the Southill community in Co Limerick. Southill Outreach is co-funded by the Irish Government and the ESF as part of the Programme for Employability, Inclusion and Learning 2014–2020.

Stepping Out Athlone: A multidisciplinary training centre in Co Westmeath providing programmes devised to meet the needs of persons referred by the Probation Service who have been engaged in offending, or in drug and alcohol abuse, in preparation for training and open employment.

Tabor Lodge: Offers treatment in Co Cork for a range of addictions including alcohol, drugs, gambling and food.

Tallaght Probation Project: A multilevel and multidisciplinary training centre in Dublin providing programmes for adults and young people to address anti-social attitudes and behaviours. The programme includes FETAC modules, key working, supported progression, taster activities and outdoor pursuits, group work, a broad range of certified educational modules and personal development.

Tivoli Training Centre: A newly rebuilt and redeveloped multilevel and multidisciplinary training centre in Dublin providing programmes for adults and young people to address anti-social attitudes and behaviours. Tivoli Training Centre will include FETAC modules, key working, supported progression, outdoor pursuits, group work, a broad range of certified educational modules, and personal development, and will host a range of other services.

Tower Programme Training: A centre in the Clondalkin area of Dublin providing programmes to address anti-social attitudes and behaviours, as well as personal development and skills training for young people on probation supervision or who are at risk of offending.

Trail: An accommodation and resettlement services provider in Dublin for high-risk offenders.

TREO: A community-based training project working with young adults in the Waterford area. TREO offers educational, social and vocational support to its participants while challenging their offending behaviour.

Tuam Community Training Centre A training centre in Co Galway providing programmes to address anti-social attitudes and behaviours as well as training and education for ex-offenders in preparation for employment.

Tus Nua: An accommodation and support service in Dublin for women at risk of homelessness. Tus Nua, managed by Depaul Ireland, provides residential accommodation, resettlement and support services for female ex-offenders with particular needs leaving custody at the Dóchas Centre or on Probation Service supervision.

U-Casadh Project: The U-Casadh Project is an interagency initiative to support the reintegration of ex-prisoners and ex-offenders back into employment and community life in Waterford.

Westview Foróige Day Centre: Day centre programmes in Co Cork for young people under the age of 18 in fulfilment of orders under the Children Act, 2001.

Wexford Centre Project: A residential centre in Co Wexford providing social, recreational, and training programmes and facilities for youth from Dublin's North Inner City who are at risk of further offending.

W.H.A.D. Youth Project: Based in Dublin, WHAD delivers programmes to 14–18-year-old males at risk or on probation which focus on crime and its consequences, and on drug misuse. The programme offers social skills training, individual key worker support, and activities (social and outdoor) as alternatives to criminal behaviour.

Women's Rural Entrepreneurial Network (WREN) project: WRENS is a community-based outreach programme in Dublin providing a range of support, development and related services for women and families of offenders, and for members at risk of offending, in the Killinarden area.

Drug-related health responses: treated problem drug use in prison from TDI data

In 2018, 1,017 cases were treated in prison, as reported through TDI (Table T1.3.3.2). Treatment was provided by in-reach voluntary services (counselling) or medical units in the prison medical service (detoxification and OST). There has been a 65% increase in the number of cases reported compared to 2017, when 616 cases were reported. The increase is mainly due to improved returns to the NDTRS by existing services and a concerted effort by the Irish Focal Point to support the return of data from the two medical units in prisons in Dublin (also see Treatment workbook, Section T2.2).

Of those cases treated in prison, 13.6% 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 13.6% in 2018. The reason for this decrease is not known, however it may reflect improved access to drug treatment. It should be noted that the proportion of cases where treatment status is unknown remains high at 9.7% in 2018.

Table T1.3.3.2 Treated problem drug use in prison, NDTRS 2011 to 2018

	2011	2012	2013	2014	2015	2016	2017	2018
New treatment entrants	337	264	270	285	244	178	122	138
Previously treated	393	324	446	505	517	520	456	782
Treatment status unknown	23	48	27	45	13	22	38	97
Total	753	636	743	835	774	720	616	1017

Source: NDTRS, 2019

All treatment entrants in prison

In 2018, the main problem drug (71.1%) reported by all treatment entrants was opioids (mainly heroin), similar to previous years (Figure T1.3.3.1). Benzodiazepines were the second most common drug reported (12.8%), followed by cocaine (9.9%). In 2018, the majority of the data came from two prison medical units in Dublin and was focused on collecting data on OST and detoxification which may explain the increased number of cases reporting problem opioid use.

