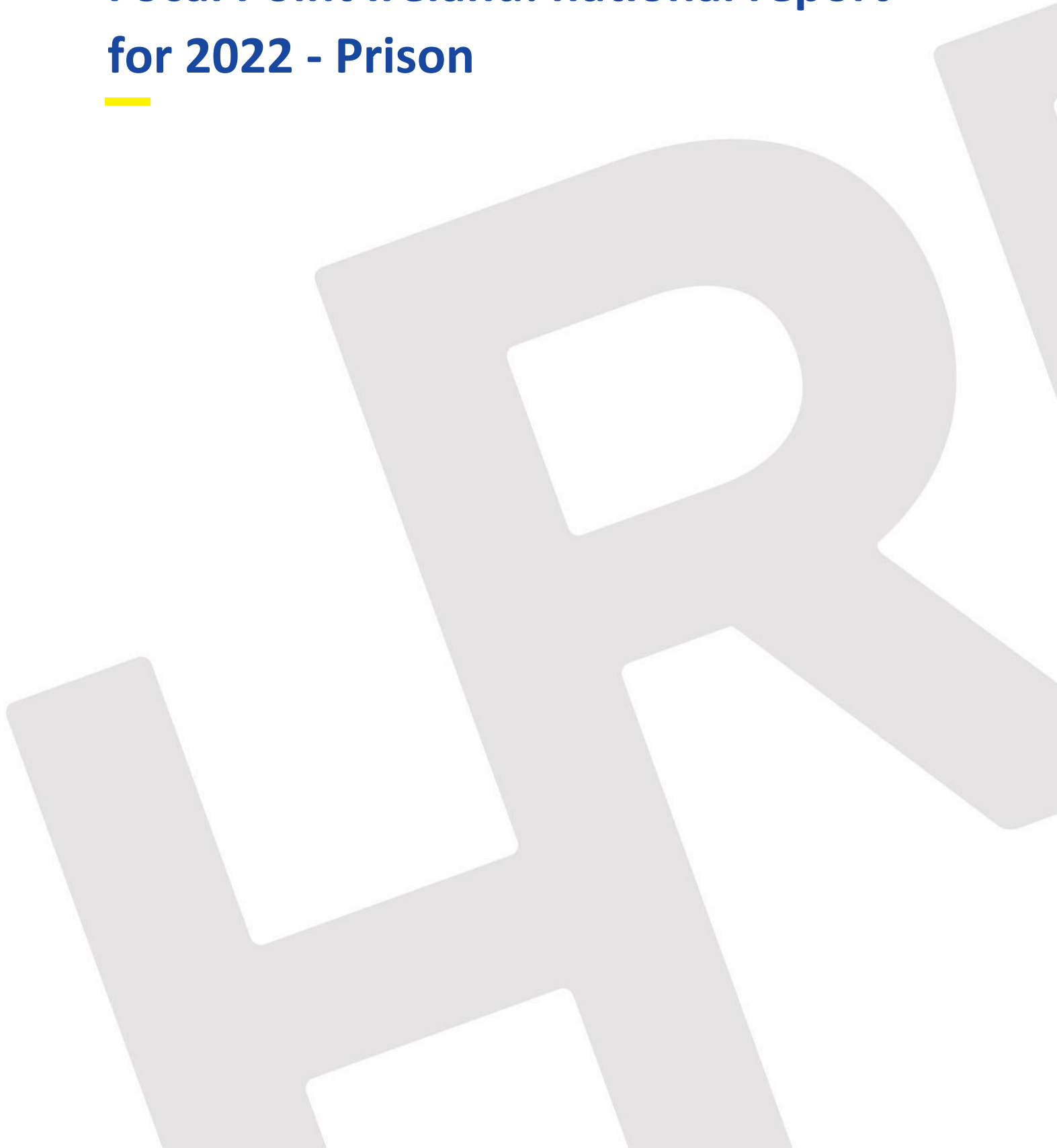


Focal Point Ireland: national report for 2022 - Prison



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 – prison**. 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 – harms and harms reduction.

(2023) Focal Point Ireland: national report for 2022 – drugs.



