Focal Point Ireland: national report for 2021 – Harms and harm reduction

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

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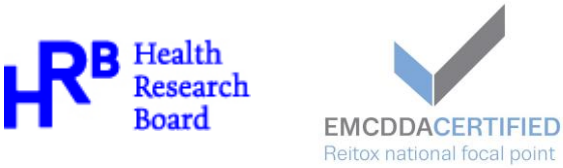

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T0. Summary

This report summarises the most recently available data with regard to drug-related harms and drug-related harm interventions in the Republic of Ireland.

Ireland maintains a special register that is a complete census of all drug-induced deaths. Established in 2005, the National Drug-Related Deaths Index (NDRDI), which is maintained by the Health Research Board (HRB), is an epidemiological database that records cases of deaths by drug poisoning, and deaths among drug users in Ireland, extending back to 1998.

Data on drug-related acute emergencies in the Irish context refer to all admissions to acute general hospitals with non-fatal overdoses and are extracted from the Hospital In-Patient Enquiry (HIPE) scheme. Data for the year 2019 are included in this report.

The Health Protection Surveillance Centre (HPSC) is notified of incidences of newly diagnosed human immunodeficiency virus (HIV), hepatitis B virus (HBV), and hepatitis C virus (HCV). Notification data for 2020 are included in this report.

Due to public health restrictions imposed during the COVID-19 pandemic, there are no new data on drug-related deaths (latest year 2017).

There were 4,549 overdose cases discharged from Irish hospitals in 2019, with trends indicating a general increase since 2015. Among the overdose cases in 2019, opioids were involved in 15.6% (n=708), cocaine in 5.0% (n=228), and cannabis in 2.4% (n=110) of cases. There were eight overdose cases involving lysergic acid diethylamide (LSD).

Although there has been an overall increase in the total number of HIV notifications in Ireland since 2004, the number of people who inject drugs (PWID) among HIV notifications has shown an overall decrease. An increase in the number of PWID among HIV notifications in 2014–2015 was due to an outbreak of HIV among homeless drug users in Dublin. The outbreak was declared over in February 2016. Key control measures implemented included raising awareness among clinicians, addiction services, and PWID; intensive case finding and contact tracing; early treatment of HIV infection in those most at risk; greater promotion of needle exchange; increased access to methadone treatment; frontline worker training; and raising awareness about safe injecting and safe sex. Leaflets were distributed in hostels and settings in Dublin where patients/clients attended.

Recent trends indicate that the number of cases of HBV and HCV diagnosed and notified in the Republic of Ireland is stabilising rather than continuing to decline. Of the acute HBV cases notified in 2019 none was an injecting drug user. The proportion of HCV cases attributed to injecting drug use has decreased from 88% in 2011 to 67% in 2019, but risk factor data were not available for a significant number of cases. It should be noted that due to the COVID-19 pandemic and related lockdowns, HIV, HBV, and HCV notification data for 2020 are incomplete.

Harm reduction services available in Ireland include needle exchange from fixed sites, mobile units, and outreach work provided by regional authorities and community-based organisations (CBOs). In addition, there are pharmacies providing a needle exchange service in each regional Drug and Alcohol Task Force (RDATF) area within Ireland. At the end of 2020, there were 92 pharmacies providing a needle exchange service.

The Misuse of Drugs (Supervised Injecting Facilities) Act 2017 was signed into Irish law on 16 May 2017. In the Introduction, the Act is summarised as: “An Act to provide for the establishment,

licensing, operation and regulations of supervised injecting facilities for the purposes of reducing harm to people who inject drugs; to enhance the dignity, health and well-being of people who inject drugs in public places; to reduce the incidence of drug injection and drug-related litter in public places and thereby to enhance the public amenity for the wider community; and to provide for matters related thereto." Following a procurement process, Merchants Quay Ireland (MQI) was selected as the preferred bidder to deliver the service. On 24 December 2019, An Bord Pleanála granted MQI permission to build the facility next to the Riverbank Centre on Merchant's Quay, Dublin. However, on 15 July 2021, the Irish High Court overturned An Bord Pleanála's permission to establish the facility. Judicial review proceedings against the proposed facility had been taken by a nearby primary school. MQI remains committed to opening a medically supervised injection facility in Ireland as part of a national health-led approach to addiction.

T1. National profile and trends

T1.1 Drug-related deaths

T1.1.1 Overdose deaths

There are no updated data since 2017 (the latest year) due to reporting delays arising from public health restrictions imposed during the COVID-19 pandemic.

T1.1.2 Toxicology of overdose deaths

There are no new data for toxicology of overdose deaths due to reporting delays arising from the COVID-19 pandemic.

T1.1.3 Mortality cohort studies

There are no mortality cohort studies to report for the year 2020.

T1.1.4 Trends

There are no new data due to reporting delays arising from the COVID-19 pandemic.

Data completeness/coverage; case ascertainment, changes in reporting

The National Drug-Related Deaths Index (NDRDI), Ireland's special register for drug-related deaths, has been in existence since 2007, utilising Filter D as a selector. Up to that point, drug-related deaths were reported through the Central Statistics Office (CSO). However, the NDRDI retrospectively collected data back to 1998. Therefore, the NDRDI data supersede any data previously reported between 1998 and 2007.

The NDRDI is a complete census of all drug-related deaths in Ireland, including both direct drug deaths through overdose (known as poisoning) and deaths among drug users. Notably, it also collects data on additional deaths that do not meet the Filter D criteria but are of national importance, e.g. alcohol only and alcohol in combination with prescription drug overdose/poisoning deaths. The NDRDI is a national census, as it collects information from all closed coronial files, all deaths among hospital inpatients that meet the criteria, and all deaths among those registered as being on opioid substitution treatment (OST), as well as data on deaths from the CSO. All of these data sources are matched in order to avoid duplication and to ensure the greatest amount of information on each death. There has been no change in the process since the inception of the NDRDI in 2007. However,

in winter 2020 (for the 2019 data collection), the NDRDI moved to a new online data collection portal, which will improve efficiency and security.

T1.1.5 Additional information on drug-related deaths

Trends in drug poisoning deaths, by sex, in Ireland: a repeated cross-sectional study from 2004 to 2017

A recent publication, "Trends in drug poisoning deaths, by sex, in Ireland: a repeated cross-sectional study from 2004 to 2017", examined differences, by sex, in the rates of overall drug poisoning deaths and deaths involving specific drugs implicated in drug poisoning deaths in Ireland between 2004 and 2017 (Lynn*, et al.* 2021).

Data for this study were extracted from the NDRDI and the Health Service Executive's (HSE's) Primary Care Reimbursement Service (PCRS). The NDRDI's definition of a poisoning death is a death directly due to the toxic effect of one or more substances on the body. Joinpoint regression was used to examine any changes in trends in age-standardised rates (ASRs) from 2004 to 2017, expressed as annual percentage changes (APCs), with a summary of the overall trend expressed as an average annual percentage change (AAPC). The relationship between the ASR of drug poisoning deaths and prescription data for benzodiazepines and antidepressants was examined using linear regression. Analyses were stratified by sex.

There has been an increase in the ASR of drug poisoning deaths in Ireland, with figures rising from 6.86 deaths per 100,000 in 2004 to 8.08 per 100,000 in 2017. This increase is mainly driven by deaths among men. For men, drug poisoning deaths involving cocaine (AAPC: 7.7% [95% confidence interval (CI): 2.2–13.6]), benzodiazepines (AAPC: 7.2% [95% CI: 2.9–11.6]), antidepressants (AAPC: 6.1% [95% CI: 2.4–10.0]), and prescription opioids (AAPC: 3.5% [95% CI: 1.6–5.5]) increased significantly between 2004 and 2017.

For women, drug poisoning deaths involving antidepressants (AAPC: 4.2% [95% CI: 0.2–8.3]), benzodiazepines (AAPC: 3.3% [95% CI: 0.1–6.5]), and prescription opioids (AAPC: 3.0% [95% CI: 0.7–5.3]) increased significantly between 2004 and 2017, with a significant increase in drug poisoning deaths involving cocaine (albeit from a low baseline number of deaths) observed in the latter part (2011 to 2017) of the study period. While the ASR of drug poisoning deaths involving alcohol decreased among women (AAPC: −4.0% [95% CI: −5.8 to −2.1]) between 2004 and 2017, there was no significant change observed among men during the same period.

A significant increase in two or more central nervous system (CNS) depressant drugs involved in drug poisoning deaths is reported among both men (AAPC: 5.6% [95% CI: 2.4–8.8]) and women (AAPC: 4.0% [95% CI: 1.1–6.9]) between 2004 and 2017.

The authors conclude that there was an increase in overall drug poisoning deaths in Ireland from 2004 to 2017. The increasing trend of two or more CNS depressant drugs implicated in drug poisoning deaths, especially the more recent significant increase among women, is concerning. The findings from this study highlight the need for an increased understanding among prescribers, people who use drugs, and policy-makers of the physiological differences between men and women, how these affect drug activity in the body, and the associated risks with consumption of multiple CNS depressant drugs.

A significant decrease in drug poisoning deaths involving alcohol was reported for women between 2004 and 2017. However, no significant change was reported for deaths involving alcohol among men during the same period. The authors highlight that alcohol is a CNS depressant and recommend that prescribers should assess for, and advise on, alcohol use when prescribing CNS depressant drugs.

Benzodiazepines were the most common drug group in deaths involving two or more CNS depressants. The decreasing rate of benzodiazepines dispensed through the PCRS appears to correspond with the introduction of stricter prescribing regulations. Given the increased availability of illicit benzodiazepines (Duffin*, et al.* 2020), this change in prescribing regulations may have partially resulted in an increased use of high-potency illicit benzodiazepines. The authors state that advocates for people who use drugs should be consulted on, and contribute to, policy decisions around drug use. In addition, an increased focus on treatment provision for misuse of benzodiazepines should be considered. The authors suggest that harm reduction initiatives, along with treatment interventions, which include pharmaceuticals combined with psychosocial assistance, need to focus on the range of problematic drugs. Furthermore, they suggest that the reduction of stigma associated with drug use and drug poisoning deaths, aligned with actions to target economic deprivation, is required.

Drug-related deaths in Ireland: key patterns and trends, 2008–2017

A 2019 report analysed existing available data on drug-related deaths in Ireland (from 2008 to 2017) (Health Research Board 2019) in order to inform policy and assist in the implementation of existing national strategies to reduce drug-related harm (Evans*, et al.* 2021).

The number of deaths due to poisoning has plateaued between 2008 and 2017, which is notable given the increased drug use in the country during the same period. Therefore, based on the data currently available in Ireland, the increasing number of drug deaths appears to be driven by an increase in non-poisoning deaths (i.e. deaths other than poisonings among people who use drugs, regardless of the cause of death). Table T1.1.5.1 shows the crude unadjusted rate of poisoning and non-poisoning deaths per 100,000 of the population.

T1.1.5.1 Drug-related deaths rates per 100,000 population 2008–2013 (NDRDI data and Central Treatment Office population estimates)

Year	Poisoning rates	Non-poisoning rates	Total
2008	8.6	5.4	14.0
2009	8.2	6.3	14.4
2010	7.4	5.9	13.3
2011	8.2	5.9	14.1
2012	7.7	6.6	14.4
2013	8.7	6.7	15.4
2014	8.0	7.7	15.6
2015	7.9	7.9	15.8
2016	7.8	8.5	16.3
2017	7.8	8.6	16.4

Source: (Evans*, et al.* 2021)

The main causes of non-poisoning deaths among people who use drugs were hanging (28%) and cardiac events (14%). While three-quarters (76%) of non-poisoning deaths were among men, the

proportion of non-poisoning deaths among women increased from 19% to 24% over the period 2008–2017. Traumatic deaths among women also increased by 113% over the same period. The comparable figure for men in this period was 58%, partly due to an increase in the number of deaths from hangings.

Key recommendations include the following:

- The national drug and alcohol strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017a) should be fully implemented in order to help maintain and improve the progress made on reducing drug-related deaths, including the establishment of a pilot medically supervised injecting facility.
- Prevention and treatment programmes should incorporate gender-specific responses and be designed to meet the differing needs of men and women.
- The needs of older drug users in Ireland should be recognised, and tailored interventions should be developed for this cohort, similar to interventions for other vulnerable cohorts.
- Initiatives that have been developed to address crack cocaine use should be reviewed in order to determine their effectiveness.
- A multifaceted, evidence-based approach to addressing polydrug use should be developed.
- Naloxone availability for opioid users should be prioritised and its impact should be monitored on an ongoing basis.
- Consideration should be given to undertaking a comprehensive health needs assessment of long-term drug users receiving treatment, with referral pathways developed to support physical and mental health services.
- Recovery programmes need to be strengthened, as this may have the potential to reduce the number of people in long-term treatment for substance use.
- The HSE Clinical Programme on Dual Diagnosis (HSE Mental Health Division 2020) needs to be supported into the future, as this may have a significant impact on rates of self-harm/suicide in this population. The programme will require regular monitoring and evaluation in order to assess impact in this area.
- Best practice guidelines should be followed when prescribing more than one drug, particularly for those with drug dependency disorders.
- The Public Health Alcohol Bill (2018) should be fully enacted and its implementation should be monitored (Department of Health 2015a).

Interim report on the mortality of single people experiencing homelessness in the Dublin region

An interim report on the mortality of single people experiencing homelessness (PEH) in the Dublin region was published in 2021 (O'Carroll 2021). The crude mortality rate for PEH in 2020 was 16.4, but this varied depending on the type of homeless accommodation and duration of homelessness. It was not possible to complete the study, as the author could not access the necessary cause of death data

for 2020 from the Coroner; the report will be finalised when these data are available. This will be of interest, given that there is a high rate of substance misuse among PEH. Although no new data on cause of death were presented in the interim report, a number of recommendations were made based on the review to date.

The following is a summary of the main recommendations.

Data collection

- Develop a data collection system in order to enable timely analysis of data, as well as more in-depth analysis of different aspects of homelessness (e.g. type of accommodation; whether a single or family unit).
- Implement a critical incident analysis framework.
- Produce five yearly reports on mortality trends.

Address causation of deaths among PEH

- Reduce long-term homelessness.
- Reports produced every 5 years on mortality trends should be reviewed by a multi-agency committee.
- Introduce a rapid review process for clusters of deaths.
- Improve access to primary care and mental health services.
- Work to reduce fatal overdoses, in particular to ensure that PEH have access to naloxone; progress a supervised injecting centre; ensure timely access to OST; and develop an overdose risk assessment for opioid users who are experiencing homelessness.

Research recommendations

- Conduct a study on why chronicity of homelessness is linked to a higher mortality rate.

T1.2 Drug-related acute emergencies

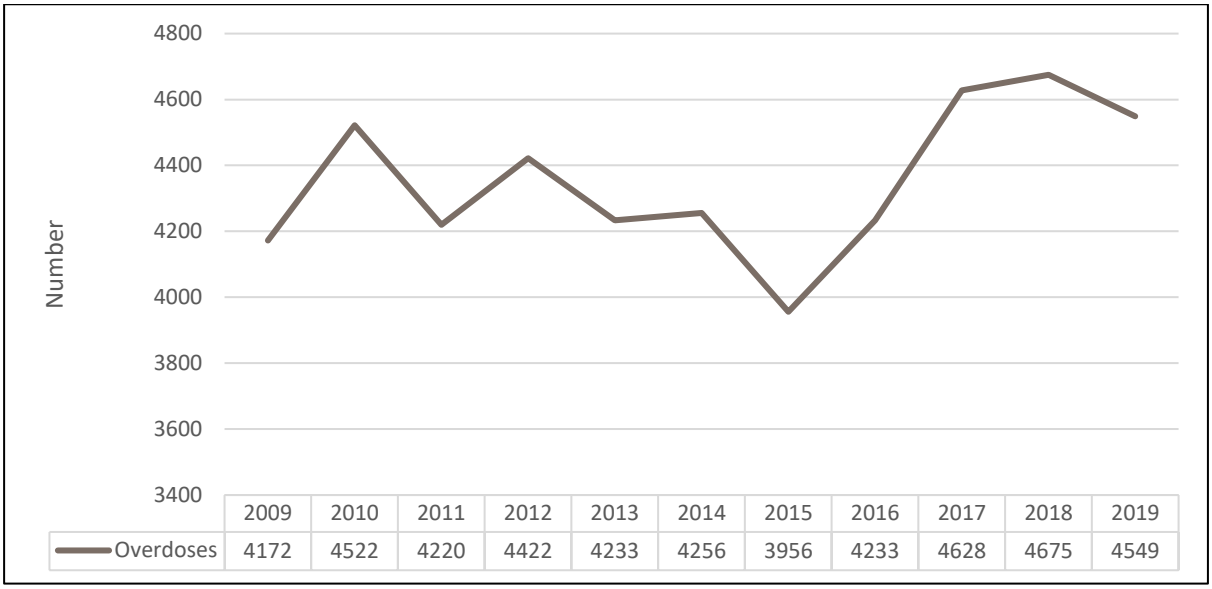
T1.2.1 Drug-related acute emergencies

Non-fatal drug-related hospital admissions in Ireland

The Hospital In-Patient Enquiry (HIPE) scheme is a computer-based health information system managed by the Economic and Social Research Institute (ESRI) in association with the Department of Health and the HSE. It collects demographic, medical, and administrative data on all admissions, discharges, and deaths from acute general hospitals in Ireland. Each HIPE discharge record represents one episode of care; each discharge of a patient, whether from the same or a different hospital, with the same or a different diagnosis, gives rise to a separate HIPE record. The scheme therefore facilitates analysis of hospital activity rather than of the incidence of disease. HIPE does not record information on individuals who attend emergency departments but are not admitted as inpatients. Monitoring of drug-related acute emergencies in the Irish context refers to all admissions for non-fatal overdoses to acute general hospitals in Ireland.