In 2018, 24.6% of cases treated in prison reported ever injecting, a decrease compared to 33.9% in 2017. For this variable it is important to note that injecting status is missing for 32.7% of cases, thus making these trends difficult to interpret. This is likely to be due to the change in questions related to the implementation of the new TDI protocol. Ongoing efforts are being made to rectify this.

In 2018, 85.2% of cases were male while the mean age was 33 years (male 33 years; female 36 years).

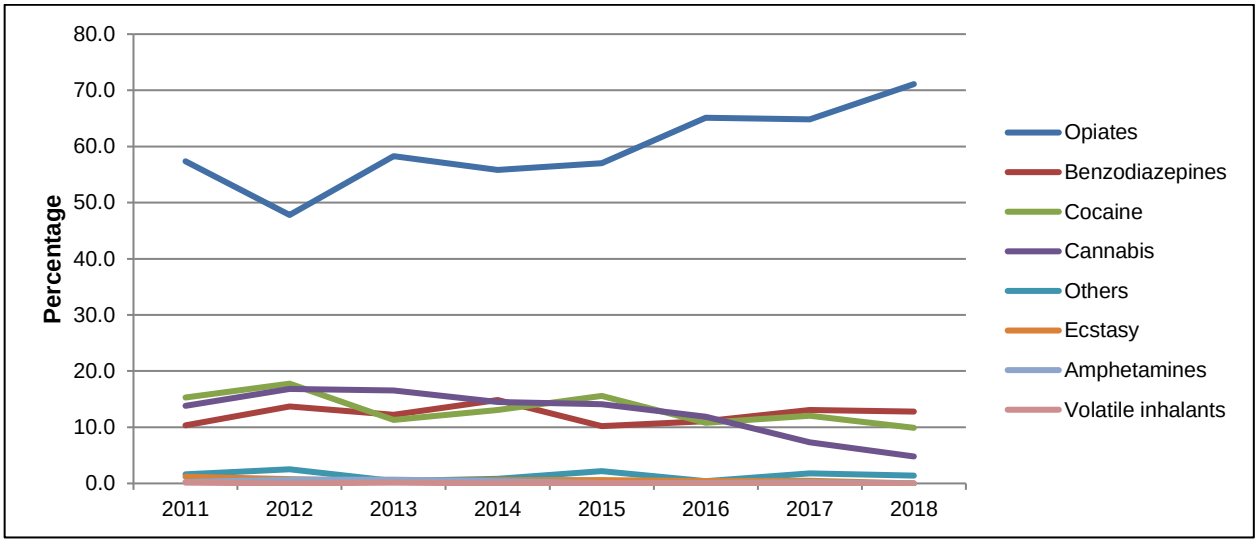

Figure T1.3.3.1 Main problem drug (excluding alcohol), all treatment entrants in prison, by year, NDTRS 2011 to 2018

Source: NDTRS, 2019

New treatment entrants in prison

The proportion of new treatment entrants in 2018 was the lowest recorded over the past eight years (n = 138, 13.6%). For the first time, cocaine was the main problem drug reported by new entrants, with the proportion rising from 26.2% in 2017, to 33.3% in 2018 (Figure T1.3.3.2). There has been a consistent increase in the proportion of new entrants in prison reporting problem cocaine use since 2013. Opioids, which were the most common drug reported by new entrants to prison between 2011 and 2017, dropped to third most common drug (19.6%) after cocaine (33.3%) and benzodiazepines (27.5%). The proportion of new entrants reporting problem benzodiazepine use fluctuated over the period 2011 to 2017 but has peaked at 27.5% in 2018.

While the increase in problem cocaine use mirrors the wider TDI data (also see Treatment workbook and Drugs workbook), the reason for the significant change in trends for opioids for new entrants is not so clear. In the wider TDI data there has been a steady decrease in the number of cases reporting problem opioid use but it is also likely in part due to data issues. Therefore, caution is urged when interpreting these data as the number of new entrants for 2018 is small and the proportion of cases where treatment status is unknown is high (n = 97, 9.7%) which could impact these figures. The targeted data collection in two main prisons in 2018 may also have affected these results (Also see Treatment workbook, Section T2.2).