Table of Contents

- Table of Contents 2**
- List of tables and figures 3**
- T0. Summary 4**
- T0.1 National profile..... 4
- T1. National profile 5**
- T1.1 Organisation 5
- T1.1.1 Overview of prison services..... 5
- T1.2 Drug use and related problems among prisoners 7**
- T1.2.1 Drug use prior to imprisonment and inside prison 7
- T1.2.2 Drug-related problems, risk behaviour and health consequences 10
- T1.2.3 Drug supply in prisons 15
- T1.3 Drug-related health responses in prisons15**
- T1.3.1 Drug-related prison health policy..... 15
- T1.3.2 Structure of drug-related prison health responses 16
- T1.3.3 Types of drug-related health responses available in prisons 17
- T1.3.4 Contextual information on opioid substitution treatment clients in prison 30
- T1.3.5 Extent and nature of drug-related health responses implemented in prisons..... 31
- T1.4 Quality assurance of drug-related health prison responses31**
- T1.4.1 Main treatment quality assurance standards, guidelines, and targets within Ireland 31
- T2. Trends31**
- T2.1 Trends 31
- T3. New developments32**
- T4. Additional information32**
- T4.1 Additional data on drug market and crime 32
- T4.2 Additional information or new areas of specific importance 32
- T5. Sources and methodology33**
- T5.1 Sources 33
- T5.2 Methodology 34
- T5.3 Bibliography..... 34
- Acknowledgements37**

List of tables and figures

Table T1.1.1.1 Irish prison population, 2020..... 5

Table T1.2.1.1 Number of people serving sentences for drug-related offences, by length of sentence, 2016..... 8

Table T1.2.1.2 Total number of drug seizures in Irish prisons, 2017–2021 9

Table T1.3.2.1 IPS expenditure on addiction services and drug rehabilitation programmes, 2013–2017 17

Table T1.3.3.1 Overview of drug-related health responses in Irish prisons..... **Error! Bookmark not defined.**

Table T1.3.3.3 Provision of addiction counsellors per prison in 2019 20

Table T1.3.3.4 Number of prisoners in receipt of OST as of the 18 March 2021..... 21

Table T1.3.3.5 Treated problem drug use in prison, NDTRS 2014–2021 28

Table T2.1.1 Number of treatment episodes in Irish prisons and main problem drug, NDTRS (2009–2014)..... 32

Figure T1.1.1.1 IPS locations in Ireland 7

Figure T1.2.2.1 Most common contributory factors to self-harm in Irish prisons, 2019 13

Figure T1.3.3.1 Main problem drug (excluding alcohol), all treatment entrants in prison, by year, NDTRS 2014–2021..... 29

Figure T1.3.3.2 Main problem drug (excluding alcohol), new treatment entrants in prison, by year, 2014–2021..... 30

T0. Summary

T0.1 National profile

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

There are 12 institutions in the Irish Prison Service (IPS), comprising 10 traditional 'closed' institutions, and 2 open centres that operate with minimal internal and perimeter security. The majority of female prisoners are accommodated in the purpose-built Dóchas Centre adjacent to Mountjoy Prison in Dublin and the remainder are located in a separate part of Limerick Prison. The overall daily average number in custody peaked at 4,108 in February 2020, before subsequently declining to an average daily low of 3,684 in September 2020 and levelling off thereafter. There was a decrease of 3.7% in the average daily number in custody from 2019 to 2020. The IPS estimates that approximately 70% of people come into prison with an addiction or substance abuse problem. In 2020, there were 325 committals (311 male and 14 female) to Irish prisons for controlled drug offences.

Political responsibility for the prison system in Ireland is vested in the Minister for Justice. The IPS operates as an executive agency within the Department of Justice and is headed by a Director General supported by five directors. The provision of prison healthcare is based on a set of policy documents drawn up by various stakeholders.

There was a total of 1,518 drug seizures in prisons in 2021, compared to 1,251 seizures 2020. The IPS recognises that improvements are required in this area. Additional security measures aimed at further enhancing the security of prisons include the introduction of a free confidential telephone line, which is now operational.

The prevalence of hepatitis C virus (HCV) infection among prisoners in Ireland remains poorly understood. A cross-sectional study in Mountjoy Prison, Dublin found that of those tested, 92 (22.8%) were HCV antibody-positive. Of those antibody-positive, 53 (57.6%) tested positive for HCV RNA (ribonucleic acid); 23 (25.0%) had spontaneous clearance; 16 (17.4%) had a sustained viral response (SVR); 10 (11.0%) were co-infected with human immunodeficiency virus (HIV); and 6 (6.0%) with hepatitis B virus (HBV). The untreated chronic HCV seroprevalence estimate was 13.1% and the seroprevalence of HCV among prisoners with a history of injecting drug use (IDU) was 79.7%.

