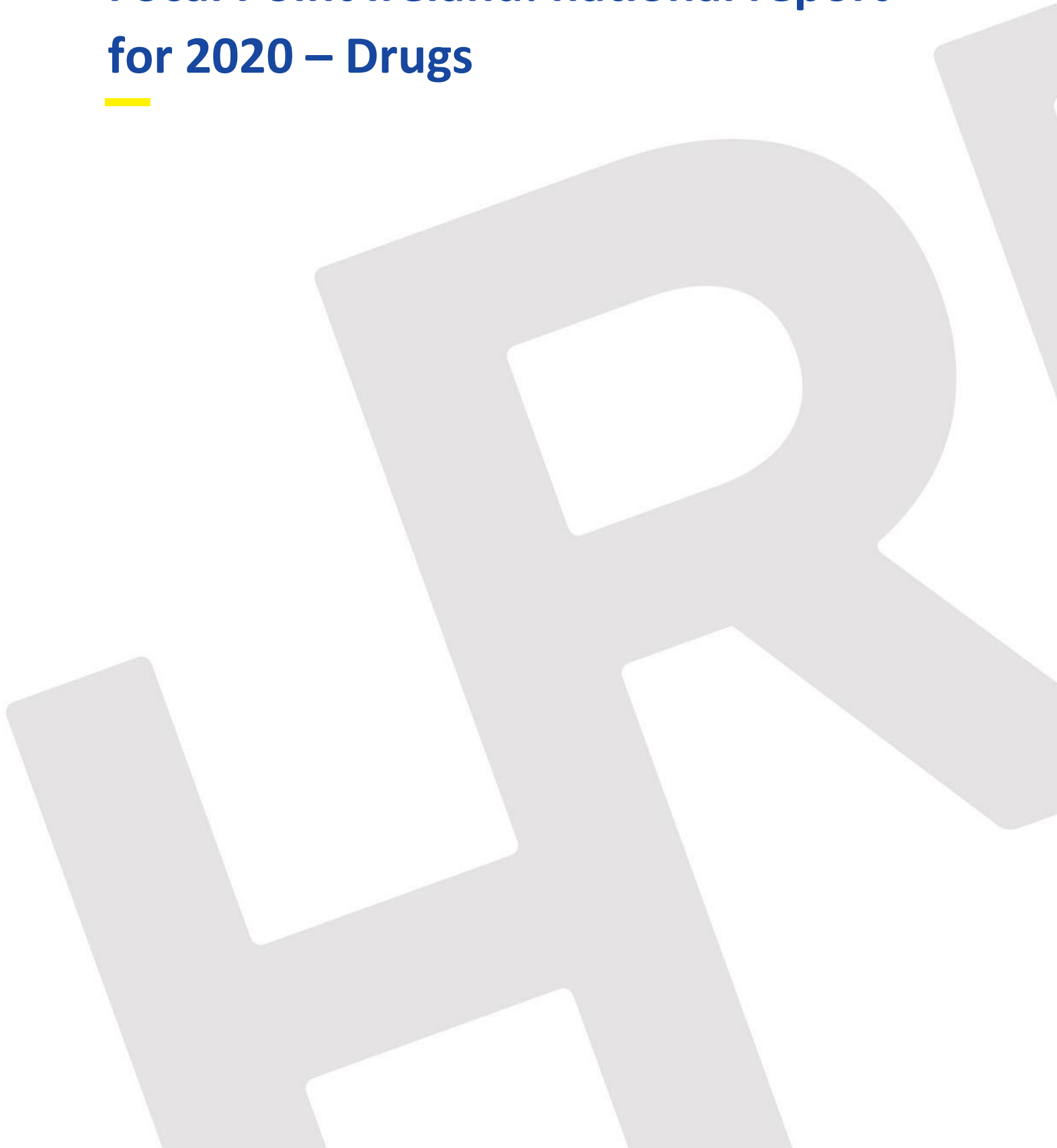


# **Focal Point Ireland: national report for 2020 – Drugs**

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

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All of the documents used in the preparation of the national report are available on the HRB National Drugs Library's repository at [www.drugsandalcohol.ie](http://www.drugsandalcohol.ie).

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(2021) Focal Point Ireland: national report for 2020 – drug policy.

(2021) Focal Point Ireland: national report for 2020 – treatment.

(2021) Focal Point Ireland: national report for 2020 – drug markets and crime.

(2021) Focal Point Ireland: national report for 2020 – prevention.

(2021) Focal Point Ireland: national report for 2020 – prison.

(2021) Focal Point Ireland: national report for 2020 – harms and harms reduction.

(2021) Focal Point Ireland: national report for 2020 – legal framework.