In 2018, almost all new entrants to treatment were male (99.3%) and the mean age was 28.5 years. Among this group, 5.8% reported ever injecting. Small numbers and unknown values make trend analysis difficult to interpret.

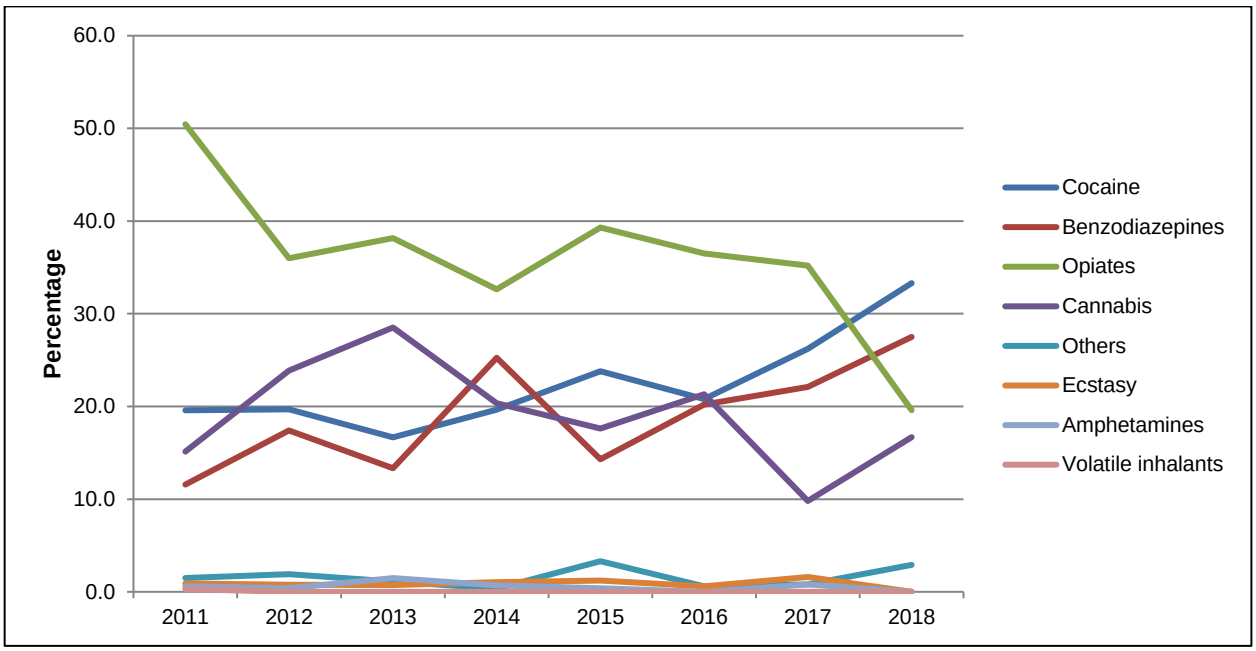

Figure T1.3.3.2 Main problem drug (excluding alcohol), new treatment entrants in prison, by year, NDTRS 2011 to 2018
Source: NDTRS, 2019

Drug-related health responses: Additional information

There is currently no consistent tracking of outcomes for prisoners treated across the Irish prison estate. In addition, there are a number of gaps in provision, including the availability of drug-free environments within the prison setting for prisoners who have completed detoxification and treatment programmes; the development of non-opiate-based detoxification services; alcohol treatment services; and access to treatment for cohorts such as sex offenders.

Between 2009 and 2015, 5,450 subjects received addiction treatment in prison, representing more than 9% of treatment cases in Ireland over this period. As of 18 September 2018, there were 44 individuals on a waiting list for drug treatment programmes in Irish prisons. This number does not include waiting lists for counselling services (Irish Penal Reform Trust 2018). The IPS have advised that figures at the end of 2019 indicate that there are 314 prisoners who have been referred to the addiction counselling service who are awaiting treatment (Flanagan 2019, 13 June).

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

A total of 1,695 prisoners received methadone substitution treatment during 2017. A breakdown of prisoners engaging in OST for the years 2013–2017 is shown in Table T1.3.4.1. As of December 2017, some 530 prisoners were in receipt of methadone on a daily basis. In addition, the number of addiction counselling sessions provided in 2017 was 10,252 (Flanagan 2019, 12 February).