Drug-related emergencies – non-fatal overdoses, 2019

Data extracted from the HIPE database were analysed in order to determine trends in non-fatal overdoses in patients discharged from Irish hospitals in 2019. There were 4,614 overdose cases in that year, of which 65 died in hospital. Only discharged cases are included in this analysis (n=4549). The number of discharged overdose cases in 2018 was the highest recorded since 2009, with trends indicating a general increase since 2015 (see Figure T1.2.1.1).



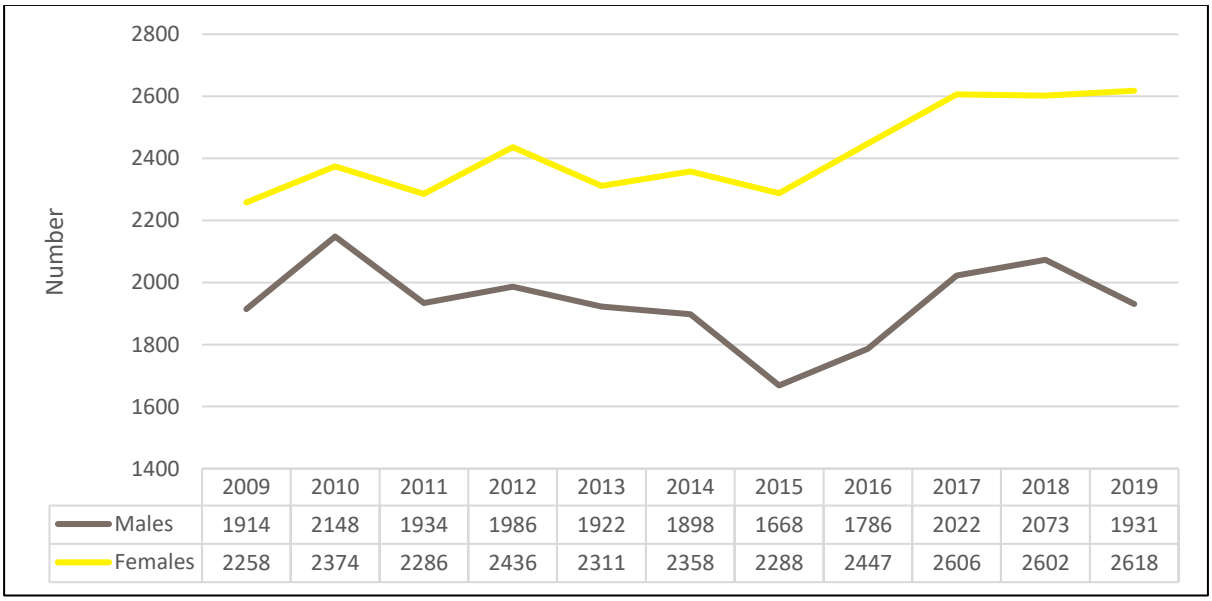
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Overdoses	4172	4522	4220	4422	4233	4256	3956	4233	4628	4675	4549

Figure T1.2.1.1 Number of overdose cases admitted to Irish hospitals, by year, 2009–2019

Source: HIPE, Healthcare Pricing Office (2021)

Sex

Between 2009 and 2019, there were more overdose cases among women than men, with women accounting for 2,618 (57.6%) of all non-fatal overdose cases in 2019 (see Figure T1.2.1.2).



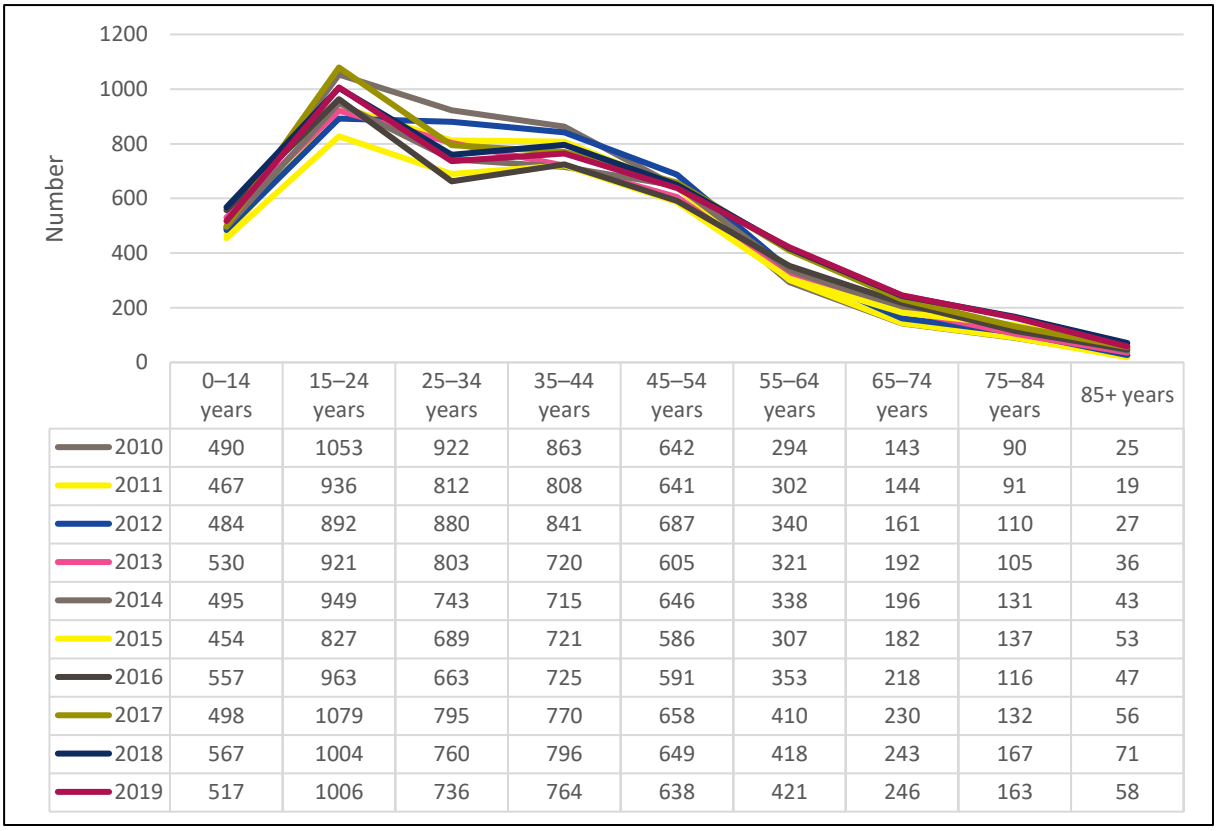
	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Males	1914	2148	1934	1986	1922	1898	1668	1786	2022	2073	1931
Females	2258	2374	2286	2436	2311	2358	2288	2447	2606	2602	2618

Figure T1.2.1.2 Number of overdose cases admitted to Irish hospitals, by year and sex, 2009–2019

Source: HIPE, Healthcare Pricing Office (2021)

Age group

Between 2015 and 2019, there was a general increase in the number of non-fatal overdose cases in all age groups. As noted in previous years, the incidence of overdose cases peaked in the 15–24 years age group, and thereafter decreased with age (see Figure T1.2.1.3). In 2019, 33.5% of cases were in people aged under 25 years.



	0–14 years	15–24 years	25–34 years	35–44 years	45–54 years	55–64 years	65–74 years	75–84 years	85+ years
2010	490	1053	922	863	642	294	143	90	25
2011	467	936	812	808	641	302	144	91	19
2012	484	892	880	841	687	340	161	110	27
2013	530	921	803	720	605	321	192	105	36
2014	495	949	743	715	646	338	196	131	43
2015	454	827	689	721	586	307	182	137	53
2016	557	963	663	725	591	353	218	116	47
2017	498	1079	795	770	658	410	230	132	56
2018	567	1004	760	796	649	418	243	167	71
2019	517	1006	736	764	638	421	246	163	58

Figure T1.2.1.3 Non-fatal overdose cases admitted to Irish hospitals, by year and age group, 2010–2019

Source: HIPE, Healthcare Pricing Office (2021)

T1.2.2 Toxicology of drug-related acute emergencies

Table T1.2.2.1 presents the positive findings per category of drugs and other substances involved in all cases of non-fatal overdose in 2019. Non-opioid analgesics were present in 1,684 cases; paracetamol is included in this drug category and was present in 1,385 cases. Benzodiazepines and psychotropic agents were taken in 852 and 1,205 cases, respectively. There was evidence of alcohol consumption in 381 cases; cases involving alcohol are included in this analysis only when alcohol was used in conjunction with another substance.

Table T1.2.2.1 Categories of drugs involved in non-fatal overdose cases admitted to Irish hospitals, 2019

Drug category	Count
Non-opioid analgesics	1684
Paracetamol (4-aminophenol derivatives)	*1385*
Benzodiazepines	852
Psychotropic agents	1205
Anti-epileptic/sedative/anti-Parkinson agents	2138

Narcotics and hallucinogens	940
Alcohol*	381
Systemic and haematological agents	178
Cardiovascular agents	161
Autonomic nervous system agents	152
Anaesthetics	28
Hormones	145
Systemic antibiotics	62
Gastrointestinal agents	98
Other chemicals and noxious substances	274
Diuretics	72
Muscle and respiratory agents	29
Topical agents	44
Anti-infectives/anti-parasitics	25
Other gases and vapours	44
Other and unspecified drugs	946

Source: HIPE, Healthcare Pricing Office (2021)

Note: The sum of positive findings is greater than the total number of cases, as some cases involved more than one drug or substance.

*Alcohol was only included for cases where any code from any of the other drug categories in this table was also reported.

Overdoses involving narcotics or hallucinogens

Figure T1.2.2.1 shows positive findings of illicit substances among overdose cases in 2019. Opioids were used in 15.6% (n=708) of cases, cocaine in 5.0% (n=228), and cannabis in 2.4% (n=110) of cases. There were eight overdose cases involving lysergic acid diethylamide (LSD).

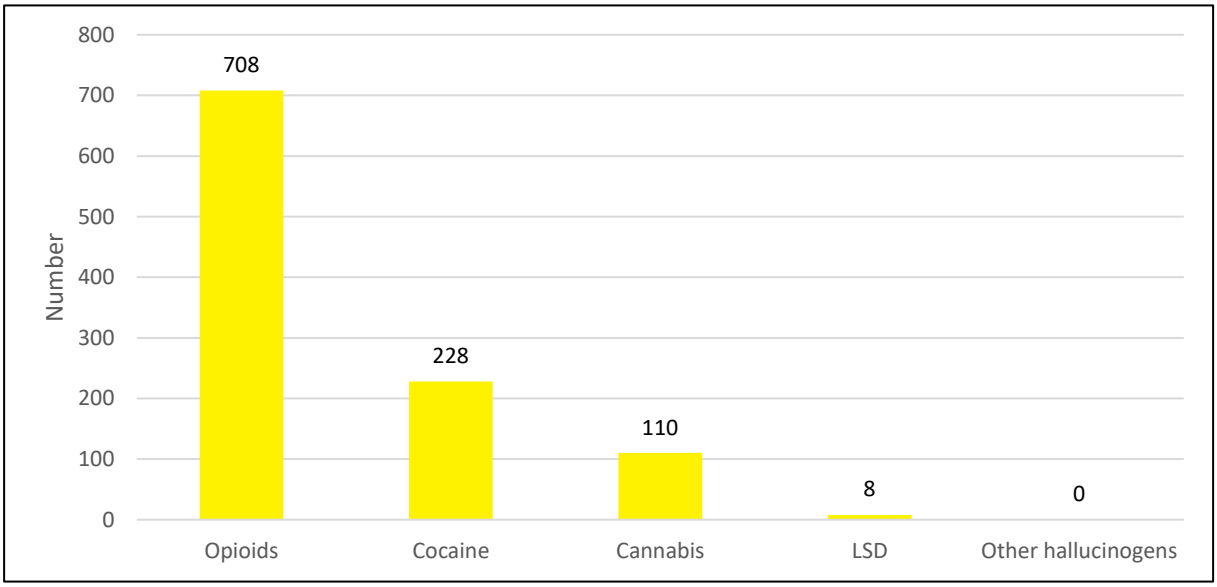


Figure T1.2.2.1 Narcotics and hallucinogens involved in overdose cases admitted to Irish hospitals, 2019

Source: HIPE, Healthcare Pricing Office (2021)

Overdoses classified by intent

In 2019, for 63.9% (n=2906) of cases, the overdose was classified as intentional (see Figure T1.2.2.2). For 9.3% (n=421) of cases, classification of intent was not clear.

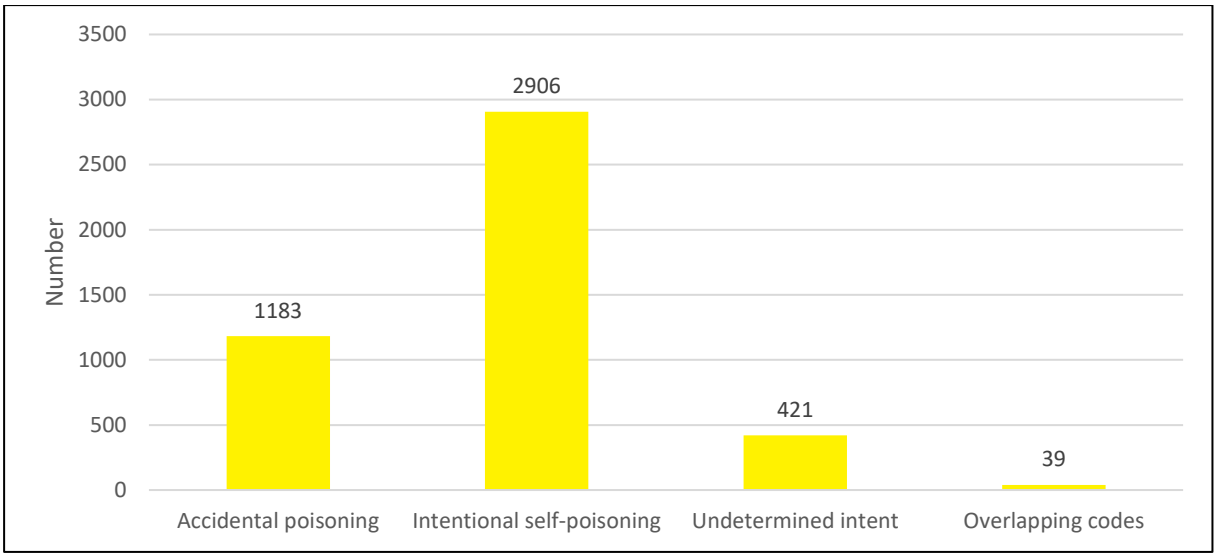


Figure T1.2.2.2 Overdose cases admitted to Irish hospitals, classified by intent, 2019

Source: HIPE, Healthcare Pricing Office (2021)

Table T1.2.2.2 presents the positive findings per category of drugs and other substances involved in cases of intentional self-poisoning (n=2906) in 2019. Non-opioid analgesics were involved in 1,396 cases, benzodiazepines in 596 cases, and psychotropic agents in 966 cases.

Table T1.2.2.2 Categories of drugs involved in intentional self-poisoning cases admitted to Irish hospitals, 2019

Drug category	Count
Non-opioid analgesics	1396
Benzodiazepines	596
Psychotropic agents	966
Anti-epileptic/sedative/anti-Parkinson agents	1579
Narcotics and hallucinogens	494
Alcohol*	301
Systemic and haematological agents	107
Cardiovascular agents	90
Autonomic nervous system agents	101
Anaesthetics	8
Hormones	96
Systemic antibiotics	39
Gastrointestinal agents	80
Other chemicals and noxious substances	92
Diuretics	40
Muscle and respiratory agents	21
Topical agents	~
Anti-infectives/anti-parasitics	18
Other gases and vapours	10
Other and unspecified drugs	538

Source: HIPE, Healthcare Pricing Office (2021)

Note: As some discharges may be included in more than one drug category, the total count in this table exceeds the total number of discharges.

*Alcohol was only included for cases where any code from any of the other drug categories in this table was also reported.

~ denotes five or fewer discharges reported to HIPE.

T1.2.3 Explanations of short-term (5 years) and long-term trends in the number and nature of drug-induced emergencies

See Section T1.2.1 for information regarding trends in drug-related acute emergencies in the Republic of Ireland.

