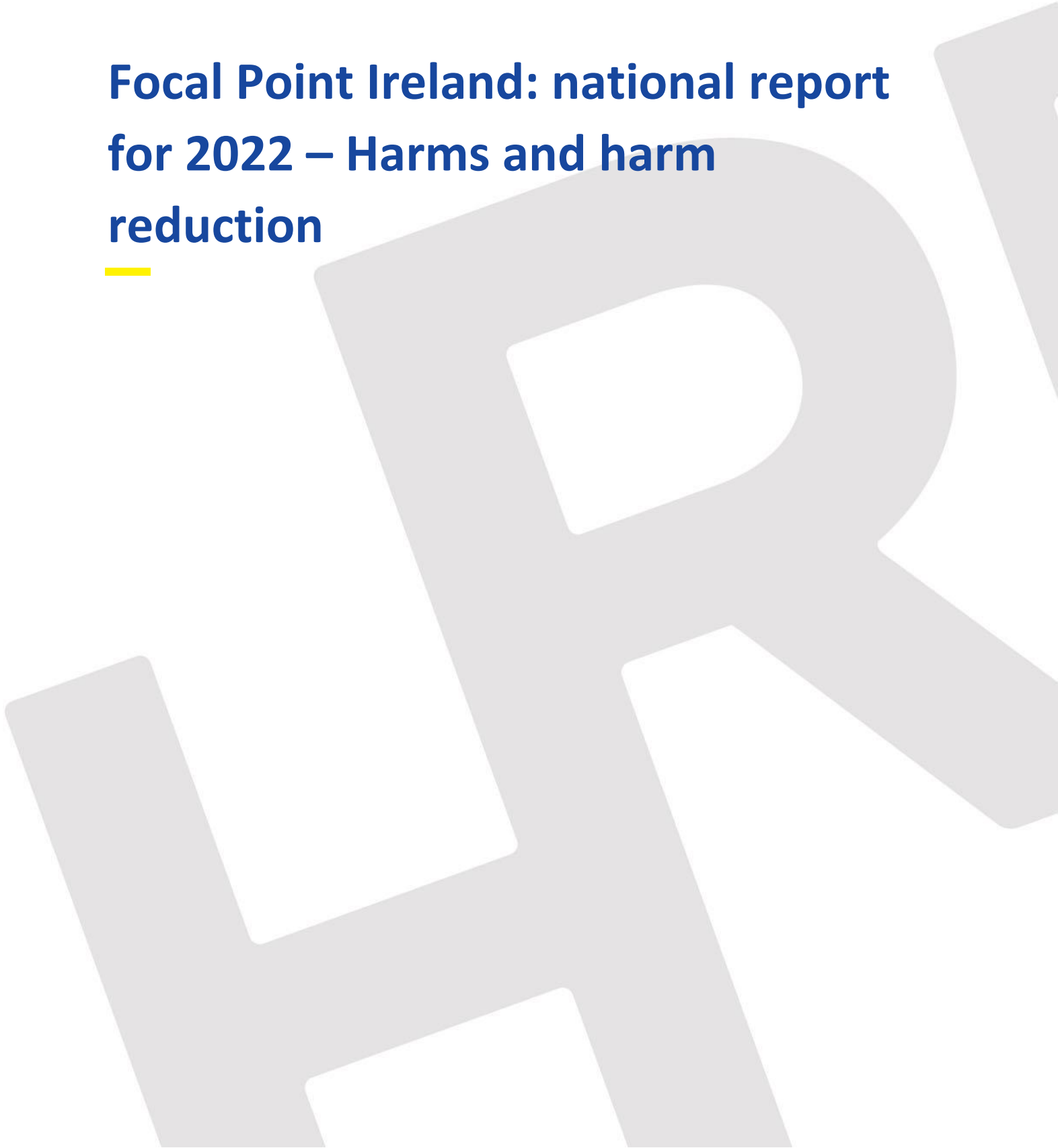


Focal Point Ireland: national report for 2022 – Harms and harm reduction



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

Authors of the national report

Lucy Dillon, Brian Galvin, Ciara Guiney, Suzi Lyons, and Sean Millar

Head of Irish Focal Point

Brian Galvin

All of the documents used in the preparation of the national report are available on the HRB National Drugs Library's repository at www.drugsandalcohol.ie.

This document was prepared for publication by the staff of the HRB National Drugs Library

Please use the following citation:

Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (2023) *Focal Point Ireland: national report for 2022 – harms and harm reduction*. Dublin: Health Research Board.

Other reports in this National report series can be found at

http://www.drugsandalcohol.ie/php/annual_report.php

- (2023) Focal Point Ireland: national report for 2022 – drug policy.
- (2023) Focal Point Ireland: national report for 2022 – treatment.
- (2023) Focal Point Ireland: national report for 2022 – drug markets and crime.
- (2023) Focal Point Ireland: national report for 2022 – prevention.
- (2023) Focal Point Ireland: national report for 2022 – legal framework.
- (2023) Focal Point Ireland: national report for 2022 – prison.
- (2023) Focal Point Ireland: national report for 2022 – drugs.



Table of Contents

Table of Contents	2
List of tables and figures	3
T0. Summary	5
T1. National profile and trends	6
T1.1 Drug-related deaths	6
T1.1.1 Overdose deaths	6
T1.1.2 Toxicology of overdose deaths	6
T1.1.3 Mortality cohort studies	6
T1.1.4 Trends	6
T1.1.5 Additional information on drug-related deaths	7
T1.2 Drug-related acute emergencies	10
T1.2.1 Drug-related acute emergencies	10
T1.2.2 Toxicology of drug-related acute emergencies	13
T1.2.3 Explanations of short-term (5 years) and long-term trends in the number and nature of drug-induced emergencies	16
T1.2.4 Additional information on drug-related acute emergencies	16
T1.3 Drug-related infectious diseases	17
T1.3.1 Main drug-related infectious diseases among drug users – HIV, HBV, HCV	17
T1.3.2 Notifications of drug-related infectious diseases	22
T1.3.3 Prevalence data of drug-related infectious diseases outside the routine monitoring	22
T1.3.4 Drug-related infectious diseases – behavioural data	24
T1.3.5 Other drug-related infectious diseases	24
T1.3.6 Additional information on drug-related infectious diseases	24
T1.4 Other drug-related health harms	26
T1.4.1 Other drug-related health harms	26
T1.5 Harm reduction interventions	29
T1.5.1 Drug policy and main harm reduction objectives	29
T1.5.2 Organisation and funding of harm reduction services	30
T1.5.3 Provision of harm reduction services	30
T1.5.4 Harm reduction services: availability, access and trends	42
T1.5.5 Additional information on harm reduction activities	42
T1.6 Targeted intervention for other drug-related health harms	42
T1.6.1 Targeted interventions for other drug-related health harms	42
T1.7 Quality assurance of harm reduction services	42
T1.7.1 Quality assurance of harm reduction services	42
T1.7.2 Additional information on any other drug-related harms data	42

T2. Trends (not relevant in this section – included above)	42
T3. New developments	43
T3.1 New developments in drug-related deaths and emergencies.....	43
T3.2 New developments in drug-related infectious diseases.....	43
T3.3 New developments in harm reduction interventions.....	43
T4. Additional information	43
T4.1 Additional sources of information.....	43
T4.2 Further aspects of drug-related harms and harm reduction.....	44
T5. Sources and methodology	45
T5.1 Sources.....	45
T5.2 Methodology.....	45
T5.3 Bibliography.....	46
Acknowledgements	49

List of tables and figures

Table T1.2.2.1 Categories of drugs involved in non-fatal overdose cases admitted to Irish hospitals, 2020.....	13
Table T1.2.2.2 Categories of drugs involved in intentional self-poisoning cases admitted to Irish hospitals, 2020.....	15
Table T1.3.1.1 New HIV notifications reported to the HPSC by risk factor status, 2021.....	18
Table T1.3.1.2 Characteristics of new HIV notifications who reported injecting drug use as a risk factor, 2021.....	19
Table T1.3.1.3 Acute and chronic new HBV cases reported to the HPSC, 2021.....	20
Table T1.3.1.4 New HCV cases reported to the HPSC, by risk factor status, 2021.....	21
Table T1.3.1.5 Characteristics of new HCV notifications who reported injecting drug use as a risk factor, 2021.....	22
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, 2020.....	25
Table T1.5.3.1 Equipment and paraphernalia available for drug users in Ireland, 2020.....	30
Table T1.5.3.2 Number of pharmacies providing needle exchange in Ireland by RDATE area, 2011–2021.....	33
Table T1.5.3.3 Total number of individual syringes exchanged from pharmacy, static, outreach, and CBO sites in 2021.....	34
Table T1.5.3.4 Number of naloxone units supplied to service providers, 2018–2020.....	35
Table T1.5.3.5 Naloxone administration by outcome, 2018–2020.....	35

Figure T1.2.1.1 Number of non-fatal overdose cases admitted to Irish hospitals, by year, 2010–2020	11
Figure T1.2.1.2 Number of non-fatal overdose cases admitted to Irish hospitals, by year and sex, 2010–2020.....	12
Figure T1.2.1.3 Non-fatal overdose cases admitted to Irish hospitals, by year and age group, 2010–2020.....	13
Figure T1.2.2.1 Narcotics and hallucinogens involved in non-fatal overdose cases admitted to Irish hospitals, 2020	14
Figure T1.2.2.2 Non-fatal overdose cases admitted to Irish hospitals, classified by intent, 2020.....	15
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, 2000–2020.....	16
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, 2020–2021.....	17
Figure T1.3.1.1 Number of new HIV notifications reported in Ireland, by year of notification, 2011–2021.....	18
Figure T1.3.1.2 Number and rolling average number of PWID among HIV notifications reported in Ireland, by year of notification, 2011–2021.....	19
Figure T1.3.1.3 Number of HBV notifications reported in Ireland, by year of notification, 2011–2021	20
Figure T1.3.1.4 Number of HCV notifications reported in Ireland, by year of notification, 2011–2021	21
Figure T1.3.6.1 DOVE Service bookings by year, 2010–2020.....	25
Figure T1.4.1.1 Person-based rate of deliberate self-harm from 2002 to 2019 by sex	27
Figure T1.4.1.2 Main substances used by AAS clients, 2021.....	29
Figure T1.5.3.3 MQI locations in the Republic of Ireland.....	36

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 2020 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 2021 are included in this report.

Data collection for drug-related deaths was significantly curtailed by public health restrictions due to COVID-19 pandemic. This created a large backlog, but significant progress has been made in recent months. The data will be published as soon as data collection is complete and the data are cleaned and validated.

There were 5,402 overdose cases discharged from Irish hospitals in 2020, with trends indicating a general increase since 2015. Among the overdose cases in 2020, opioids were involved in 16.6% (n=897), cocaine in 5.8% (n=313), and cannabis in 1.8% (n=98) of cases. There were 14 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 2021 none was an injecting drug user. The proportion of HCV cases attributed to injecting drug use has decreased from 88% in 2011 to 24.5% in 2021, 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 2021 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 2021, there were 91 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) as data collection for drug-related deaths was significantly curtailed by public health restrictions due to Covid-19 pandemic. This created a large backlog, but significant progress has been made in recent months. The data will be published as soon as data collection is complete and the data are cleaned and validated.

T1.1.2 Toxicology of overdose deaths

There are no new data for toxicology of overdose deaths (see T1.1.1 above).

T1.1.3 Mortality cohort studies

There are no mortality cohort studies to report for the year 2021.

T1.1.4 Trends

There are no new data (see T1.1.1 above).