Table T1.3.4.1 Prisoners engaging in OST, 2013–2017

Year	2013	2014	2015	2016	2017
Total patients	1922	1886	1865	1793	1695

Source: (Flanagan 2019, 12 February)

In a recent report (Irish Penal Reform Trust 2017) the Irish Penal Reform Trust (IPRT) noted that despite a range of treatments available, a number of gaps in service provision for the treatment of offenders with substance misuse issues are apparent, in particular with relation to 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 including promoting safety and reducing the risk of diseases among 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 residential treatment options available is a key barrier attributed to the Drug Treatment Court Programme's low success rate compared to 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. See Legal Framework workbook Section T2.2 for more information on the Drug Treatment Court.

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

Trends in addiction treatment in Irish prisons

In 2008, the National Drug Treatment Reporting System (NDTRS) began to collect information on drug treatment in Irish prisons, mainly from in-reach voluntary services which provided counselling only. Until 2013, the Irish Prison Service medical units did not participate in the NDTRS; however, in 2014, the medical unit in the largest male prison provided data on OST and detoxification. Many studies have shown that incarcerated populations have a higher rate of problem drug and alcohol use compared with the general population. Prison treatment services are therefore an important source of data for gaining a better understanding of the trends in problem drug and alcohol use, and for informing service design and delivery. A recent Irish study analysed trends in addiction treatment demand in prisons in Ireland from 2009 to 2014 using available national surveillance data in order to identify any implications for practice and policy (Cannon*, et al.* 2019).

This research, which has been published in the *International Journal of Prisoner Health,* analysed national surveillance data on treatment episodes for problem drug and alcohol use collected annually by the NDTRS from 2009 to 2014. In total, 6% of all treatment episodes recorded by the NDTRS between 2009 and 2014 were from prison services. It was found that the number of prison

service treatment episodes increased from 964 in 2009 to 1,063 in 2014. Opiates were the main reason for treatment, followed by alcohol, cocaine and cannabis (Table T2.1.1). The majority (94–98%) of treatment episodes involved males (median age of 29 years) and low educational attainment, with 79.5–85.1% leaving school before completion of second level. The percentage of treatment episodes with a history of ever injecting drugs increased from 20.9% in 2009 to 31.0% in 2014.

Table T2.1.1 Number of treatment episodes in Irish prisons and main problem drug, NDTRS (2009–2014)

	2009	2010	2011	2012	2013	2014
Number of treatment episodes	964	1096	1033	913	1015	1063
% of total committed	7.8	8.0	7.4	6.6	7.8	7.9
Main problem drug						
Opiates	502	570	435	307	436	471
	52.1%	52.0%	42.1%	33.6%	42.9%	44.3%
Alcohol	177	167	272	271	268	219
	18.4%	15.2%	26.3%	29.7%	26.4%	20.6%
Cocaine	146	157	116	114	84	110
	15.1%	14.3%	11.2%	12.5%	8.3%	10.3%
Cannabis	81	115	104	107	123	121
	8.4%	10.5%	10.1%	11.7%	12.1%	11.4%
Hypnotics and sedatives	47	73	83	91	92	132
	4.9%	6.7%	8.0%	10.0%	9.1%	12.4%
Stimulants	8	7	11	9	8	9
	0.8%	0.6%	1.1%	1.0%	0.8%	0.8%
Others*	**	7	12	14	**	**
	0.3%	0.6%	1.2%	1.5%	0.4%	0.1%

Source: (Cannon*, et al.* 2019)

*Includes volatile inhalants.

**To protect against indirect identification of individuals, items with fewer than five entries have been removed.

The authors observed that this is the first study to analyse treatment episodes in prison using routine surveillance data in Ireland, and it provides a baseline from which to measure any changes in provision of treatment in prison over time. Research on trends in addiction can help policy development and service planning in addiction treatment in prison, as it provides insight into the potential needs of incarcerated populations.