T1.2.4 Additional information on drug-related acute emergencies

Trends in alcohol and drug admissions to psychiatric facilities

The annual report published by the HRB's Mental Health Information Systems Unit, *Activities of Irish Psychiatric Units and Hospitals 2019* (Daly, Antoinette and Craig 2020), shows that the rate of new admissions to inpatient care for alcohol disorders has decreased.

In 2019, 1,090 cases were admitted to psychiatric facilities with an alcohol disorder, of whom 301 were treated for the first time. Figure T1.2.4.1 presents the rates of first admission between 1999 and 2019 for cases with a diagnosis of an alcohol disorder. The admission rate in 2019 was lower than the previous year, and trends over time indicate an overall decline in first admissions. Approximately one-third (33.6%) of cases hospitalised for an alcohol disorder in 2019 were hospitalised for just under 1 week, while 31.2% of cases were hospitalised for between 1 and 3 months, similar to previous years.

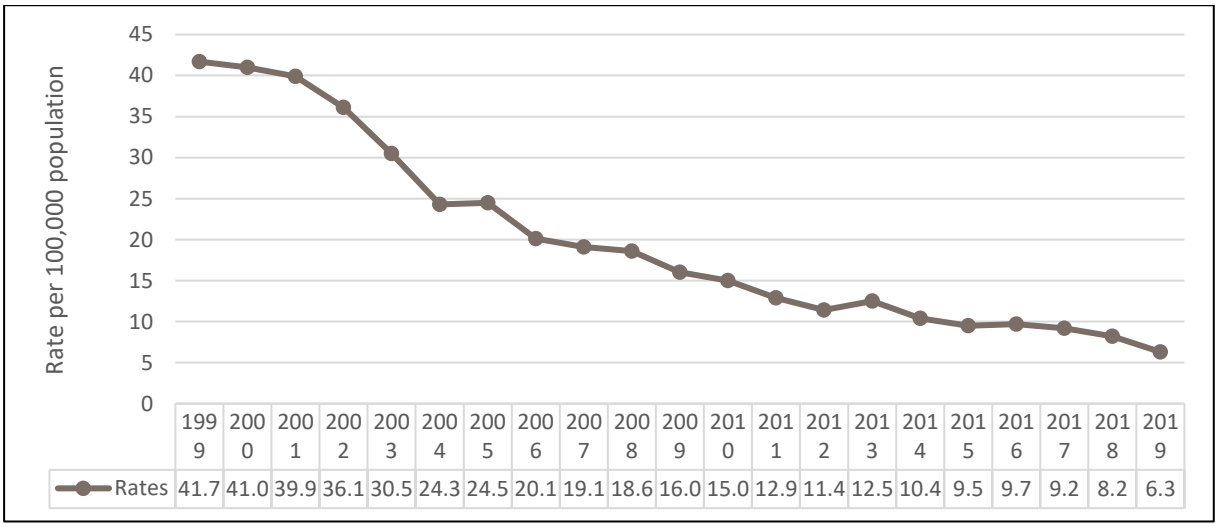


Figure T1.2.4.1 Rates of psychiatric first admission of cases with a diagnosis of an alcohol disorder per 100,000 of population in Ireland, 1999–2019

Source: Daly and Craig (2020)

In 2019, 1,090 cases were also admitted to psychiatric facilities with a drug disorder. Of these cases, 440 were treated for the first time. Figure T1.2.4.2 presents the rates of first admission between 1999 and 2019 of cases with a diagnosis of a drug disorder. The admission rate in 2019 was higher than the previous year, and trends over time indicate an overall increase in the rate of first admission with a drug disorder since 2011. It should be noted that the report from which these data were drawn does not present data on drug use and psychiatric comorbidity; it is therefore not possible to determine whether or not these admissions were appropriate.

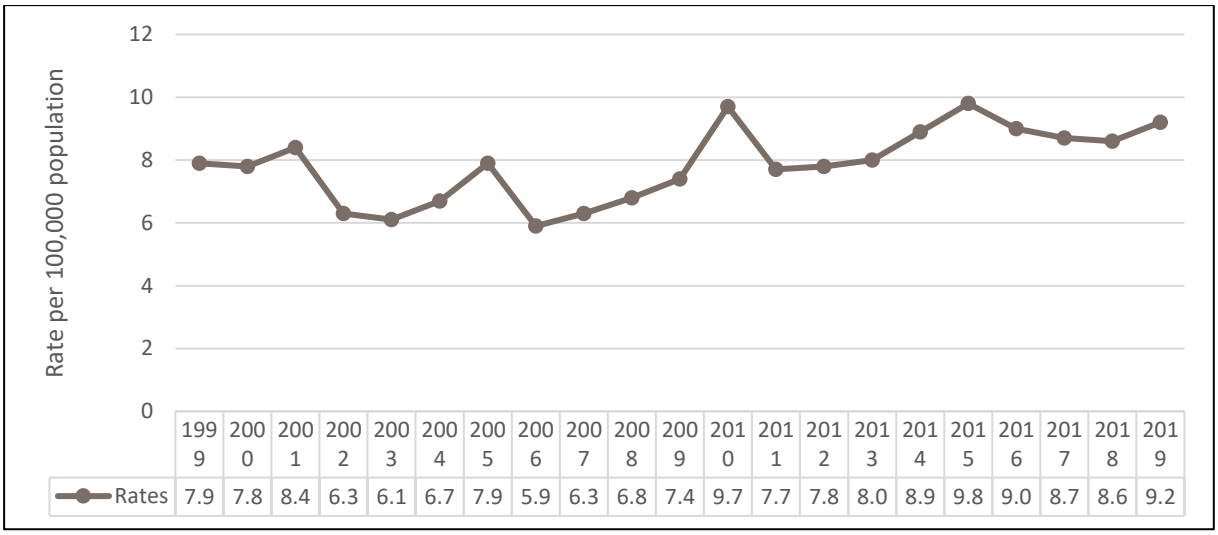


Figure T1.2.4.2 Rates of psychiatric first admission of cases with a diagnosis of a drug disorder per 100,000 of population in Ireland, 1999–2019

Source: Daly and Craig (2020)

Other notable statistics on admissions for a drug disorder in 2019 include the following:

- About one-half of cases hospitalised for a drug disorder stayed for less than 1 week (49.8%), while 98.7% were discharged within 3 months. It should be noted that admissions and discharges represent episodes or events and not persons.
- Just under one-fifth (17.3%) of first-time admissions were involuntary.
- Similar to previous years, the rate of first-time admissions was higher for men (14.7 per 100,000) than for women (3.9 per 100,000).

T1.3 Drug-related infectious diseases

T1.3.1 Main drug-related infectious diseases among drug users – HIV, HBV, HCV

Drug-related infectious diseases in Ireland, 2020

The Health Protection Surveillance Centre (HPSC) is Ireland's specialist agency for the surveillance of communicable diseases. Part of the HSE, and originally known as the National Disease Surveillance Centre, the HPSC endeavours to protect and improve the health of the Irish population by collating, interpreting, and disseminating data in order to provide the best possible information on infectious diseases. The HPSC has recorded new cases among injecting drug users of human immunodeficiency virus (HIV) since 1982, of hepatitis B virus (HBV) since 2004, and of hepatitis C virus (HCV) since 2006. The figures and tables presented in this summary are based on data extracted from the Computerised Infectious Disease Reporting (CIDR) system in July 2021. It should be noted that, due to the COVID-19 pandemic and related lockdowns, HIV, HBV, and HCV notification data for 2020 are incomplete. Consequently, these data have not yet been extensively validated and should be considered provisional.

Main drug-related infectious diseases among people who use drugs – HIV, HBV, and HCV

HIV notifications, 2020

According to data compiled by the HPSC, at the end of 2020, 449 people were newly diagnosed with HIV in Ireland, a notification rate of 9.4 per 100,000 population. This marks a 16% decrease compared with 2019 (n=535) (see Figure T1.3.1.1).

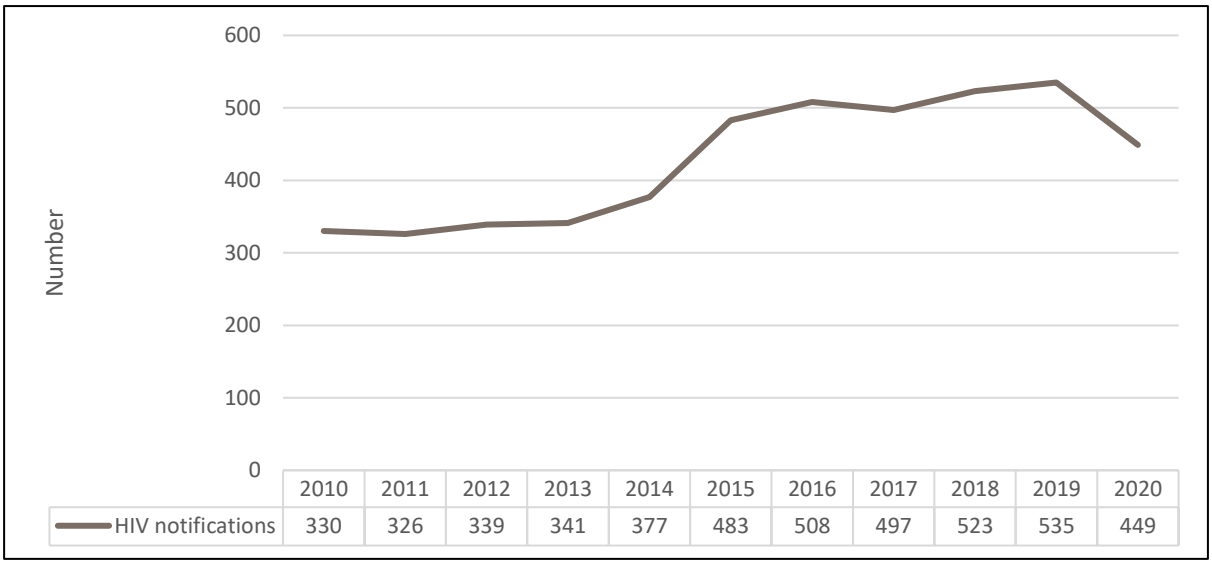


Figure T1.3.1.1 Number of new HIV notifications reported in Ireland, by year of notification, 2010–2020

Source: HSE and HPSC (2021)

Of the HIV notifications in 2020:

- One hundred and six were male and 42 were female
- Eighty-five were men who have sex with men, and
- Sixty-seven per cent (n=301) had no reported risk factor data, although this is likely to change as more data become available.

In 2020, 8 HIV notifications were in people who inject drugs (PWID), compared with 11 in 2019 (see Table T1.3.1.1). The figure for 2020 is the lowest number of PWID among HIV notifications since 2003 (see Figure T1.3.1.2).

Table T1.3.1.1 New HIV notifications reported to the HPSC by risk factor status, 2020

Risk factor status	Number (%)
Total number of cases	449
Cases *with* reported risk factor data	148
Of which:	
Male	106 (71.6)
Female	42 (28.3)
Sex unknown	0 (0.0)
Injecting drug users	8 (5.4)
Men who have sex with men	85 (57.4)

Recipient of blood/blood products	1 (0.7)
Other risk factors	54 (36.4)
No known risk factor identified	0 (0.0)
Cases *without* reported risk factor data	301

Source: HSE and HPSC (2021)

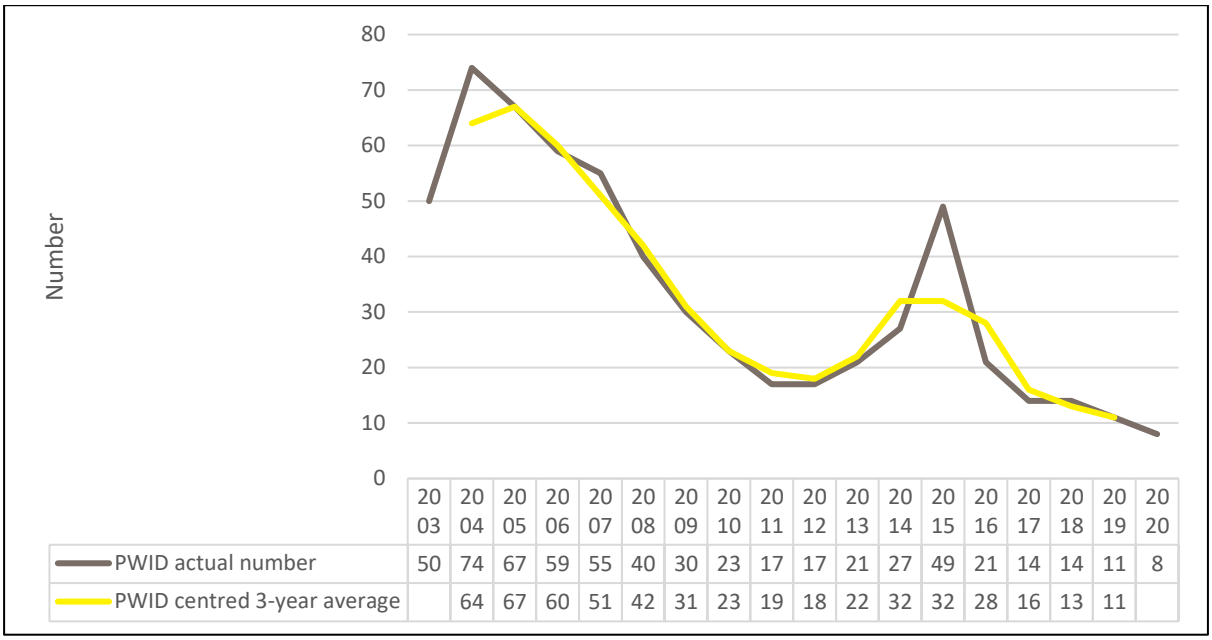


Figure T1.3.1.2 Number and rolling average number of PWID among HIV notifications reported in Ireland, by year of notification, 2003–2020

Source: HSE and HPSC (2021)

Of the eight PWID among HIV notifications in 2020, four were male and four were female, with a median age of 36 years. No subjects were aged under 25 years (see Table T1.3.1.2). The increased number of PWID among HIV notifications in 2014 and 2015 was due to an outbreak of HIV among PEH in Dublin who use drugs. The outbreak was declared over in February 2016. Key control measures that were implemented included raising awareness among clinicians, addiction services, and PWID; intensive case finding and contact tracing; early treatment of HIV infection in those most at risk; greater promotion of needle exchange; increased access to methadone treatment; frontline worker training; and raising awareness about safe injecting and safe sex. Leaflets were distributed in hostels and settings in Dublin where patients/clients attended.

Table T1.3.1.2 Characteristics of new HIV notifications who reported injecting drug use as a risk factor, 2020

Risk factor status	Number
Total number of cases	8
Of which:	
Male	4
Female	4
Sex unknown	0
Mean age	36.3
Median age	35.5

Under 25 years	0
25–34 years	4
Age unknown	0
Place of residence	
Dublin, Kildare, or Wicklow	6

Source: HSE and HPSC (2021)

HBV notifications, 2020

There were 337 notifications of HBV in Ireland in 2020, a decrease of 36% from 2019, when there were 526 notifications. The notification rate for 2020 was 7.1 per 100,000 population. HBV notifications halved between 2008 (n=897; 21.2 per 100,000 population) and 2014 (n=442; 9.3 per 100,000 population). Although provisional data on HBV notifications in 2020 are considerably lower than those reported in 2019, it should be noted that recent trends suggest that the number of cases diagnosed and notified is stabilising rather than continuing to decline (see Figure T1.3.1.3).

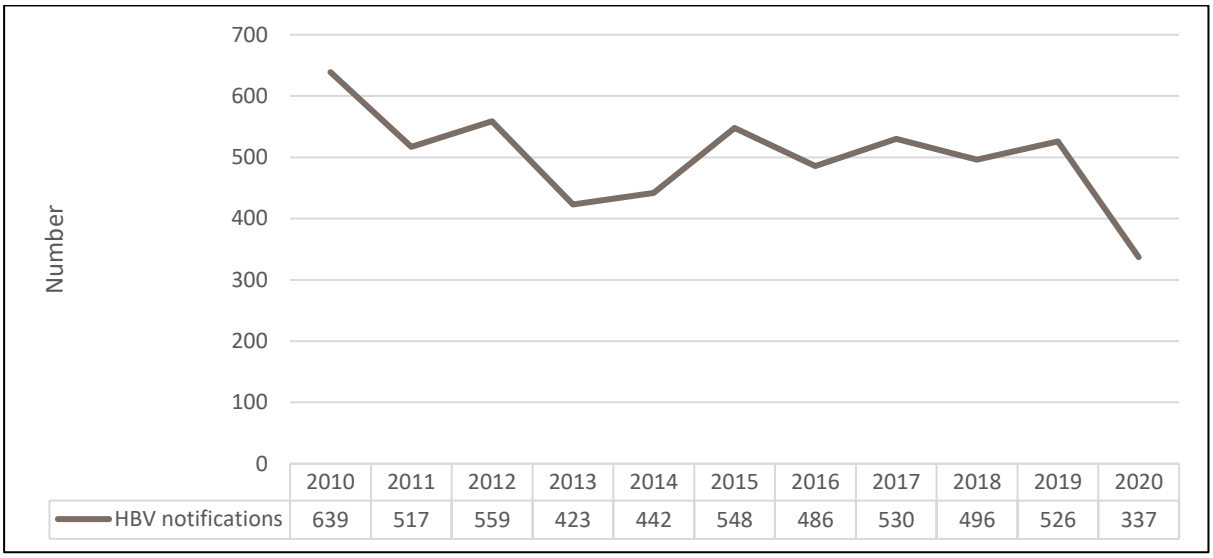


Figure T1.3.1.3 Number of HBV notifications reported in Ireland, by year of notification, 2010–2020

Source: HSE and HPSC (2021)

Seventy-nine per cent (n=266) of the 337 HBV notifications in 2020 contained information on acute/chronic status. Of these, 96.2% (n=256) were chronically infected (long-term infection), while 3.8% (n=10) were acutely infected (recent infection). Risk factor data were available for eight of the acute cases notified in 2020. Of these acute cases, none was an injecting drug user (see Table T1.3.1.3).

