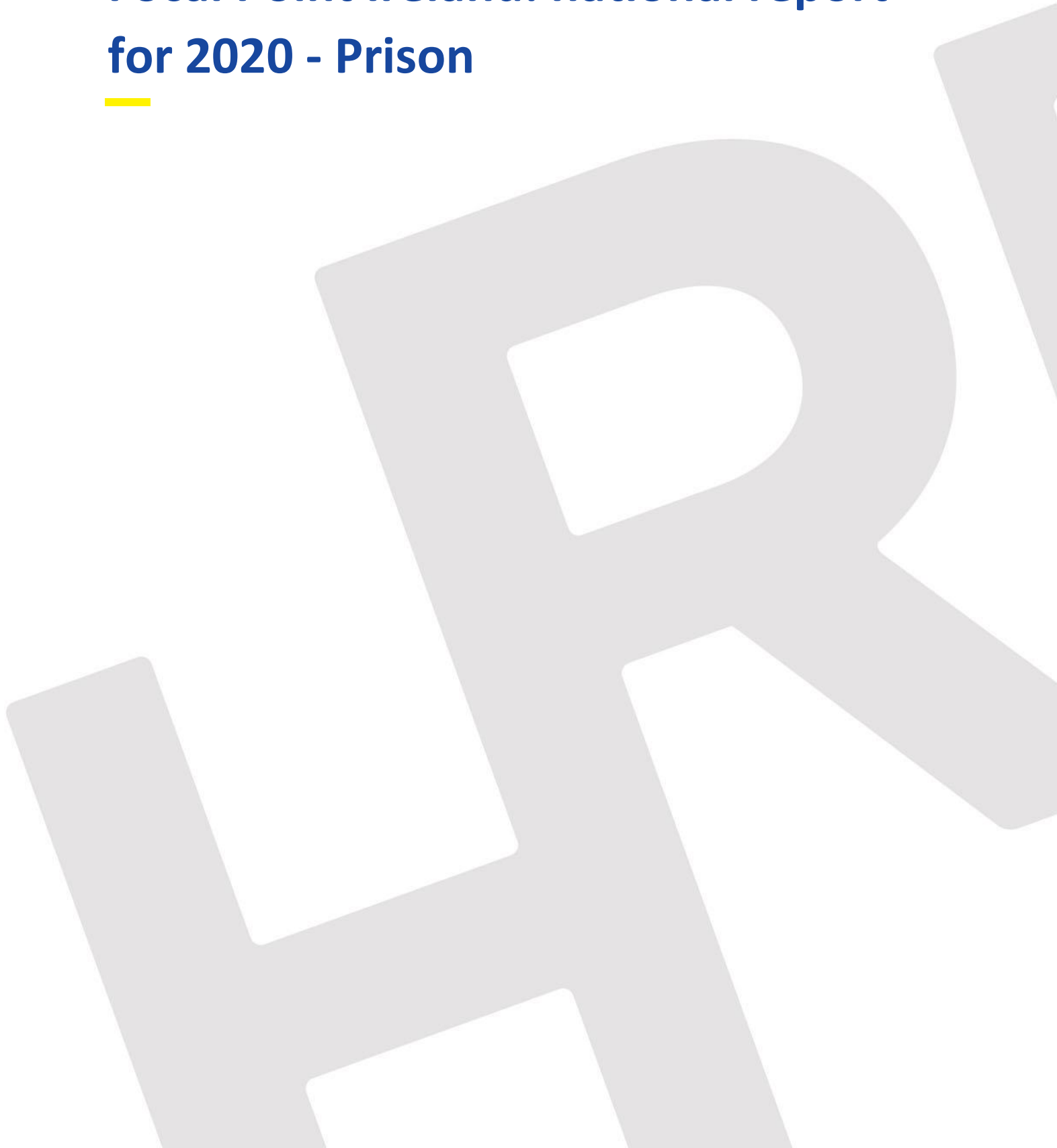


# **Focal Point Ireland: national report for 2020 - Prison**

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

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### **Please use the following citation:**

Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (2021) **Focal Point Ireland: national report for 2020 – prison**. Dublin: Health Research Board.

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

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

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



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## **T0. Summary**

### **T0.1 National profile**

This report summarises the most recently available data with regard to drug use, drug-related harms and drug-related health responses in prisons in the Republic of Ireland.

There are 12 institutions in the Irish Prison Service (IPS), 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 2019, the overall daily average number of prisoners in custody was 3,971, compared with 3,893 in 2018. The average number of female offenders in custody was 170, a 1.8% increase on the 2018 average of 165. The IPS estimates that approximately 70% of people come into prison with an addiction or substance abuse problem. In 2019, there were 485 committals (458 male and 27 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 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 1,251 drug seizures in prisons in 2019, representing a 10% increase on the 1,138 seizures that were recorded in 2018. In 2019, more than one-third (490) of all drug seizures occurred at Wheatfield Prison. The IPS recognises that improvements are required in this area. Additional security measures aimed at further enhancing the security of prisons include the introduction of a free confidential telephone line, which is now operational.

The prevalence of hepatitis C virus (HCV) infection among prisoners in Ireland remains poorly understood. A cross-sectional study in Mountjoy Prison, Dublin found that of those tested, 92 (22.8%) were HCV antibody-positive. Of those antibody-positive, 53 (57.6%) were HCV RNA positive; 23 (25%) had spontaneous clearance; 16 (17.4%) had a sustained viral response (SVR); 10 (11%) were co-infected with HIV and 6 (6.0%) with hepatitis B virus (HBV). The untreated chronic HCV seroprevalence estimate was 13.1% and the seroprevalence of HCV among prisoners with a history of injecting drug use (IDU) was 79.7%.