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

Comparing characteristics of suicide to non-suicide drug poisoning deaths, by sex, in Ireland

A new study has been published based on Irish data comparing characteristics of suicide to non-suicide drug poisoning deaths (NSDPD), by sex (Lynn 2022). Both suicide deaths and drug poisoning deaths are dominated by deaths among men; therefore, absence of sex-stratified mortality data can mask important sex-based differences in the data.

Introduction

Suicide is a significant public health concern with over 700,000 people worldwide dying by suicide each year. Accurate data on suicide deaths, including the characteristics of those who die by suicide and factors associated with these deaths, are essential to inform effective suicide prevention strategies.² In Europe, drug poisonings are estimated to account for 9.1% of suicides among young men and 23% of suicides among young women.³ Suicide by drug poisoning is potentially preventable; however, evidence on associated risk factors by sex is limited.

The aim of this study is to determine the extent to which individual and social contextual factors and specific drugs/drug groups are associated with suicide compared with NSDPD, and to determine whether there are differences between men and women in a national Irish study of drug poisoning deaths between 2015 and 2017.

Methods

Data for this study were extracted from the National Drug-Related Deaths Index (NDRDI). 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. The suicide drug poisoning deaths (SDPD) group includes all drug poisoning deaths that met both the narrow ('beyond reasonable doubt') as recorded by the coroner and broad ('based on the balance of probabilities') definitions of suicide. Suicide based on the balance of probabilities was identified using the Rosenberg criteria for determination of suicide.⁴ To be included 'based on the balance of probabilities', the death had to be self-inflicted with evidence of intent to die in addition to risk factors for suicide.

Analysis included univariable and multivariable logistic regression to estimate unadjusted and adjusted odds ratios (OR) and 95% confidence intervals (CI) for factors associated with SDPD (primary outcome) compared with NSDPD and stratified by sex.

Results

SDPD accounted for 240 (22%) of 1,114 poisoning deaths reported during the period 2015–2017 inclusive, the majority among men (n=147, 61%). Increasing age, especially over 54 years of age (AOR 3.01 [95% CI: 1.68–5.38]), mental ill-health (AOR 7.85 [95% CI: 5.46–11.28]), chronic pain (AOR 5.57 [95% CI: 3.28–9.46]), and history of previous overdose (AOR 5.06 [95% CI: 3.39–7.56]) were associated with increased odds of SDPD, with similar results for both sexes. The main drugs associated with SDPD were non-opioid analgesics (OR 4.06 [95% CI: 2.66–6.18]), antipsychotics (OR

2.42 [95% CI: 1.63–3.60]), and antidepressants (OR 2.18 [95% CI: 1.59–2.97]). Pregabalin was associated with SDPD among women only.

Conclusions

The authors conclude that factors associated with SDPD included being male, older age, mental illness, chronic pain, and history of a previous overdose. The main drugs found to be associated with SDPD included non-opioid analgesics, antidepressants (specifically tricyclic antidepressants), and antipsychotics. Similar effects were observed among men and women in the sex-specific analyses, with small variations in magnitude of effects.

Ongoing monitoring for signs of suicidal intent in individuals with mental illness, chronic pain, overdose, and/or prescribed mental health medications may identify individuals in need of additional intervention. Adequate specialised pain management clinics, with non-pharmaceutical therapy used to complement pharmaceutical therapy, should be resourced.

Deaths of children and young people in care

Between 2010 and 2020, 236 deaths of children and young people (0 to 22 years) in care or known to the services were reported to the National Review Panel (NRP) (National Review Panel 2021).

The NRP was set up to review cases where a child or young person has suffered a serious incident with the aim of determining the quality of the service provision to that child or young person and their family.

The most common cause of death were natural causes (40.0%). Of the 236 deaths reported, 16 (6.8%) died as a result of drug overdose. The number of deaths annually ranged from 0 to 4. Maternal drug use during the pregnancy was noted as a factor in some infant deaths in the category 'Sudden Unexplained Death in Infancy'. The report commented that some but not all of the infants tested positive for non-prescribed medications.

The report includes learning points. Over the period, the most commonly identified were: care planning, assessment, responding to the needs of children where parental omission is not a factor, inclusion of fathers, working with families that are reluctant to cooperate and coordination of services. Additionally for the 2020 report, were added responding to reports from families, disclosure of sexual abuse to professionals and working with families who are 'un-cooperative'. The effect of alcohol and domestic violence as a learning point was also included for this report, noting that where they co-occur children are more at risk of long-term negative effects. Along with this, it was also noted that consequences of parental drug use (e.g., mood swings, inconsistent behaviour) is often frightening for children.

Exploring grief within the family system following a drug-related death of a family member

A 2021 study investigated the impact of complicated grief on the family system following the DRD of a family member from an Irish context (Lambert et al. 2021).

Method

Seven families affected by DRDs, comprising 17 family members, mainly parents, were recruited through the National Family Support Network in Ireland. Their ages ranged from 19 to 46 years (median 32 years) and the time since death of their loved one ranged from 1 to 21 years (median 9 years). Participants were interviewed using semi-structured interviews, consisting of six focus groups

and one in-depth interview with a single mother. Interviews took place in the south, southeast, and east of Ireland. General qualitative interview practices were used, allowing for unprompted discussion. Interviews were conducted in the homes of the participants between August and December 2019.

Data analysis

Transcribed data were analysed using inductive reflexive thematic analysis as per Braun and Clarke's (2019) six-step process.⁴ This approach uses a repetitive sequential process, moving between familiarisation with the data, coding, generating initial themes, reviewing themes, defining and naming themes, and writing up. The authors used NVivo qualitative data analysis software in the process. Careful consideration of the data by all authors resulted in the scope and naming of themes being agreed. Dodgson's (2019) recommendations⁵ for quality control in qualitative research were maintained throughout the research process to avoid author influence of data interpretation.

Results

Three core themes were generated from the analysis, each with associated subthemes: (i) renegotiation of relationships; (ii) experiencing complex emotions; and (iii) adjusting to a new reality.

Renegotiation of relationships

'Family dynamics' and a 'fractured sense of community' were identified as subthemes. The trauma of a DRD on already strained family relationships can lead to a family unit breaking down or co-existing in silence following the loss. Family dynamics transition from the chaos of living with an active drug user and fractured relationships to withdrawal and an inability to remain connected by surviving members. One mother recalled:

I had three grandchildren when [son] died ... but I find now that instead of helping them [pause] I kinda neglected 'em.

Another family member discussed the loss of connection:

Now his children, unfortunately, haven't spoken to us since and we would love to have them back into our lives, you know; we tried to reclaim the family but it's not to be because the mother has blocked it.

A fractured sense of community was described by family members from the associated stigmas and expressed feelings of loss of community.

And all the people from the area judged his parents because their son [was in addiction]. Sometimes I feel like I deserve to be punished but it's very hard to come out the other end...

Experiencing complex emotions

Other subthemes identified were 'lack of help during life intensifies complicated grief', 'the right time to grieve', 'relief', and 'the missing piece'. The subtheme 'lack of help during life intensifies complicated grief' heightened the complicated grief process for the family members, leading to anger, isolation, and frustration:

I rang Dr [name] and I spoke to her [Doctor] asked 'Is he coming off drugs?' and I said 'he's off heroin three weeks, that's not the problem, he's suicidal'. [Imitates doctor] 'Oh we don't deal with drug cases' ... A couple of days after, I rang and I said, 'I rang you the other day

about my brother'. She said, 'oh how's he getting on?' and I said 'he's fucking dead' and I just hung up the phone, that was the end of it then, but I was very, very angry at her, really angry.

The preventable nature of DRDs left family members with feelings of self-blame, questioning whether they had done enough to support their loved ones. Lack of compassion from professional services left families with feelings of isolation, abandonment, and anger, giving rise to self-blame and frustration, and delegitimised their grief, as the perceived 'bad' death was undeserving of support.

There was nobody for me to talk to now the first time ... the shame that is forced on ya because your son, you know. You didn't deserve any of your feelings, you know, you didn't deserve to talk about him, you didn't deserve anything because he was a heroin addict or a junky.

Relief was a common subtheme expressed by family members at the loss of their loved ones with associated guilt:

Now when [my son] died it did break me heart but thanks be to God I knew where he was gone and maybe taken before he's worse. I knew where he went, I was very happy. I didn't like him to be gone but I knew where he had went.

Adjusting to a new reality

The following subthemes were identified: 'the missing piece', 'illness', and 'new purpose in life'. The commonality of difficulty experienced coming to terms with the loss prevailed, with the feeling of a void left following a DRD:

There's always been something missing at Christmas time... if I am ever going to get married [my only brother] is going to be missing ... a part of you is gone and you are never going to regain that back.

The trauma and heavy emotional burden of a DRD can take its toll on health, as one mother recalled: I had a brain haemorrhage after [my son] dying; they said it was the stress that caused it.

Family members experienced new positive realities following a DRD and healing through activism was found to be helpful. Engaging with peers gave families hope, with the potential to influence change ultimately facilitating the healing process.

Discussion

This study was the first of its kind in Ireland. DRDs in Ireland are above the European average; therefore, it is important to understand their widespread impact. The study used a purposive sampling strategy that may have benefitted from a more nationwide approach, however. Time since death was listed as a limitation as recruited families were at different stages of grief and in turn levels of grief expressed. The findings demonstrate that this population experiences great difficulty in processing their grief as they struggle with family breakdown, navigate supports and stigma, and it highlights the need for a robust policy shift and direct family unit support.

T1.2 Drug-related acute emergencies

T1.2.1 Drug-related acute emergencies

Not-fatal drug-related hospital admissions in Ireland, 2020

The HIPE (Hospital In-Patient Enquiry) 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 Health Service Executive. 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

Data extracted from the HIPE scheme were analysed to determine trends in non-fatal overdoses in patients discharged from Irish hospitals in 2020.¹ There were 5,457 overdose cases in that year, of which 55 died in hospital. Only discharged cases are included in this analysis (n=5402). The number of discharged overdose cases in 2020 was the highest recorded in 10 years, with trends indicating a general increase since 2015 (see Figure T1.2.1.1).

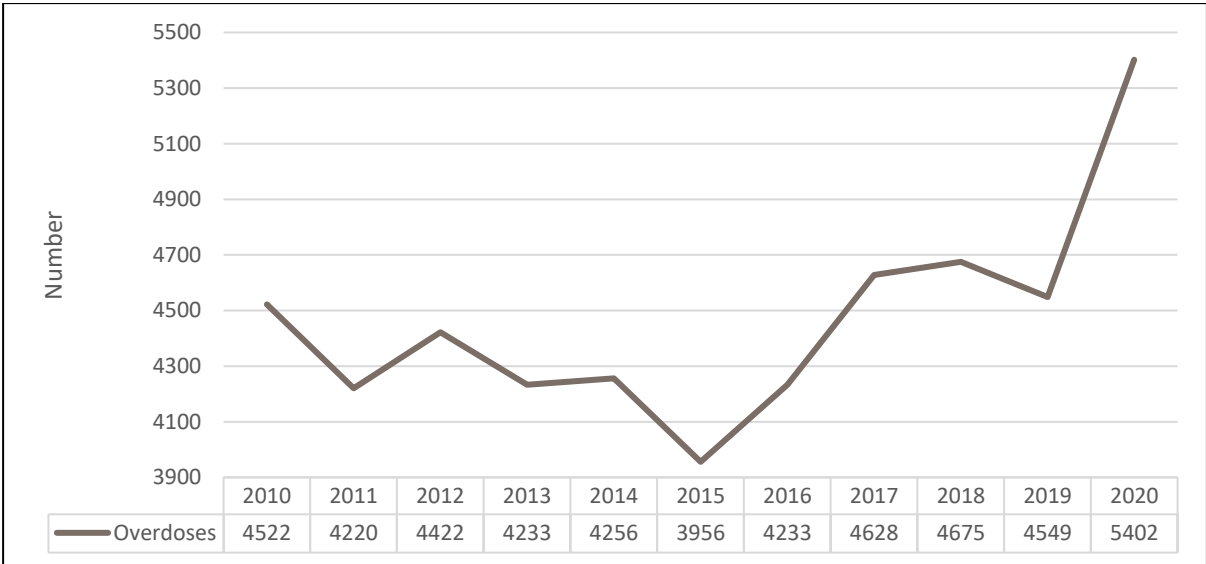


Figure T1.2.1.1 Number of non-fatal overdose cases admitted to Irish hospitals, by year, 2010–2020

¹

Source: HIPE, Healthcare Pricing Office (2022)

Sex

Between 2010 and 2020, there were more overdose cases among women than men, with women accounting for 3,092 (57.2%) of all non-fatal overdose cases in 2020 (see Figure T1.2.1.2).