The IPS offers multidimensional drug rehabilitation programmes for prisoners. In addition to addiction counselling, opioid substitution treatment (OST) and detoxification are the main treatment modalities offered. In 2019, there were 19.8 full-time equivalent (FTE) addiction counsellor posts filled across the Irish prison estate. The average time spent waiting to see a counsellor is 6 weeks. However, a vulnerable prisoner will be seen much quicker if recommended by the prison nursing staff. Methadone substitution treatment is available in 11 of the 12 prisons in Ireland (accommodating more than 80% of the prison population). In 2020, 1,293 prisoners received drug treatment (methadone) and, as of 18 March 2021, there were 522 prisoners in receipt of methadone. The IPS has advised that, as a result of the COVID-19 pandemic, the traditional manner of service delivery by addiction professionals in prisons has been impacted due to the essential

infection control and operational regimes implemented in order to keep prisoners and staff safe. This has required the development of new ways of working to support prisoners.

In 2021, of problem drug cases treated in prison, 30.9% were new to treatment. Cocaine was the main problem drug reported by new entrants (41.4%), similar to 2020 (44.5%). Cannabis (24.2%) was the second most common drug. In 2021, the proportion of new entrants reporting problem benzodiazepine (17.7%) overtook the number reporting opioids (14.6%). Benzodiazepines numbers have fluctuated over the period 2014 to 2021, peaking at 27.5% in 2018.

There is an 8-week detoxification programme in the Mountjoy Prison Medical Unit that accommodates nine prisoners, with up to six programmes being facilitated annually. The programme assists prisoners in detoxifying from methadone and benzodiazepines. Six community-based organisations (CBOs) are funded in order to provide services in the prison system. The Irish Probation Service recognises and acknowledges the important role that the community plays in working with offenders, supporting their rehabilitation, reintegration, and engagement in a positive lifestyle. It therefore engages with a range of CBOs, supporting and enabling them to develop and deliver services across communities that enhance the work of the Probation Service in changing offending behaviour. A range of services is provided, including residential treatment programmes for drug and alcohol addictions, harm reduction counselling and support, recovery and aftercare programmes, community education, therapeutic advice, and family support.

T1. National profile

T1.1 Organisation

T1.1.1 Overview of prison services

Political responsibility for the prison system in Ireland is vested in the Minister for Justice. The IPS operates as an executive agency within the Department of Justice. It is headed by a Director General supported by five directors. The annual budget for the IPS for 2020 was €408.09 million. At the end of 2020, there were 3,455.38 FTE staff in the IPS, including civilian grades and headquarters staff.

The IPS deals with male and female offenders who are 18 years of age or older. The overall daily average number in custody peaked at 4,108 in February 2020, before subsequently declining to an average daily low of 3,684 in September 2020 and levelling off thereafter. There was a decrease of 3.7% in the average daily number in custody from 2019 to 2020. The daily average number of female offenders in custody in 2020 was 148, a 12.9% decrease on the 2019 average of 170. There was a 3.3% decrease in the average number of males in custody, from 3,801 in 2019 to 3,676 in 2020.

There are 12 institutions in the IPS, comprising 10 traditional ‘closed’ institutions, and 2 open centres that operate with minimal internal and perimeter security. The majority of female prisoners are accommodated in the purpose-built Dóchas Centre adjacent to Mountjoy Prison in Dublin, and the remainder are located in a separate part of Limerick Prison. A breakdown of the Irish prison population in 2020 by IPS location is shown in Table T1.1.1.1 and Figure T1.1.1.1 (Irish Prison Service 2021).

Table T1.1.1.1 Irish prison population, 2020 ¹

Prison name	Description	Operational capacity	Population (daily average, 2020)
Mountjoy Prison	Closed, medium-security prison for males aged 18 years and over. It is the main committal prison for Dublin city.	755	667
Dóchas Centre	Closed, medium-security prison for females aged 18 years and over. It is the committal prison for females committed on remand or sentenced from all courts outside the Munster area.	146	120
Wheatfield Prison	Closed, medium-security prison for adult males.	610	505
Cloverhill Prison	Closed, medium-security prison for adult males, which primarily caters for remand prisoners committed from the Leinster area.	431	362
Arbour Hill Prison	Closed, medium-security prison for males aged 18 years and over.	138	130
Castlerea Prison	Closed, medium-security prison for males aged 18 years and over. It is the committal prison for remand and sentenced prisoners in the west of Ireland.	340	297
Cork Prison	Closed, medium-security prison for males aged 18 years and over. It is the committal prison for the south-west of Ireland.	296	271
Limerick Prison	Closed, medium-security prison for males and females aged 18 years and over. It is the committal prison for the mid-west of Ireland.	238	234
Loughan House	Open, low-security prison for males aged 18 years and over.	140	105
Shelton Abbey	Open, low-security prison for males aged 19 years and over.	115	93
Portlaoise Prison	Closed, high-security prison for males aged 18 years and over. It is the committal prison for those sentenced by the Special Criminal Court.	291	225
Midlands Prison	Closed, medium-security prison for males aged 18 years and over. It is the committal prison for the Irish midlands.	875	814
Total		4375	3823