# Table of Contents

<b>Table of Contents</b> .....	<b>2</b>
<b>T0. Summary</b> .....	<b>5</b>
T0.1 Main illicit drug use in Ireland .....	5
T0.2 The use of illicit drugs with alcohol, tobacco and prescription drugs .....	5
<b>SECTION A. CANNABIS</b> .....	<b>5</b>
T1. National profile .....	5
T1.1 Prevalence and trends.....	6
T1.1.1 The relative importance of different types of cannabis .....	6
T1.1.2 Cannabis use in the general population .....	6
T1.1.3 Cannabis use in schools and other sub-populations .....	6
<b>T1.2 Patterns, treatment and problem/high risk use</b> .....	<b>9</b>
T1.2.1 Patterns of cannabis use.....	9
T1.2.2 Reducing the demand for cannabis.....	9
T1.2.3 High risk cannabis use .....	10
T1.2.4 Synthetic cannabinoids.....	10
<b>T2. Trends</b> .....	<b>10</b>
<b>T3.1 New developments in the use of cannabis</b> .....	<b>10</b>
T3.1.1 New developments in the use of cannabis.....	10
<b>T4. Additional information</b> .....	<b>10</b>
T4.1 Additional sources of information .....	10
T4.2 Further aspects of cannabis use .....	10
<b>SECTION B. STIMULANTS</b> .....	<b>10</b>
T1. National profile .....	10
T1.1 Prevalence and trends.....	10
T1.1.1 The relative importance and use of different stimulant drugs.....	10
T1.1.2 Stimulant use in the general population .....	10
T1.1.3 Stimulant use in schools and other sub-populations .....	11
T1.2 Patterns, treatment and problem/high-risk use.....	11
T1.2.1 Patterns of stimulant use.....	11
T1.2.2 Treatment for stimulants.....	11
T1.2.3 High risk stimulant use .....	12
T1.2.4 Synthetic cathinones .....	12
T1.2.5 Injecting and other routes of administration .....	12
T1.2.6 Infectious diseases .....	12
<b>T2. Trends</b> .....	<b>12</b>
<b>T3. New developments</b> .....	<b>12</b>

T3.1 New developments in the use of stimulants .....	12
<b>T4. Additional information .....</b>	<b>12</b>
T4.1 Additional sources of information .....	12
T4.2 Further aspects of stimulant use .....	12
<b>SECTION C. HEROIN AND OTHER OPIOIDS .....</b>	<b>13</b>
T1. National profile .....	13
T1.1 Prevalence and trends .....	13
T1.1.1 The relative importance of different opioid drugs .....	13
T1.1.2 Estimates of opioid use in the general population .....	13
T1.1.3 Estimates of opioid use in sub-populations .....	13
<b>T1.2 Patterns, treatment and problem/high risk use .....</b>	<b>13</b>
T1.2.1 Patterns of opioid use .....	13
T1.2.2 Treatment for heroin and other opioids .....	13
T1.2.3 High risk opioid use .....	14
T1.2.4 Synthetic opioids .....	14
T1.2.5 Injecting and other routes of administration .....	14
T1.2.6 Infectious diseases .....	14
<b>T2. Trends .....</b>	<b>14</b>
<b>T3. New developments .....</b>	<b>14</b>
T3.1 New developments in the use of heroin and other opioids .....	14
<b>T4. Additional information .....</b>	<b>14</b>
T4.1 Additional sources of information .....	14
T4.2 Further aspects of heroin and opioid use .....	14
<b>SECTION D. NEW PSYCHOACTIVE SUBSTANCES (NPS) AND OTHER DRUGS NOT COVERED ABOVE</b> .....	<b>15</b>
T1 New Psychoactive Substances (NPS), other new or novel drugs, and less common drugs .....	15
T1.1 Prevalence and trends in NPS use .....	15
T1.2 Harms related to NPS use .....	15
T1.3 Prevalence, trends and harms related to other drug use .....	15
<b>T2. Trends .....</b>	<b>16</b>
<b>T3. New developments .....</b>	<b>16</b>
T3.1 New developments in the use of NPS and other drugs .....	16
<b>T4. Additional sources of information .....</b>	<b>16</b>
T4.1 Additional sources of information .....	16
T4.2 Further aspects of NPS and other drug use .....	16
T4.3 Non-specific drug use and polydrug use .....	16
<b>T6. Sources and methodology .....</b>	<b>16</b>

T6.2 Methodology .....	17
T6.3 Bibliography .....	18
<b>Acknowledgements.....</b>	<b>19</b>

## **T0. Summary**

### **T0.1 Main illicit drug use in Ireland**

The first survey on drug use in the general population was carried out in Ireland in 2002–2003 among people aged 15–64 years. The results were jointly published by the National Advisory Committee on Drugs (NACD) – now the National Advisory Committee on Drugs and Alcohol (NACDA) – and the Drug and Alcohol Information and Research Unit. The survey was repeated in 2006–2007, 2010–2011, and 2014–2015. In 2018, the Health Research Board (HRB) commissioned Ipsos MRBI to conduct the fifth Drug Use in Ireland Prevalence Survey. A sample representing all households throughout the island of Ireland was randomly selected to participate. Data collection is now complete and the results will be published in the 2021 National Report.

This report includes data on cannabis use from the 2018 Health Behaviour in School-aged Children (HBSC) Survey. It also presents recent findings on cannabis use from 5,191 interviews of 20-year-olds who participated in the Growing Up in Ireland (GUI) National Longitudinal Study of Children and highlights selected trends in tobacco, alcohol, and cannabis consumption among school-aged children reported in *Health in Ireland: Key Trends 2019*.

The proportion of cases treated for problem cannabis use (excluding synthetic cannabinoids), as recorded in the Treatment Demand Indicator (TDI) data, has fluctuated over the reporting period. It decreased from 21.2% in 2004 to a low of 16.3% in 2007, but then increased year-on-year to a peak of 28.9% in 2013. The proportion then decreased to 23.4% in 2018 and remained the same for 2019.