T3. New developments

Barriers and enablers to HCV screening and treatment in Irish prisons – prisoners' prospective

The hepatitis C virus (HCV) is a major global epidemic with an estimated 399,000 people dying annually from HCV-related liver failure and cancer (World Health Organization 2017). Unsafe injecting drug use is the main route of HCV transmission in developed countries, with an estimated 20 million people who inject drugs (PWID) infected worldwide (Nelson*, et al.* 2011). More than one-half of Irish prisoners report a history of opiate use, with 43% reporting a history of injecting (Drummond*, et al.* 2014). A 2000 study estimated the prevalence of HCV infection in the Irish prison population at 37%, increasing to 81% in those with a history of injecting drug use (Allwright*, et al.* 2000). With recent advances in treatment regimes, HCV is now a curable and preventable disease, and prisons provide an ideal opportunity to engage this hard-to-reach population. However, despite increased access to primary healthcare while in prison, many HCV-infected prisoners do not engage with screening or treatment.

A recent Irish study aimed to identify barriers to, and enablers of, HCV screening and treatment in Irish prisons (Crowley, Des*, et al.* 2018b). In this research, published in the BMC *Harm Reduction Journal*, four focus groups took place in Mountjoy Prison for males, and in the Dóchas Centre medium-security prison for adult females at the Mountjoy Campus in Dublin. Participants were recruited at both sites by open invitation through posters and directly by custodial and healthcare staff. Focus groups were facilitated by an experienced team of facilitators and included a series of

open-ended questions covering the following areas: experience of community-based and prison-based HCV screening and treatment; barriers to, and enablers of, uptake; challenges related to incarceration and release; inter-prison variations in healthcare delivery; and the role of security staff and peers in prison HCV management.

Results

The following themes related to the barriers to, and enablers of, both HCV screening and treatment emerged.

Barriers

Lack of knowledge

All focus groups identified a lack of knowledge as a major block to engagement with HCV treatment services. Prisoners were aware of their own lack of knowledge and were often confused about the different types of hepatitis. In addition, many prisoners were confused about the mode of transmission.

Fear of liver biopsy and treatment and concerns regarding confidentiality

Many prisoners spoke about their fear of treatment and the negative stories they had heard from other inmates. In addition, prisoners expressed concerns regarding confidentiality, with some believing that non-medical staff had access to their medical records. Many explained how prisoners were often called on the landing for certain blood tests and hospital appointments, and that this revealed their medical status to the other prisoners and security staff.

Fear of being stigmatised and systematic barriers

In addition to concerns about confidentiality, prisoners indicated that there was a fear of being stigmatised by other prisoners and staff if they became aware of their HCV status. Several participants described a double stigma: the first associated with HCV status, and the second associated with being a prisoner in a hospital setting. In particular, the practice of handcuffing male prisoners for security reasons while they attended outpatient appointments was identified as increasing the chances of experiencing stigma and shame. Many prisoners also expressed frustration at the many systemic blocks to screening and treatment. These included delays in having blood taken, in addition to further long delays in receiving results.

Enablers

Opt-out screening at committal and in-reach hepatology and fibroscanning

Screening on committal was seen by most inmates as an enabler to treatment, describing it as “more private” and “more suitable”. However, some participants were concerned that adapting to new surroundings on committal was already a stressful time, with some inmates also having to manage withdrawals. Participants identified the presence of in-reach hepatology services at both participating locations as a facilitator to engagement with treatment, given that the availability of on-site specialist hepatology reduced the need for prisoners to attend hospital outpatient appointments. In addition, the majority of prisoners expressed satisfaction with access to, and the experience of, fibroscanning, with many highlighting that they had better access to fibroscanning within prison than in the community.

Stability of prison life and peer support

All focus group participants agreed that prison eliminated many of the blocks experienced by this cohort in the community, in particular with regard to homelessness, personal motivation, competing priorities, access to healthcare and drug treatment. Moreover, participants identified peer educators as a potential facilitator to HCV screening and treatment, as a number of prisoners had experienced

mass HIV and tuberculosis screening programmes involving Red Cross peer workers while serving previous sentences and described these as facilitating their engagement.

Conclusions
The authors noted that although Irish prisons are a key setting in which to identify and treat HCV-infected PWID, this can only be achieved by the elimination of identified barriers to HCV screening and treatment in Irish prisons. It is hoped that the barriers to, and enablers of, HCV screening and treatment reported by Irish prisoners in this research will inform both national and international public health HCV elimination strategies.