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 has advised that figures for the year 2019 indicate that as of 24 October 2019, 1,570 prisoners had sought drug counselling services. As of that date, 86% had been given access to these services. The remaining 14% were on a waiting list for a consultation with a counsellor. A total of 2,566 prisoners received methadone substitution treatment during 2018.

In 2019, the proportion of new treatment entrants in Irish prisons increased to 30.9%, compared with 13.6% in 2018. Cocaine was the main problem drug reported by new entrants (32.7%), similar to 2018 (33.3%). Opioids were the second most common drug reported (26.1%), followed by cannabis

(21.8%). The proportion of new entrants reporting problem benzodiazepine use fluctuated over the period 2011 to 2017, peaked at 27.5% in 2018, but decreased to 18.7% in 2019.

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 detoxifying from methadone and benzodiazepines. Six community-based organisations (CBOs) are funded to provide services in the prison system. 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. A range of services is provided, including residential treatment programmes for drug and alcohol addictions, harm reduction counselling and support, recovery and aftercare programmes, community education, therapeutic advice and family support.

**T1. National profile**

**T1.1 Organisation**

**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 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 2019 was €359.01 million. At the end of 2019, there were, 3,404.58 (fulltime equivalent) staff in the IPS, including civilian grades and headquarters staff. This was an increase of 4.1% (134 staff) since 2018.

The IPS deals with male and female offenders who are 18 years of age or older. In 2019, the overall daily average number of prisoners in custody was 3,971, compared with 3,893 in 2018. The daily average number of female offenders in custody in 2019 was 170, a 1.8% increase on the 2018 average of 165. In 2019, there were 8,939 committals, compared with 8,071 committals in 2018.

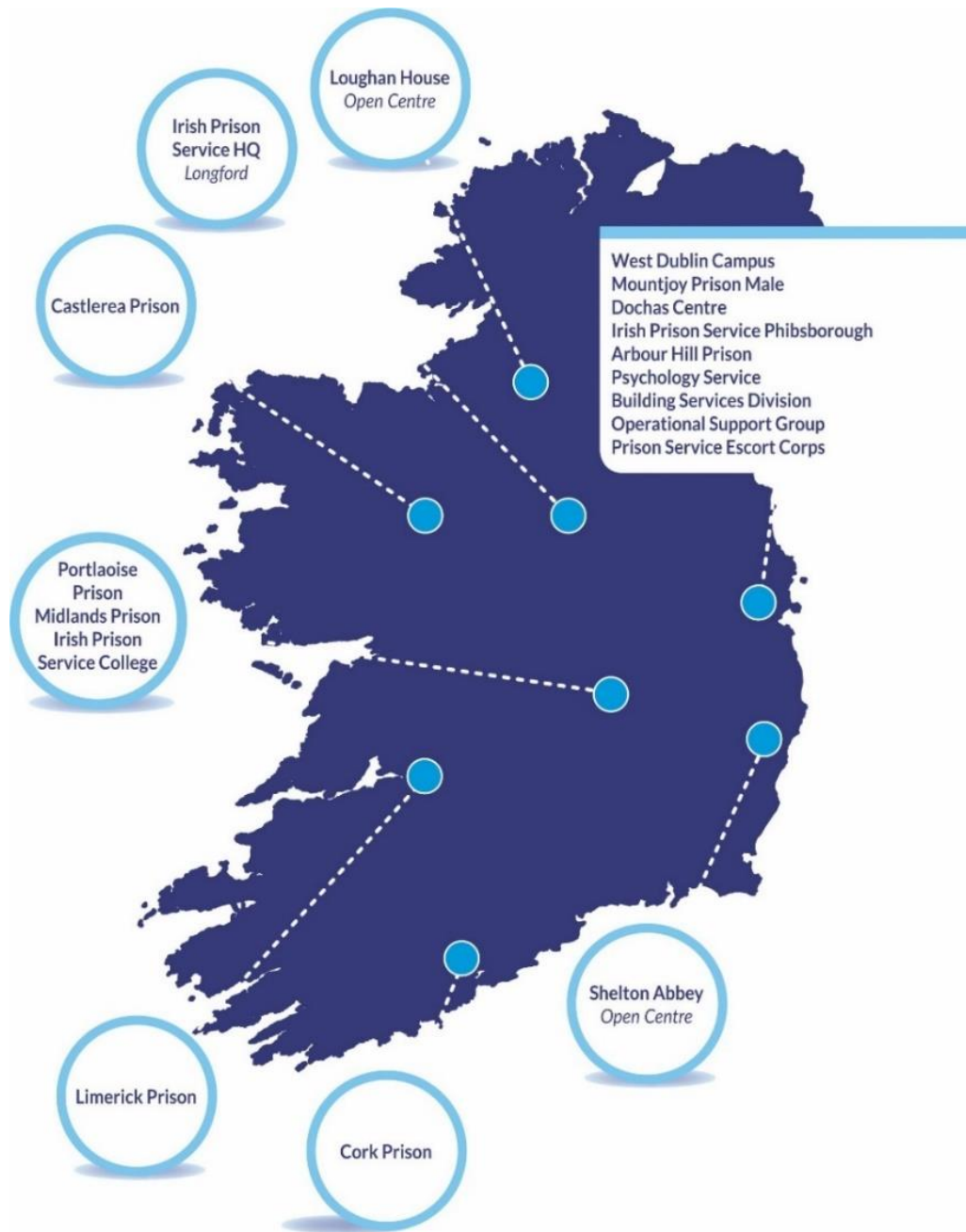
There are 12 institutions in the IPS, comprising 10 traditional ‘closed’ institutions and 2 open centres which operate with minimal internal and perimeter security. The majority of female prisoners are accommodated in the purpose-built Dóchas Centre adjacent to Mountjoy Prison in Dublin, and the remainder are located in a separate part of Limerick Prison. A breakdown of the Irish prison population in 2019 by IPS location is shown in Table T1.1.1.1 and Figure T1.1.1.1 (Irish Prison Service 2020b).