In 2019, there were 2,585 cases treated for problem stimulant use as reported through the TDI, compared with 2,281 cases reported in 2018. Similar to previous years, the majority were for problem cocaine use (95.6%), followed by amphetamine-type stimulant use (2.2%), ecstasy use (1.7%), and synthetic cathinone use (0.3%). The increase in the number of cases reporting problem stimulant use is solely due to the increase in the number of problem cocaine users. For the first time, cocaine overtook cannabis as the second most common problem drug reported through the TDI.

Data from the TDI show that in 2019, 38.8% of reported cases were treated for problem opioid use. This continues the downward trend of the past three years, from 42.2% reported in 2018 and 44.9% reported in 2017. Of those treated for problem opioid use in 2019, heroin comprised the majority of cases (86.8%), similar to previous years.

In 2019, hypnotics and sedatives were the fourth most common drug group treated (11.1%), similar to 2018 (10.5%), as reported through the TDI. The proportion of cases rose consistently every year from 2006 (2.0%) to 2014 (11.2%), with the trend remaining stable since then. In 2019, the main drug type reported in this group was benzodiazepines (90.7%), similar to previous years.

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

At the time of publication, there were no new data on the use of illicit drugs with alcohol, tobacco and prescription drugs. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

## **SECTION A. CANNABIS**

### **T1. National profile**

## **T1.1 Prevalence and trends**

### **T1.1.1 The relative importance of different types of cannabis**

At the time of publication, there were no new data on the relative importance of different types of cannabis in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

### **T1.1.2 Cannabis use in the general population**

At the time of publication, there were no new data on the prevalence of cannabis use in the general population in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

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

#### **Cannabis use among Irish children: results from the 2018 Health Behaviour in School-aged Children Survey**

The first Health Behaviour in School-aged Children (HBSC) survey was conducted in Ireland in 1998 and has been repeated every four years since. In 2018, the survey was conducted in Ireland for the sixth time. This survey included 15,557 children aged 8–18 years, which was a representative sample drawn from 255 primary and post-primary schools across Ireland. Data were collected on general health, social class, smoking, use of alcohol and other substances, food and dietary behaviour, exercise and physical activity, self-care, injuries, bullying, and sexual health behaviours. Social class was categorised into three groups: high, middle, and low. The categories used for social class are standard and were determined by the highest-reported level of parental occupation. High social class includes professional occupations (i.e. solicitor, doctor) and managerial occupations (i.e. nurse, teacher); middle social class includes non-manual occupations (i.e. sales person, office clerk) and skilled manual occupations (i.e. hairdresser, carpenter); low social class includes semi-skilled occupations (i.e. postal worker, carer) and unskilled occupations (i.e. cleaner, labourer). The main results were published in January 2020 (Kolto, *et al.* 2020). Published findings regarding cannabis use are shown below.

#### **Last-year cannabis use among school-aged Irish children**

The HBSC survey found that there were statistically significant differences in last-year cannabis use by sex and age group. Overall, 8% of boys and 6% of girls reported cannabis use in the last 12 months. Younger children were less likely than older children to report cannabis use in the last 12 months. No statistically significant differences across social class groups were noted (Figure T1.1.3.1).

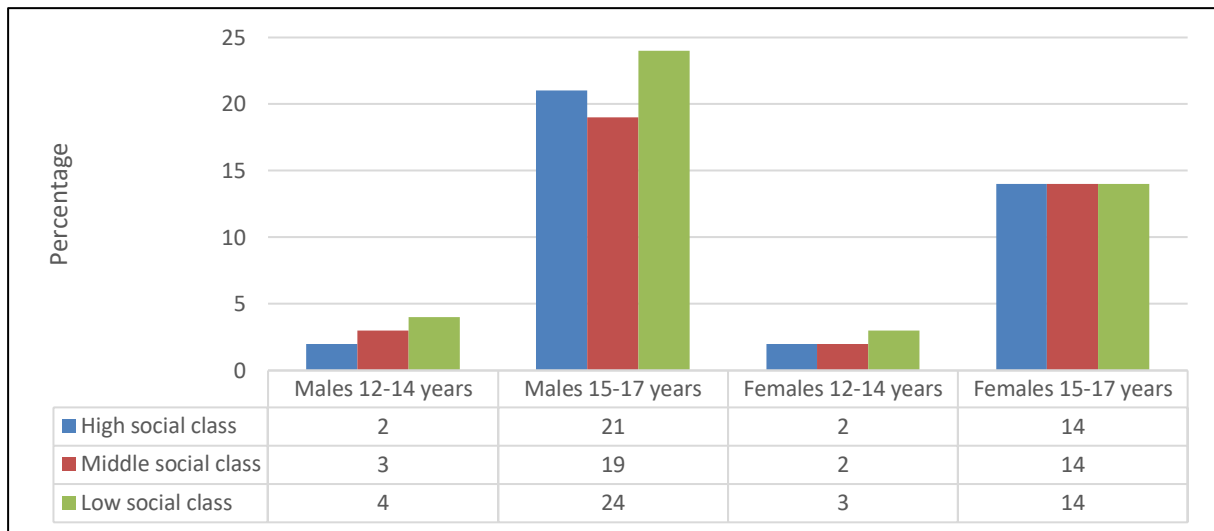


Figure T1.1.3.1 Percentage of 12–17-year-olds reporting use of cannabis in the past year, 2018

Source: (Kolto, *et al.* 2020)

### Current use of cannabis among school-aged Irish children

The HBSC survey reported statistically significant differences in current cannabis use by sex and age group. Overall, boys (4%) were more likely than girls (3%) to report cannabis use in the last 30 days. Younger children were also less likely to report cannabis use in the last 30 days than older children. As with last-year cannabis use, no statistically significant differences across social class groups were found (Figure T1.1.3.2).