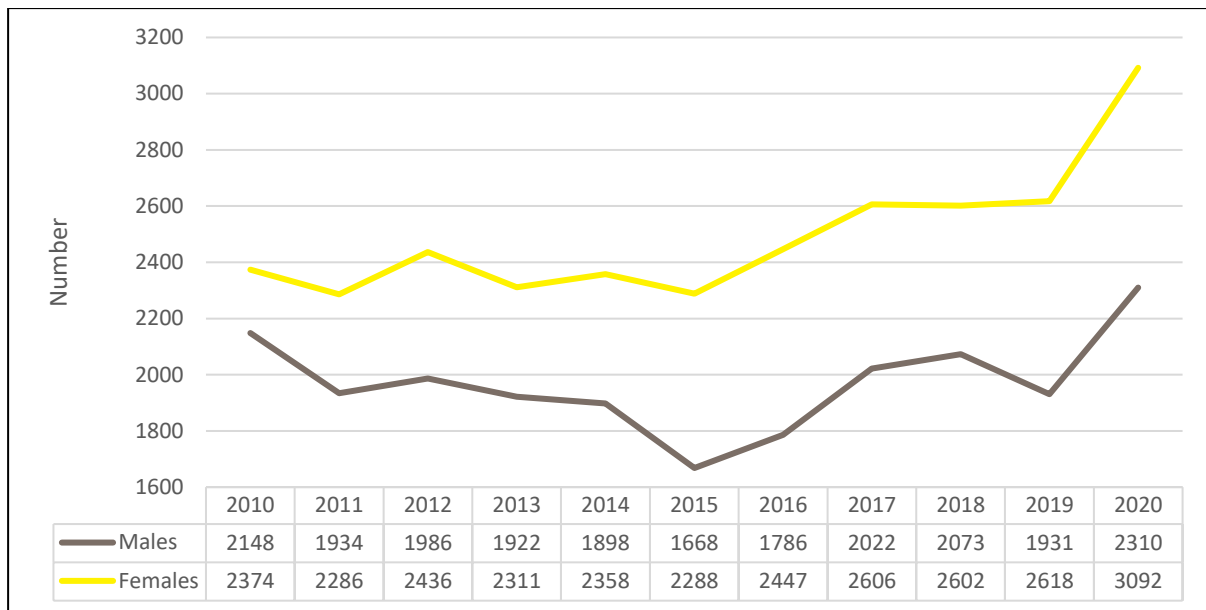


Figure T1.2.1.2 Number of non-fatal overdose cases admitted to Irish hospitals, by year and sex, 2010–2020 ²

Source: HIPE, Healthcare Pricing Office (2022)

Age group

Between 2015 and 2020, there has been 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-age group (see Figure T1.2.1.3). In 2020, some 34.7% of cases were under 25 years of age.

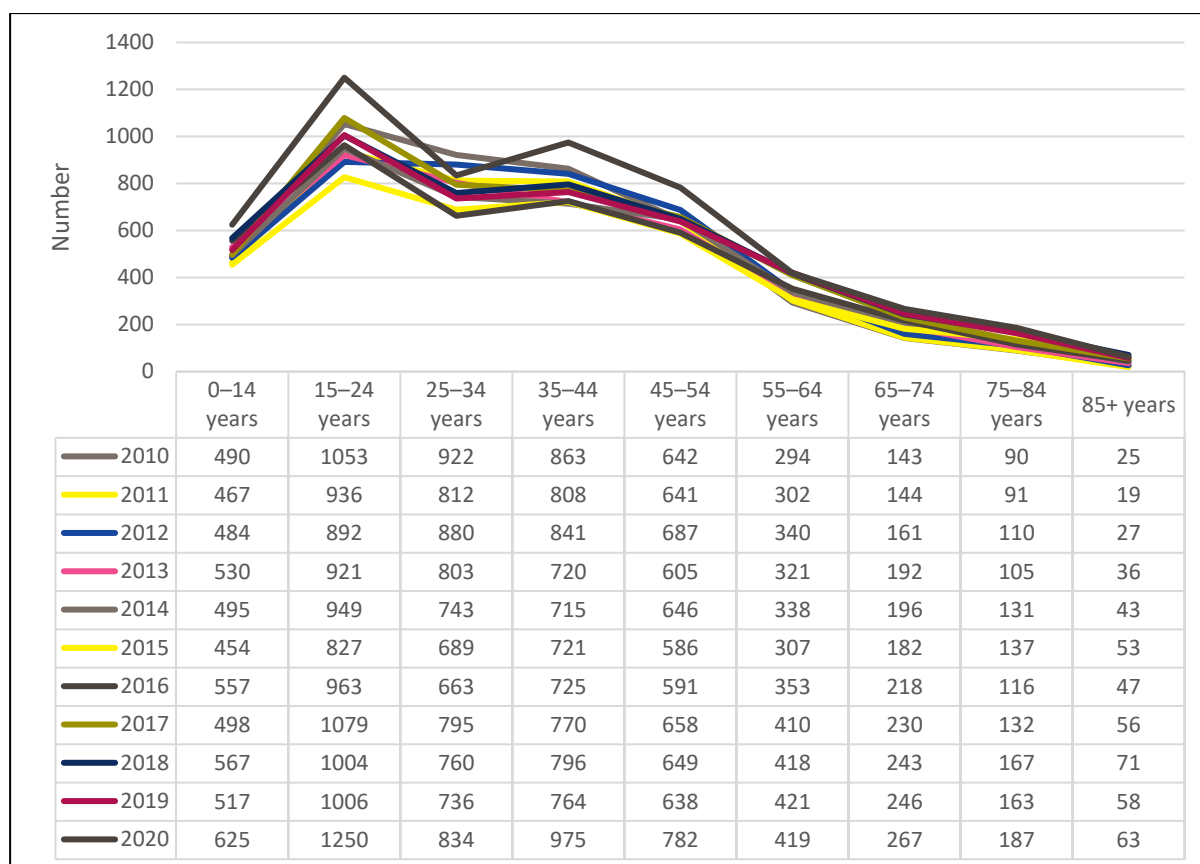


Figure T1.2.1.3 Non-fatal overdose cases admitted to Irish hospitals, by year and age group, 2010–2020 ³

Source: HIPE, Healthcare Pricing Office (2022)

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 overdose in 2020. Non-opioid analgesics were present in 1,880 of cases. Paracetamol is included in this drug category and was present in 1,580 of cases. Benzodiazepines and psychotropic agents were taken in 1,111 and 1,416 of cases, respectively. There was evidence of alcohol consumption in 519 of 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, 2020 ¹

Drug category	Count
Non-opioid analgesics	1880
<i>Paracetamol (4-Aminophenol derivatives)</i>	1580
Benzodiazepines	1111
Psychotropic agents	1416
Antiepileptic/sedative/antiparkinson agents	2536
Narcotics and hallucinogens	1168
Alcohol*	519
Systemic and haematological agents	247
Cardiovascular agents	163
Autonomic nervous system	170

Drug category	Count
Anaesthetics	45
Hormones	175
Systemic antibiotics	84
Gastrointestinal agents	105
Other chemicals and noxious substances	311
Diuretics	67
Muscle and respiratory agents	27
Topical agents	58
Anti-infectives/antiparasitics	32
Other gases and vapours	46
Other and unspecified drugs	1203

Source: HIPE, Healthcare Pricing Office (2022)

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 2020. Opioids were used in 16.6% (n=897) of cases, cocaine in 5.8% (n=313), and cannabis in 1.8% (n=98) of cases. There were 14 overdose cases involving LSD.

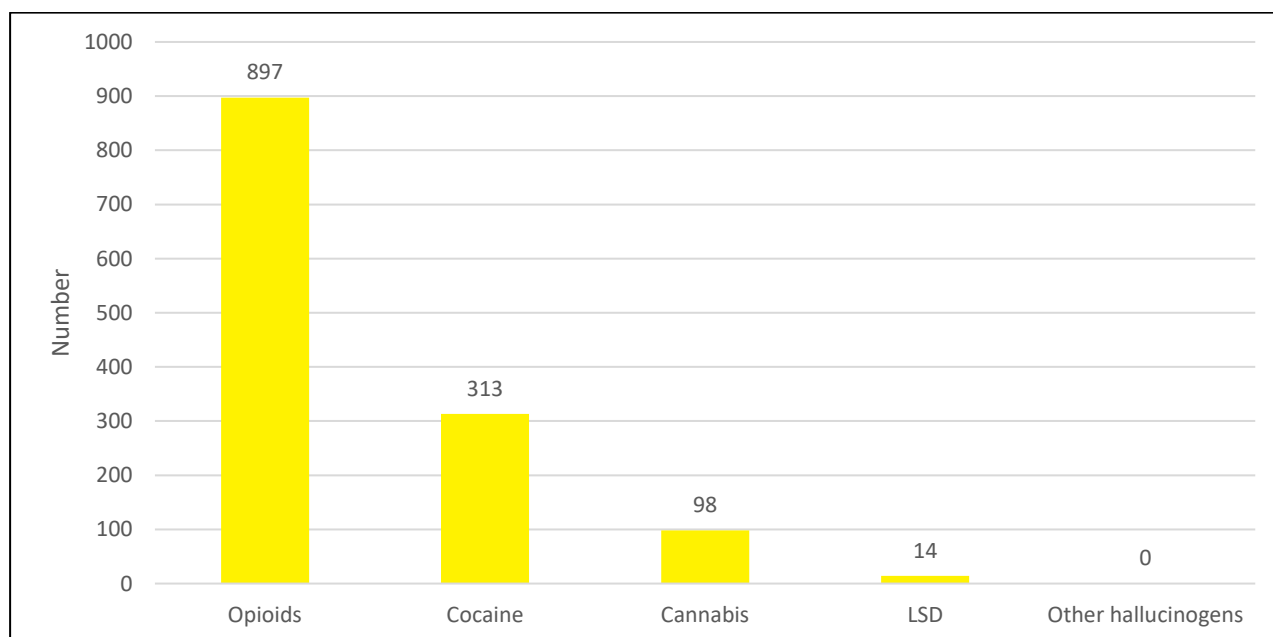


Figure T1.2.2.1 Narcotics and hallucinogens involved in non-fatal overdose cases admitted to Irish hospitals, 2020 ⁴

Source: HIPE, Healthcare Pricing Office (2022)

Overdoses classified by intent

In 2020, for 63.8% (n=3447) of cases, the overdose was classified as intentional (see Figure T1.2.2.2). For 9.4% (n=511) of cases, classification of intent was not clear.