**Table T1.1.1.1 Irish prison population, 2019**

Prison name	Description	Operational capacity	Population (daily average 2019)
Mountjoy Prison	Closed, medium-security prison for males aged 18 years and over. It is the main committal prison for Dublin city.	755	684

Prison name	Description	Operational capacity	Population (daily average 2019)
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.	146	134
Wheatfield Detention	Closed, medium-security place of detention for adult males.	550	490
Cloverhill Prison	Closed, medium-security prison for adult males, which primarily caters for remand prisoners committed from the Leinster area.	431	400
Arbour Hill Prison	A closed, medium-security prison for males aged 18 years and over.	138	135
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	306
Cork Prison	Closed, medium-security prison for males aged 18 years and over. It is the committal prison for the south west of Ireland.	296	291
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	251
Loughan House	Open, low-security prison for males aged 18 years and over.	140	106
Shelton Abbey	Open, low-security prison for males aged 19 years and over.	115	102
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	232
Midlands Prison	Closed, medium-security prison for males aged 18 years and over. It is the committal prison for the Irish midlands.	845	840
<b>Total</b>		<b>4285</b>	<b>3971</b>

Source: (Irish Prison Service 2020b)



**Figure T1.1.1.1 IPS locations in Ireland**

Source: (Irish Prison Service 2020b)

## **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
<b>Total</b>	<b>2</b>	<b>9</b>	<b>16</b>	<b>35</b>	<b>45</b>	<b>89</b>	<b>121</b>	<b>64</b>	<b>381</b>

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 2019, there were 485 committals (458 male and 27 female) to Irish prisons for controlled drug offences (Irish Prison Service 2020b).

### 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 1,251 drug seizures in prisons in 2019, representing a 10% increase on the 1,138 seizures that were recorded in 2018. In 2019, more than one-third (490) of all drug seizures occurred at Wheatfield Prison. The next-highest haul was from inmates at Mountjoy Prison, where 237 seizures were recorded. There were 186 seizures at Cloverhill Prison (Digital desk staff 2020).



The IPS recognises that improvements are required in this area. Additional security measures aimed at further enhancing the security of prisons include the introduction of a free confidential telephone line, which is now operational. Prisoners, visitors, staff or members of the public with information on the trafficking of prohibited items into Ireland’s prisons can pass on that information in the strictest confidence. The telephone line was introduced to provide members of the general public and prisoners with a means to call the IPS with information about any matter relating to smuggling or attempts to smuggle prohibited articles such as drugs, weapons and mobile phones. The phone line is manned from 8.00am to 8.00pm and it operates in a similar way to the “Crimebusters” hotline which is run by An Garda Síochána. Calls outside this time period are answered by an answering machine and persons calling may choose to leave a message (Irish Prison Service 2020a).

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 in 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 annual reports, 2018**

A visiting committee is appointed to each Irish 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 to hear any complaints that 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 2018 is summarised below (Prison visiting committees 2020).

#### **Mountjoy Prison, Dublin**

In its report, the Mountjoy Prison Visiting Committee noted that substance abuse and related activity is contributing to risk to both prisoners and staff, with a reported increase in intimidation, violence, and injury to physical and mental health. Practices and endeavours to disrupt the inflow of drugs need continued attention in the interests of both prisoners and staff. The committee also observed that a number of male prisoners enter the prison from conditions where physical, mental, and dental health may have been chronically neglected due to substance abuse and other circumstances. Consequently, it is likely that the most vulnerable individuals are falling through the gaps in community-based mental health services and are sentenced to prison, where mental health problems and the risk of self-harm may be intensified.

The lack of permanent posts in the treatment teams and the significant shortage of beds in a secure mental health inpatient treatment unit was also noted as a cause of serious concern. The committee heard that prisoners regularly highlight their wish for drug addiction counselling, as well as for a

drug-free section in the prison, following effective treatment. The committee stated that it is regrettable that some prisoners who successfully complete drug treatment regress while awaiting supportive accommodation in transition, or when they return to inadequate services in the community.

#### **Dóchas Centre, Dublin**

The Dóchas Centre Visiting Committee noted in its report that it had received complaints about the presence of illicit drugs within Dóchas. Many women had told the committee that they are afraid to leave their rooms for fear of aggressive behaviour from prisoners under the influence of illicit drugs. The committee observed that this problem appeared to be growing and urged that all the necessary resources be used to tackle this serious development.

#### **Wheatfield Prison, Dublin**

The Wheatfield Place of Detention Visiting Committee's report observed that the Wheatfield yards are large spaces. Although the yards are covered with netting in order to prevent drugs and objects being thrown over the perimeter wall, this continues to present a considerable difficulty for the authorities in Wheatfield Prison. The committee recommended that more netting and a solution to the security of the perimeter wall are essential in order to prevent illicit contraband entering the prison. The committee also noted that illicit drugs continue to present a serious and ongoing difficulty both for the prison authorities and for prisoners and their families. Despite the best efforts of the authorities in Wheatfield Prison – including scanners, sniffer dogs, X-ray screening and bag searches, and the perimeter wall being monitored daily – drugs continue to enter the prison.

#### **Cloverhill Prison, Dublin**

In its report, the Cloverhill Prison Visiting Committee noted that the issue of drugs and security measures at Cloverhill Prison remain a deep concern. In particular, drugs coming over the wall from boundaries outside the prison confines and over the netting continue to be a huge problem, given the increase in drugs from this source. The committee was informed that when prisoners retrieve some of these drugs, by climbing walls, it can lead to serious injury, with one hospitalisation in 2018. The committee was told that the problem is being addressed by prison authorities, with extensive building work being carried out to secure netting and any areas of the perimeter that allow access to prisoners.