Table T1.3.1.3 Acute and chronic new HBV cases reported to the HPSC, 2020

HBV status	Acute	Chronic	Unknown
Total number of cases	10	256	71
Percentage of cases by status	3.0	76.0	21.1
Cases *with* reported risk factor data	8	102	13
Percentage of cases with risk factor data	80.0	39.8	18.3
Of which:			
Injecting drug users	0	2	58

Cases *without* reported risk factor data	2	154	58

Source: HSE and HPSC (2021)

Data excluding proxy risk factor of born in endemic country/asylum seeker.

HCV notifications, 2020

There were 326 HCV notifications in Ireland in 2020, a decrease of 31.2% from 2019, when there were 474 notifications. The notification rate for 2020 was 6.8 per 100,000 population. There has been a downward trend in HCV notifications since peak numbers (n=1538) were recorded in 2007. While provisional data on notifications from 2020 suggest a continued decline (see Figure T1.3.1.4), trends in HCV notifications are difficult to interpret as acute and chronic infections are frequently asymptomatic, and most cases diagnosed and notified are identified as a result of screening in key risk groups. Therefore, notification patterns are highly influenced by testing practices, which may vary over time and may not reflect incidence very well.

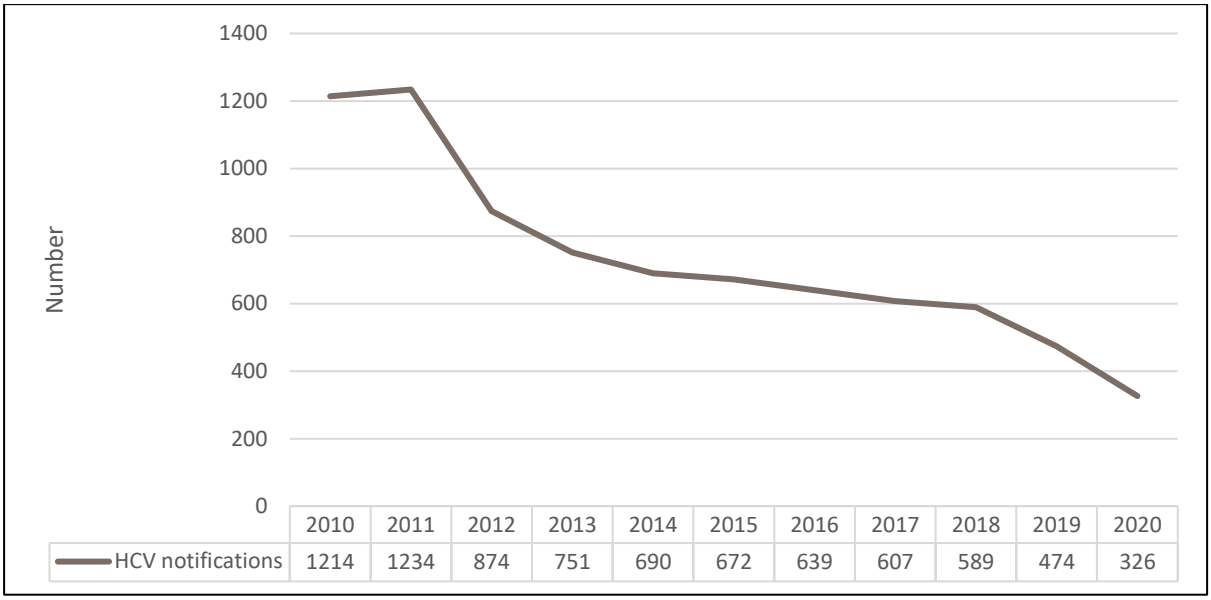


Figure T1.3.1.4 Number of HCV notifications reported in Ireland, by year of notification, 2010–2020

Source: HSE and HPSC (2021)

Information on the most likely risk factor was available for 46.9% (n=153) of cases in 2020 (see Table T1.3.1.4). Eighty cases with risk factor data were PWID and six were infected through contaminated blood products. No risk factors were identified for 14 cases despite public health follow-up.

Table T1.3.1.4 New HCV cases reported to the HPSC, by risk factor status, 2020

Risk factor status	Number (%)
Total number of cases	326
Cases *with* reported risk factor data	153
Of which:	
Injecting drug users	80 (52.3)
Recipient of blood/blood products	6 (3.9)
Other risk factors	53 (34.6)
No known risk factor identified	14 (9.2)

Cases *without* reported risk factor data	173

Source: HSE and HPSC (2021)

The proportion of new HCV cases attributed to injecting drugs decreased from 88% in 2011 to 67% in 2019, but risk factor data were not available for a significant number of cases. Hence, this finding is difficult to interpret. The number of cases of PWID among provisional HCV notification data for 2020 is also likely to be a significant underestimate. Data for 2020 will improve as further validation work is carried out.

Of the PWID among HCV notifications in 2020, 54 were male and 26 were female, with a median age of 40 years. Seven subjects were aged under 25 years. The majority of new HCV notifications who reported injecting drug use (57.5%) resided in Dublin, Kildare, or Wicklow (see Table T1.3.1.5).

Table T1.3.1.5 Characteristics of new HCV notifications who reported injecting drug use as a risk factor, 2020

Known injector cases	Number (%)
Total number of known injector cases	80
Sex	
Male	54 (67.5)
Female	26 (32.5)
Sex not known	0
Age	
Mean age	39.4
Median age	39.5
Under 25 years	7 (8.8)
25–34 years	18 (22.5)
Over 34 years	55 (68.8)
Age not known	0 (0.0)
Place of residence	
Dublin, Kildare, or Wicklow	46 (57.5)
Elsewhere in Ireland	34 (42.5)

Source: HSE and HPSC (2021)

T1.3.2 Notifications of drug-related infectious diseases

No new information.

T1.3.3 Prevalence data of drug-related infectious diseases outside the routine monitoring

Estimates of the prevalence of HIV in drug users in Ireland from published studies

A 2018 report by the HSE, the Irish Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and other experts examined HIV prevalence studies that have been carried out among PWID living in Ireland over a 20-year period from 1997 to 2017 (Health Protection Surveillance Centre 2018). Depending on the population and setting chosen, the HIV prevalence rate in these studies varied from 1% to 19%. It is evident that certain areas within Dublin's inner city have

very high rates (19%) of HIV among PWID (Long, *et al.* 2006). The most recent peer-reviewed study of a sample of 134 patients attending 14 opium substitution therapy prescribing GPs in the Dublin North inner city area indicated a prevalence rate of 8% (Murtagh, R, *et al.* 2017). However, although it is clear that HIV prevalence among PWID has been measured by a number of studies in Ireland, there is a lack of more recent and nationally representative data.

Estimates of the prevalence of HBV in drug users in Ireland from published studies

Results from studies in the inner city areas of Dublin indicated a high prevalence of HBV in early heroin injectors. A small cohort (n=82) of heroin injectors in inner city Dublin was recruited for a study in 1985 and followed for 25 years (O'Kelly, Fergus Desmond and O'Kelly 2012). More than 70% ultimately tested positive for HBV antibodies (indicating a current or past infection). However, this was a particularly high-risk cohort; 9% of 15–24-year-olds in this region of Dublin were estimated to be using heroin in 1981 (O'Kelly, FD, *et al.* 1988). Estimates from other studies involving drug users in prison and treatment settings, carried out between 1997 and 2002, found an HBV core antibody prevalence of between 14% and 28% (Health Protection Surveillance Centre 2018). However, as the vast majority of people infected with HBV as adults clear the infection and develop lifelong immunity, high antibody prevalence in early cohorts of drug users in Dublin did not translate to a high prevalence of chronic HBV infection. Where markers of current infection (HBV surface antigen or deoxyribonucleic acid (DNA) results) were reported, the prevalence ranged from 1% to 5% (Health Protection Surveillance Centre 2018). The low prevalence of chronic HBV infection reported in studies of blood-borne viruses in addiction treatment settings supports the data from statutory notifications, indicating a low prevalence of chronic HBV infection in PWID in Ireland.

HCV infection in Irish drug users and prisoners – a scoping review

Background and methods

The World Health Organization has set a goal to eliminate HCV as a global public health threat by 2030. Targets include reducing new HCV infections by 80%, reducing the number of HCV deaths by 65%, increasing HCV diagnoses from 20% to 90%, and increasing the number of eligible people receiving HCV treatment from <5% to 80% (World Health Organization 2017). Unsafe injecting drug use is the main route of HCV transmission in developed countries (Nelson, *et al.* 2011). Consequently, PWID in the general and prison populations represent a priority population for HCV elimination, given the high prevalence and incidence of infection in this group. However, the prevalence of HCV infection among PWID in Ireland remains poorly understood. A recent study aimed to map key previous findings and identify gaps in the literature (both published and unpublished) on HCV infection in Irish PWID and prisoners (Crowley, *et al.* 2019).

This research, published in the journal *BMC Infectious Diseases*, carried out a scoping review, guided by the methodological framework set out by Levac and colleagues (based on previous work by Arksey and O'Malley) (Levac, *et al.* 2010) (Arksey and O'Malley 2005).

Results

Two 2014 studies identified from the grey literature reported on HCV infection in PWID who were attending methadone maintenance therapy (MMT) in drug clinics outside of Dublin and reported an anti-HCV prevalence of 24% (Horan A: Chart audit of HCV screening measuring the effect of chart labelling, unpublished) (Ryan and Ryan 2014). A published 2017 study reported an anti-HCV

prevalence of 63.6% among PWID attending MMT at a north inner city Dublin treatment centre (Keegan*, et al.* 2017).

Two large HCV screening audits in 2016 reported an anti-HCV prevalence of almost 80% and a chronic HCV prevalence of 65% among PWID attending MMT at 23 drug treatment clinics in Dublin (Burke M: Audit of HCV screening using retrospective patient records, unpublished). The most recent prevalence study in PWID attending opioid substitution treatment (OST) in general practice in Ireland reported an anti-HCV prevalence of 77.2% (Murtagh, Ross*, et al.* 2018).

With regard to the prison population, a 2014 study reported an anti-HCV prevalence of 13.0% (95% CI: 10.9–15.2%) among the general prison population, increasing to 41.5% in prisoners with a history of injecting drug use and 54.0% in those with a history of injecting heroin (Drummond*, et al.* 2014). Another prison study from 2014 (of a single site) reported an anti-HCV prevalence of 37% among prisoners on MMT (Galander*, et al.* 2014).

Conclusions

The authors of the 2018 report noted that only two studies reported on HCV prevalence in PWID outside of Dublin and both were from secondary urban centres. In addition, the majority of these prevalence studies were more than a decade old and only reported on anti-HCV prevalence and not on HCV ribonucleic acid (RNA) prevalence, which limits their usefulness in estimating the levels of chronic untreated infection and reinfection. Finally, the most recent epidemiological studies included in the report were mostly chart review audits, which limits their usefulness in informing policy and strategy.

T1.3.4 Drug-related infectious diseases – behavioural data

No new information.

T1.3.5 Other drug-related infectious diseases

No new information.

T1.3.6 Additional information on drug-related infectious diseases

DOVE Service, Rotunda Hospital annual report, 2019

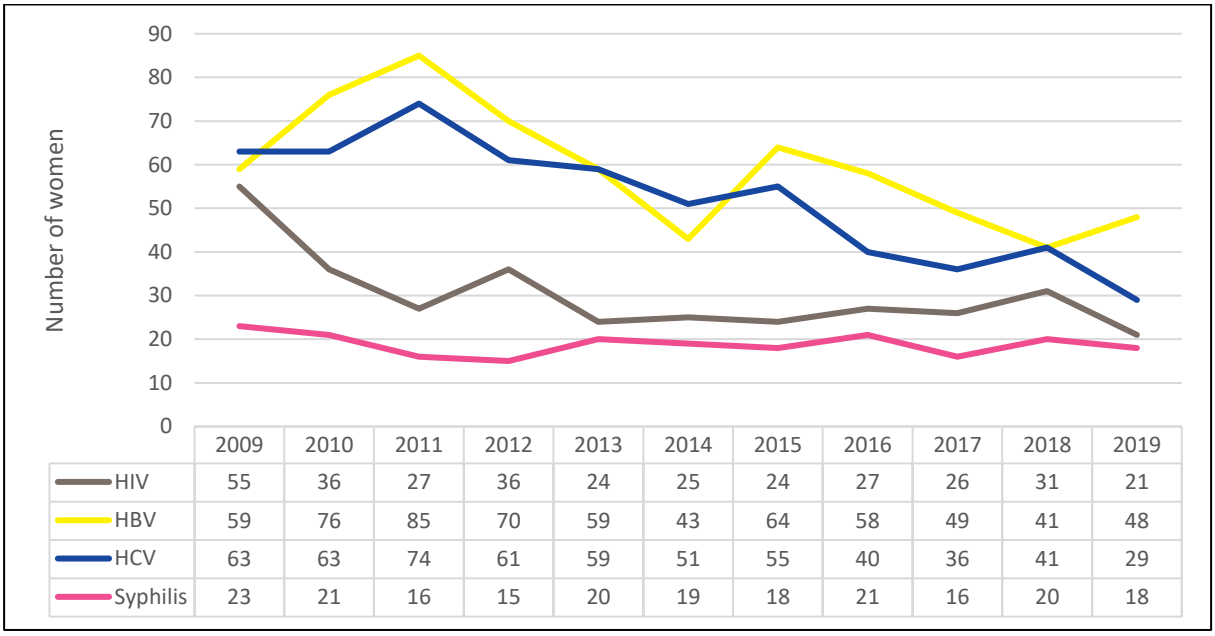
The Danger of Viral Exposure (DOVE) Service in the Rotunda Hospital, Dublin, was established in order to meet the specific needs of pregnant women who have, or are at risk of, blood-borne or sexually transmitted bacterial or viral infections during pregnancy. Exposure may also occur through illicit drug use. Figures from the DOVE Service for 2019 were published in 2020 in the *Rotunda Hospital Annual Report 2019* (The Rotunda Hospital 2020).

Clinical activity

Figure T1.3.6.1 shows the number of women who booked into the DOVE Service for antenatal care each year during the period 2009–2019. It also shows the diagnosis of viral disease for these women. During 2019, 116 women booked into the DOVE Service for antenatal care. Of these:

- Twenty-one (19%) women were positive for HIV infection.
- Forty-eight (43%) women were positive for HBV surface antigen.
- Twenty-nine (26%) women were positive for HCV antibody.

- Eighteen (16%) women had positive treponemal serology (syphilis).



	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
HIV	55	36	27	36	24	25	24	27	26	31	21
HBV	59	76	85	70	59	43	64	58	49	41	48
HCV	63	63	74	61	59	51	55	40	36	41	29
Syphilis	23	21	16	15	20	19	18	21	16	20	18

Figure T1.3.6.1 DOVE Service bookings by year, 2009–2019

Source: The Rotunda Hospital (2020)

In addition to the figures presented in Figure T1.3.6.1, a number of women attended the DOVE Service for diagnosis and treatment of human papillomavirus (HPV), herpes simplex virus, chlamydia, and gonorrhoea.

It should be noted that these numbers refer to patients who booked for care during 2019. Table T1.3.6.1 summarises the outcomes of patients who actually delivered during 2019. Of these patients, 27 were HIV-positive, 44 were HBV-positive, 39 were HCV-positive, and 15 had syphilis. During 2019, 105 women were referred to the Drug Liaison Midwife (DLM) service, including 33 women who had a history of opioid addiction and were engaged in a methadone maintenance programme. Eight of these women commenced treatment because of pregnancy. There was a total of 56 deliveries to mothers under the DLM service in 2019.