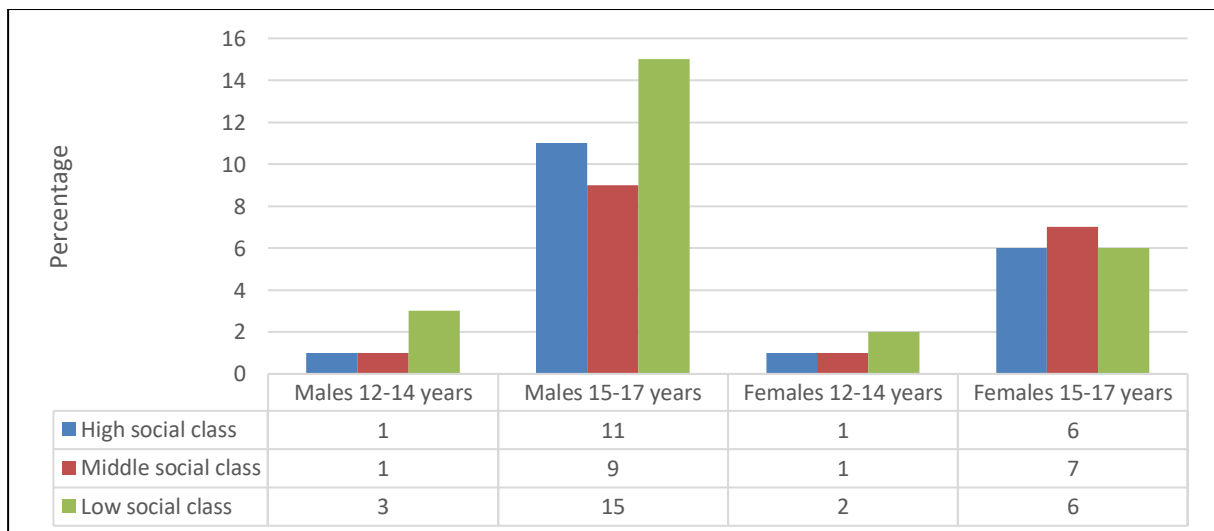


Figure T1.1.3.2 Percentage of 12–17-year-olds reporting use of cannabis in the past 30 days, 2018

Source: (Kolto, *et al.* 2020)

### Cannabis use among young people in Ireland – results from the Growing Up in Ireland study

Since 2006, the Growing Up in Ireland (GUI) study, a national longitudinal study of children and young people, has followed a cohort of children born in 1998. Four waves of interviews have been conducted with this cohort, when they were aged 9, 13, 17–18, and 20 years old. The most recent



GUI report presents the findings of 5,191 interviews of the 20-year-old participants, which were conducted in 2018 and 2019 (ESRI and Trinity College Dublin 2019).

Key findings of the most recent GUI report are as follows:

- Fifty-nine per cent of all 20-year-olds reported that they had tried cannabis: 26% said they had tried cannabis once or twice, 18% took it occasionally, 6% took it more than once a week, and 9% did not take cannabis anymore (Figure T1.1.3.3).
- The percentage who had ever tried cannabis increased markedly as the young people moved through their teens: 1% had tried cannabis by age 13; 30% had tried it by age 17/18; and 59% had tried it by age 20.
- In terms of using other illicit drugs (e.g. ecstasy and cocaine), 13% reported that they had tried them fewer than five times, whereas 15% said they had done so five or more times.
- Nine per cent had used prescription drugs recreationally.