Source: (Irish Prison Service 2021)

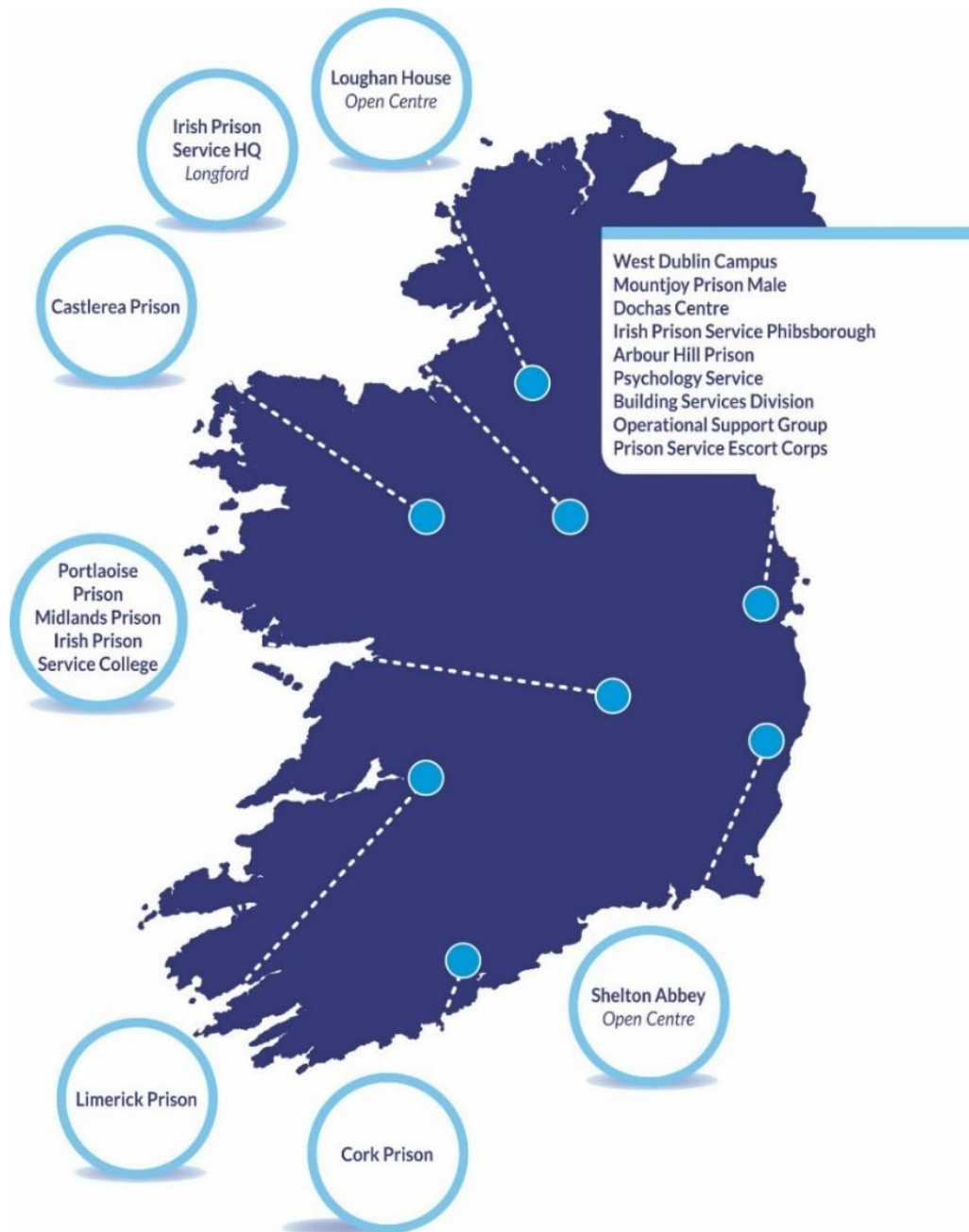


Figure T1.1.1.1 IPS locations in Ireland ¹

Source: (Irish Prison Service 2021)

T1.2 Drug use and related problems among prisoners

T1.2.1 Drug use prior to imprisonment and inside prison

Drug use prior to imprisonment

A full breakdown of drug-related offences, taken from the most recent review of the prison population conducted on 30 April 2016, is set out in Table T1.2.1.1. The figures include the length of the sentence in each case (Clarke and Eustace 2016).