Table T1.3.6.1 Deliveries to mothers attending the DOVE Service who were positive for HIV, HBV, HCV, or syphilis, or who were attending the Drug Liaison Midwife, 2019

Mother's status	HIV-positive	HBV-positive	HCV-positive***	Syphilis-positive	DLM
Total mothers delivered	27	44	39	15	56
Total mothers delivered <500 g (including miscarriage)	0	2	0	0	0
Total mothers delivered ≥500 g	27	42	39	15	56
Live infants	28*	43*	38*	15	54
Miscarriage	0	2	0	0	0
Stillbirth	0	0	2	0	3
Infants <37 weeks' gestation	6	4	9	3	13
Infants ≥37 weeks' gestation	22	39	31	12	44

Caesarean section	11	14	10	5	17
HIV-, HBV-, HCV-, or syphilis-positive infants	0	0**	1**	0	–
Maternal median age	33	32	34	37	–

Source: The Rotunda Hospital (2020)

* One set of twins.

** Final serology test not yet available for all infants.

Provision of care for pregnant women with addiction: a 10-year review of the DOVE obstetric addiction clinic

Drug use during pregnancy is a worldwide problem and the consequences of continued drug misuse in pregnancy can be significant (Covington*, et al.* 2002). Pregnancy may provide opportunities to engage vulnerable women in essential healthcare. However, women with addiction may have poor adherence with prenatal appointments, presenting late in pregnancy or not until labour. Drug liaison midwives were appointed to the three Dublin maternity hospitals in 1999. In the Rotunda Hospital, this care is provided by the DOVE Service. Although the hospital publishes an annual clinical report of key service activity each year, there has been limited focused research to date on the ongoing provision of care for pregnant women with addiction.

Recent research (Eogan*, et al.* 2021) reviewed a decade of attendances at the DOVE clinic. In this study, published in the *Irish Medical Journal*, addiction clinic metrics between 2009 and 2018 were reviewed and compared with outcomes for the entire Rotunda Hospital population.

Findings

Main findings from the review included the following:

- Attendances at the DOVE clinic were stable between 2009 and 2018 (rate: 12 per 1,000 births).
- The number of women presenting with opioid addiction has significantly declined (p=0.04), and fewer women commenced OST for the first time during pregnancy (p=0.002).
- The number of women presenting with non-opioid addiction significantly increased from 2009 to 2018 (p<0.001).

The review also identified that both prematurity and a birthweight of less than 2.5 kg are over-represented in women with addiction. In the general obstetric population in the Rotunda Hospital, 6.9% of women delivered after less than 37 weeks' gestation, compared with 17.4% of the population with addiction (p<0.0001). In addition, infants born to women with addiction were significantly more likely to weigh less than 2.5 kg than infants in the general hospital population (26.1% versus 6.5%; p<0.0001).

T1.4 Other drug-related health harms

T1.4.1 Other drug-related health harms

National Self-Harm Registry Ireland Annual Report 2019

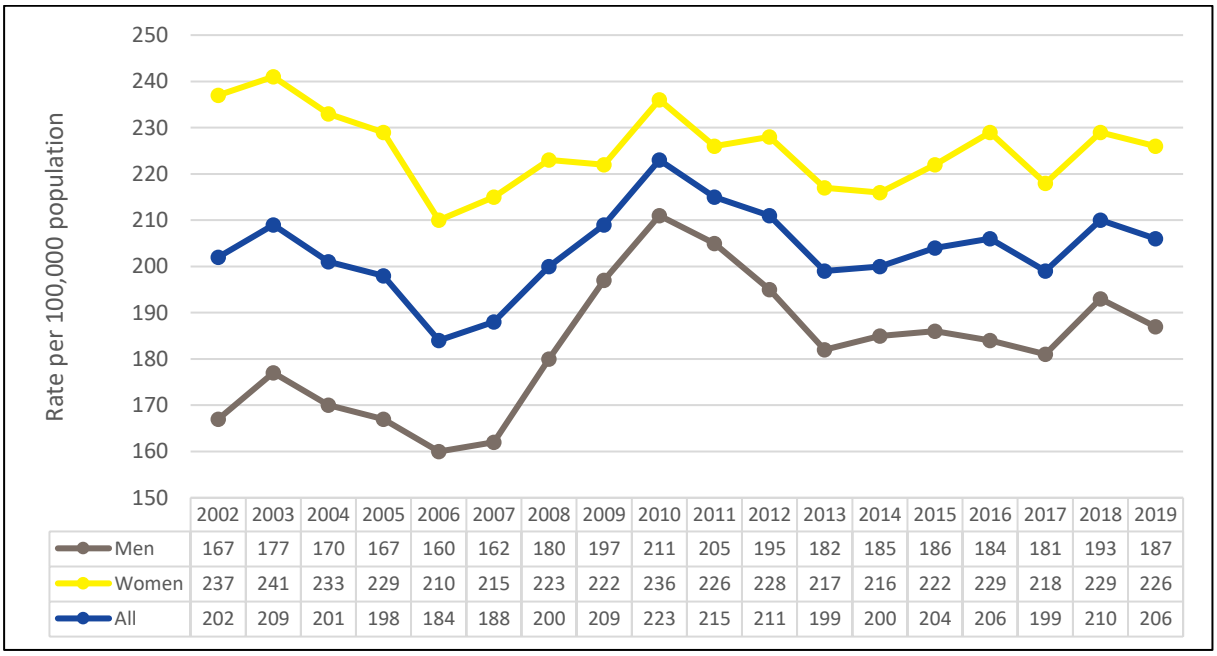
The *National Self-Harm Registry Ireland Annual Report 2019* was published in 2020 (Joyce*, et al.* 2020) and contains information relating to every recorded presentation of deliberate self-harm to acute hospital emergency departments in Ireland in 2019, as well as complete national coverage of

cases treated. All individuals who were alive on admission to hospital following deliberate self-harm were included, along with the methods of deliberate self-harm that were used. Accidental overdoses of medication, street drugs, or alcohol were not included.

Rates of self-harm

There were 12,465 recorded presentations of deliberate self-harm in 2019, involving 9,705 individuals. Taking the population into account, the age-standardised rate of individuals presenting to hospital in the Republic of Ireland following self-harm was 206 per 100,000 population. This was a decrease of 2% compared with the rate recorded in 2018 (210 per 100,000) and of 8% compared with the peak rate recorded by the National Self-Harm Registry Ireland in 2010 (223 per 100,000).

In 2019, the national rate of self-harm among males was 187 per 100,000 population, 3% lower than in 2018. The national rate among females was 226 per 100,000 population, which was 1% lower than in 2018. With regard to age, the peak rate for men was in the 20–24 years age group, at 485 per 100,000 population, while the peak rate for women was among 15–19-year-olds, at 726 per 100,000 population.



	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Men	167	177	170	167	160	162	180	197	211	205	195	182	185	186	184	181	193	187
Women	237	241	233	229	210	215	223	222	236	226	228	217	216	222	229	218	229	226
All	202	209	201	198	184	188	200	209	223	215	211	199	200	204	206	199	210	206

Figure T1.4.1.1 Person-based rate of deliberate self-harm from 2002 to 2019 by sex
Source: National Suicide Research Foundation (2020)
'All' in the legend refers to the rate for both men and women per 100,000 population.

Self-harm and drug and alcohol use

Intentional drug overdose was the most common form of deliberate self-harm reported in 2019, occurring in 7,763 (62.3%) episodes. As observed in 2018, overdose rates were higher among women (67.1%) than among men (56.3%). Minor and major tranquillisers were involved in 33% and 9% of drug overdose acts, respectively. In total, 34% of male and 48% of female overdose cases involved analgesic drugs, most commonly paracetamol, which was involved in 31% of all drug overdose acts in 2019. In 69% of cases, the total number of tablets taken was known, with an average of 28 tablets taken in episodes of self-harm that involved a drug overdose.

In 2019, there was a 17% increase in the number of self-harm presentations to hospital involving street drugs (from 742 to 870). Since 2007, the rate per 100,000 population of intentional drug

overdose involving street drugs has increased by 79% (from 9.9 to 17.8 per 100,000 population). Cocaine and cannabis were the most common street drugs recorded by the National Self-Harm Registry Ireland in 2019, present in 7% and 3% of overdose acts, respectively. Cocaine was most commonly used among men, being involved in 19% of overdose acts by 25–34-year-old men. Cannabis was most common among men aged 15–24 years and was present in 10% of overdose acts within that age group. Alcohol was involved in 31% of all self-harm presentations in 2019 and was more often involved in episodes of self-harm among males than among females (36% versus 28%, respectively).

Recommendations

In 2019, there was a significant increase in presentations among people experiencing homelessness (PEH), which is in line with previous trends identified in the period 2010–2014. The authors of the *National Self-Harm Registry Ireland Annual Report 2019* noted that this group of individuals represents a particularly vulnerable population that is at high risk of repetition and mortality from all causes. Although further work examining factors associated with self-harm among PEH is required, the authors suggest that these findings underline the need for targeted suicide prevention interventions among this vulnerable group.

Adolescent Addiction Service report, 2021

The HSE's Adolescent Addiction Service (AAS) provides support and treatment in relation to alcohol and drug use for young people and their families from the Dublin suburbs of Ballyfermot, Clondalkin, Inchicore, Lucan, and Palmerstown. Services provided include advice, assessment, counselling, family therapy, professional consultations, and medications if required. In 2021, the AAS published a report detailing referrals for 2020 (Adolescent Addiction Service 2020).

Referrals

In 2020, the AAS worked with 40 young people (and their families), with a mean age of 15.4 years (range: 14–19 years). This figure includes new referrals, re-referrals, and continuances. In comparison to 2019, referrals were down by 18%; however, the decline in numbers should be viewed within the circumstances of the COVID-19 pandemic. The majority of young people (82%) were male, while 13% were non-Irish nationals. In terms of referral areas, the greatest numbers of referrals were from Clondalkin, followed by Lucan, Ballyfermot, Palmerstown, and Inchicore.

Drug and alcohol use

Cannabis ('weed') continued to be the main substance used by clients in 2020, with an overall use rate at 100%, while alcohol use was at 69% (see Figure T1.4.1.2). Other substances used included cocaine (26%), benzodiazepines (24%), and amphetamines (7%). Solvents and head-shop-type products did not feature among young people's substance use in 2020.

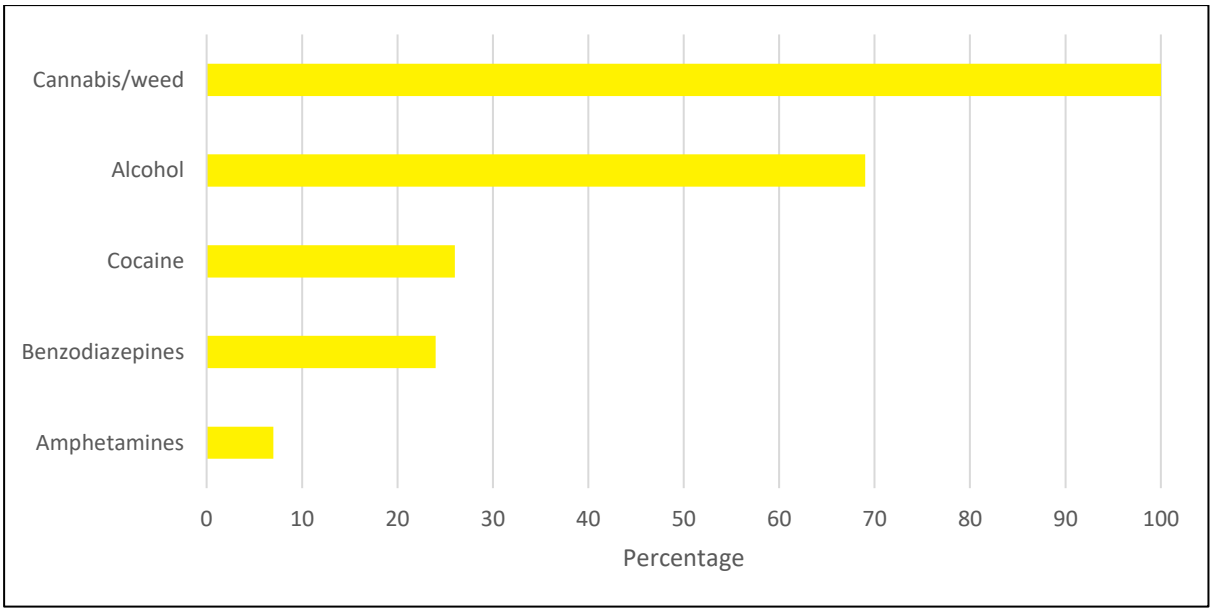


Figure T1.4.1.2 Main substances used by AAS clients, 2020
Source: HSE AAS (2021)

Other issues

Other issues that clients presented were related to absconding; indebtedness; and holding, distributing, or dealing drugs. Some young people had social work involvement and 39% had been assigned a juvenile liaison officer at some stage. The majority of young people (95%) were seen by a family therapist only, with 5% having a psychiatric assessment. No young person was prescribed medication within the AAS in 2020.

Conclusions

The authors of the AAS report noted that, as in previous years, most young people had established patterns of substance use prior to referral and, as a consequence, some struggled to maintain a drug-free status. Nevertheless, most achieved stability, and several remained abstinent. The authors concluded that there is a need for parents and non-parental adults to identify young people within risk groups at an early stage and to elevate concern for them.

Correlates of cannabis use and cannabis use disorder in Ireland

Background and methods

The prevalence of cannabis use has increased in many developed countries in recent years. The most recent national survey in the Republic of Ireland, conducted in 2014 and 2015, found that 27.9% of people aged 15–64 years had used cannabis at some point in their lives, with 7.7% and 4.4% having used cannabis within the last year or last month, respectively (Health Research Board Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018). Concurrent with higher rates of use, the number of people entering treatment for a cannabis use disorder (CUD) has also increased; in Ireland, cannabis replaced opioids as the most commonly reported primary problem drug for new entrants to treatment in 2017 (Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2018). Cannabis is also now the most common substance involved in drug-related admissions to psychiatric hospitals in Ireland (Cannabis Risk Alliance 2019, May 20) (Smyth*, et al.* 2020). As proposals to liberalise cannabis laws are currently

being explored in many countries, knowledge of factors relating to patterns of cannabis use and CUD is important for informing drug policy.

A new Irish study (Millar, Seán R*, et al.* 2021b) determined factors associated with recent and current cannabis use and having a CUD – defined as abuse or dependence using the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (*DSM–5*). In this research, published in the *European Journal of Public Health*, data were analysed from Ireland's 2010/11 and 2014/15 National Drug Prevalence Surveys, which recruited 5,134 and 7,005 individuals, respectively, aged 15 years or over who were living in private households. Multinomial logistic regression was used to identify factors associated with recent (last-year) and current (last-month) cannabis use compared with lifetime cannabis use. Binary logistic regression was used to determine factors related to CUD among current cannabis users.

Results

The weighted prevalence of ever cannabis use for the combined surveys was 18.3%, with 3.0% and 3.3% of participants indicating recent or current use, respectively. Twenty-four per cent of recent users and 41.3% of current users scored positive for a CUD – either cannabis abuse or dependence. In multivariable analysis, factors associated with both recent and current cannabis use included younger age, not having dependent children, and current use of tobacco or alcohol. In addition, a positive attitude towards cannabis legalisation was found to be significantly related to both recent and current use. Regarding problem cannabis use, key findings were that the odds ratio (OR) of having a CUD was higher among males (OR: 2.01; 95% CI: 1.13–3.57); participants aged 25–34 years (OR: 1.88; 95% CI: 1.04–3.39) and 15–24 years (OR: 4.22; 95% CI: 2.11–8.46); and individuals who had very low educational attainment levels (OR: 3.62; 95% CI: 1.93–6.77).

Conclusions

The study authors noted that the high prevalence of CUD among current users found in their study is concerning but not unexpected, as research has demonstrated that a greater frequency of cannabis use increases the likelihood of developing problematic use. Consequently, these findings do suggest that health professionals should have a high level of suspicion regarding the possibility of a CUD where current cannabis use is reported. Given the potential public health implications of cannabis legalisation, it is imperative that valid and reliable information on cannabis use, CUD, and cannabis-related harm is collected in order to ensure that the impact of any changes arising from cannabis legalisation can be accurately measured. The authors suggest that findings from this study may be used to better inform public health efforts to improve prevention of CUD, as well as the identification and referral of CUD clients to appropriate treatment services.

Age at first substance use, persistence of cannabis use, and CUD in Ireland

Background and methods

There is ongoing debate regarding the relationships between early onset substance use and later use of other drugs. The common liability model states that a combination of risk factors places some people at increased risk of both early initiation of drug use and subsequent progression to more serious and sustained drug abuse (van Leeuwen*, et al.* 2011). Numerous studies have examined relationships between early-onset alcohol, tobacco, and cannabis use with later drug use. However, this research has tended to focus on individuals within a narrow age range of 12–25 years. In addition, fewer studies have explored factors associated with progression to ongoing, heavier, and

problematic cannabis use among lifetime cannabis users. It is also unclear whether associations between a younger age at substance use onset and cannabis use patterns are independent of other influential factors that may constitute an underlying vulnerability to heavier substance use and substance use disorders.