#### **Arbour Hill Prison, Dublin**

The Arbour Hill Prison Visiting Committee's report noted that incidents relating to drugs within the prison remained exceptionally low in 2018 and the committee complimented the prison management and staff on this matter. Arbour Hill Prison remains fully committed to ensuring that the prison remains drug free. All prisoners are fully aware that they are expected to be 100% drug free and that access to the prison's facilities and services depends on this. Random drug testing is part of the day-to-day routine in the prison.

#### **Shelton Abbey Prison, Co Wicklow**

The Shelton Abbey Prison Visiting Committee's report noted the appointment in 2017 of a full-time addiction counsellor who is respected by offenders and is considered to be a trusted listener. A number of addiction-related programmes took place at Shelton Abbey Prison during 2018.

#### **Self-harm in Irish prisons**

The Self-Harm Assessment and Data Analysis (SADA) Project was established in Ireland in 2016 to provide robust information relating to the incidence and profile of self-harm within prison settings as well as individual-specific and context-specific risk factors relating to self-harm. In addition, it examines patterns of repeat self-harm (both non-fatal and fatal). The Health Service Executive’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 presenting data on the analysis of all episodes of self-harm across the Irish prison estate during 2018 (National Suicide Research Foundation and Irish Prison Service 2020).

**Episodes of self-harm**

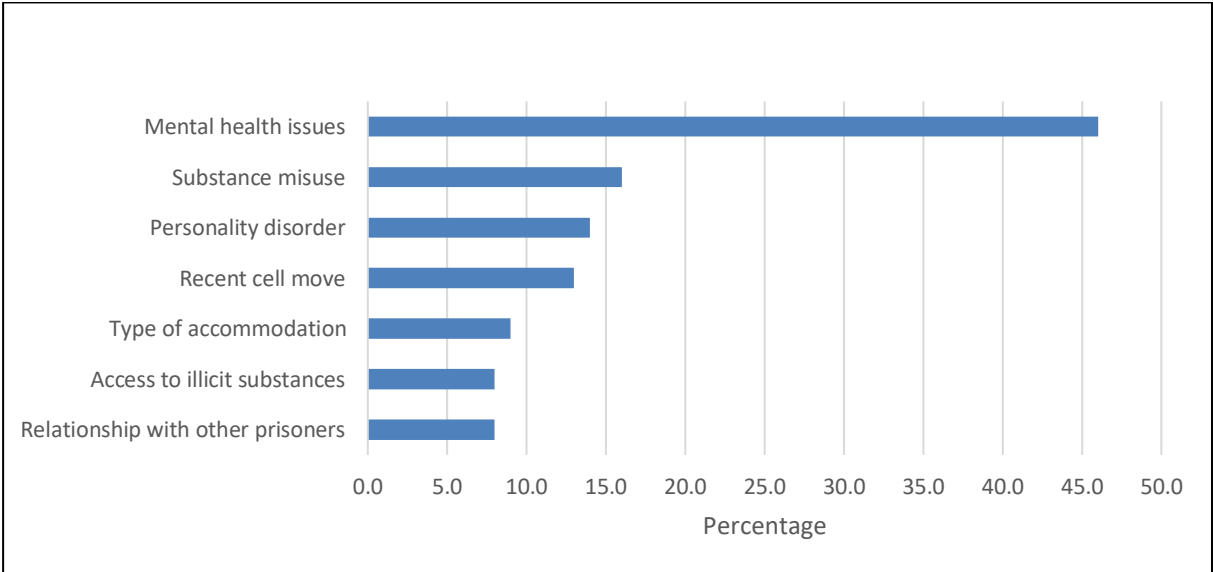
Between 1 January and 31 December 2018, there were 263 episodes of self-harm recorded in Irish prisons, involving 147 individuals. The majority of prisoners who engaged in self-harm were male (82.3%), but taking into account the male prison population, the rate of self-harm among males was 3.4 per 100 prisoners. Twenty-six female prisoners engaged in self-harm in 2018, equating to a rate of 19.3 per 100 prisoners, which is 5.7 times higher than the rate among male prisoners.

**Methods, severity, and intent**

The most common method of self-harm recorded was self-cutting or scratching, which was present in 69% of all episodes. The other common method of self-harm was attempted hanging, which was involved in 20% of episodes. In 27% of self-harm episodes, no medical treatment was required, while over one-half (59%) of all episodes required minimal intervention/minor dressings or local wound management. One in eight episodes required hospital treatment (12%). Over two-thirds (70%) of self-harm episodes were recorded as having no/low suicidal intent, with 17% recorded as having medium intent. Approximately one in eight acts was rated as having high suicidal intent (13%).

**Contributory factors**

The most common contributory factors to self-harm are shown in Figure T1.2.2.1. The majority of contributory factors recorded related to mental health (45.6%) The category of mental health issues included mental disorders as well as problems with coping and emotional regulation. Substance misuse, including drug use and drug seeking, was the next most common factor recorded (16.3%).



**Figure T1.2.2.1 Most common contributory factors to self-harm in Irish prisons, 2018**

## **Other findings and recommendations**

Other findings highlighted in the report include the following:

- Over three-quarters (73%) of self-harm episodes involved prisoners in single cell accommodation. Considering the overall prison population, 51.9% of prisoners who self-harmed were accommodated in single cells in 2018.
- The rate of self-harm was higher among prisoners on remand or awaiting trial than among sentenced prisoners (5.0 versus 3.7 per 100 prisoners).
- In line with previous findings, substance abuse continues to be one of the primary factors associated with self-harm among the prison population in Ireland. The report authors suggest that there is a need for active consultation and collaboration between the mental health services and the addiction treatment services for prisoners who present with dual diagnoses. Such a move would therefore be in line with action 2.1.24: “to improve outcomes for people with co-morbid severe mental illness and substance misuse problems”, set out in *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*. (Department of Health 2017).