Table T1.2.1.1 Number of people serving sentences for drug-related offences, by length of sentence, 2016 ²

Drug-related offence	<3 mths	3 to <6 mths	6 to <12 mths	1 to <2 yrs	2 to <3 yrs	3 to <5 yrs	5 to <10 yrs	10+ yrs	Total
Cultivation of cannabis plants and opium poppy	0	0	1	1	3	7	3	0	15
Possession for sale or supply of drugs valued at €13,000 or more	0	0	0	2	5	20	38	26	91
Possession of drugs for the purpose of sale or supply	0	6	15	26	26	44	66	32	215
Unlawful possession of drug(s)	2	3	0	4	11	15	13	6	54
Unlawful supply/offer to supply a controlled drug	0	0	0	0	0	1	0	0	1
Unlawful importing or exporting of controlled drugs	0	0	0	2	0	2	1	0	5
Total	2	9	16	35	45	89	121	64	381

Source: (Clarke and Eustace 2016)

The IPS estimates that approximately 70% of people come into prison with an addiction or substance abuse problem (Pollak 2017). In 2020, there were 325 committals (311 male and 14 female) to Irish prisons for controlled drug offences (Irish Prison Service 2021).

Drug use during imprisonment

2014 study

In 2010, the National Advisory Committee on Drugs and Alcohol (NACDA) commissioned a study in order to:

- Describe the nature, extent, and pattern of consumption of different drugs among the prison population.
- Describe methods of drug use, including intravenous drug use, among the prison population.
- Estimate the prevalence of blood-borne viruses among the prison population and identify associated risk behaviours.
- Measure the uptake of individual drug treatment and harm reduction interventions (including hepatitis B (HPV) vaccination) among the prison population.

The NACDA published this study in 2014 (Drummond et al. 2014) and a summary was included in the 2014 National Report (Section 4.3.2).

Most recent data

New figures released by the IPS under Freedom of Information show that despite security nets, sniffer dogs, and enhanced closed circuit television (CCTV), the level of contraband flowing through Irish prisons has increased (McCárthaigh 2022b). There was a total of 1,518 drug seizures in prisons in 2021, compared to 1,251 recorded in 2020. Wheatfield Prison recorded the highest level of illegal drugs found in any of the adult prisons, with 453 seizures in 2021. Mountjoy Prison had the second largest number of drug seizures at 437 followed by Cloverhill Prison with 313. A breakdown of the total number of drug seizures in Irish prisons from 2017–2021 is shown in Table T1.2.1.2.

Table T1.2.1.2 Total number of drug seizures in Irish prisons, 2017–2021 ³

Year	2017	2018	2019	2020	2021
Total	1018	1138	1251	1251	1518

Source: (Humphries)

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

The IPS has also published a tender seeking to award a contract to a company to carry out illicit substance testing across the Ireland’s 12 adult prisons. Around 5% of prison staff will also be subject to random tests for illegal drugs each year, with the winning bidder being informed that it will be required to carry out approximately 200 tests on staff in prisons per annum (McCárthaigh 2022a).

A comprehensive examination of the drugs used in prisons in Ireland is currently unavailable, as testing is not conducted on substances found within the prison estate, despite a policy commitment by the IPS in 2006 to keep records on the types of drugs seized. However, an IPS internal briefing document in February 2017 did contain some information about changing patterns of drug use in Irish prisons (Fagan 2017). The document stated: “There appears to be a decrease in the use of traditional drugs, such as heroin, opiates etc., and an increasing use of newer drugs of abuse, including novel psychoactive substances”.

Drug use among Probation Service clients in Ireland

Background and methods

Substance misuse has been highlighted as a key area of need among prisoners and a 2019 systematic review estimated that the pooled percentage of prisoners in Ireland reporting a substance use disorder was 50.9% (95% CI: 37.6–64.2%) (Gulati et al. 2019). A history of substance misuse has also been identified as a strong predictor for reoffending. Therefore, on release from prison, engagement with the Probation Service is a critical juncture at which assessment, intervention, and appropriate referral for substance misuse issues can take place.