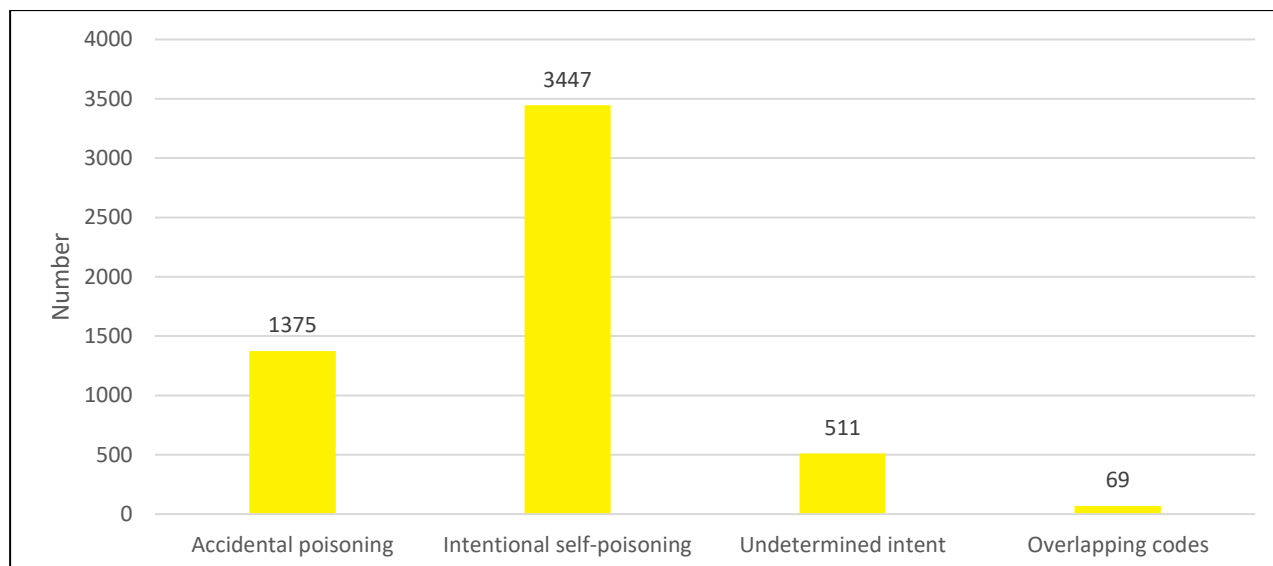


Figure T1.2.2.2 Non-fatal overdose cases admitted to Irish hospitals, classified by intent, 2020 ⁵

Source: HIPE, Healthcare Pricing Office (2022)

Table T1.2.2.2 presents the positive findings per category of drugs and other substances involved in cases of intentional self-poisoning (n=3,447) in 2020. Non-opioid analgesics were involved in 1,590 of cases, benzodiazepines in 744, and psychotropic agents in 1,101 of cases.

Table T1.2.2.2 Categories of drugs involved in intentional self-poisoning cases admitted to Irish hospitals, 2020 ²

Drug category	Count
Non-opioid analgesics	1590
Benzodiazepines	744
Psychotropic agents	1101
Antiepileptic/sedative/antiparkinson agents	1819
Narcotics and hallucinogens	588
Alcohol*	339
Systemic and haematological agents	162
Cardiovascular agents	101
Autonomic nervous system	111
Anaesthetics	14
Hormones	115
Systemic antibiotics	63
Gastrointestinal agents	79
Other chemicals and noxious substances	100
Diuretics	32
Muscle and respiratory agents	15
Topical agents	15
Anti-infectives/antiparasitics	21
Other gases and vapours	~
Other and unspecified drugs	705

Source: HIPE, Healthcare Pricing Office (2022)

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.

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 Mental Health Information Systems Unit of the Health Research Board, *Activities of Irish psychiatric units and hospitals 2020* (Daly and Craig 2021), shows that the rate of new admissions to inpatient care for alcohol disorders has increased.

In 2020, some 958 cases were admitted to psychiatric facilities with an alcohol disorder, of whom 382 were treated for the first time. Figure T1.2.4.1 presents the rates of first admission between 2000 and 2020 for cases with a diagnosis of an alcohol disorder. The admission rate in 2020 was higher than the previous year, although trends over time indicate an overall decline in first admissions. Approximately one-third (33.3%) of cases hospitalised for an alcohol disorder in 2020 stayed just under one week, while 32.7% of cases were hospitalised for between one and three months, similar to previous years.

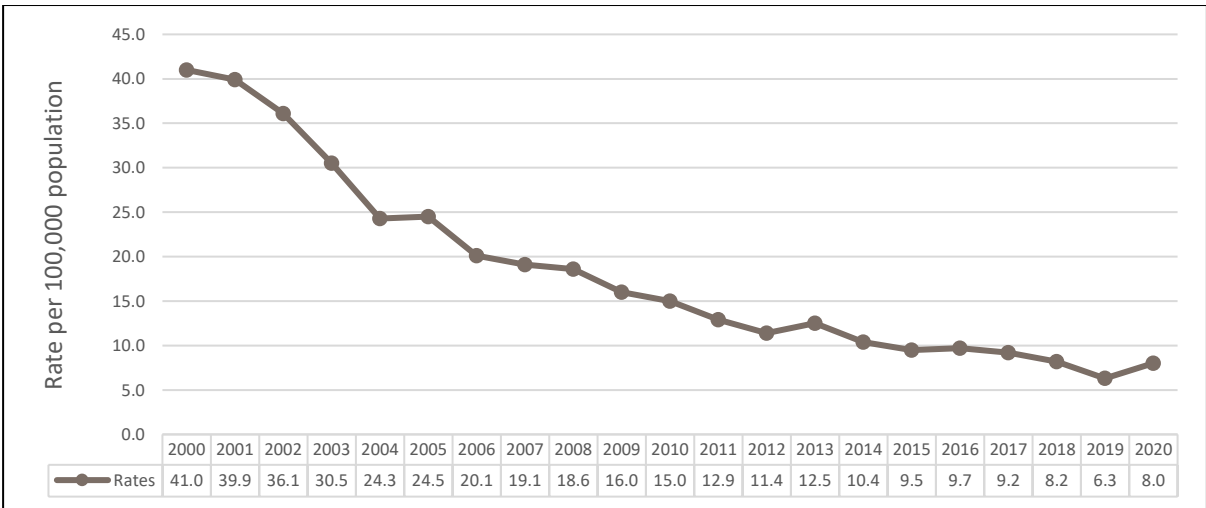


Figure T1.2.4.1 Rates of psychiatric first admission of cases with a diagnosis of an alcohol disorder per 100,000 of population in Ireland, 2000–2020 ⁶

Source: Daly and Craig (2021)

In 2020, some 973 cases were also admitted to psychiatric facilities with a drug disorder. Of these cases, 434 were treated for the first time. Figure T1.2.4.2 presents the rates of first admission between 2000 and 2020 of cases with a diagnosis of a drug disorder. The admission rate in 2020 was similar to the previous year, although 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 does not present data on drug use and psychiatric comorbidity; it is therefore not possible to determine whether or not these admissions were appropriate.

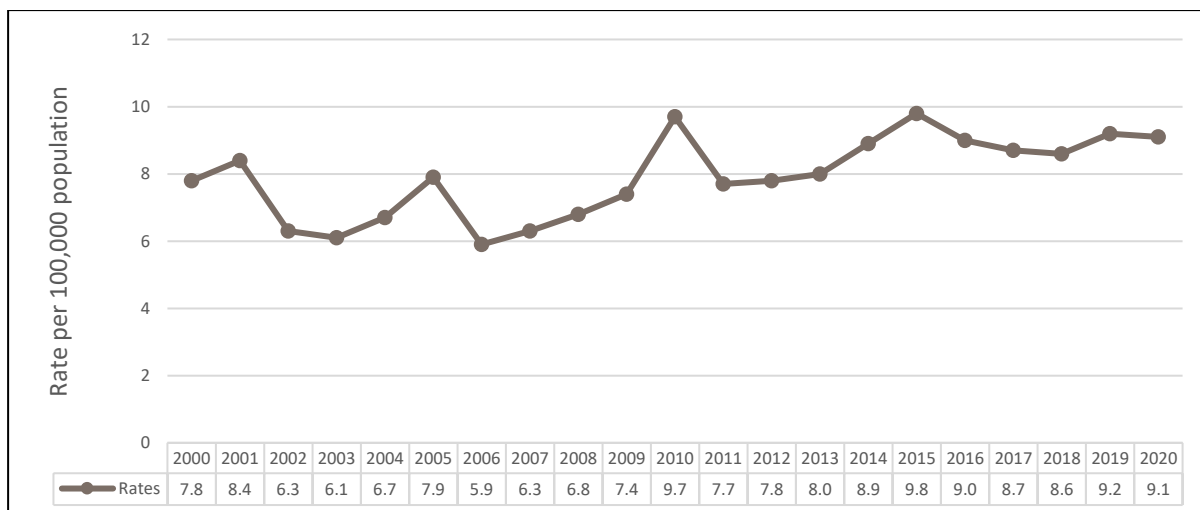


Figure T1.2.4.2 Rates of psychiatric first admission of cases with a diagnosis of a drug disorder per 100,000 of population in Ireland, 2020–2021 ⁷

Source: Daly and Craig (2021)

Other notable statistics on admissions for a drug disorder in 2020 include the following:

- Over one-half of cases hospitalised for a drug disorder stayed under one week (52.3%), while 99% were discharged within three months. It should be noted that admissions and discharges represent episodes or events and not persons.
- 16.4% of first-time admissions were involuntary.
- Similar to previous years, the rate of first-time admissions was higher for men (13.5 per 100,000 population) than for women (4.8 per 100,000 population).

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, 2021

The Health Protection Surveillance Centre (HPSC) is Ireland’s specialist agency for the surveillance of communicable diseases. Part of the Health Service Executive (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, hepatitis B virus (HBV) since 2004, and 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 2022. It should be noted that due to the COVID-19 pandemic and related lockdowns, HIV, HBV, and HCV notification data for 2021 are incomplete. Consequentially, 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, 2021

According to data compiled by the HPSC, at the end of 2021, some 403 people were newly diagnosed with HIV in Ireland, a notification rate of 7.9 per 100,000 population. This marks a decrease of 9.2% compared with 2020 (n=444) (see Figure T1.3.1.1).