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

As reported in the 2019 National Report, 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 HCV antibodies, 2% were HIV-positive and 0.3% were chronically infected with 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 one-half (54%) of those with a history of IDU 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, have resolved their infection and have a natural immunity to HBV.

## **Seroprevalence of untreated chronic HCV infection in Mountjoy Prison**

### **Background and methods**

Unsafe IDU is the main route of HCV transmission in developed countries (Nelson, *et al.* 2011), and it is generally acknowledged that people who inject drugs (PWID) and HCV infection are typically over-represented in prison populations across Europe (Larney, *et al.* 2013). A recently published meta-analysis reported a prison HCV prevalence in Western Europe of 15.5%, with this prevalence increasing to over 40% among those prisoners with a history of IDU (IDU) (Dolan, *et al.* 2016). However, the prevalence of HCV infection among prisoners in Ireland remains poorly understood. In addition, most epidemiological studies among PWID and prisoners report on HCV antibody prevalence (exposure) and not the presence of HCV RNA. Thus, they do not differentiate between treated chronic infection with SVR and the 20–30% of HCV-infected people who spontaneously clear HCV without treatment. A recent study aimed to estimate the seroprevalence of untreated chronic HCV infection and to identify associated risk factors in an Irish male prison population (Crowley, *et al.* 2019).

In this research, published in the journal *Eurosurveillance*, the authors conducted a cross-sectional study in Mountjoy Prison, Dublin involving a researcher-administered questionnaire, review of medical records, and HCV serology. All prisoners were offered screening for blood-borne viruses, including reflex RNA testing and genotyping.

## **Results**

Of the 422 prisoners (78% of the study population) who participated in the study, 298 (70.6%) completed the questionnaire and 403 (95.5%) were tested for HCV antibodies. Of those tested, 92 (22.8%) were HCV antibody-positive. Of those antibody-positive, 53 (57.6%) were HCV RNA-positive; 23 (25%) had spontaneous clearance; 16 (17.4%) had an SVR; 10 (11%) were co-infected with HIV and 6 (6.0%) were co-infected with hepatitis B virus. The untreated chronic HCV seroprevalence estimate was 13.1% and the seroprevalence of HCV among prisoners with a history of IDU was 79.7%.

Risk factors significantly associated with past HCV infection were IDU ( $p < 0.0001$ ); having received a prison tattoo ( $p < 0.0001$ ) or a non-sterile community tattoo ( $p < 0.0001$ ); and sharing needles and other drug-taking paraphernalia ( $p < 0.0001$ ). On multivariable analysis, history of receiving a non-sterile community tattoo was the only significant risk factor associated with HCV acquisition (after IDU was removed from the model) ( $p = 0.005$ ).

## **Conclusions**

The authors concluded that the level of untreated chronic HCV infection in Irish prisons is high, with IDU being the main associated risk. The reporting of HCV infection in prisoners in this way is unique in both the Irish and international literature and allows for the estimation of the true levels of active HCV infection, the monitoring of treatment outcomes, and rates of reinfection. Identifying risk factors for HCV infection may allow for targeted prevention, screening, and treatment strategies. Combined, these may help to inform planning and implementation of national and international HCV strategies.

### **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 2006b). 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 set out in *Reducing Harm, Supporting Recovery* that are 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. *Irish Prison Service & 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 Health Service Executive (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 is 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 and 2019 are not yet available.

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

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

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 IPS and Probation Service’s strategy and the Probation Service’s work plans. In 2017, the Probation Service provided almost €11.7 million directly to CBOs working with adults, while the Irish Youth Justice Service provided more than €5 million through the Probation Service to projects, working alongside the Young Persons Probation division (see Section T1.3.3).

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

#### **Drug-related health responses: Overview**

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 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
	Opioid 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)				

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 partners with CBOs working with adults; the Irish Youth Justice Service provides assistance through the Probation Service to projects working alongside the Young Persons Probation division. A range of services is 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.

#### **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 2006a). 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 to prepare for their release.

In 2018, there were 19.8 full-time Addiction Counsellor posts filled across the Irish prison estate. The IPS has 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**

In both Wheatfield Prison and Mountjoy Prison, drug-free landings are on offer to prisoners who wish to avail of them. 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 and 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).

## **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 detoxifying 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 6 months before a prisoner's release date.

The MTCT is a drug-free educational programme endeavouring to create change at a grassroots 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 roll-out 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 to 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 PWID (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 2006a). Immunisation against hepatitis A and hepatitis B is recommended for all prison inmates (Irish Prison Service 2006a) (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 screening 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. Both newly recruited and currently employed prison 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**

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

**Aislínn:** 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 antisocial 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 antisocial 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 antisocial 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 antisocial 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):** Aiséiri 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 antisocial 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 antisocial 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, antisocial 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 antisocial 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.

**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 antisocial 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 antisocial 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 antisocial 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 the 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 antisocial 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 antisocial attitudes and behaviours. The programme includes Further Education and Training Awards Council (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 antisocial 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 antisocial 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 antisocial 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.

**WHAD Youth Project:** Based in Dublin, the WHAD Youth Project 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 programmes offer social skills training, individual key worker support, and activities (social and outdoor) as alternatives to criminal behaviour.