A 2021 Irish study (Millar, Sean*, et al.* 2021a) determined the relationships between age at first use of alcohol, tobacco, and cannabis and the patterns of cannabis use, frequency of use, and whether age of substance use onset is related to having a CUD. In this research, published in the journal *BMC Public Health*, data were analysed from Ireland's 2010/11 and 2014/15 National Drug Prevalence Surveys, which recruited 5,134 and 7,005 individuals, respectively, aged 15 years or over who were living in private households. Multinomial, linear, and binary logistic regression analyses were used to determine the relationships between age of substance use onset and patterns of cannabis use, frequency of use, and having a CUD.

Results

When compared with former users, the odds of being a current cannabis user were found to be reduced by 11% (OR: 0.89; 95% CI: 0.83–0.95) and 4% (OR: 0.96; 95% CI: 0.92–1.00) for each year of delayed alcohol and cannabis use onset, respectively. Among current users, significant inverse linear relationships were noted, with increasing age at first use of tobacco (β=−0.547; p<0.001) and cannabis (β=−0.634; p<0.001) being associated with a decreased frequency of cannabis use within the last 30 days. The odds of having a CUD were found to be reduced by 14% (OR: 0.86; 95% CI: 0.78–0.94) and 11% (OR: 0.89; 95% CI: 0.82–0.98) for each year of delayed tobacco and cannabis use onset, respectively, in analyses which examined survey participants aged 15–34 years.

Conclusions

The authors discussed that planning models based on the needs of the population are important for the successful implementation of treatment services, and that the adequate planning of these services requires an understanding of the population in need of treatment. Findings from this study suggest that, in Ireland, prevention initiatives should prioritise younger adult cannabis users with a pattern of very early onset tobacco or cannabis use.

T1.5 Harm reduction interventions

T1.5.1 Drug policy and main harm reduction objectives

The strategic aims and objectives of the current national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025,* with regard to harm reduction interventions are to (Department of Community 2009):

- Enable people with drug misuse problems to access treatment and other supports and to reintegrate into society
- Reduce the risk behaviour associated with drug misuse
- Reduce the harm caused by drug misuse to individuals, families, and communities

- Encourage and enable those dependent on drugs to avail of treatment in order to reduce dependency and improve overall health and social well-being, with the ultimate aim of leading a drug-free lifestyle, and
- Minimise the harm to those who continue to engage in drug-taking activities that put them at risk.

For further details on the national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025,* see Section T1.1 of the Drug policy workbook.

T1.5.2 Organisation and funding of harm reduction services

The Northern Area Health Board (NAHB), the South Western Area Health Board (SWAHB), and the East Coast Area Health Board (ECAHB) offer harm reduction programmes, including needle exchange from fixed sites, mobile units, and outreach work. Outreach workers frequently practise 'backpacking' – a process whereby staff, in the absence of a local clinic or mobile unit, carry supplies of drug use paraphernalia for distribution to known drug misusers (Moore*, et al.* 2004).

Additional support services operate from other sites in the greater Dublin area, run in partnership with the Eastern Regional Health Authority (ERHA), in addition to a number of Dublin-based or national community-based organisations (CBOs), such as Merchants Quay Ireland (MQI) and the Ana Liffey Drug Project (ALDP). Some of these services are seasonal or simply on a fixed-time, once-per-week basis. Harm reduction services report initiatives including: free needle exchange; supplying alcohol wipes, sterile water, citric acid filters, spoons, and condoms; and providing methadone and naloxone therapy, as well as rehabilitation, education, and community/family support. In addition, there are pharmacies providing a needle exchange service in each regional Drug and Alcohol Task Force (RDATF) area within Ireland.

T1.5.3 Provision of harm reduction services

Table T1.5.3.1 Equipment and paraphernalia available for drug users in Ireland, 2020

Type of equipment	Routinely available	Often available, but not routinely	Rarely available; available in limited number of settings	Equipment not made available	Information not known
Pads to disinfect the skin	✓	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Dry wipes	✓	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Water for dissolving drugs	✓	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Sterile mixing containers	✓	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Filters	✓	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Citric/ascorbic acid	✓	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Type of equipment	Routinely available	Often available, but not routinely	Rarely available; available in limited number of settings	Equipment not made available	Information not known
Bleach	✓	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Condoms	✓	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Lubricants	✓	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Low dead space syringes	✓	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
HIV home testing kits	Click here to enter text.	Click here to enter text.	Click here to enter text.	✓	Click here to enter text.
Non-injecting paraphernalia: foil, pipes, straws	✓	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
List of specialist referral services (e.g. drug treatment; HIV, HCV, or sexually transmitted infection testing and treatment)	✓	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Harm reduction services: Infectious disease testing

Guidelines on testing for blood-borne viruses and immunisation in Ireland

The latest clinical guidelines for patients on OST, which were published in 2017 (Health Service Executive 2016), recommend that all patients attending OST services be screened for hepatitis A virus (HAV), HBV, HCV, and HIV, even if they are not injecting drug users, and that all patients be vaccinated against HAV and HBV. 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 HCV or HIV. Although these guidelines replaced the Irish College of General Practitioners (ICGP) guidelines (Irish College of General Practitioners 2003), the earlier guidelines also recommended testing for blood-borne viruses as well as vaccinating against HAV and HBV, and this has always been common practice in addiction services. The *Immunisation Guidelines for Ireland* also recommend vaccination against HAV and HBV for non-immune PWID (National Immunisation Advisory Committee of the Royal College of Physicians of Ireland 2019).

Similar testing recommendations were made in the 2017 national HCV screening guidelines (Department of Health 2017c), which include a recommendation to offer HCV testing to all those who have ever injected any illicit drugs and to retest those who test negative every 6–12 months if they remain at risk of infection. These guidelines also recommend testing drug users who have never injected drugs if there is a possibility of transmission of HCV by the route of administration, as well as offering testing to all prison inmates on entry to prison or on request.

The *Irish Prison Service Health Care Standards* recommend screening for HAV, HBV, HCV, and HIV for all inmates who volunteer a background history of risk factors for these diseases (Irish Prison Service 2011). Additionally, immunisation against HAV and HBV is recommended for all prison inmates (National Immunisation Advisory Committee of the Royal College of Physicians of Ireland 2019). The prison healthcare standards are currently being revised. In practice, blood-borne virus testing and

HAV and HBV vaccination are offered to all inmates on committal regardless of declared risk factors, or at other times if requested.

As a consequence of these policies and guidelines, studies published in recent years have reported high rates of testing (93–95%) for blood-borne viruses, particularly HCV, among patients in OST (Keegan*, et al.* 2017) (Murtagh, R*, et al.* 2017) (Murphy*, et al.* 2018). However, uptake of testing may be lower in some settings; Cullen et al. reported that just over three-quarters (77%) of clients attending 25 general practices for OST had been tested for HCV (Cullen*, et al.* 2007), but data for this study were collected in 2002 and testing may have improved since then. Routine reporting of blood-borne virus screening uptake and results is not possible for most addiction treatment clinics in Ireland, as most services do not use computerised record-keeping systems. Even in those that do, laboratory results are often scanned rather than entered into the system in an extractable format.

Studies reporting information on HBV immunisation status indicate that vaccination coverage is not as high as would be expected given the recommendations to vaccinate prisoners and PWID. Only 37% of prison inmates reported receiving at least one HBV vaccine dose in a 2011 prison study. However, prisoners with a history of injecting drug use were more likely to have been vaccinated, with more than one-half (54%) reporting having been at least partially vaccinated (Drummond*, et al.* 2014). Similar results were reported in a study of OST clients attending level 1 and level 2 general practitioners (GPs) (GPs with training in substance misuse who can prescribe OST), with just under one-half (49%) of patients having received at least one HBV vaccine dose and only 23% being fully immunised (Cullen*, et al.* 2007).

Immunisation levels may be higher in patients attending specialised OST clinics. In an older study of a sample of clients attending 21 OST clinics in the greater Dublin area, 81% of those who were not infected with HBV had received at least one HBV vaccine dose and 69% had been fully vaccinated. Of the remaining 19%, 4% had been offered immunisation and had refused and 15% had no evidence of vaccination or past infection (Grogan*, et al.* 2005).

There is no adult register for recording HBV vaccine uptake, and information on vaccination may not be recorded systematically in medical notes. In some studies, data on HBV vaccination status are self-reported and may not be accurate. Anecdotally, the practice in OST settings is to vaccinate, and it is likely that the actual vaccination coverage is higher than what is reported here. However, HBV vaccination levels could be optimised by ensuring that an accelerated schedule is used, and also by offering vaccination in needle exchange and other non-OST settings.

The *National Sexual Health Strategy 2015–2020* recommended that national HIV testing guidelines should be developed (Department of Health 2015b), and the HSE's Sexual Health and Crisis Pregnancy Programme (SHCPP) has established a working group to develop these guidelines. The working group will be guided by the updated HIV and hepatitis testing guidelines which are currently being prepared by the European Centre for Disease Prevention and Control (ECDC). Current guidance from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and ECDC recommends regularly offering HBV, HCV, and HIV tests to PWID at least once every 6–12 months (European Centre for Disease Prevention and Control (ECDC) and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2011).

Harm reduction services: Needle exchange

There are three models of needle exchange programmes in use in Ireland:

- Pharmacy – 97 sites in regions outside counties Dublin, Kildare, and Wicklow
- Static – 24 sites, mainly in Dublin city, and
- Outreach – 14 sites, mainly in counties Dublin, Kildare, Laois, Offaly, Waterford, and Wicklow.

Information on the number of syringes exchanged in Ireland in 2019 is discussed in the following sections.

Pharmacy-based needle exchange: Overview and number of syringes exchanged

Pharmacy-based needle exchange: Overview

The current national drugs strategy aims to reduce harms arising from substance misuse and to reduce the prevalence of blood-borne viruses among PWID by expanding needle exchange provision to include community pharmacy-based programmes (Department of Community 2009).

In October 2011, the HSE rolled out the national Pharmacy Needle Exchange Programme, which is a partnership initiative between the Elton John AIDS Foundation, the Irish Pharmacy Union, and the HSE. Once pharmacies have signed a service level agreement with the HSE, their contact details are passed on to the relevant HSE services so that those services can promote access to sterile injecting equipment at the participating pharmacies and accept referrals for investigation and treatment. There are pharmacies providing a needle exchange service in each RDATF area, apart from those covering counties Dublin, Kildare, and Wicklow, which are served by a mix of static and outreach needle exchange programmes. At the end of 2020, there were 92 pharmacies providing a needle exchange service in the Republic of Ireland (Table T1.5.3.2).

Table T1.5.3.2 Number of pharmacies providing needle exchange in Ireland by RDATF area, 2011–2020

RDATF area	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Midland (Longford, Laois, Offaly, Westmeath)	5	13	15	16	17	18	18	17	17	17
North Eastern (Meath, Louth, Cavan, Monaghan)	3	9	16	21	22	21	21	16	16	15
North-West (Sligo, Leitrim, West Cavan, Donegal)	3	4	7	6	6	6	6	5	5	5
Southern (Cork, Kerry)	8	10	16	21	19	21	21	17	16	17
South-East (Carlow, Kilkenny, Waterford, Wexford, South Tipperary)	13	21	22	24	17	17	16	14	14	14
Western (Galway, Mayo, Roscommon)	5	2	10	13	11	12	13	10	10	12
Mid-West (Clare, Limerick, North Tipperary)	5	8	13	14	15	16	16	19	19	12
Total	**42**	**67**	**99**	**115**	**107**	**111**	**111**	**98**	**97**	**92**

Source: Unpublished data from HSE (2021)

Pharmacy-based needle exchange: Number of syringes exchanged

Figure T1.5.3.1 shows the number of individual syringes provided from pharmacy-based sites for the year 2020, by month. In total, 238,879 individual syringes were exchanged in 2020. The average number of syringes provided each month was 19,907.

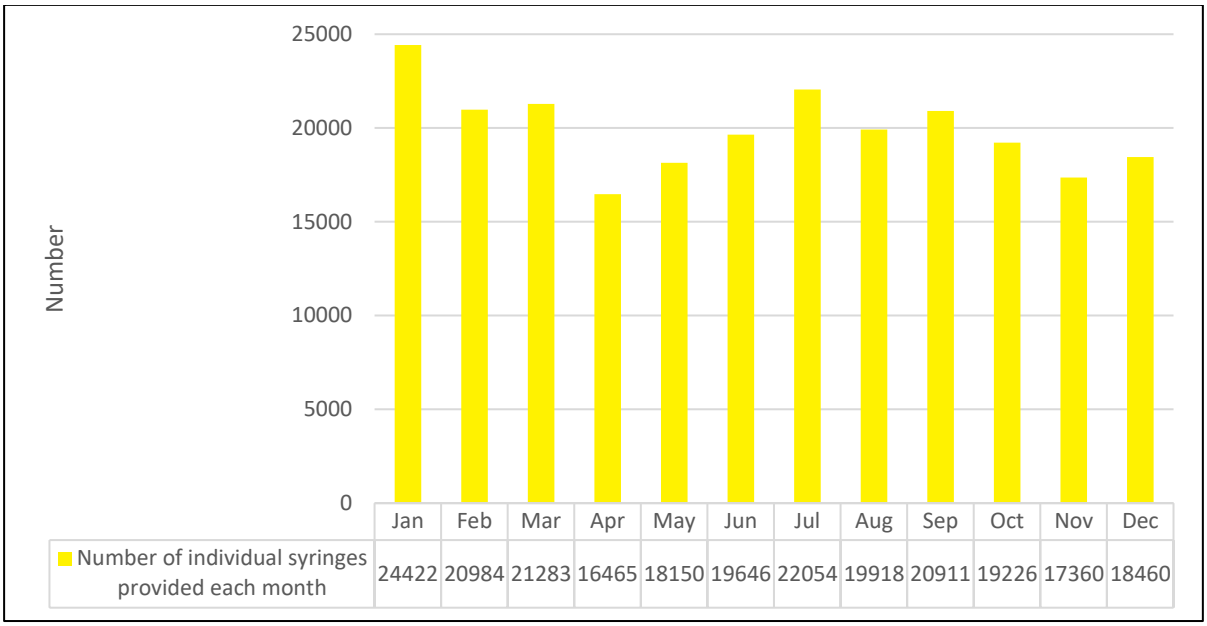


Figure T1.5.3.1 Number of individual syringes provided from pharmacy-based sites by month, 2020

Source: Unpublished data from HSE (2021)

Ana Liffey Drug Project (ALDP) needle exchange: Number of syringes exchanged

The ALDP provides needle exchange services in Limerick City and three counties, Limerick, Clare, and North Tipperary, to people affected by problem substance use. Figure T1.5.3.2 shows the number of individual syringes provided by ALDP for the year 2020, by month. In total, 49,051 individual syringes were exchanged in 2020. The average number of syringes provided each month was 4,088.

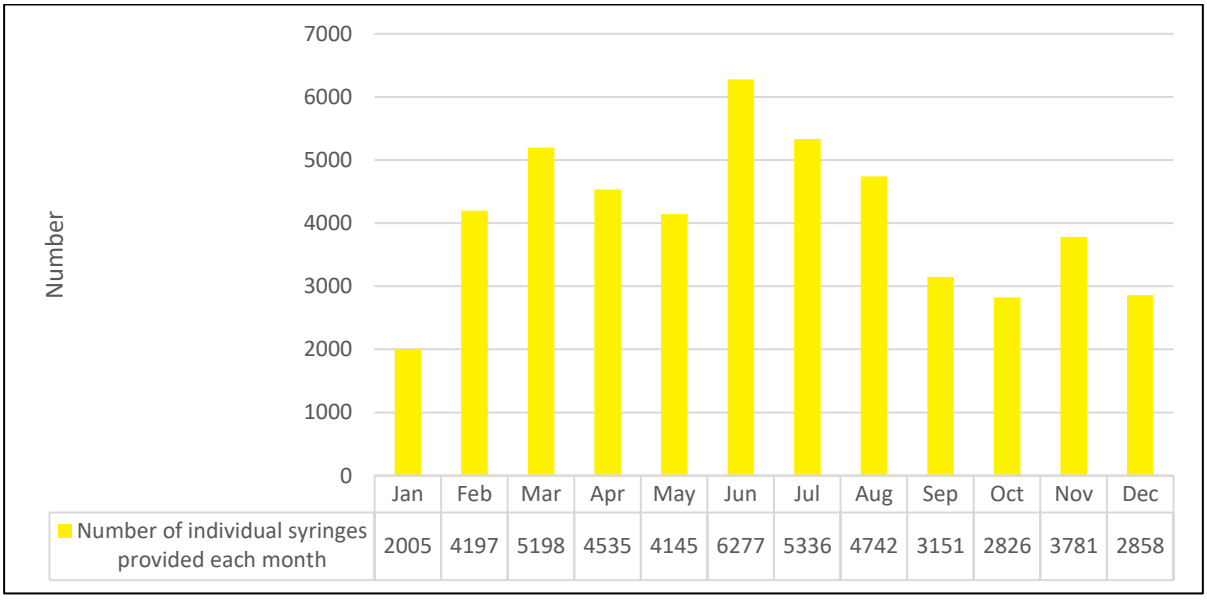


Figure T1.5.3.2 Number of individual syringes provided by the ALDP by month, 2020

Source: Unpublished data from ALDP (2021)

MQI needle exchange: Number of syringes exchanged

MQI is a national voluntary agency providing services for people experiencing homelessness and for drug users. Its Dublin-based needle exchange Health Promotion Unit provides drug users with information about the risks associated with drug use and the means to minimise such risks. It also provides drug users with a pathway into treatment and the possibility of living life without drugs (Merchants Quay Ireland 2016). A total of 127,686 syringes were provided by MQI's Dublin-based Health Promotion Unit in 2020.