HCV screening and treatment in Irish prisons from a governor and prison officer perspective
A recent Irish study aimed to explore prison governors' and officers' views on barriers to, and enablers of, HCV screening and treatment (Crowley, D*, et al.* 2018a). In this research, published in the BMC journal *Health & Justice*, five focus groups were conducted among two grades of security staff: the prison governor and prison officers. The governor component of the study was national in coverage; for convenience, and due to restricted access to other prison locations, the prison officer focus groups were confined to two Dublin prisons: Mountjoy Prison for males and the Dóchas Centre for females.

Results
The following themes related to barriers to, and enablers of, both HCV screening and treatment emerged.

Priority of safety and security
All focus groups included discussions about issues of security and safety in their prisons. While they were supportive and understanding of the benefits of prison healthcare, their primary focus was to ensure the safety of both staff and inmates. In particular, prison staff reported security concerns related to the protection of prisoners and how burgeoning gangland feuds and rival factions made their jobs very difficult. This created barriers to both HCV screening and treatment since it reduced face-to-face time with prisoners and medical staff because security staff are required to accompany prisoners to medical appointments.

Concerns about personal risk
A recurring theme throughout the focus groups was concern for personal safety. This concern covered the areas of personal safety and risk of exposure to, and acquisition of, blood-borne viruses, including HCV. Prison officers described a work environment of increasing inter-prisoner violence and severity of assault, often leading to open wounds and blood loss.

Lack of knowledge
Lack of knowledge among staff was recognised as a major barrier to HCV screening and treatment. Participants identified the provision of education and training as a means of addressing this knowledge deficit. All grades of staff felt that a lack of knowledge in relation to the newer HCV treatments and the risks of transmission impacted on their ability to engage with prisoners on this issue. Participants also identified the lack of knowledge among prisoners as a barrier to HCV treatment; in particular, the inaccurate information being circulated regarding the side effects of treatment which were historical and associated with interferon-based treatment.

Concerns regarding confidentiality

Prison officer participants reported that a lack of confidentiality was a barrier to HCV screening and treatment. Often, breaches in confidentiality were inadvertent and were related to prisoners being called to attend certain clinics that were connected with HCV, addiction treatment or HIV care. A number of officers felt that if issues regarding confidentiality were addressed, more prisoners would approach prison officers to discuss HCV-related concerns and that this might be a resource to educate prisoners on HCV-related issues.

Prisoners' fear of treatment and stigma
A number of participants identified fear of treatment as a barrier to prisoners engaging with health services. Fear of treatment was linked to the side effects of interferon treatment, liver biopsy, and concerns about stigma. It was suggested that making screening routine or opt-out had the potential to reduce stigma.

Time of screening
Both prison officer and governor participants favoured a structured and systematic approach to HCV screening. The committal period was identified by all groups as an opportune time to engage prisoners with health services and provide HCV screening. Some prison officers identified other time periods that might be suited to HCV screening. They described "down times" within the week where routine work was not scheduled, and felt that health-related programmes provided during these times might have the added benefit of relieving boredom for prisoners.

Peer workers
Participants in all focus groups agreed that trained peer workers had the potential to facilitate prisoner engagement with health services, including HCV screening and treatment. The narrative around peer workers included prisoners having more trust in their peer networks than in "The System".

In-reach hepatology and fibroscanning services
The availability of in-reach hepatology and mobile elastography were seen as enablers to prisoner engagement in HCV care. In particular, the cost-effectiveness and staff-saving benefits of in-reach services were viewed by the governor focus groups as a major benefit. The reduction of risk associated with prisoners having to attend hospital services was also noted.

Conclusions
The authors noted that although Irish prisons are a key setting in which to identify and treat HCV-infected PWID, this can only be achieved by the elimination of identified barriers to HCV screening and treatment in Irish prisons. In particular, they suggest that upscaling HCV management in prisons requires an in-depth understanding of all barriers to, and facilitators of, HCV screening and treatment. Engaging prison officers in the planning and delivery of healthcare initiatives may be a key strategy to optimise the public health opportunity that prison provides.

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 annual reports of the IPS, reports of the Inspector of Prisons, and responses to Parliamentary Questions (PQs). Publications and the website of the IPRT were also of use.

Data on treated problem drug use are provided by the 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 coordinated by staff at the Health Research Board (HRB) on behalf of the Department of Health.

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European Monitoring Centre for Drugs and Drug Addiction

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

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

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

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