#### **Drug-related health responses: Data from the National Drug Treatment Reporting System (NDTRS) on treated problem drug use in Irish prisons, 2019**

In 2019, 832 cases were treated in prison, as reported through the Treatment Demand Indicator (TDI) (Table T1.3.3.2). Treatment was provided by in-reach voluntary services (counselling). No data for 2019 were provided by medical units in the prison medical service (detoxification and OST) which accounts for the decrease in cases between 2018 and 2019.

Of those cases treated in prison, 30.9% were new to treatment, a significant increase compared with 2018, when only 13.6% of cases were new to treatment. The number of new treatment entrants in

prison had decreased steadily between 2010 and 2018, from over 50% in 2010 to 13.6% in 2018. The reason for the increase in 2019 is not known; however, it may reflect that in 2019 the data came from counselling in-reach services only and there were no data on OST and detoxification, where cases could be more likely to be previously treated. It should be noted that the proportion of cases where treatment status is unknown remains high at 10.7% in 2019.

**Table T1.3.3.2 Treated problem drug use in prison, NDTRS 2012–2019**

	2012	2013	2014	2015	2016	2017	2018	2019
New treatment entrants	264	270	285	244	178	122	138	257
Previously treated	324	446	505	517	520	456	782	486
Treatment status unknown	48	27	45	13	22	38	97	86
<b>Total</b>	<b>636</b>	<b>743</b>	<b>835</b>	<b>774</b>	<b>720</b>	<b>616</b>	<b>1017</b>	<b>832</b>

Source: NDTRS (2020)

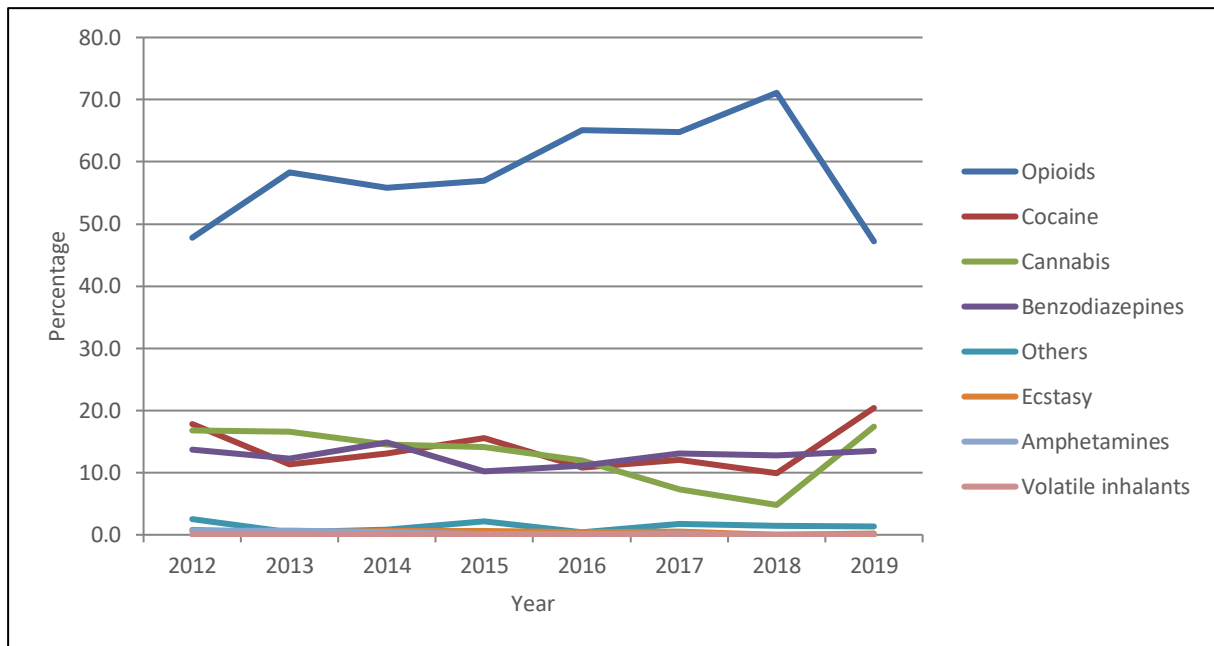
**All treatment entrants in prison**

In 2019, the main problem drug (47.2%) reported by all treatment entrants was opioids (mainly heroin), similar to previous years (Figure T1.3.3.1). The proportion of cases reporting problem opioid use in 2019 is much lower than reported in 2018 (71.1%). This reflects the source of data for 2019 and the non-participation of prison medical units which provided the data on OST and detoxification treatment for 2018.

Cocaine is now the second most common drug reported (20.4%) from treatment entrants in prison. This is a significant increase compared with 2018 (9.9%). Cannabis was the third most common drug reported (17.4%). Benzodiazepines were the second most common drug reported in 2018, but have dropped to fourth most common drug in 2019 (13.5%); however, the proportion reporting is similar to 2018.

In 2019, 19.6% of cases treated in prison reported ever injecting, a decrease compared with 24.6% in 2018. However, this figure should be interpreted with caution as this figure probably reflects the source of data for 2019 and the non-participation of prison medical units which provide the data on OST and detoxification treatment where cases may be more likely to report a history of injecting. In addition, it is important to note that injecting status is missing for 15.5% of cases, thus making these trends difficult to interpret.

In 2019, 92.4% of cases were male, while the mean age was 32 years (male 32 years; female 31 years).