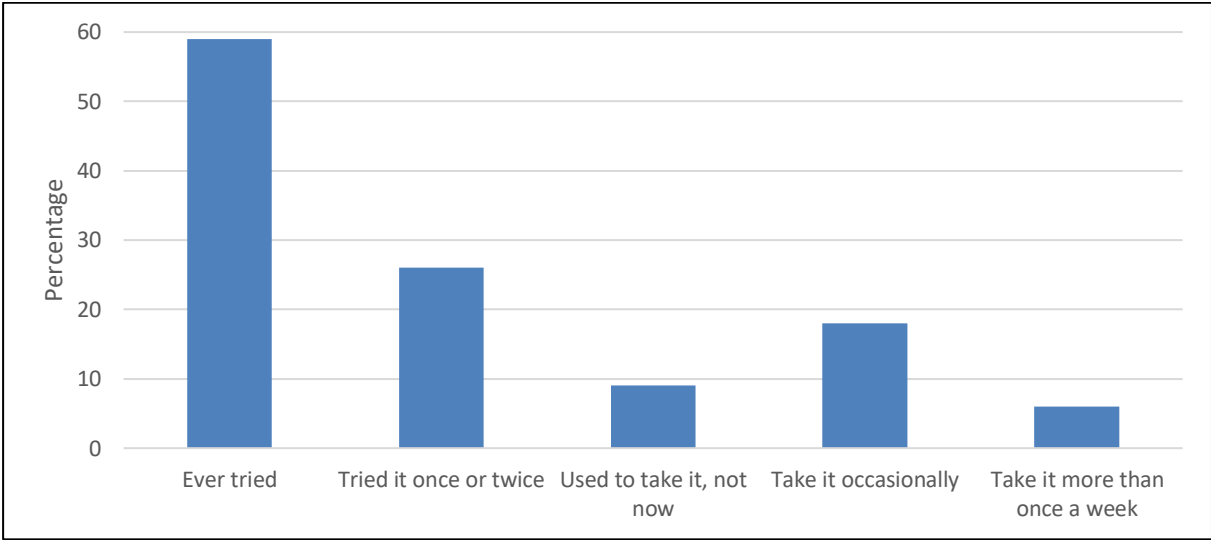


Figure T1.1.3.3 Cannabis use among 20-year-olds in Ireland, 2018–2019

Source: (ESRI and Trinity College Dublin 2019)

### Health in Ireland – key trends

The Department of Health has published the 12<sup>th</sup> edition of Health in Ireland, *Health in Ireland: Key Trends 2019* (Department of Health 2019). Using data from newly available sources, the report highlights selected trends in drug, alcohol, and tobacco consumption among school-aged children.

### Smoking, alcohol, and cannabis use among children in Ireland

Figure T1.1.3.4 shows the percentage of children in Ireland, aged 11–17 years, who engaged in risky health behaviours for the years 2010, 2014, and 2018. Findings demonstrate that there has been a constant downward trend in the percentage of children who smoked cigarettes monthly or more frequently, who had ever used alcohol, and who had used cannabis in the last year.

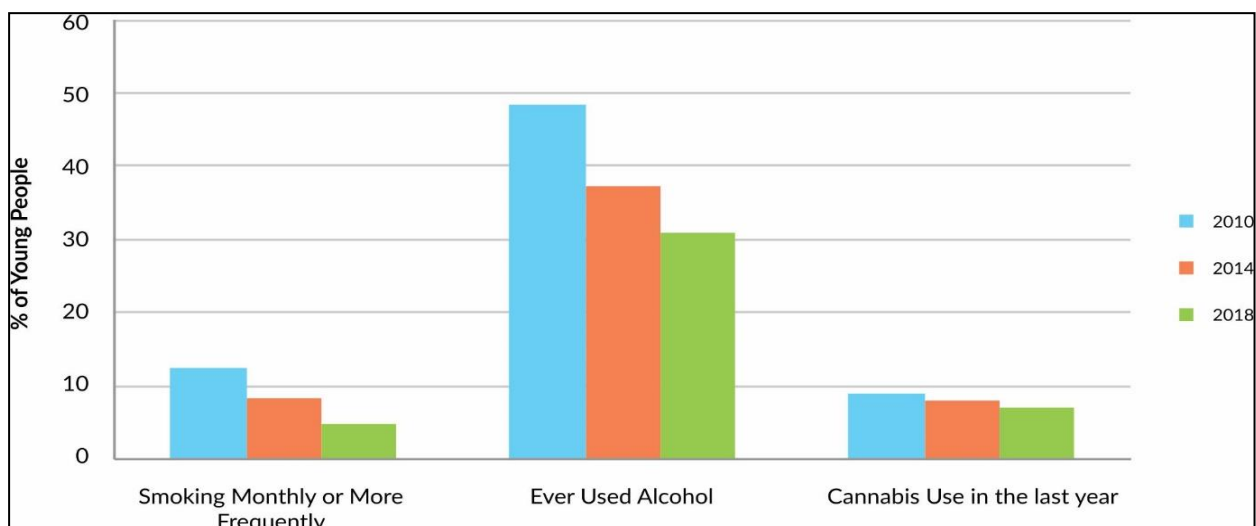


Figure T1.1.3.4 Percentage of children, aged 11–17 years, engaged in risky health behaviours in Ireland, 2010, 2014, and 2018

Source: (Department of Health 2019)

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

### T1.2.1 Patterns of cannabis use

At the time of publication, there were no new data on patterns of cannabis use in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

### T1.2.2 Reducing the demand for cannabis

The proportion of cases treated for problem cannabis use (excluding synthetic cannabinoids), as recorded in the TDI data, has fluctuated over the reporting period. It decreased from 21.2% in 2004 to a low of 16.3% in 2007, but then increased year-on-year to a peak of 28.9% in 2013. Since then the trend has stabilised, with 23.4% of cases recorded in 2019 being treated for problem cannabis use (see Section T2.1 of the Treatment workbook for further information).

Cannabis was the third most common drug for which entrants sought treatment, after opiates (mainly heroin) and cocaine. This is the first time that cocaine has surpassed cannabis to become the second most common problem drug (also see Section B – T1.2.2 Treatment for stimulants). In 2011, cannabis replaced opiates as the most common problem drug reported among new entrants to treatment (also see Section T1.3 of the Treatment workbook).

In 2019, 78.8% of cases reporting cannabis as their main problem drug were male, the mean age was 24 years (males: 24 years; females: 25 years), and 62.5% were new entrants; all of these figures are similar to previous years.

In 2019, the highest percentage of cases (45.6%) were self-referred (including referrals from family or friends, with no other agency/institution involved), similar to previous years. This was followed by 35.2% who were referred by other medical agencies or social services.

Most problem cannabis users accessed treatment in generic drug treatment services.