A 2021 Irish study (Rooney 2021) aimed to identify the prevalence of substance misuse among persons on probation supervision, examine the relationship between substance use behaviour and offending, and assess service user engagement. In this research, published in the *Irish Probation Journal*, a cross-sectional quantitative survey was carried out in 2019 among a representative sample of probation officers supervising people in the community. Participants were asked to complete an anonymised survey in respect of all clients (adults and young persons) who were subject to a probation order, supervision order, adjourned supervision, or supervised temporary release. In total, 3,096 surveys were completed by probation officers (male n=2566; female n=522; unknown n=8).

Results

A total of 2,074 (67%) persons were reported to misuse drugs; 84% (n=1765) of the sample were reported to misuse cannabis, while high rates of misuse were also identified for benzodiazepines (55%), cocaine (48%), heroin (41%), and ecstasy (27%). A link between drug misuse and current offending was reported for almost one-half of the research sample (48%), with comparable rates of drug-related offending across male (48%) and female (47%) clients. On referral to the Probation Service, a total of 2,169 offenders reported drug misuse to their probation officers with one-third (33%) engaging with some form of medical intervention when presenting to the Probation Service. Methadone treatment (18%) was the most frequently cited medical intervention.

Conclusions

The authors noted that the present study identified a high prevalence of drug misuse among people on probation supervision. However, a similar figure was reported in the Probation Service's 2011 Drugs and Alcohol Survey report (Martyn 2012), suggesting that substance misuse has remained relatively stable throughout the target population in the intervening eight years (2011–2019). Nevertheless, there is a need to increase service users' access to programmes and interventions that provide information and support that is relevant and appropriate.

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

Prison visiting committee annual reports, 2020

A visiting committee is appointed to each Irish prison under the Prisons (Visiting Committees) Act 1925 and the Prisons (Visiting Committees) Order 1925. Members of the 12 visiting committees are appointed by the Minister for Justice for a term not exceeding three years. The function of prison visiting committees is to visit, at frequent intervals, the prison to which they are appointed and hear any complaints that may be made to them by any prisoner. They report to the Minister for Justice regarding any abuses observed or found, and any repairs which they think are urgently needed. Prison visiting committee members have free access, either collectively or individually, to every part of the prison to which their committee is appointed. Information from prison visiting committee reports relating to drug use in prisons for 2020 is summarised below (Prison visiting committees 2022).

Mountjoy Prison, Dublin

In its report, the Mountjoy Visiting Committee noted that many prisoners have come from a background of intergenerational deprivation, neglect, and poor health, and that the increased use of illegal substances in society is mirrored in the prison. Families, communities, staff, and individual prisoners may be targeted to take part in the supply, distribution or use of drugs. The committee observed that support and protection of vulnerable groups inside the prison and in the community requires further development and that a review of staffing resources in the health and drug counselling services in Mountjoy is recommended to enable a greater focus on infectious disease and substance abuse treatment.

Dóchas Centre, Dublin

The Dóchas Visiting Committee stated that based on its size the Dóchas Centre has a high number of cases presenting with psychosis, schizophrenia, and addiction. However, through the course of 2020, the consumption of illegal drugs was reduced considerably in the Dóchas Centre. The committee

noted that this is likely in part because of the COVID-19 restrictions and also as a consequence of the more structured regime. Nevertheless, it was observed that overall there has been a noticeable decrease in the presence of drugs and the problems associated with drugs in the prison, which is a positive development.

Wheatfield Prison, Dublin

The Wheatfield Place of Detention Visiting Committee's report observed that during the early days of the COVID-19 pandemic, there was a reduction in drugs getting into the prison and that prisoners reported feeling less stressed and that some prisoners saw it as an opportunity to live without drugs. However, drugs have since reappeared; the Wheatfield yards are large spaces covered with netting, yet it is a struggle to prevent drugs and objects being thrown over the perimeter wall. The committee felt very strongly that this issue should be tackled as an emergency, given that the pressure on prisoners to be involved in the supply of illegal drugs within the prison is a considerable burden and that prisoners should be protected from drug gangs whose driving force is to make money off the back of prisoners and their families.

Cloverhill Prison, Dublin

In its report, the Cloverhill Visiting Committee noted that the amount of drugs circulating in the prison was considerably reduced during the peak time of the COVID-19 pandemic. This was partly due to the difficulties in landing drugs from the perimeter wall in the exercise yard of the prison, the reduced and manageable prison population, reduction in committal prisoners, and also from the practice of quarantine or isolation of new prisoners on presentation in Cloverhill. The committee also observed that despite the challenges of operating within the pandemic restrictions, the Addiction Counselling Service reported that service provision in 2020 had been successful; the service adjusted to the restrictions, offering sessions through the year. There was a slight increase in client engagement, with an average of six more sessions per month in 2020. The committee heard that clients and counsellors adapted well to video calls, reflecting the deep commitment of counsellors in keeping the service operative.