Needle exchange in Ireland: Total number of syringes exchanged

Table T1.5.3.3 shows the total number of individual syringes exchanged from pharmacy and CBO sites in 2019. According to the most recent available data, there was a total of 415,616 individual syringes exchanged in the Republic of Ireland from these sites in 2020. It should be noted, that due to the COVID-19 pandemic and a major ransomware cyberattack on HSE IT systems in 2021, data for the number of syringes exchanged in 2020 from static and outreach sites in Dublin were not available for this report.

Table T1.5.3.3 Total number of individual syringes exchanged from pharmacy, static, outreach, and CBO sites in 2020

Provider	Pharmacy	Dublin (static and outreach)	ALDP	MQI	Total
Number of individual syringes	238 879	N/A	49 051	127 686	415 616

Source: Unpublished data from the HSE, ALDP and MQI (2021)

Needle exchange provision during the COVID-19 pandemic

Background and concerns

As previously discussed, the current national drugs strategy 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 provision (Department of Health 2017b). 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.

In Ireland, the HSE has noted that, just as the sharing of injecting material increases the risk of infection with blood-borne viruses such as HIV, HBV, and HCV, the sharing of injecting equipment contaminated the with COVID-19 virus may also increase the risk of infection and play a role in the spread of the virus. In addition, the COVID-19 outbreak may present additional risks currently not widely recognised. These may include the sharing of cannabis joints, cigarettes, vaping or inhalation devices, or drug paraphernalia.

With regard to needle exchange provision in Ireland, the HSE notes that disruption to the supply of, and access to, equipment is likely to occur for a number of reasons. These may include staff shortages, service disruption and closure, self-isolation, and restrictions placed on free movement.

Recommendations and processes

With these concerns in mind, the HSE has made a number of recommendations (HSE National Social Inclusion Office 2020). These include:

- A broader harm reduction approach to the current COVID-19 pandemic should be considered by services when they deliver interventions.
- Harm reduction advice should include information on the risk of COVID-19 transmission through all forms of intake, including sharing of cannabis joints, cigarettes, vaping, and injecting equipment.
- Contingency plans should be developed in order to ensure continuity of provision of drug use paraphernalia. Scaling up the level of equipment provision for individuals in self-isolation is likely to be necessary.
- The utilisation and training of additional staff from Section 39 agencies that are involved in the provision of care for PWID should be considered in order to deal with staff shortages in community healthcare organisation areas. The phone numbers of harm reduction services should be available and circulated widely among the community targeted for injecting equipment.
- If an individual is in self-isolation and requires needle exchange, requests for equipment should be made by phone and amounts and equipment should be prepacked and then delivered to the specific location.
- Staff members should ensure that the intended target is in receipt of the package and that the package is not left unattended.
- At fixed-site location services, requests should be made by phone and equipment should be prepacked and handed out at the front door.
- All HSE staff and allied professionals delivering harm reduction services and injecting equipment should be provided with clear guidelines in relation to minimising contact with individuals, dealing with issues over the phone, and maintaining personal safety.

Harm reduction services: Naloxone provision

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). Naloxone is an antidote for opioid overdose that reverses the depressant effects of opiates such as heroin.

The project has seen more than 1,600 kits issued nationwide, and has trained 600 PWID and their family members, and another 800 community workers, on how to administer naloxone To date, more than 400 drug users have been prescribed naloxone through the Naloxone Demonstration Project, and an external evaluation concluded that the scheme was a success. Currently, however, 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 all opioid drug users in Ireland will eventually have access to naloxone provision.

Harm reduction services: Supervised injecting facilities

As outline in the 2017 National Report, the Misuse of Drugs (Supervised Injecting Facilities) Act 2017 was signed into Irish law on 16 May 2017. In the Introduction, the Act is summarised as: "An Act to provide for the establishment, licensing, operation and regulations of supervised injecting facilities for the purposes of reducing harm to people who inject drugs; to enhance the dignity, health and well-being of people who inject drugs in public places; to reduce the incidence of drug injection and drug-related litter in public places and thereby to enhance the public amenity for the wider community; and to provide for matters related thereto." Following a procurement process, MQI was selected as the preferred bidder to deliver the service. In July 2019, Dublin City Council refused planning permission for the facility, citing the lack of a "robust" policing plan and the potential impact it could have on the local economy, particularly in relation to tourism. After a successful appeal, on 24 December 2019, An Bord Pleanála granted MQI permission to build the facility next to the Riverbank Centre on Merchant's Quay, Dublin. However, on 15 July 2021, the Irish High Court overturned An Bord Pleanála's permission to establish the facility. Judicial review proceedings against the proposed facility had been taken by a nearby primary school. MQI remain committed to opening a medically supervised injection facility in Ireland as part of a national health-led approach to addiction.

Harm reduction services: Vaccination

See the section on Guidelines for testing for blood-borne viruses and immunisation for information regarding vaccination for blood-borne viruses in Ireland.

Harm reduction services: Community-based organisations (CBOs)

MQI annual review, 2019

MQI is a national voluntary agency providing services for homeless people and those that use drugs. There are 22 MQI locations in 12 counties in the Republic of Ireland (Figure T1.5.3.3). MQI offers accessible, high-quality, effective services to people dealing with homelessness and addiction in order to meet their complex needs in a non-judgemental and compassionate way. This section highlights services provided by MQI in 2019 to people who use drugs in Ireland (Merchants Quay Ireland 2020).

Figure T1.5.3.3 MQI locations in the Republic of Ireland

Source: MQI annual review, 2019
(1) Dublin; (2) Co Wicklow; (3) St Francis Farm, Co Carlow; (4) Cork Prison; (5) Limerick Prison; (6) Co Offaly; (7) Co Westmeath; (8) Portlaoise, Co Laois; (9) Co Longford; (10) Castlerea Prison, Co Roscommon; (11) Loughran House, Co Cavan; (12) Leixlip, Co Kildare.

Addiction services

Health Promotion Unit

This unit provides people who use drugs with information about the risks associated with drug use and the means to minimise such risks. MQI offers them a pathway into treatment and the possibility of living a life without drugs. The main focus is on reducing the harms associated with injecting drug use; fostering the motivation to become abstinent; and giving advice on HIV, HBV, and HCV infection prevention. In 2019, some 3,140 individuals used the service, an increase of 14.5% compared with 2018.

Family Support Group

MQI runs a Family Support Group (FSG), which meets every week and provides a forum where parents of those who use drugs, as well as other close relatives and friends, are offered support and advice on a range of issues. Participants provide support for each other, and the group is continually open to new members. The weekly FSG meetings were linked to the National Family Support Network (now defunct since April 2021), which offered an opportunity to raise issues at a national level.

Midlands services

Drug and Alcohol Treatment Supports Project

MQI's Drug and Alcohol Treatment Supports (DATS) team provides a community-based drug and alcohol treatment support service for individuals over 18 years of age and their families in the Midlands area (counties Longford, Westmeath, Laois, and Offaly). Each county has a dedicated drug and alcohol worker to coordinate the care of individuals and families experiencing problems due to drug and/or alcohol use. In this region, MQI saw a total of 787 clients in 2019, an 11.5% increase on 2018.

Rehabilitation and detoxification treatment services

St Francis Farm Residential Rehabilitation and Detox Centre

The St Francis Farm (SFF) Rehabilitation Service offers a 13-bed therapeutic facility with a 14-week rehabilitation programme on a working farm in Tullow, Co Carlow. At SFF, MQI provides a safe environment where service users can explore the reasons for their drug use, adjust to life without drugs, learn effective coping mechanisms, and make positive choices about their future.

The 10-bed residential detoxification service at SFF delivers methadone and combined methadone/benzodiazepine detoxes for both men and women. The detox activity programme includes individual care planning, therapeutic group work, psychoeducational workshops, fitness training, and farmwork activities.

At High Park, Drumcondra, Dublin, MQI operates a 14-week residential programme in a 13-bed facility. The emphasis is on assisting clients to gain insight into the issues that underpin their problematic drug use and on developing practical measures to prevent relapse, remain drug-free, and sustain recovery. In 2019, the total number of admissions across High Park and SFF was 181.

Prison-based services

Addiction Counselling Service and Mountjoy Drug Treatment Programme

MQI, in partnership with the Irish Prison Service, delivers a national prison-based addiction counselling service (ACS) aimed at prisoners with drug and alcohol problems in 11 Irish prisons. This service provides structured assessments, one-to-one counselling, therapeutic group work, and multidisciplinary care, in addition to release-planning interventions with clearly defined treatment plans and goals. Services offered include:

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

A total of 2,371 unique clients were supported through in-prison counselling in 2019.

Ana Liffey Drug Project (ALDP)

The ALDP is a 'low-threshold, harm reduction' project working with people who are actively using drugs and experiencing associated problems. The ALDP has been offering harm reduction services to people in the north inner city area of Dublin since 1982, from premises at Middle Abbey Street. The ALDP offers a wide variety of low-threshold, harm reduction services that provide pathways for drug users out of their current circumstances, including addiction and homelessness.

The services offered in Dublin include:

- Open access
- Assertive outreach
- Needle and syringe programme
- Medical services
- Stabilisation group
- Detoxification group
- Harm reduction group
- Treatment options group
- Assessment for residential treatment
- Key working sessions and case management, and
- Prison in-reach.
- Mid-West region

The ALDP Mid-West region provides harm reduction services in Limerick City and three counties, Limerick, Clare, and north Tipperary, to people affected by problem substance use, their families, and the wider community. The ALDP Online and Digital Services team also offers support and information to the general public and to people who use drugs, as well as to other agencies that work with problem drug users.

Annual report

The ALDP annual report was published in 2020 (Ana Liffey Drug Project 2020). It noted that in 2019, Dublin open access services provided help to 574 individuals who attended the service 11,374 times. The majority of these individuals were homeless, and many were polydrug users with mental and physical health problems. Key working and case management sessions were provided to 151 individuals, while 423 individuals attended treatment option groups 1,139 times. In 2019, some 261 individuals availed of the needle and syringe programme, receiving 912 interventions. The ALDP also provided in-reach services to Mountjoy Prison, where 54 individuals attended groups run in this setting.

In the Mid-West region, the ALDP served a similar cohort: 356 individuals were registered with the service in 2019. Of these, 58 individuals attended the open access service, 78 accessed the case management service, and 278 accessed the ALDP needle and syringe programme.

Between July 2018 and January 2019, the ALDP also provided a needle and syringe programme in the Northeast region, primarily in Navan, Dundalk, and Drogheda. The ALDP provided sterile injecting and smoking paraphernalia to people who use drugs as a support to the HSE in the area.

Coolmine Therapeutic Community (CTC)

Coolmine Therapeutic Community (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, CTC was founded on the philosophies of the therapeutic community (TC) approach to addiction treatment. This is primarily a self-help approach in which residents are responsible for their own recovery, with peers and staff acting as facilitators of change. Hence there is a deep commitment to 'community as method', where the primary therapy and main agent for change is the community itself. The most common features of TCs include that they are operated by residents, they are based on a hierarchical structure according to seniority (length of time in the programme), and abstinence is the ultimate goal. Participants are expected to contribute to the general running of the community and to their own recovery by actively participating in educational activities, and in group and individual therapy.

CTC: Drop-in facility

Coolmine House, Lord Edward Street, Dublin, is open Monday to Friday, 9.00am to 5.00pm, with a drop-in service for treatment options, advice, and practical support every Thursday morning. The outreach staff facilitate assessments, weekly groups offering ongoing assessment and support to those awaiting a place on a treatment programme, and pre-entry groups that familiarise clients with working in the group environment on which their treatment will be based.

Coolmine's Community Outreach Service works with community drug teams across Dublin to complete holistic assessments and identify treatment options. It also provides a community detoxification service and prepares clients to engage with a primary treatment programme once they have completed their detoxification.

CTC: Day services

Welcome Stabilisation Programme

The Welcome Stabilisation Programme is for people who are not yet drug-free and are seeking support to address their substance use. The programme runs Monday to Friday, from 10.30am to 3.30pm (10.30am to 1.00pm on Wednesdays). Clients engage in self-development workshops, one-to-one key working sessions, relapse prevention groups, and various other therapeutic/educational programmes.

CTC: Drug-free Day Programme (DFDP)

The DFDP provides a supportive setting for clients to build self-confidence and the skills to maintain a drug-free life. The programme lasts a minimum of 10 months: 5 months of primary treatment and 5 months of aftercare. Clients engage in open therapy groups, self-development workshops, one-to-one key working sessions, relapse prevention groups, and various other therapeutic/educational programmes.

CTC: Contingency Management (CM) Programme

The Contingency Management (CM) Programme consists of the reinforcement of desired behaviours. These are rewarded in the form of vouchers awarded for a combination of group attendance and drug-free urine tests. The programme is 12 weeks long, with participants attending meetings three times per week. The content of the programme is three supervised urine tests per week, with a brief intervention at every meeting, and a weekly facilitated support group.

CTC: Family support

There is weekly support group for family members and loved ones of those struggling with addiction. The group meeting takes place in Coolmine House, Lord Edward Street, Dublin, on Thursdays from 6.45pm to 8.30pm. CTC also offers Community Reinforcement Approach Family Therapy (CRAFT) support groups. This programme provides tools to concerned significant others (i.e. family members, partners, etc.) in order to help motivate their loved ones with problematic substance use to access treatment.

CTC: Cannabis/Mental Health Programme

This 12-week programme supports clients to reduce or cease their cannabis use and runs on Tuesdays and Thursdays from 9.30am to 1.00pm. The programme also offers one-to-one key working sessions.

CTC: Community Addiction Team Dublin 15 (D15 CAT)

The new D15 CAT service provides focused care pathways specifically to the local community in Dublin 15 impacted by problem substance use. It includes treatment and rehabilitation support for adult men and women with problem substance use; contact and interventions to young people and adolescents at risk of experiencing problematic substance use; tailored support to members of ethnic and new communities impacted by problematic substance use; and integrated family work to deliver whole-family outcomes. Services include:

- Information and support
- Specific support for young people
- Cannabis programme
- Family support
- Alcohol programme
- Support for new community members
- Mindfulness-based stress reduction programme, and
- Support for all problematic substance use.

CTC: Coolmine Lodge – men's residential

Coolmine Lodge is a therapeutic community that hosts a 5-month residential treatment programme for men who are working towards an independent life, free from addiction. Coolmine Lodge provides a supportive, peer-led environment where clients can build confidence, strength, resilience, and hope for a positive future. The service can admit men who may be prescribed medication, or those detoxifying from methadone, following assessment.

CTC: Ashleigh House – women and children's residential

Ashleigh House is a residential therapeutic community for women, expectant mothers, and mothers with young children. The service can admit women who may be prescribed medication, or those detoxifying from methadone, following assessment. Ashleigh House is designed to help women in recovery develop the skills they need to live a drug-free, independent life.

CTC: Nursing services

Medical support services at CTC include access to a nurse and visiting medical officer for:

- Primary care
- Referral and screening
- Advice for, and support with:
    - Medication
    - Dual diagnosis
    - Contraception
    - Blood-borne viruses (HBV, HCV, and HIV)
    - Sexually transmitted diseases
    - Contraception
    - Pregnancy
- Medical supervision and support
- Residential methadone detoxification, and
- Community alcohol detoxification.

Tabor Group

The Tabor Group is a provider of residential addiction treatment services in Ireland. It aims to offer hope, healing, and recovery to clients suffering from addictions through integrated and caring services. Tabor Group operated three residential facilities in 2019 and two in 2020. The organisation provides a continuing care programme to clients who have completed treatment in order to assist with their recovery. It also offers counselling to families whose loved ones are struggling with an addiction. This section highlights services provided by the Tabor Group to individuals with a substance use addiction in 2019 and 2020 (Tabor Group 2020) (Tabor Group 2021).

Annual report, 2019

Tabor Lodge: residential addiction treatment centre

Tabor Lodge is a residential addiction treatment centre for the treatment of people addicted to alcohol, drugs, gambling, and food. It is situated 15 miles south of Cork City. Tabor Lodge is guided by the Minnesota Model of addiction treatment in delivering its treatment programme. This model is characterised by the understanding that addiction is primarily a substance use disorder. The primary focus of the treatment programme is to educate clients on the dynamics of this disorder as they manifest in the life of the individual. Another important focus of the treatment programme is to assist clients develop the skills necessary to manage their disorder while progressing in their lives.

A total of 185 clients (74% male) were admitted to Tabor Lodge for residential treatment of addiction in 2019, of whom 178 completed treatment. A breakdown of the specific drug of choice for admissions in 2019 is shown in Table T1.5.3.4. The report noted a 19% increase in clients reporting cocaine as their drug of choice compared with 2018.