### **T1.2.3 High risk cannabis use**

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

### **T1.2.4 Synthetic cannabinoids**

Since 2009, only a very small number of cases have reported synthetic cannabinoids as their main problem drug in the TDI data. In 2019, 53 cases reported a synthetic cannabinoid as a main problem drug, an increase from the 40 cases reported in 2018. It should be noted that the types of new psychoactive substances (NPS) used by clients presenting to treatment are self-reported, and the actual drugs are rarely tested by centres, so it is not possible to say with certainty that the problem drug reported was definitely a synthetic cannabinoid. The type of NPS was not specified in a proportion of NPS cases recorded in the TDI data, and so the true number of synthetic cannabinoid users may be under- or overestimated. The 53 cases reported in 2019 are not included in the analysis of problem cannabis use in Section A – T1.2.2. See also Sections T1.3 and T2.1 of the Treatment workbook.

## **T2. Trends**

Included above

### **T3.1 New developments in the use of cannabis**

#### **T3.1.1 New developments in the use of cannabis**

At the time of publication, there were no data on new developments in the use of cannabis in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

## **T4. Additional information**

### **T4.1 Additional sources of information**

No new information.

### **T4.2 Further aspects of cannabis use**

No new information.

## **SECTION B. STIMULANTS**

### **T1. National profile**

#### **T1.1 Prevalence and trends**

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

At the time of publication, there were no new data on the relative importance and use of different stimulant drugs in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

##### **T1.1.2 Stimulant use in the general population**

At the time of publication, there were no new data on the prevalence of stimulant use in the general population in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

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

At the time of publication, there were no new data on the prevalence of stimulant use in schools and other subpopulations in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

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

### **T1.2.1 Patterns of stimulant use**

At the time of publication, there were no new data on the patterns of stimulant use in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

### **T1.2.2 Treatment for stimulants**

In 2019, there were 2,585 cases treated for problem stimulant use as reported through the TDI, compared with 2,281 cases reported in 2018. Similar to previous years, the majority were treated for problem cocaine use (95.6%), followed by amphetamine-type stimulant use (2.2%), ecstasy use (1.7%), and synthetic cathinone use (0.3%). The increase in the number of cases reporting problem stimulant use is solely due to the increase in the number of problem cocaine users.

In 2019, 79.7% of cases were male, similar to 2018. The mean age was 31 years, compared with 30 years in 2018. Just over one-half (51.8%) of those treated for problem stimulant use had never been treated before. The proportion of new entrants to treatment has shown a downward trend from 2004 (62.9%) to 2017 (52.7%), with a slight increase to 56.5% in 2018. In 2019, the majority of cases were self-referred or referred by family/friends (61.5%), similar to previous years.

#### **Cocaine**

Cocaine remains by far the most commonly used drug reported among the problem stimulant use group in Ireland. The proportion of all cases that were treated for problem cocaine use increased in 2019 to 24.1%; however, this was not as significant as in previous years, when the proportion of cases increased from 16.8% in 2017 to 22.1% in 2018. This compares with a low of 7.5% in 2004 and the previous highest proportion of problem cocaine use of 13.3%, recorded in 2007. For further information, please also see Sections T1.3.1, T2.1, and T2.2 of the Treatment workbook.

In 2019, 79.6% of cases treated for problem cocaine use were male and the mean age was 30.8 years. Just over one-half (50.8%) had never been treated before, a decrease compared with 2018, when 56.3% were recorded as never treated. The majority (61.5%) were self-referred or referred by family/friends.

#### **Amphetamine-type stimulants**

Amphetamine-type stimulants, including ecstasy, benzylpiperazine and other unknown/unspecified stimulants, represent only a very small proportion of all cases seeking treatment for problem drug use in Ireland. In 2019, 1.1% of cases reported that their main problem drug was in this group of drugs, a very small increase compared with the 0.9% of cases reported in 2018.

In 2019, 80.0% of problem amphetamine-type stimulant users were male and 72.2% had never been treated before. The relatively small number of cases in this group means that trends are difficult to interpret. The proportion of new cases treated for amphetamine-type stimulant use has fluctuated between a high of 74.0% and a low of 40.2% since 2004. The majority of problem stimulant users access treatment within generic addiction services.

### **T1.2.3 High risk stimulant use**

At the time of publication, there were no new data on high-risk stimulant use in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

### **T1.2.4 Synthetic cathinones**

Synthetic cathinones were first recorded separately in treatment data in 2009, so no information is available before that time. The proportion of cases treated for this type of drug peaked in 2010 at 1.5% of all treatment episodes, dropping to 0.03% in both 2018 and 2019. Please note that the small number of cases reporting synthetic cathinone use annually makes analysis unreliable.

### **T1.2.5 Injecting and other routes of administration**

In 2019, 8.6% of cases accessing drug treatment for any stimulant drug use reported ever injecting any drug (not necessarily restricted to the main problem drug). However, the proportion reporting injecting a stimulant as the current main problem drug was much lower, at 1.3%. As in previous years, the most common route of administration in 2019 was sniffing/snorting (81.2%).

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

### **T1.2.6 Infectious diseases**

For information regarding drug-related infectious diseases in Ireland, see Section T1.3 of the Harms and harm reduction workbook.

## **T2. Trends**

Included above.