Arbour Hill Prison, Dublin

The Arbour Hill Visiting Committee's report noted that Arbour Hill remains fully committed to ensuring that the prison remains drug-free. All prisoners are fully aware that they are expected to be 100% drug-free and access to the prison's facilities and services depend on this. Random drug testing is part of the day-to-day routine at the prison.

Loughan House, Co. Cavan

The Loughan House Visiting Committee heard that face-to-face addiction and counselling sessions were suspended due to Covid-19 restrictions in 2020. However, counselling staff made themselves available via a telephone-based service. This was coupled with the fact that prisoners in Loughan House are permitted their own mobile phone, meaning that Merchants Quay Ireland addiction team specialists remained fully accessible throughout the year.

Shelton Abbey Prison, Co. Wicklow

The Shelton Abbey Visiting Committee's report noted that a full-time addiction counsellor was appointed in 2017, who is respected by offenders and regarded as a trusted listener, and who continues an induction/awareness meeting with all new committals. All prisoners are assessed to see

if they have current or previous addiction issues and are offered one-to-one addiction counselling if required.

Midlands Prison, Co. Laois

The Midlands Prison Visiting Committee was informed that a general practitioner (GP) addiction specialist holds weekly sessions as part of the drug treatment service within the prison. In addition, the addiction counselling service in the prison is supported by Merchants Quay Ireland and includes one-to-one counselling and assessments.

Self-harm in Irish prisons, 2019

The Self-Harm Assessment and Data Analysis (SADA) Project was established in Ireland in 2016 in order to provide robust information relating to the incidence and profile of self-harm within prison settings as well as individual-specific and context-specific risk factors relating to self-harm. It also examines patterns of repeat self-harm (both non-fatal and fatal). The Health Service Executive (HSE) National Office for Suicide Prevention and the National Suicide Research Foundation assist the IPS with data management, data analysis, and reporting. This section highlights findings from a report presenting data on the analysis of all episodes of self-harm across the Irish prison estate during 2019 (National Suicide Research Foundation and Irish Prison Service 2021).

Episodes of self-harm

Between 1 January and 31 December 2019, there were 203 episodes of self-harm recorded in Irish prisons, involving 109 individuals. The majority of prisoners who engaged in self-harm were male (78%) but, taking into account the male prison population, the rate of self-harm among males was 2.4 per 100 prisoners. Twenty-four female prisoners engaged in self-harm in 2019, equating to a rate of 19.8 per 100 prisoners, which is 8.2 times higher than the rate among male prisoners.

Methods, severity, and intent

The most common method of self-harm recorded between 1 January and 31 December 2019 was self-cutting or scratching, which was present in 64.7% of all episodes. The other common method of self-harm was attempted hanging, which was involved in 21.1% of all episodes. In 31.0% of self-harm episodes, no medical treatment was required, while almost one-half (49.8%) of all episodes required minimal intervention/minor dressings or local wound management. One in seven episodes required hospital treatment (15.3%). Over two-thirds (69%) of self-harm episodes were recorded as having no/low suicidal intent, with 22% recorded as having medium intent. Approximately 1 in 11 acts was rated as having high suicidal intent (8.9%).

Contributory factors

The most common contributory factors to self-harm are shown in Figure T1.2.2.1. The majority of contributory factors recorded related to mental health issues (44%). Substance misuse, including drug use and drug seeking, was the third most common factor recorded (19%).