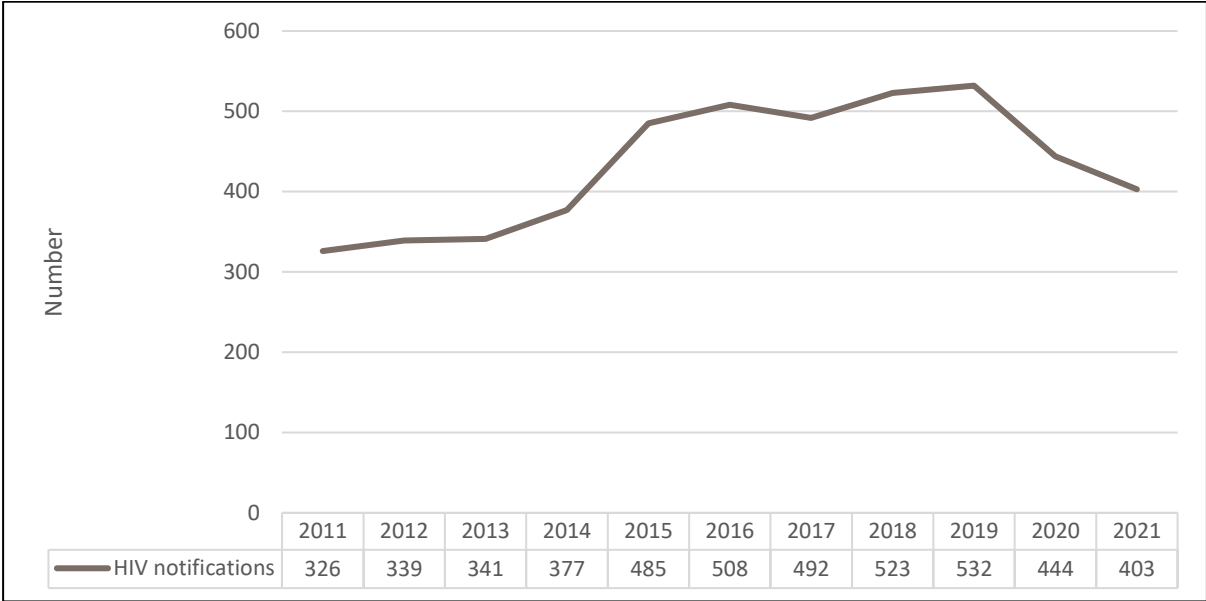


Figure T1.3.1.1 Number of new HIV notifications reported in Ireland, by year of notification, 2011–2021 ⁸

Source: HSE and HPSC, 2022

Of the HIV notifications in 2021 for whom risk factor data were available, seven were of people who inject drugs (PWID), compared with nine in 2020 (see Table T1.3.1.1). The figure for 2021 is the lowest number of PWID among HIV notifications in 10 years (see Figure T1.3.1.2).

Table T1.3.1.1 New HIV notifications reported to the HPSC by risk factor status, 2021 ³

Risk factor status	Number
Total number of cases	403
Cases <i>with</i> reported risk factor data	255
Of which:	
Male	315
Female	84
Gender unknown	4
Injecting drug users	7
Men who have sex with men	177
Recipient of blood/blood products	0
Other risk factors	71
No known risk factor identified	7
Cases <i>without</i> reported risk factor data	141

Source: HSE and HPSC, 2022

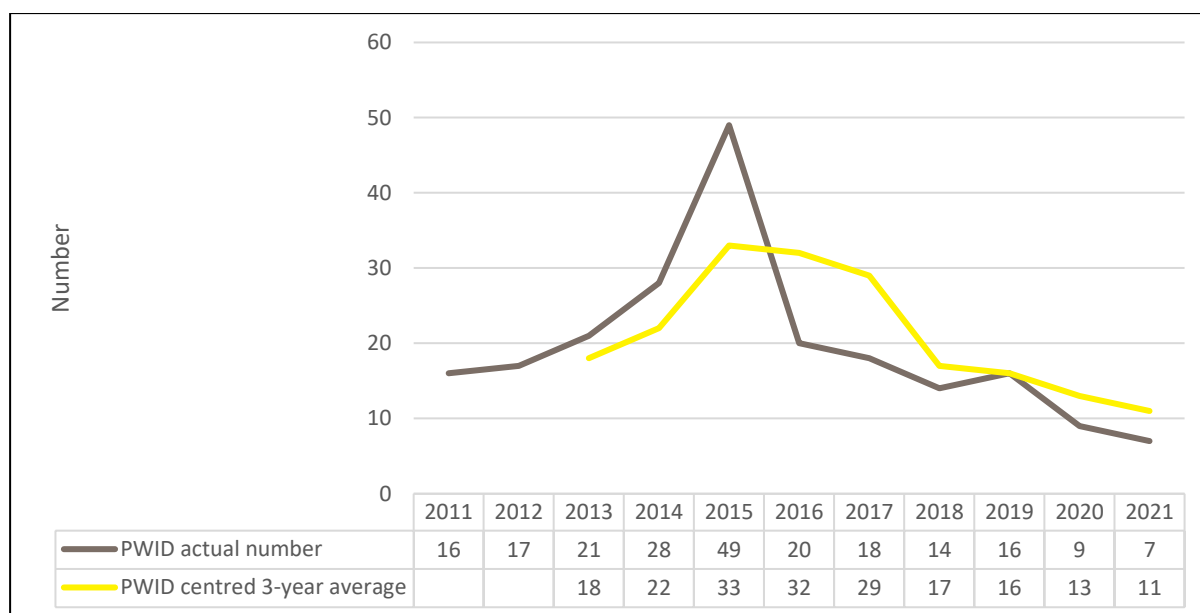


Figure T1.3.1.2 Number and rolling average number of PWID among HIV notifications reported in Ireland, by year of notification, 2011–2021 ⁹

Source: HSE and HPSC, 2022

Of the seven PWID among HIV notifications in 2021, five were male and two were female, with a median age of 48 years. No subjects were under 25 years of age (see Table T1.3.1.2). The increased number of PWID among HIV notifications in 2014/15 was due to an outbreak of HIV among homeless people 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 various 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, 2021 ⁴

Known injector cases	Number
Total number of known injector cases	7
Sex	
Male	5
Female	2
Gender unknown	0
Age	
Mean age	45
Median age	48
Under 25 years	0
25–34 years	1
Age unknown	0
Place of residence	
Dublin, Kildare or Wicklow	7
Elsewhere in Ireland	0

Source: HSE and HPSC, 2022

HBV notifications, 2021

There were 429 notifications of HBV in Ireland in 2021, an increase of 21% on 2020, when there were 337 notifications. Although provisional data on HBV notifications in 2020 and 2021 are lower than those reported before the COVID-19 pandemic, it should be noted that recent trends over the last 10 years have suggested that the number of cases diagnosed and notified is stabilising rather than declining (see Figure T1.3.1.3).

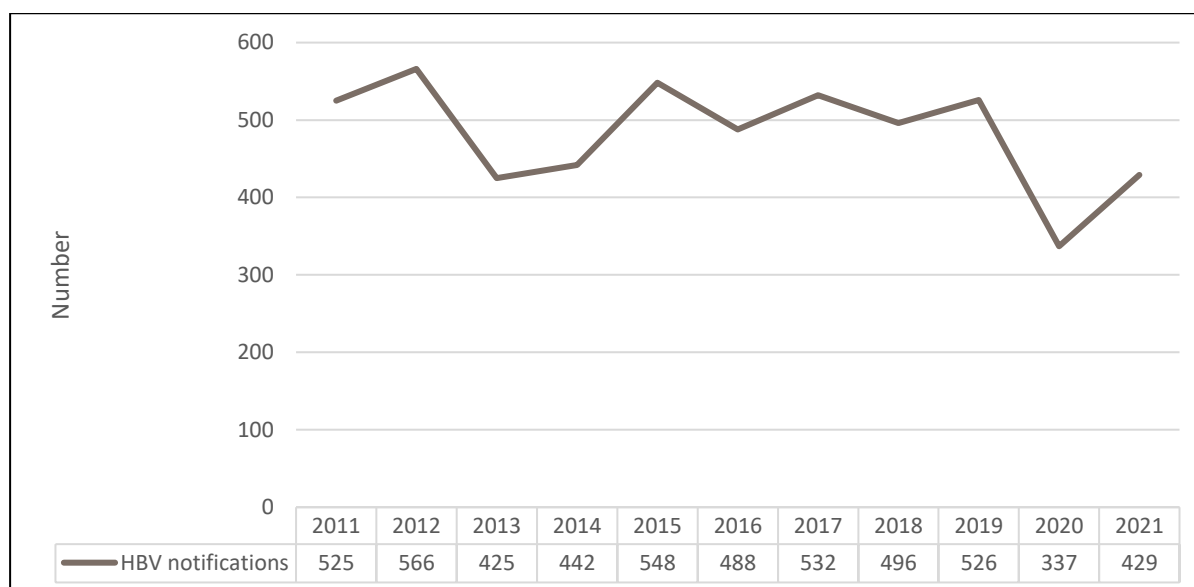


Figure T1.3.1.3 Number of HBV notifications reported in Ireland, by year of notification, 2011–2021

¹⁰

Source: HSE and HPSC, 2022

Eighty-two per cent (n=350) of the 429 HBV notifications in 2021 contained information on acute/chronic status. Of these, 96.6% (n=338) were chronically infected (long-term infection), while 3.4% (n=12) were acutely infected (recent infection). Risk factor data were available for six of the acute cases notified in 2021. 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, 2021 ⁵

HBV status	Acute (n)	Chronic (n)	Unknown (n)
Total no. of cases	12	338	79
% of cases by status	2.8	78.8	18.4
Cases <i>with</i> reported risk factor	6	150	16
% of cases with risk factor data	50	44.4	20.3
Of which:			
Injecting drug users	0	1	0
Cases <i>without</i> reported risk factor data	6	188	63

Source: HSE and HPSC, 2022

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

HCV notifications, 2021

There were 420 HCV notifications in Ireland in 2021, an increase of 22.2% on 2020, when there were 326 notifications (see Figure T1.3.1.4). The notification rate for 2021 was 8.8 per 100,000 population. There has been a downward trend in HCV notifications since peak numbers (n=1538) were recorded

in 2007. It should be noted that trends in notifications of HCV 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.

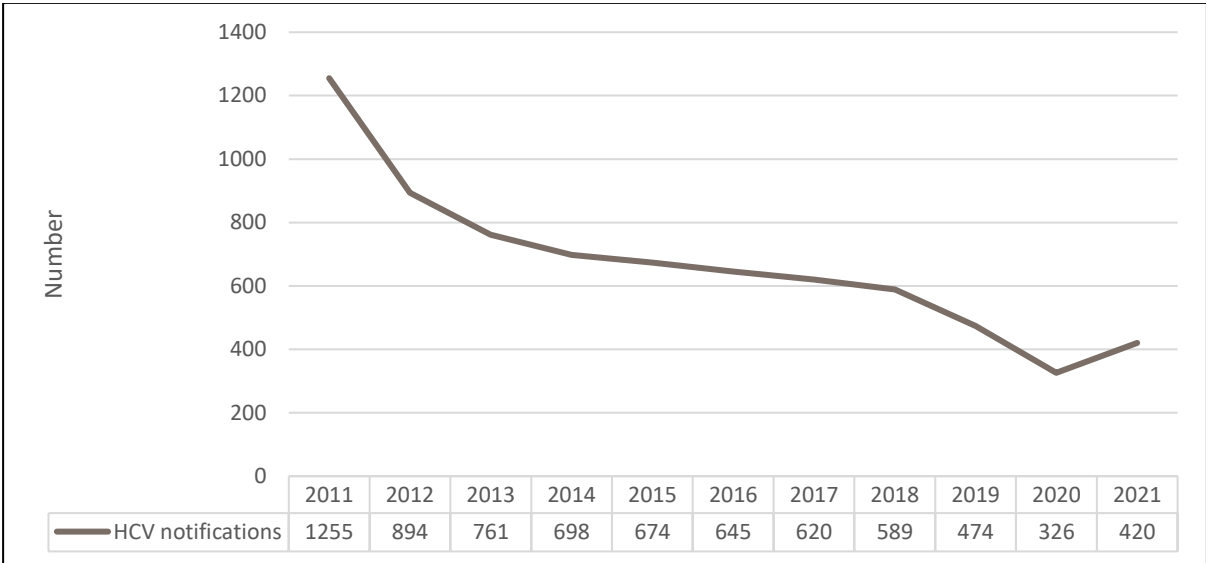


Figure T1.3.1.4 Number of HCV notifications reported in Ireland, by year of notification, 2011–2021

11

Source: HSE and HPSC, 2022

Information on the most likely risk factor was available for 42.8% (n=180) of cases in 2021 (see Table T1.3.1.4). Of cases with risk factor data, 103 were PWID and five were infected through contaminated blood products. No risk factors were identified for eight cases, for whom risk factor data were available despite public health follow-up.