## **T3. New developments**

### **T3.1 New developments in the use of stimulants**

At the time of publication, there were no data on new developments in the use of stimulants in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

## **T4. Additional information**

### **T4.1 Additional sources of information**

No new information

### **T4.2 Further aspects of stimulant use**

No new information

## **SECTION C. HEROIN AND OTHER OPIOIDS**

### **T1. National profile**

#### **T1.1 Prevalence and trends**

##### **T1.1.1 The relative importance of different opioid drugs**

At the time of publication, there were no new data on the relative importance of different opioid drugs in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

##### **T1.1.2 Estimates of opioid use in the general population**

At the time of publication, there were no new data on the prevalence of opioid use in the general population in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018.)

##### **T1.1.3 Estimates of opioid use in sub-populations**

At the time of publication, there were no new data on the prevalence of opioid use in subpopulations in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

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

##### **T1.2.1 Patterns of opioid use**

At the time of publication, there were no new data on the patterns of opioid use in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

##### **T1.2.2 Treatment for heroin and other opioids**

###### **All opioids**

Data from the TDI show that in 2019, 38.8% of cases reported were treated for problem opioid use. This continues the downward trend of the past three years, with 42.2% reported in 2018 and 44.9% reported in 2017. Of those treated for problem opioid use in 2019, heroin comprised the majority of cases (86.8%), similar to previous years.

###### **Problem heroin use**

The proportion of all cases treated for problem heroin use has fluctuated, rising from 59.7% in 2004 to a peak in 2006 of 60.3%. The proportion has decreased from 2007 onwards, but appears to have stabilised in the last three years, with 37.9% reported in 2017 and 37.1% reported in 2018.

In 2019, the trends in case demographics were very similar to previous years: 72.5% of cases were male, and the mean age was 36 years. The majority of cases had been previously treated (79.3%). The proportion of problem heroin users who were new to treatment peaked in 2009 at 34.4%, but has decreased every year since then. Most cases (45.8%) were self-referred or were referred to treatment by family/friends.

###### **Other opioids**

In 2019, methadone (prescribed or street) was the second most common opioid reported, comprising 5.5% of all treatment entrants for problem opioid use. Methadone was responsible for 2.1% of all cases treated. This was followed by codeine (all types), accounting for 5.0% of all treatment entrants for problem opioid use. This is an increase from the 4.2% reported in 2018.

For further information on heroin and other opioids, see Sections T1.3.1 and T2.1 of the Treatment workbook.

Treatment for problem opioid use is provided by both statutory and non-statutory services. Opioid substitution treatment (OST) is provided in specialised clinics or by specialised general practitioners. Other treatments provided include counselling, social and occupational reintegration, psychiatric treatment, complementary therapy, etc. For further information, see Section T1.4 of the Treatment workbook.

### **T1.2.3 High risk opioid use**

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

### **T1.2.4 Synthetic opioids**

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

### **T1.2.5 Injecting and other routes of administration**

Almost one-half (48.4%) of cases reporting problem opioid use reported ever injecting (any drug, not necessarily the current main problem drug); however, this should be interpreted in the context that injecting history was unknown for 11.4% of cases in this group. Data from the TDI show that in 2019, 28.8% of those treated for problem opioid use reported injecting as their primary route of administration. As in previous years, heroin represents almost 100% of the opioid drugs injected.

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

### **T1.2.6 Infectious diseases**

For information regarding drug-related infectious diseases in Ireland, see Section T1.3 of the Harms and harm reduction workbook.

## **T2. Trends**

Included above

## **T3. New developments**

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

At the time of publication, there were no data on new developments in the use of heroin or other opioids in Ireland.

## **T4. Additional information**

### **T4.1 Additional sources of information**

### **T4.2 Further aspects of heroin and opioid use**

No new information.

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

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

#### **T1.1 Prevalence and trends in NPS use**

At the time of publication, there were no new data on prevalence and trends in the use of NPS in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

#### **T1.2 Harms related to NPS use**

At the time of publication, there were no new data on harms related to NPS use in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

#### **T1.3 Prevalence, trends and harms related to other drug use**

Since 2009, a very small number of cases presenting for treatment have reported an NPS other than a synthetic cannabinoid or cathinone as their main problem drug through the TDI, although the type was usually unspecified. It should be noted that the type of NPS used by clients presenting to treatment is self-reported, so even though the type of NPS may have been specified by a client, the actual drug is rarely tested by treatment services. As a result, it is not possible to say with certainty that, for example, those NPS reported as synthetic cannabinoids or cathinones definitely fall into those categories. Among the cases reporting NPS (other than a synthetic cannabinoid or cathinone) as their main problem drug, there may be a number who are synthetic cannabinoid or cathinone users, so the true number of synthetic cannabinoid or cathinone users may be under- or overestimated.

NPS other than synthetic cannabinoids or cathinones first appeared in treatment data in 2008; before then they were not recorded as a separate category of drugs. The proportion of cases treated for these types of NPS peaked in 2010 at 0.4% of all treatment episodes, and has fluctuated since then; NPS users comprised 0.05% of all cases treated in 2019, compared with 0.04% in 2018. Please also see Section A – T1.2.4 and Section B – T1.2.4.