**Figure T1.3.3.1 Main problem drug (excluding alcohol), all treatment entrants in prison, by year, NDTRS 2012–2019**

Source: NDTRS (2020)

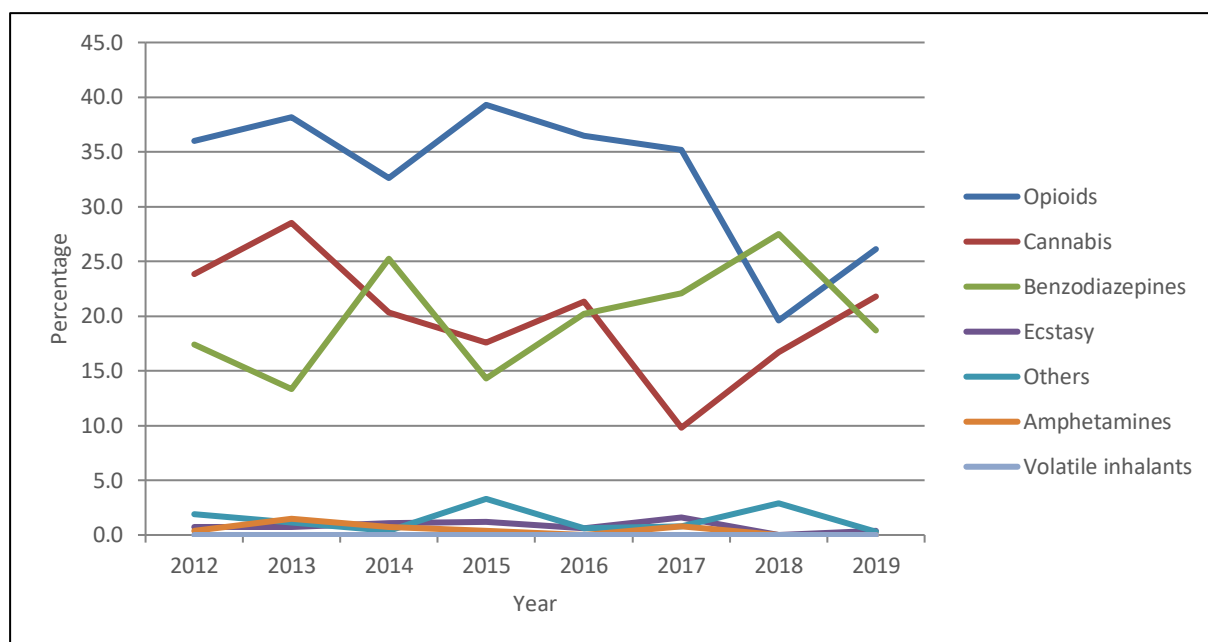
### New treatment entrants in prison

Of those cases treated in prison, 30.9% were new to treatment, a significant increase compared with 2018, when only 13.6% of cases were new to treatment.

The proportion of new treatment entrants in 2019 increased to 30.9%, compared with 13.6% in 2018. Cocaine was the main problem drug reported by new entrants (32.7%), similar to 2018 (33.3%) (Figure T1.3.3.2). Opioids were the second most common drug reported (26.1%), followed by cannabis (21.8%). The proportion of new entrants reporting problem benzodiazepine use fluctuated over the period 2011 to 2017, peaked at 27.5% in 2018, but decreased to 18.7% in 2019.

However, caution is urged when interpreting these data, as the number of new entrants for 2019 is small and the proportion of cases where treatment status is unknown is high (10.7%). These issues, along with the lack of data from medical units in prison for 2019 are likely to impact on the changes in trends.

In 2019, almost all new entrants to treatment were male (95.3%) and the mean age was 29.5 years. Among this group, 7.8% 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 2012–2019**

Source: NDTRS (2020)

### **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. The IPS has advised that figures for the year 2019 indicate that as of 24 October 2019, 1,570 prisoners had sought drug counselling services. As of that date, 86% had been given access to these services. The remaining 14% were on a waiting list for a consultation with a MQI counsellor (O’Callaghan 2019, 24 October).

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

A total of 2,566 prisoners received methadone substitution treatment during 2018. A breakdown of prisoners engaging in OST for the years 2015–2019 is shown in Table T1.3.4.1. It should be noted that the figures for 2019 are provided for the period of 1 January 2019–31 October 2019. Cumulative statistics for 2019 will not be available until January 2020 (Curran 2019, 17 December).

**Table T1.3.4.1 Prisoners engaging in OST, 2015–2019**

Prison name	2015	2016	2017	2018	2019*
Mountjoy Prison	403	401	391	436	190
Dóchas Centre	151	203	141	210	69
Wheatfield Detention	209	238	193	210	111
Cloverhill Prison	539	555	642	903	119

Prison name	2015	2016	2017	2018	2019*
Castlerea Prison	31	46	32	36	18
Cork Prison	107	141	180	257	41
Limerick Prison	142	215	160	211	32
Portlaoise Prison	44	57	58	55	9
Midlands Prison	239	258	279	248	80
<b>Total patients</b>	<b>1865</b>	<b>2114</b>	<b>2076</b>	<b>2566</b>	<b>669</b>

Source: (Curran 2019, 17 December)

\*01/01/2019 to 31/10/19

In a 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 in 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 (See Section T3).

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.

### **T1.3.5 Extent and nature of drug-related health responses implemented in prisons**

No new information.

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

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

No new information.

## **T2. Trends**

### **T2.1 Trends**

#### **Trends in addiction treatment in Irish prisons**

As reported in the 2019 National Report, in 2008 the NDTRS began to collect information on drug treatment in Irish prisons, mainly from in-reach voluntary services which provided counselling only.