Table T1.3.1.4 New HCV cases reported to the HPSC, by risk factor status, 2021 ⁶

Risk factor status	Number
Total number of cases	420
Cases <i>with</i> reported risk factor data	180
Of which:	
Injecting drug users	103
Recipient of blood/blood products	5
Other risk factors	64
No known risk factor identified	8
Cases <i>without</i> reported risk factor data	240

Source: HSE and HPSC, 2022

Of the PWID among HCV notifications in 2021, some 79 were male and 23 were female, with a median age of 41. Five subjects were under 25 years of age. The majority (67.9%) resided in Dublin, Kildare or Wicklow (see Table T1.3.1.5). It should be noted that the number of cases that were PWID among provisional HCV notification data for 2021 is likely to be a significant underestimate as risk factor data were not available for a large number of cases. Data for 2021 will improve as further validation work is carried out.

Table T1.3.1.5 Characteristics of new HCV notifications who reported injecting drug use as a risk factor, 2021 ⁷

Known injector cases	Number
Total number of known injector cases	103
Sex	
Male	79
Female	23
Gender unknown	1
Age	
Mean age	41.1
Median age	41
Under 25 years	5
25–34 years	24
Over 34 years	74
Age unknown	0
Place of residence	
Dublin, Kildare or Wicklow	70
Elsewhere in Ireland	

Source: HSE and HPSC, 2022

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 *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 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 *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 *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, 2020

The Danger of Viral Exposure (DOVE) Service in the Rotunda Hospital, Dublin was established to meet the specific needs of pregnant women who have or are at risk of blood-borne or sexually transmitted bacterial or viral infections in pregnancy. Exposure may also occur through illicit drug use. Figures from the service for 2020 were published in the hospital's annual report in 2021 (The Rotunda Hospital 2021).

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 2010–2020. It also shows the diagnosis of viral disease for these women. During 2020, some 157 women booked into the DOVE Service for antenatal care. Of these:

- 15 (13%) women were positive for HIV infection.
- 47 (43%) women were positive for hepatitis B (HBV) surface antigen.
- 33 (30%) women were positive for hepatitis C (HCV) antibody.
- 16 (14%) women had positive treponemal serology (syphilis).

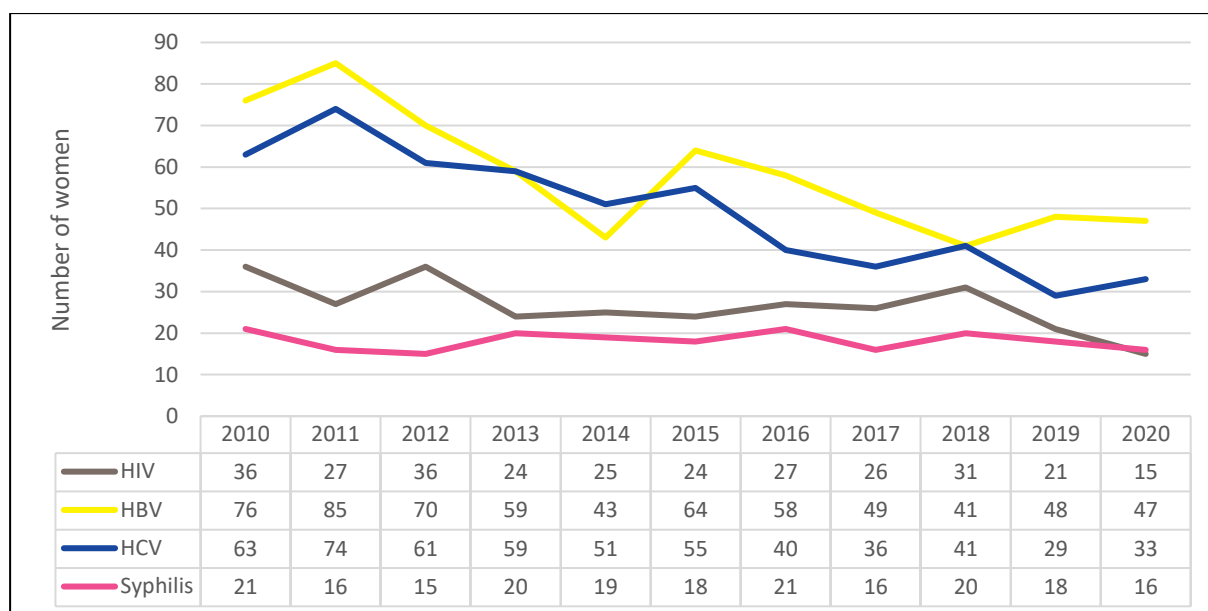


Figure T1.3.6.1 DOVE Service bookings by year, 2010–2020 ¹²

Source: The Rotunda Hospital (2021)

In addition to the figures presented above, a number of women attended the 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 2020. Table T1.3.6.1 summarises the outcome of patients who actually delivered during 2020. Of these patients, 12 were HIV-positive, 37 were HBV-positive, 23 were HCV-positive, and 18 had syphilis. During 2020, some 98 women were referred to the drug liaison midwife (DLM) service, including 37 women who had a history of opioid addiction and were engaged in a methadone maintenance programme. There was a total of 56 deliveries to mothers under the DLM service in 2020, of which 30 were on prescribed methadone programmes.

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, 2020 ⁸

Mother's status	HIV-positive	HBV-positive	HCV-positive	Syphilis-positive	DLM
Total mothers delivered	12	37	23	18	56
Total mothers delivered <500 g (including miscarriage)	0	0	0	0	0
Total mothers delivered ≥500 g	12	37	23	18	56
Live infants	13*	37	23	18	55
Miscarriage	0	0	0	0	0
Stillbirth	0	0	2	0	1
Infants <37 weeks' gestation	3	4	6	2	13
Infants ≥37 weeks' gestation	10	33	17	16	43
Caesarean section	5	13	10	10	18
HIV, HBV, HCV or syphilis-positive infants	0	0**	0**	0	14
Maternal median age	31	33	34	30	–

Source: The Rotunda Hospital (2021)

* One set of twins.

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

DLM = drug liaison midwife.

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.

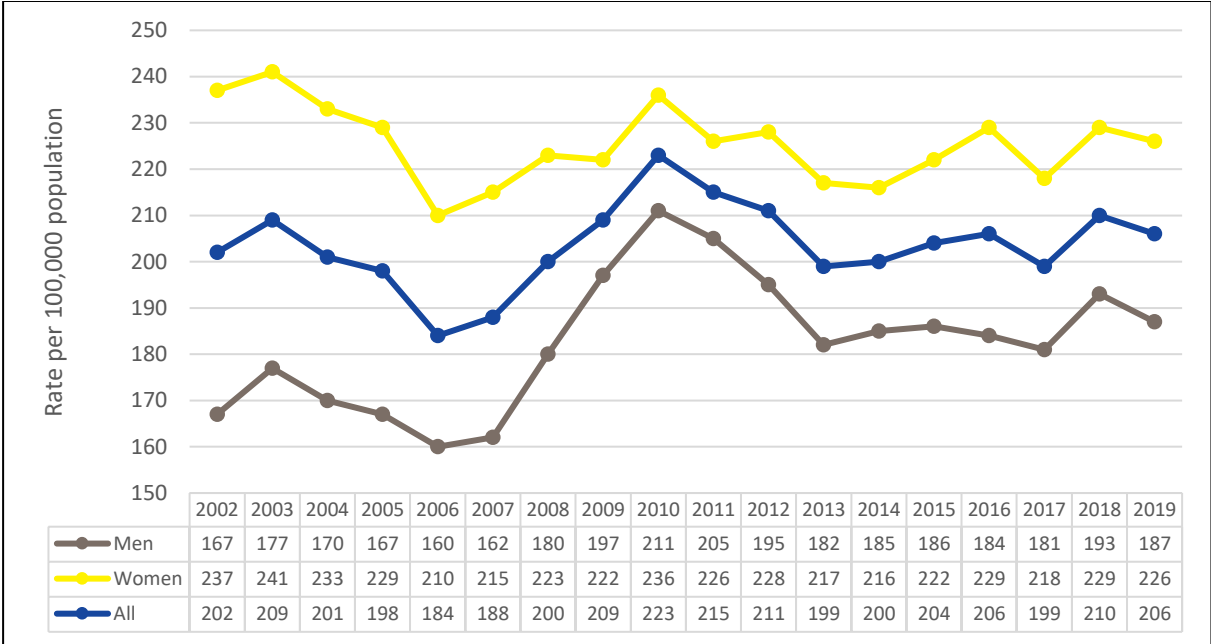


Figure T1.4.1.1 Person-based rate of deliberate self-harm from 2002 to 2019 by sex ¹³

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, 2022

The Adolescent Addiction Service (AAS) of the Health Service Executive (HSE) provides support and treatment in relation to alcohol and drug use for young people and families from the Dublin suburbs of Ballyfermot, Clondalkin, Palmerstown, Lucan, and Inchicore. Services provided include advice, assessment, counselling, family therapy, professional consultations, and medications if required. In 2022, AAS published a report detailing referrals for 2021 (Adolescent addiction service 2022).

Referrals

In 2021, AAS worked with 50 young people and their families, with a mean age of 15.5 years (range: 13–18 years). This figure includes new referrals, re-referrals, and continuances. The majority of young people were male (70%), while 6% were non-Irish nationals. In terms of referral areas, the greatest numbers of referrals were from Clondalkin followed by Lucan and Ballyfermot.

Drug and alcohol use

Cannabis (weed) continued to be the main substance used by clients, with an overall use rate at 96%, while alcohol use was at 54% (see Figure T1.4.1.2). Other substances of use included cocaine (16%), benzodiazepines (16%), ketamine (8%), and amphetamines (6%). Solvents and head-shop-type products did not feature among young people's substance use in 2021. However, 8% admitted to taking nitrous oxide on occasion.

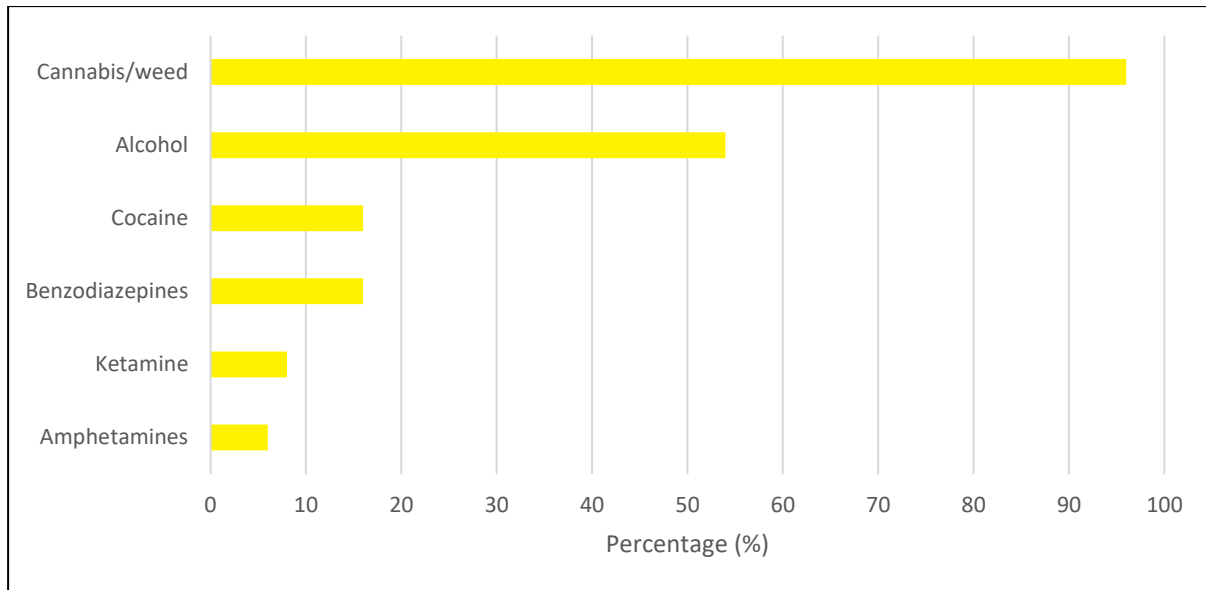


Figure T1.4.1.2 Main substances used by AAS clients, 2021 ¹⁴

Source: HSE AAS (2022)

Other issues

Other issues that presented related to absconding, indebtedness, and holding, distributing or dealing drugs. Some young people had social work involvement and 34% had been assigned a juvenile liaison officer at some stage. The majority of young people (90%) were seen by a family therapist only, with 10% having a psychiatric assessment. Some 4% of clients were prescribed medication within the service in 2021.