#### **Hypnotics and sedatives**

In 2019, hypnotics and sedatives were the fourth most common drug group treated (11.1%), similar to 2018 (10.5%), as reported through the TDI. The proportion of cases rose consistently every year from 2006 (2.0%) to 2014 (11.2%), with the trend remaining stable since then. In 2019, the main drug type included in this group was benzodiazepines (90.7%), similar to previous years (please also see Section T1.3.1 of the Treatment workbook). In 2019, most benzodiazepines were unspecified, but among cases where they were specified, the number of cases reporting alprazolam use (182) surpassed the number reporting diazepam use (130).



## **Other drugs in 2019**

Opioids (mainly heroin), cannabis, cocaine, and benzodiazepines accounted for 97.4% of all cases in treatment in Ireland in 2019 reported through the TDI (excluding alcohol, which is not reported on in the EMCDDA workbooks). Therefore, it is difficult to comment on trends within this very small group of other main problem drugs. However, analysis of these data show some findings of note, including the following:

- Thirty-seven cases reported problem use of pregabalin (an anti-epileptic medication) in 2019, compared with 20 in 2018 (also see Section T4.2 of the Treatment workbook and Section T1.1.5 of the Harms and harm reduction workbook).
- Thirty cases reported problem use of tramadol in 2019, compared with 28 in 2017 (and compared with fewer than 5 in 2009).
- Twenty-eight cases reported gamma-hydroxybutyrate as a main problem drug in 2019, compared with 24 in 2018 and fewer than 5 in 2017.

The numbers are too low to comment more on trends at this time.

## **T2. Trends**

Included above

## **T3. New developments**

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

At the time of publication, there were no data on new developments in the use of NPS in Ireland. See the 2017 National Report for the most recent information (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018).

## **T4. Additional sources of information**

### **T4.1 Additional sources of information**

No new information

### **T4.2 Further aspects of NPS and other drug use**

No new information

### **T4.3 Non-specific drug use and polydrug use**

No new information.

## **T6. Sources and methodology**

There are five main sources of data that estimate the prevalence of drug use in the Irish population. These are:

- National surveys of drug use among the general population
- The Health Behaviour in School-aged Children (HBSC) survey
- The European School Survey Project on Alcohol and Other Drugs (ESPAD)

- The Growing Up in Ireland (GUI) National Longitudinal Study of Children
- Capture-recapture (CRC) studies on opioid use in Ireland.

Data from the HBSC and GUI studies are included in this report.

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

## **T6.2 Methodology**

### **Health Behaviour in School-aged Children (HBSC) survey**

The HBSC survey is a cross-national research study conducted in collaboration with the World Health Organization (WHO) Regional Office for Europe. The study aims to gain insights into, and increase our understanding of, young people's health and well-being, health behaviours, and their social context. It collects information on the key indicators of health and health-related attitudes and behaviours (including alcohol and cannabis use) among young people aged 11–17 years.

The HBSC survey was initiated in 1982 and is conducted every four years. It is a school-based survey with data collected through self-completed questionnaires administered by teachers in the classroom. The Health Promotion Research Centre, National University of Ireland, Galway was invited to join the HBSC network in 1994 and conducted the first survey of Irish schoolchildren in 1998 (Friel, *et al.* 1999). The survey was repeated in Ireland in 2002, 2006, and 2014 (Gavin, *et al.* 2015). In 2018, the survey was conducted in Ireland for the sixth time. This survey included 15,557 children aged 8–18 years, which was a representative sample drawn from 255 primary and post-primary schools across Ireland.

### **Growing Up in Ireland (GUI) study**

The GUI study is the National Longitudinal Study of Children in the Republic of Ireland. Funded by the Department of Children and Youth Affairs (DCYA), the project is overseen and managed by the DCYA in association with the Central Statistics Office. The child cohort was recruited in 2007, when 8,568 nine-year-olds were interviewed. Just over 7,400 young people were re-interviewed at 13 years of age, and just over 6,200 participated again at 17–18 years of age (Economic and Social Research Institute and Trinity College Dublin 2016). The data were collected in home-based, face-to-face interviews. The most recent report presents the findings of 5,191 interviews of 20-year-olds, which were conducted in 2018 and 2019.

### **Central Treatment List (CTL)**

The CTL is an administrative database to regulate the dispensing of methadone treatment. It is a complete register of all patients in Ireland receiving methadone as a treatment for opioid use. When a person is considered suitable for methadone detoxification, stabilisation, or maintenance, the prescribing doctor notifies the CTL by completing an entry form, a unique number is allocated to the client, and a treatment card is issued for clients when methadone is dispensed in community pharmacies. The number of registrants on the CTL is published annually by the Health Service Executive (HSE) and the Health Research Board (HRB).

### **National Drug Treatment Reporting System (NDTRS)**

The NDTRS is a national epidemiological database which provides data on treated drug and alcohol misuse in Ireland. The NDTRS collects data from both public and private outpatient services,

inpatient specialised residential centres, and low-threshold services. For the purposes of the NDTRS, treatment is broadly defined as “any activity which aims to ameliorate the psychological, medical or social state of individuals who seek help for their substance misuse problems”. The NDTRS is a case-based, anonymised database. It is coordinated by staff at the HRB on behalf of the Department of Health.

### T6.3 Bibliography

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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 European Union (EU) agency based in Lisbon. The EMCDDA provides the EU and its member states with information on the nature, extent, and consequences of, and responses to, illicit drug use. It supplies the evidence base to support policy formation on drugs and addiction in both the EU 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 EMCDDA 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 (HRB). 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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