Until 2013, the IPS 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
<i>Main problem drug</i>						
Opiates	502 52.1%	570 52.0%	435 42.1%	307 33.6%	436 42.9%	471 44.3%
Alcohol	177 18.4%	167 15.2%	272 26.3%	271 29.7%	268 26.4%	219 20.6%
Cocaine	146 15.1%	157 14.3%	116 11.2%	114 12.5%	84 8.3%	110 10.3%
Cannabis	81 8.4%	115 10.5%	104 10.1%	107 11.7%	123 12.1%	121 11.4%
Hypnotics and sedatives	47 4.9%	73 6.7%	83 8.0%	91 10.0%	92 9.1%	132 12.4%
Stimulants	8 0.8%	7 0.6%	11 1.1%	9 1.0%	8 0.8%	9 0.8%
Others*	** 0.3%	7 0.6%	12 1.2%	14 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**

#### **Senior management perspectives on needle exchange provision in Irish prisons**

##### **Background and methods**

Unsafe IDU is the main route of HCV transmission in developed countries (Nelson, *et al.* 2011). Consequently, PWID in the general and prison population represent a priority population for HCV elimination, given the high prevalence and incidence in this group. The current national drugs strategy (Department of Health 2017) aims to reduce harms arising from substance misuse and to reduce the prevalence of blood-borne viruses among PWID through the expansion of needle exchange. In Ireland, this service is delivered in a number of ways, including fixed-site locations such as clinics or community pharmacies and novel interventions such as Backpacking Outreach programmes. However, in 2020, there is no needle exchange provision in Irish prisons. A recent study examined the views of six senior managers, who were prison health staff and security management, to discover attitudes towards needle exchange provision within Irish prisons, as an element of prisoner health service provision in the context of wider service provision for drug users within the prison system (Rosalim 2020).

In this research, published in the *Journal of Correctional Health Care*, data were collected in Dublin, using face-to-face, non-standardised, semi-structured interviews in May 2014. They were thematically analysed using subjective narratives that were recorded and transcribed.

##### **Results**

###### **Impact of changing dynamics of prison drug use**

A majority of the participants agreed that in Ireland, as in other jurisdictions, drug use occurs in prisons. However, research participants claimed that at present there was minimal IDU and needle sharing in Irish prisons and that needles were generally not found in searches. They also reported that there were no verbal reports or physical evidence of IDU and that no significant incidents of needle sharing are emerging or recorded in the prison medical record system. It was asserted that drug culture in prison had shifted, compared with 15 years ago. Research participants argued that the catalyst for this change away from an IDU culture in Irish prisons was the availability and remarkable success of methadone maintenance as a treatment option for opiate-dependent prisoners.

###### **Operational and logistic issues and challenges**

The expressed opposition to the introduction of needle exchange to the Irish prison system was not, however, solely attributable to new evidence that IDU has declined significantly among the prison population. It was also linked to strong ideological conflict expressed by the participants. In particular, it was suggested that the introduction of needle exchange generally implies condoning prison drug use. Also, participants expressed the view that there was a high level of concern from prison staff members in relation to 'perceived threat to own safety' should needle exchange provision be introduced. The risks in question refer to assaults by prisoners on staff involving needles, similar conflict between prisoners, and accidental sharps injury from unsafe disposal of drug paraphernalia. All participants felt that the introduction of needle exchange provision would pose serious logistical and operational challenges. Furthermore, it was contended that prisoners who were likely to avail of needle exchange were those who were generally more 'chaotic in their lives'.



The majority of participants conceded that prisoners, like other citizens, have individual civil rights. However, it was argued that these rights were of necessity curtailed in the prison environment. Thus, it was assumed that if a prisoner was convicted, they were entitled to minimal consideration.

### **Needle exchange as a policy development**

Although participants felt that the evidence supporting needle exchange provision has been quite convincing in prisons in other jurisdictions, it was suggested that injecting drug culture was more prevalent in the prison systems of these other countries and that such a harm reduction scheme was unnecessary in Ireland. In addition, it would be difficult to introduce needle exchange due to role conflict on the professional duties to the care of prisoners while in custody and implied obligations to prison administration. Furthermore, the introduction of needle exchange provision in Irish prisons would entail changes in legislation and institutional prison policy regulations. Participants also expressed doubt that the general public would accept the concept of needle exchange in Irish prisons, as drugs are not meant to be used there in the first place.

### **Conclusions**

The authors noted that research participants were generally opposed to the introduction of prison needle exchange provision in Ireland, suggesting that IDU within Irish prisons has declined and that making needles freely available to prisoners would make prisons riskier since these needles might be used as weapons against prison staff or other prisoners. However, the study authors also observed that opposition to prison needle exchange provision had a strong symbolic component. This was in the sense that to introduce this form of harm reduction to Irish prisons might be seen as condoning illicit drug use and sending out the 'wrong message' in relation to the criminal justice system's approach to this matter.

## **T4. Additional information**

### **T4.1 Additional data on drug market and crime**

No new information.

### **T4.2 Additional information or new areas of specific importance**

No new 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.

## T5.2 Methodology

See list of data sources below.

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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.

### **Acknowledgements**

Completion of the national focal point's reports to the EMCDDA depends on the support and cooperation of a number of Government Departments and statutory bodies. Among those to whom we would like to express our thanks are the staff of the following:

Central Statistics Office

Central Treatment List

The Coroners Service

Customs Drugs Law Enforcement, Revenue

Department of Children and Youth Affairs

Department of Education and Skills

Drugs and Organised Crime Unit, An Garda Síochána

Drugs Policy Division, Department of Justice and Equality

Drugs Policy Unit, Department of Health

Forensic Science Ireland

Health Protection Surveillance Centre, Health Service Executive

Hospital In-Patient Enquiry Scheme, Health Service Executive

Irish Prison Service

National Advisory Committee on Drugs and Alcohol, Department of Health

National Social Inclusion Office, Primary Care Division, Health Service Executive

We also wish to acknowledge the assistance of the coordinators and staff of local and regional Drug and Alcohol Task Forces, and of voluntary, community-based, and other non-governmental organisations.

We wish to thank our HRB colleagues in the Evidence Centre, the National Drug Treatment Reporting System, the National Drug-Related Deaths Index and the HRB National Drugs Library, all of whom make significant contributions to the preparation of the National Report.