Conclusions

The report authors noted that, as in previous years, most young people had established patterns of substance use prior to referral and, as a consequence, some struggle to maintain a drug-free status. Nevertheless, most achieve stability and several remain abstinent. They 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.

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 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 ⁹

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.
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.

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
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 2017), 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

(Murtagh 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 2015), 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 – 91 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 2020 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 2021, there were 91 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, 2011–2021¹⁰

RDATF area	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Midland (Longford, Laois, Offaly, Westmeath)	5	13	15	16	17	18	18	17	17	17	17
North Eastern (Meath, Louth, Cavan, Monaghan)	3	9	16	21	22	21	21	16	16	15	17
North-West (Sligo, Leitrim, West Cavan, Donegal)	3	4	7	6	6	6	6	5	5	5	4
Southern (Cork, Kerry)	8	10	16	21	19	21	21	17	16	17	16
South-East (Carlow, Kilkenny, Waterford, Wexford, South Tipperary)	13	21	22	24	17	17	16	14	14	14	13
Western (Galway, Mayo, Roscommon)	5	2	10	13	11	12	13	10	10	12	12
Mid-West (Clare, Limerick, North Tipperary)	5	8	13	14	15	16	16	19	19	12	12
Total	42	67	99	115	107	111	111	98	97	92	91

Source: Unpublished data from HSE (2022)

Pharmacy-based needle exchange: Number of syringes exchanged

In total, 248,196 individual syringes were exchanged in from pharmacy-based sites 2021. The average number of syringes provided each month was 20,683.

Dublin areas 6 and 7 needle exchange: Number of syringes exchanged

There were 48,840 individual syringes in total exchanged from static and outreach sites in Dublin in 2021. The total number of encounters was 8,749 (75% male), with 456 unique clients.

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. In total, 35,713 individual syringes were exchanged in 2021. The average number of syringes provided each month was 2,976.

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 189,388 syringes were provided by MQI’s Dublin-based Health Promotion Unit in 2021. The total number of encounters was 42,806, with 3,685 unique clients.

Needle exchange in Ireland: Total number of syringes exchanged

Table T1.5.3.3 shows the total number of individual syringes exchanged from pharmacy, static, outreach, and CBO sites. According to the most recent available data, there was a total of 522, 137 individual syringes exchanged in the Republic of Ireland from these sites in 2021.

Table T1.5.3.3 Total number of individual syringes exchanged from pharmacy, static, outreach, and CBO sites in 2021 ¹¹

Provider	Pharmacy	Dublin (static and outreach)	ALDP	MQI	Total
Number of individual syringes	248 196	48 840	35 713	189 388	522 137

Source: Unpublished data from the HSE, ALDP and MQI (2022)

Harm reduction services: Naloxone provision

Naloxone administration in Ireland, 2018–2020

Opioids are the main drug group implicated in drug overdose deaths in Ireland. Naloxone is an antidote for opioid overdose that reverses the depressant effects of opiates such as heroin. Following a successful pilot of the Naloxone Demonstration Project in 2015, the Health Service Executive (HSE) developed a naloxone training programme for service providers. However, there has been little evaluation of the expanded naloxone programme since its initial pilot phase. A recent report aimed to provide an assessment of the impact of the provision of naloxone and training to addiction and homeless service providers in Ireland (Evans et al. 2022). This section highlights the main findings.

Number of units provided and outcomes

From 2018 to 2020, there were 8,881 units of naloxone supplied by the HSE National Social Inclusion Office to service providers (see Table T1.5.3.4). Overall, 59% of units were intramuscular, with 41% intranasal. The majority of naloxone was administered by service provider staff (94%), with 3% administered by peers, 2% by an unspecified individual, and 1% by a general practitioner or a nurse. Between 2018 and 2020, it was reported that naloxone was administered to 569 people. Of these, 98% survived the overdose, with 9 deaths. The number of people receiving naloxone has fluctuated, with a 13% increase experienced in 2020 compared with 2018 (see Table T1.5.3.5).

Table T1.5.3.4 Number of naloxone units supplied to service providers, 2018–2020 ¹²

Type of naloxone	Year	Year	Year
	2018	2019	2020
Nyxoid (intranasal)	775	818	2037
Prenoxad (injectable)	1210	1132	2909
Total	1985	1950	4946

Source: (Evans et al. 2022)

Table T1.5.3.5 Naloxone administration by outcome, 2018–2020 ¹³

Year	Fatality		Non-fatality		Total	
	n	%	n	%	n	%
2018	5	2.6	184	97.4	189	33.2
2019	0	0	166	100.0	166	29.2
2020	4	1.9	210	98.1	214	37.6

Source: (Evans et al. 2022)

Profile of those receiving naloxone

Age and sex information was supplied for 79% and 91% of those receiving naloxone, respectively. Between 2018 and 2020, 61% of those receiving naloxone were male, with this proportion significantly increasing from 51% in 2018 to 75% in 2020. Seventy-one per cent were aged between 25 and 44 years, with an average age of 37.6 years.

Other findings

Other notable findings from the report include the following:

- Four areas of Dublin City (Dublin 7, Dublin 1, Dublin 8, and Dublin 2) accounted for over two-thirds (67%) of overdoses where naloxone was administered.
- Some 51% of those that had received naloxone were reported to have taken more than one substance, with 35% taking two substances.
- Some 62% of people were reported to have overdosed by injection. Over two-thirds (68%) of those that had taken heroin had injected.
- It is estimated that the naloxone programme has saved the lives of at least 22 people between 2018 and 2020.

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, 2020

Merchants Quay Ireland (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 (see Figure T1.5.3.3). MQI aims to offer accessible, high-quality, and 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 to people who use drugs in Ireland in 2020 (Merchants Quay Ireland 2021).



Figure T1.5.3.3 MQI locations in the Republic of Ireland ¹⁵

Source: MQI annual review, 2020
(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.

Harm reduction services

Harm Reduction Service, Riverbank Centre, Dublin

In 2020, some 36,180 clients visited MQI needle exchange and harm reduction services in the Riverbank Centre in Dublin; 3,369 of these clients were unique. When compared with 2019, MQI saw an increase of over 10% in the numbers of clients engaging in the needle exchange service.

Substance use case workers

MQI substance use case workers support people addressing their substance use, including exploring treatment options for detox and rehabilitation. This support is carried out by phone and on a one-to-one basis. In 2020, some 129 clients were supported. Of these 129 clients, 38% were young people aged 18–24 years.

Opioid substitution therapy

In 2020, MQI witnessed a steady increase in clients availing of opioid substitution therapy (OST) compared with 2019. The number of people receiving OST in 2020 was 483 unique clients and access to this treatment was believed to be significantly increased due to the reduced waiting times as a result of the COVID-19 pandemic.

Opioid drug reversal with naloxone

Along with partners in the Health Service Executive, the National Family Support Network, and the Ana Liffey Drug Project, MQI was front and centre in the national rollout of the Naloxone Demonstration Project in 2015. Naloxone is an antidote for opioid overdose that reverses the depressant effects of opioids such as heroin. Throughout 2020, some 263 unique clients were prescribed naloxone, with 318 kits provided. In 2020, some 281 clients also completed training, with 353 sessions provided by staff. In addition, 488 safer injecting interventions were undertaken.

Community detox

In 2020, some 18 unique clients accessed the MQI Community Detox in the Riverbank Centre, with 14 people accessing benzodiazepine services and four people receiving alcohol detox. People accessing this treatment were supported by a substance use case worker.

Harm Reduction Outreach Team

MQI has a Harm Reduction Outreach Team that provides harm reduction interventions. Services provided include needle exchange, safer injecting information, and naloxone training. The team also supports clients by referring them to other services such as medical, housing, and mental health. In addition, the team aims to build relationships with clients who are service-resistant and to support them overcome the barriers they face in order to engage with mainstream services. In 2020, this team supported 714 unique individuals through 2,744 interventions.

North East Drug and Alcohol Service

This service provides harm reduction supports to active substance users in the North East region in partnership with a wide range of local agencies. In 2020, one MQI staff member worked three days a week in this service and provided needle exchange, safer injecting advice, signposting, and advocacy interventions to individuals in active addiction. Between January and August 2020, some 24 clients were supported.

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). Services provided include an outreach-based crisis support service, mobile harm reduction, needle and syringe exchange, rehabilitation, a community employment scheme, aftercare supports, and support for families affected by substance use. In 2020, some 1,298 unique individuals were supported through 36,181 interventions. Of these individuals, family support was provided to 119 people, with 1,153 interventions.

Recovery services

St Francis Farm and High Park

The St Francis Farm (SFF) Rehabilitation Service offers a 13-bed therapeutic facility with a 14-week rehabilitation programme set 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.

At High Park, Drumcondra, Co. 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.

There was a total of 891 referrals to MQI recovery services in 2020. All 891 people referred to the services received ongoing contact and support through phone or video. There were 517 assessments carried out with 137 admissions and 115 completions during 2020. Covid-19 risk reduction measures resulted in residential capacity being reduced. Groups were brought in together where possible and tested for Covid-19 prior to admission.

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.

In 2020, MQI counselling staff saw a total of 1,948 unique clients, with on average 1,187 monthly interventions.

Ana Liffey Drug Project (ALDP)

The Ana Liffey Drug Project (ALDP) is a 'low-threshold, harm reduction' project working with people who are actively using drugs and experiencing associated problems. 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. ALDP offers a wide variety of low-threshold, harm reduction services that provide pathways for drug users out of their current circumstance, including addiction and homelessness.

The services offered in Dublin include:

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

Midwest region

The ALDP Midwest region provides harm reduction services in Limerick city and three counties to people affected by problematic substance use, their families, and the wider community. The counties served are Limerick, Clare, and North Tipperary. 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 people with problematic drug use.

Annual report

The ALDP annual report was published in 2021 (Ana Liffey Drug Project 2021). The report noted that, in 2020, some 1,921 people accessing Dublin services received COVID-19-specific interventions. These included being provided with Covid-19 information, education, supplies, and transport to testing and isolation accommodation. Some 328 people living in private emergency accommodation received assessments and brief interventions, while 32 people residing in accommodation provided by non-governmental organisations (NGOs) received assessments and brief interventions. A further

198 people received case management, while 81 subjects accessed the ALDP needle and syringe programme.