Table T1.5.3.4 Specific drug of choice for clients admitted to Tabor Lodge: residential addiction treatment centre, in 2019

Drug of choice	Number of clients	Percentage of clients (%)
Opioids	8	4
Cocaine	36	19
Cannabis	11	6
Alcohol	121	66
Stimulants	0	0
Hypnotics and sedatives	3	2
Other substances	2	1

Source: Tabor Group (2020)

Tabor Fellowship: men's residence extended treatment centre

The extended treatment programme for men is based on the Hazelden Minnesota Model and promotes 'total abstinence'. The aim is to build on and consolidate the work of recovery already begun in primary treatment – even if that treatment was not in the recent past and the client is struggling to maintain sobriety.

In 2019, some 68 clients were admitted to Tabor Fellowship for extended treatment; a total of 43 individuals completed the programme. A breakdown of the specific drug of choice for admissions to Tabor Fellowship in 2019 is shown in Table T1.5.3.5. The report observed that 94% of clients reported cocaine as their specific choice of drug.

Table T1.5.3.5 Specific drug of choice for clients admitted to Tabor Fellowship: men's residence extended treatment centre, in 2019

Drug of choice	Number of clients	Percentage of clients (%)
Alcohol	61	90
Ecstasy	58	85
Cannabis	62	91
Cocaine	64	94
Prescribed medication	41	60
Heroin	12	18
Methadone	8	12
Speed	54	79
LSD	30	44
Other/Headshop	9	13

Source: Tabor Group (2020)

Tabor Renewal: women's residence extended treatment centre

Tabor Renewal works with women who have completed a primary 28-day treatment programme. It is a 12-week residential extended treatment programme, where clients learn to find routine, balance, and structure. Tabor Renewal is the only Minnesota Model extended treatment centre for women based in Ireland and was opened in 1999.

In 2019, some 42 clients were admitted to Tabor Renewal; of these, 31 completed the programme. Sixty-two per cent of these clients were aged between 18 and 34 years. A breakdown of the specific

drug of choice for admissions to Tabor Renewal in 2019 is shown in Table T1.5.3.6. In this year, 93% of clients admitted presented with a history of alcohol abuse.

Table T1.5.3.6 Specific drug of choice for clients admitted to Tabor Renewal: women's residence extended treatment centre, in 2019

Drug of choice	Number of clients	Percentage of clients (%)
Alcohol	39	93
Ecstasy	16	38
Cannabis	24	57
Cocaine	24	57
Prescribed medication	30	71
Heroin	4	10
Methadone	4	10
Speed	13	31
LSD	9	21
Other/Headshop	0	0

Source: Tabor Group (2020)

Annual report, 2020

Tabor Lodge: residential addiction treatment centre

A total of 149 clients (67% male) were admitted to Tabor Lodge for residential treatment of addiction in 2020; 55% were aged between 25 and 44 years and 40% were employed. Sixty-two per cent of clients admitted to Tabor Lodge reported alcohol as their main reason for referral. The annual report noted that 26% of clients cited cocaine as their specific drug of choice, an increase of 7% compared with 2019.

Tabor Fellowship: integrated recovery programme

In 2020, some 76 clients (70% male) were admitted to Tabor Fellowship for extended treatment; 42% were aged between 25 and 34 years and 18% of those treated were homeless. The report observed that the specific drug of choice of those admitted to Tabor Fellowship in 2020 were alcohol (89%), cannabis (57%), and cocaine (54%).

T1.5.4 Harm reduction services: availability, access and trends

Availability and access of harm reductions services for drug users

See Section T1.5.3 for information on the availability and access of harm reduction services for drug users in Ireland. For information on the availability and access or harm reduction services within Irish prisons, see the Prison workbook Section T1.3.3.

T1.5.5 Additional information on harm reduction activities

No new information.

T1.6 Targeted intervention for other drug-related health harms

T1.6.1 Targeted interventions for other drug-related health harms

No new information.

T1.7 Quality assurance of harm reduction services

T1.7.1 Quality assurance of harm reduction services

No new information.

T1.7.2 Additional information on any other drug-related harms data

No new information.

T2. Trends (not relevant in this section – included above)

T3. New developments

T3.1 New developments in drug-related deaths and emergencies

Repeated self-harm among young people following hospital-presenting intentional drug overdose

Background and methods

High rates of self-harm are consistently seen among young people in Ireland and other countries. The incidence of hospital-presenting self-harm peaks among young people, who most often engage in intentional drug overdose (IDO). In addition, the risk of self-harm repetition is also high among young people, and several countries have reported increases in youth self-harm since 2017 (Griffin*, et al.* 2018) (Tyrrell*, et al.* 2017) (Cairns*, et al.* 2019). These trends are of concern, considering the association between self-harm and increased risk of suicide in young people, with repeated self-harm further elevating this risk. However, little is known about patterns of repetition and method-switching following IDO among young people.

An Irish study (Daly, Caroline*, et al.* 2020) from 2020 investigated repeated self-harm and method-switching following hospital-presenting IDO among young people. In this research, published in the *International Journal of Environmental Research and Public Health*, data from National Self-Harm Registry Ireland on hospital-presenting self-harm by individuals aged 10–24 years during 2009–2018 were examined. Cox proportional hazards regression models with associated hazard ratios (HRs), survival curves, and Poisson regression models with risk ratios (RRs) were used to examine the risk factors for repetition and method-switching.

Results

During the period 2009–2018, some 16,800 young people presented following IDO. Of these hospital presentations, within 12 months, 2,136 young people repeated self-harm. Factors associated with repetition included being male (HR=1.13, 95% CI: 1.03–1.24); being aged 10–17 years (HR=1.29, 95% CI: 1.18–1.41); consuming 50 or more tablets (HR=1.27, 95% CI: 1.07–1.49); and taking benzodiazepines (HR=1.67, 95% CI: 1.40–1.98) or antidepressants (HR=1.36, 95% CI: 1.18–1.56). The cumulative risk for switching method was 2.4% (95% CI: 2.2–2.7). Method-switching was most likely to occur for males (RR=1.36; 95% CI: 1.09–1.69) and for those who took illegal drugs (RR=1.63; 95% CI: 1.19–2.25).

Conclusions

The authors discussed how young males were at increased risk of both repetition following IDO and method-switching – often to more potentially lethal methods of self-harm – and that benzodiazepines and illegal drugs were associated with risk of repetition and method-switching among young people. They suggest that ensuring the provision of mental health assessments and regulating drug access are key action areas for the prevention of suicidal behaviour among young people.

T3.2 New developments in drug-related infectious diseases

No new information.

T3.3 New developments in harm reduction interventions

A plan to tackle the underlying causes of addiction and open drug dealing in Ballymun, Dublin

Based on the 2016 Census, the Trinity National Deprivation Index ranked Ballymun in Dublin as one of the most disadvantaged communities, if not the most disadvantaged community, in the Republic of Ireland (Teljeur*, et al.* 2019). Ballymun has a long history of drug and heroin use dating back to the 1980s; it remains the community with the highest level of people with problematic opioid use in the country – 10 times greater than the national average (Hay*, et al.* 2017). Also of note, Ballymun has suffered from serious criminality in recent years associated with open drug dealing and a surge in crack cocaine usage (O'Reilly and Mac Cionnaith 2019).

A report (Montague 2021) published in 2021 identified three key areas (prevention, desistance, and suppression) that should be addressed in order to implement a comprehensive approach for dealing with addiction and drug-related criminality in Ballymun. Specific recommendations related to these areas are listed below.

Prevention

- Ten senior social work positions should be provided to the child protection team for Ballymun, to address the concerns from Tusla's internal audit report of 2019, which found that children at risk of significant harm were not receiving an effective service (Tusla Child and Family Agency).
- A new programme to work with young people who have dropped out of the education system should be established.
- The Ballymun Network for Assisting Children and Young People should set up and train its own multisystemic therapy team, staffed from a variety of agencies working in Ballymun, with the network acting as the steering committee. This service should be available for young people involved in serious criminality, but also for young people at high risk, who have not yet become involved in crime.
- Dublin City Council should not be housing additional families who need significant supports in temporary or permanent housing in Ballymun while the supports needed by these families are not available.

Desistance

- Strive is a pilot programme that came into operation in 2015. It attempts to reduce crime in the Shangan and Coultry neighbourhoods of Ballymun by targeting the most harmful offenders in that area.
- As Strive has reduced crime in the Shangan and Coultry neighbourhoods, the capacity of the programme should be increased to cover the entire Ballymun area.

Suppression

- Additional gardaí should be deployed to Ballymun Garda Station to effectively police open drug dealing, crime hotspots, and to case manage prolific offenders in the Strive programme.
- Open drug dealing should be tackled, as it stigmatises the community, leads people to withdraw from community life, normalises drug dealing, drug use, and violence, and draws people from outside the community into Ballymun to buy and use drugs.
- A planned and coordinated approach to crime hotspots should be introduced. The gardaí, Dublin City Council, and the community should work together to identify the worst hotspots and develop a tailored plan for each one. Frequent, sustained, and visible policing will be required.

T4. Additional information

T4.1 Additional sources of information

Impact of COVID-19 on drug and alcohol services and people who use drugs in Ireland: a report of survey findings

In January 2021, the Irish Government Economic and Evaluation Service (IGEES) published a report on the impact of the pandemic on services and people who use drugs (Bruton*, et al.* 2021). The report was prepared by staff in the Research Services and Policy Unit and Health Analytics Division in the Department of Health on behalf of the Department's Drugs Policy and Social Inclusion Unit. The report is based on two surveys undertaken in 2020. An article outlining the findings of the first survey, the Mini-European Web Survey on Drugs: COVID-19, was published in issue 76 of *Drugnet Ireland* (Mongan 2021). Data collection for the second survey, the Survey of Drug and Alcohol Services, was completed via an online survey and by email between August and September 2020 (Bruton*, et al.* 2021).

The Survey of Drug and Alcohol Services was undertaken to assess the impact of COVID-19 on these services. In particular, the survey sought to capture how services have altered their operations in response to the pandemic and also to describe the effect on clients of services. Information on this final aspect of the survey was provided by services staff, and service users were not directly involved in the survey. An invitation to participate in the survey was sent to over 500 email addresses for drug and alcohol services in Ireland and participants were given 2.5 weeks to complete the survey.

A total of 157 completed responses were submitted. Community Drugs Projects (n=86), family support services (n=53), and counselling services (n=50) were well represented, particularly those based in Dublin. Some respondents can be included in more than one of these categories. There

were also responses from Drug and Alcohol Task Forces, low-threshold services, peer support services, HSE Addiction Services, residential services, and GPs.

Effects of COVID-19 on clients

Regarding the direct effects of COVID-19, some 44 (28%) respondents said that clients were highly impacted by having to self-isolate or cocoon; 10 (7%) said a diagnosis of COVID-19 had highly impacted clients; with 4 (3%) saying that hospitalisation had had a high impact. The majority of services (n=133, 85%) had some experience of clients self-isolating in wave 1 of the pandemic, while just under one-half were aware of clients who had been diagnosed with COVID-19.

According to respondents, the most challenging aspects of the pandemic for clients were adhering to the restrictions concerning meeting people, self-isolating, restrictions on travel, and physical distancing. The majority of services responding (n=149, 96%) reported a negative impact on clients' mental health, followed by the impact on family relationships (n=129, 83%). The numbers reporting a positive impact as a result of these factors were very small. Other negative effects reported by a majority of services were the physical health and financial situation of clients.

Most services (n=113, 77%) reported that social isolation impacted on clients to some extent, while 114 services (74%) said that increased domestic violence impacted on clients. Most services were also aware of the impact of increased drug-related intimidation and violence, and increased overdoses. Fewer services (n=56, 37%) reported drug-related deaths among those using their services. Regarding the effect of the pandemic on particular population groups, 65% of services that responded said that among those who were homeless, health and well-being was highly impacted, and 60% of services said women were highly impacted.

Increased alcohol consumption among clients was observed by 68% (n=104) of services, while 42% (n=61) of services reported increased drug use, with just 8% (n=14) reporting a reduction in drug use among clients. In relation to availability of drugs, 73% (n=108) of respondents had heard reports that clients were having difficulty getting drugs and had greater use of novel methods of acquisition such as online purchases, 'drug drops', and home deliveries.

Impact on services

Most of the survey respondents (n=116, 74%) said that their services had been highly impacted by COVID-19, with 25% (n=40) reporting lower levels of impacts. Nearly one-half of the services responding (n=70, 46%) said the numbers using their services had increased. Overall, harm reduction services had decreased for clients, with just 33% reporting increases. The majority of service types saw a reduction in face-to-face contact with clients. This was particularly true for Drug and Alcohol Task Forces, family support services, and peer support services. Most services are providing counselling and other supports by telephone or online. Residential treatment services were the type of service most likely to use video conferencing, an appropriate tool for group therapy sessions.

Drug and alcohol services adapted to a reduction in face-to-face contact, travel restrictions, and social distancing by prioritising the continuity of care for those who are opioid dependent; faster processing of clients into treatment; stabilisation of drug use in isolation; and providing COVID-19 prevention information as part of outreach services. Clients were enabled to access their medications by new methods provided under temporary changes to regulations, and the vast majority of services have developed new ways of engaging with clients and providing for their needs.

The survey of services outlines the impacts of the COVID-19 pandemic on service capacity, staff, operations, and governance and reporting. Services described how they adapted to the challenges and communicated with their clients online or by telephone. There was detailed information on the typical responses of health services to the pandemic, including use of personal protective equipment and social distancing. Survey findings have also provided an indication of the negative impacts the pandemic has had on the health and well-being of clients and on their consumption behaviours.

T4.2 Further aspects of drug-related harms and harm reduction

No new information.

T5. Sources and methodology

T5.1 Sources

Data for this workbook were provided using five sources:

- National Drug-Related Deaths Index (NDRDI)
- Health Protection Surveillance Centre (HPSC)
- Hospital In-Patient Enquiry (HIPE) scheme
- National Psychiatric In-patient Reporting System (NPIRS)
- National Self-Harm Registry Ireland

T5.2 Methodology

Established in 2005, the **National Drug-Related Deaths Index (NDRDI)**, which is maintained by the HRB, is an epidemiological database that records cases of death by drug poisoning, and deaths among drug users in Ireland, extending back to 1998. The NDRDI also records data on alcohol-related poisoning deaths and deaths among those who are alcohol dependent, extending back to 2004.

The **Health Protection Surveillance Centre (HPSC)** is Ireland's specialist agency for the surveillance of communicable diseases. Part of the HSE, and originally known as the National Disease Surveillance Centre, the HPSC endeavours to protect and improve the health of the Irish population by collating, interpreting and disseminating data to provide the best possible information on infectious diseases. The HPSC has recorded new cases among injecting drug users of HIV since 1982, HBV since 2004, and HCV since 2006.

The **HIPE (Hospital In-Patient Enquiry)** is a computer-based health information system, managed by the Economic and Social Research Institute (ESRI) in association with the Department of Health and the HSE. It collects demographic, medical and administrative data on all admissions, discharges and deaths from acute general hospitals in Ireland. It was started on a pilot basis in 1969 and then expanded and developed as a national database of coded discharge summaries from the 1970s onwards. Each HIPE discharge record represents one episode of care; each discharge of a patient, whether from the same or a different hospital, with the same or a different diagnosis, gives rise to a separate HIPE record. The scheme, therefore, facilitates analysis of hospital activity rather than of the incidence of disease. HIPE does not record information on individuals who attend accident and emergency units but are not admitted as inpatients.

The **National Psychiatric In-Patient Reporting System (NPIRS)**, administered by the HRB, is a national psychiatric database that provides detailed information on all admissions to, and discharges from, 56 inpatient psychiatric services in Ireland. It records data on cases receiving inpatient treatment for problem drug and alcohol use. The NPIRS does not collect data on the prevalence of psychiatric comorbidity in Ireland. The HRB publishes an annual report on the data collected in the NPIRS, entitled *Activities of Irish Psychiatric Units and Hospitals.*

National Self-Harm Registry Ireland is a national system of population monitoring for the occurrence of deliberate self-harm, established at the request of the Department of Health and Children by the National Suicide Research Foundation. Since 2006–2007, the Registry has achieved complete national coverage of hospital-treated deliberate self-harm. The Registry defines deliberate self-harm as "an act with a non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour that, without intervention from others, will cause self-harm, or deliberate ingestion of a substance in excess of the prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes that the person desires via the actual or expected physical consequences". All methods of deliberate self-harm are recorded in the Registry, including drug overdoses and alcohol overdoses, where it is clear that the self-harm was intentionally inflicted. All individuals who are alive on admission to hospital following a deliberate act of self-harm are included. Not considered deliberate self-harm are accidental overdoses, e.g. an individual who takes additional medication in the case of illness, without any intention to self-harm; alcohol overdoses alone, where the intention was not to self-harm; accidental overdoses of street drugs (drugs used for recreational purposes), without the intention to self-harm; and individuals who are dead on arrival at hospital as a result of suicide.

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European Monitoring Centre for Drugs and Drug Addiction

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is a decentralised EU agency based in Lisbon. The EMCDDA provides the European Union (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 date 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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