In the Midwest region, 280 people received key working and psychosocial supports from ALDP in 2020. In addition, supported by the Health Service Executive and the Mid-Western Regional Drug and Alcohol Task Force, ALDP became the only provider of a needle-exchange programme in Limerick and much of the Midwest in 2020. Working throughout the year, during the three waves of COVID-19, ALDP met clients face-to-face, with 340 people accessing Midwest region needle-exchange services in 2020.

Coolmine Therapeutic Community annual report, 2020

Coolmine Therapeutic Community 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, Coolmine was founded on the philosophies of the therapeutic community 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. 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. This article highlights services provided by Coolmine in 2020 (Coolmine 2021).

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 (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. In 2020, some 30 clients were supported in Coolmine's stabilisation programme.

Drug-Free Day Programme

The Drug-Free Day Programme (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. In 2020, some 45 clients engaged in Coolmine's DFDP programme.

Contingency Management 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. In 2020, some 32 clients were supported by Coolmine's CM programme.

Community Addiction Team Dublin 15

The Community Addiction Team Dublin 15 (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
- Support for all problematic substance use.
- In 2020, some 185 individuals were supported by the D15 CAT team.
- Coolmine residential services
- Coolmine Lodge – men’s residential

Coolmine Lodge is a therapeutic community that hosts a five-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. In 2020, some 72 men were supported in residential treatment at Coolmine Lodge, with a 78% retention rate. There were 19 residential detox admissions, with a 68% retention rate. Twenty-nine per cent of admissions to Coolmine Lodge in 2020 were referrals from the Probation Service or Irish Prison Service.

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. In 2020, some 56 women were supported in residential treatment at Ashleigh House, with a 63% retention rate.

Tabor Group annual report, 2021

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. In addition to two residential facilities, the organisation provides a continuing care programme to clients who have completed treatment in order to assist with their recovery as well as a community-based programme. Its family support programme offers counselling to families whose loved ones are struggling with an addiction. In 2022, the Tabor Group published its annual report for 2021 (Tabor Group 2022). This section highlights services provided by the Tabor Group to individuals with a substance use addiction in 2021.

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 going forward in their lives.

A total of 127 clients (64% male) were admitted to Tabor Lodge for residential treatment of addiction in 2021; 32% were aged between 18 and 30 years. Sixty-four per cent of clients admitted to Tabor Lodge reported alcohol as their main reason for referral, 14% reported other drugs, while 20% reported addiction issues with both alcohol and other drugs.

Tabor Fellowship: integrated recovery programme

Tabor Fellowship is located at Spur Hill in Doughcloyne on the outskirts of Cork city. The integrated recovery programme 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 2021, some 82 clients (71% male) were admitted to Tabor Fellowship for extended treatment; 62% were under 32 years of age. The report observed that the just over one-half of clients (51%) reported addiction issues with both alcohol and other drugs.

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 of 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

No new information.

T3.2 New developments in drug-related infectious diseases

No new information.

T3.3 New developments in harm reduction interventions

No new information.

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.

T5.3 Bibliography

Adolescent addiction service 2022. *Adolescent addiction service report 2022*. Dublin: Health Service Executive., p. 2 p. Available at: <https://www.drugsandalcohol.ie/35606/>.

Ana Liffey Drug Project 2021. *Ana Liffey Drug Project annual report 2020*. Dublin: Ana Liffey Drug Project., p. 16 p. Available at: <https://www.drugsandalcohol.ie/35046/>.

Arksey, H. and O'Malley, L. 2005. Scoping studies: towards a methodological framework. *International journal of social research methodology* 8, pp. 19–32.

Bruton, L., Featherstone, T., Gibney, S., and Department of Health 2021. *Impact of COVID-19 on drug and alcohol services and people who use drugs in Ireland: a report of survey findings*. Dublin: Government of Ireland. Available at: <https://www.drugsandalcohol.ie/34128/>.

Coolmine 2021. *Coolmine annual report 2020*. Dublin: Coolmine., p. 32 p. Available at: <https://www.drugsandalcohol.ie/34580/>.

Cullen, W., Stanley, J., Langton, D., Kelly, Y. and Bury, G. 2007. Management of hepatitis C among drug users attending general practice in Ireland: baseline data from the Dublin area hepatitis C in general practice initiative. *European Journal of General Practice* 13(1), pp. 5–12.

Daly, A. and Craig, S. 2021. *Annual report on the activities of Irish psychiatric units and hospitals 2020*. Dublin: Health Research Board. Available at: <https://www.drugsandalcohol.ie/34575/>.

Department of Community, R. and G.A. 2009. *National Drugs Strategy (interim) 2009–2016*. Dublin: Department of Community, Rural and Gaeltacht Affairs. Available at: <http://www.drugsandalcohol.ie/12388/>.

Department of Health 2015. *National sexual health strategy 2015-2020 and action plan 2015-2016*. Dublin: Department of Health. Available at: <https://www.drugsandalcohol.ie/24714/>.

Department of Health 2017. *Hepatitis C screening. National clinical guideline no. 15*. Dublin: Department of Health. Available at: <https://www.drugsandalcohol.ie/27729/>.

Drummond, A., Codd, M., Donnelly, N., McCausland, D., Mehegan, J., Daly, L. and Kelleher, C. 2014. *Study on the prevalence of drug use, including intravenous drug use, and blood-borne viruses among the Irish prisoner population*. Dublin: National Advisory Committee on Drugs and Alcohol. Available at: <http://www.drugsandalcohol.ie/21750/>.

- European Centre for Disease Prevention and Control (ECDC) and European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) 2011. *Prevention and control of infectious diseases among people who inject drugs*. Stockholm: ECDC. Available at: <http://www.drugsandalcohol.ie/16075/>.
- Evans, D., Bingham, T., Hamza, S. and Keenan, E. 2022. *Naloxone administration by addiction & homeless service providers in Ireland: 2018-2020. Drug insight report 2*. Dublin: HSE National Social Inclusion Office., p. 45 p. Available at: <https://www.drugsandalcohol.ie/36455/>.
- Galander, T., Rosalim, J., Betts-Symonds, G. and Scully, M. 2014. A survey of patients on methadone programmes in Wheatfield Prison, Dublin, Ireland. *Heroin Addiction and Related Clinical Problems* 16(2), pp. 17–22.
- Grogan, L., Tiernan, M., Geoghegan, N., Smyth, B.P. and Keenan, E. 2005. Bloodborne virus infections among drug users in Ireland: a retrospective cross-sectional survey of screening, prevalence, incidence and hepatitis B immunisation uptake. *Irish Journal of Medical Science* 174(2), pp. 14–20.
- Health Protection Surveillance Centre 2018. *Drug-related bloodborne viruses in Ireland*. Dublin: Health Protection Surveillance Centre. Available at: <https://www.drugsandalcohol.ie/29685/>.
- Health Service Executive 2016. *Clinical guidelines for opioid substitution treatment*. Dublin: Health Service Executive. Available at: <http://www.drugsandalcohol.ie/26573/>.
- Irish College of General Practitioners 2003. *Working with opiate users in community based primary care*. Dublin: Irish College of General Practitioners.
- Joyce, M. et al. 2020. *National Self-Harm Registry Ireland annual report 2019*. Cork: National Suicide Research Foundation. Available at: <https://www.drugsandalcohol.ie/33511/>.
- Keegan, D., Crowley, D., Laird, E. and Van Hout, M.C. 2017. Prevalence and risk factors for Hepatitis C viral infection amongst a cohort of Irish drug users attending a drug treatment centre for Agonist Opioid Treatment (AOT). *Heroin Addiction and Related Clinical Problems* 19(1), pp. 45–55.
- Lambert, S., O’Callaghan, D. and Frost, N. 2021. ‘Special death’: living with bereavement by drug-related death in Ireland. *Death Studies* Early online, pp. 1–11.
- Levac, D., Colquhoun, H. and O’Brien, K.K. 2010. Scoping studies: advancing the methodology. *Implement Sci* 5, p. 69. doi: 10.1186/1748-5908-5-69.
- Lynn, E. 2022. Comparing characteristics of suicide to non-suicide drug poisoning deaths, by sex, in Ireland. *Drugnet Ireland* Issue 81, Spring 2022, pp. 12–13.
- Merchants Quay Ireland 2021. *Merchants Quay Ireland annual review 2020*. Dublin: Merchants Quay Ireland., p. 24 p. Available at: <https://www.drugsandalcohol.ie/34984/>.
- Moore, G., McCarthy, P., MacNeela, P., MacGabhann, L., Philbin, M. and Proudfoot, D. 2004. *A review of harm reduction approaches in Ireland and evidence from the international literature*. Dublin: Stationery Office.
- Murphy, N., Thornton, L. and Bourke, M. 2018. *Audit of Hepatitis C testing and referral 2016 addiction treatment centres, community health organisation area 7*. Dublin: Health Protection Surveillance Centre. Available at: <https://www.drugsandalcohol.ie/30876/>.
- Murtagh, R. et al. 2017. Hepatitis C management among patients receiving opioid substitution treatment in general practice in Ireland. *Irish Journal of Medical Science* 186(12), p. S466.

Murtagh, R., Swan, D., O'Connor, E., McCombe, G., Lambert, J.S., Avramovic, G. and Cullen, W. 2018. Hepatitis C prevalence and management among patients receiving opioid substitution treatment in general practice in Ireland: baseline data from a feasibility study. *Interactive Journal of Medical Research* 7(2), p. e10313.

National Immunisation Advisory Committee of the Royal College of Physicians of Ireland 2019. *Immunisation guidelines for Ireland, 2019 edition*. Dublin: Royal College of Physicians of Ireland. Available at: <https://www.drugsandalcohol.ie/12920/>.

National Review Panel 2021. *National Review Panel annual report 2020*. Dublin: Tusla., p. 17 p. Available at: <https://www.drugsandalcohol.ie/36021/>.

O'Kelly, F., Cullen, B., Bury, G. and Dean, G. 1988. The rise and fall of heroin use in an inner city area of Dublin. *Irish Journal of Medical Science* 157(2), pp. 35–38.

O'Kelly, F.D. and O'Kelly, C. 2012. The natural history of injecting drug use: a 25-year longitudinal study of a cohort of injecting drug users in inner city Dublin. *Irish Journal of Medical Science* 181(4), pp. 541–548.

Ryan, H. and Ryan, S. 2014. Increasing incidence of hepatitis C among intravenous drug users in HSE Mid-West. *NIHS Research Bulletin* 7(1), p. 32.

Tabor Group 2022. *Tabor Group annual report 2021*. Cork: Tabor Group., p. 26 p. Available at: <https://www.drugsandalcohol.ie/36458/>.

The Rotunda Hospital 2021. *Rotunda Hospital annual report 2020*. Dublin: The Rotunda Hospital., p. 212 p. Available at: <https://www.drugsandalcohol.ie/35998/>.

World Health Organization 2017. *Global hepatitis report 2017*. Geneva: World Health Organization. Available at: <https://www.drugsandalcohol.ie/27177/>.

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 data collection standards and tools and supply these data to the EMCDDA. The results of this national monitoring process are supplied to the EMCDDA for analysis, from which it produces the annual *European Drug Report* and other outputs.

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

Acknowledgements

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

Central Statistics Office

Central Treatment List

The Coroners Service

Customs Drugs Law Enforcement, Revenue

Department of Children and Youth Affairs

Department of Education and Skills

Drugs and Organised Crime Unit, An Garda Síochána

Drugs Policy Division, Department of Justice and Equality

Drugs Policy Unit, Department of Health

Forensic Science Ireland

Health Protection Surveillance Centre, Health Service Executive

Hospital In-Patient Enquiry Scheme, Health Service Executive

Irish Prison Service

National Advisory Committee on Drugs and Alcohol, Department of Health

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

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

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