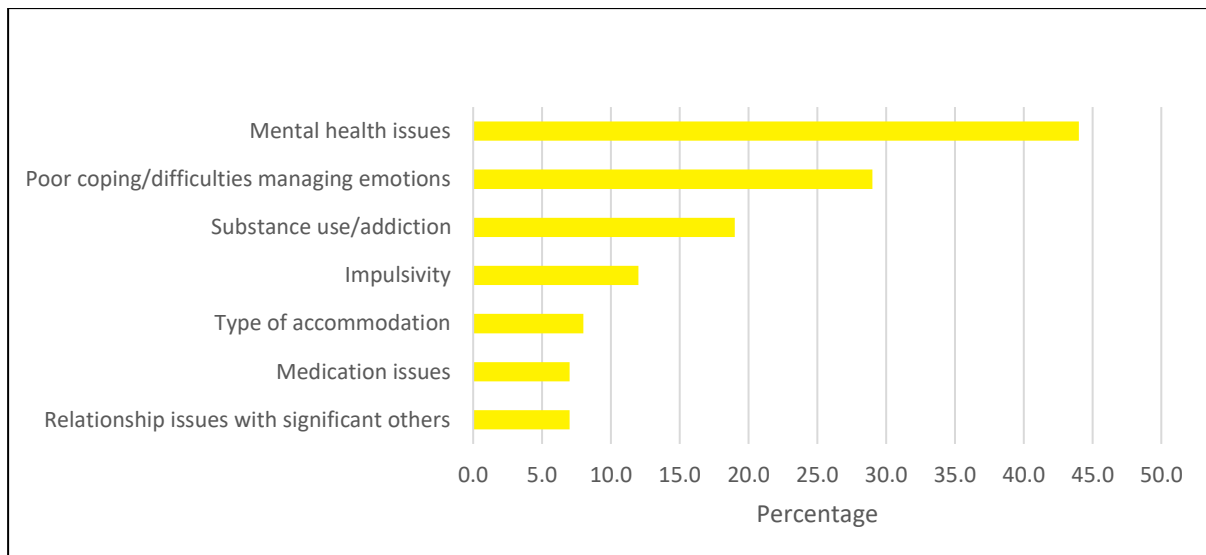


Figure T1.2.2.1 Most common contributory factors to self-harm in Irish prisons, 2019 ²

Source: (National Suicide Research Foundation and Irish Prison Service 2021)

Other findings

Other findings highlighted in the report on self-harm in Irish prisons during 2019 include the following:

- Two-thirds (68%) of self-harm episodes involved prisoners in single cell accommodation. Within the overall prison population, 51.9% of prisoners who self-harmed in 2019 were accommodated in single cells.
- The rate of self-harm was higher among prisoners on remand or awaiting trial than among sentenced prisoners (5.7 versus 2.3 per 100 prisoners).
- In line with findings from previous reports, substance misuse continues to be one of the primary factors associated with self-harm among the prison population in Ireland.

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

As reported in the 2019 National Report, in a prison study carried out in 2011 (Drummond et al. 2014), 824 randomly selected prison inmates were asked about substance abuse in the previous year. Almost one-third (30%) reported heroin use, 29% reported powdered cocaine use and 12% reported crack cocaine use. Overall, of the prison inmates who were tested, 13.0% tested positive for HCV antibodies, 2.0% tested positive for HIV, and 0.3% were chronically infected with HBV. Of the prison inmates who had ever injected drugs, 41.5% (n=83) tested positive for HCV antibodies and 6.0 % tested positive for HIV. The prevalence of both viruses was higher in the subset of prisoners who injected heroin: 54% tested positive for HCV antibodies and 7% tested positive for HIV. Notably, although the prevalence of HIV was similar to that found in two previous prison studies carried out in 1998 (Long et al. 2001) and 1999 (Allwright et al. 2000) (4% and 6%, respectively), the prevalence of HCV antibodies had decreased significantly compared with the earlier studies (81% and 72%, respectively).

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

Seroprevalence of untreated chronic HCV infection in Mountjoy Prison

Background and methods

Unsafe IDU is the main route of HCV transmission in developed countries (Nelson et al. 2011), and it is generally acknowledged that people who inject drugs (PWID), and HCV infection, are typically over-represented in prison populations across Europe (Larney et al. 2013). A recently published meta-analysis reported a prison HCV prevalence in Western Europe of 15.5%, with this prevalence increasing to over 40.0% among those prisoners with a history of IDU (Dolan et al. 2016). However, the prevalence of HCV infection among prisoners in Ireland remains poorly understood. In addition, most epidemiological studies among PWID and prisoners report on HCV antibody prevalence (exposure) and not the presence of HCV RNA. Thus, they do not differentiate between treated chronic infection with SVR and the 20–30% of HCV-infected people who spontaneously clear HCV without treatment. A recent study aimed to estimate the seroprevalence of untreated chronic HCV infection and to identify associated risk factors in an Irish male prison population (Crowley et al. 2019).

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

Results

Of the 422 prisoners (78.0% of the study population) who participated in the study, 298 (70.6%) completed the questionnaire and 403 (95.5%) were tested for HCV antibodies. Of those tested, 92 (22.8%) were HCV antibody-positive. Of those antibody-positive, 53 (57.6%) were HCV RNA-positive; 23 (25.0%) had spontaneous clearance; 16 (17.4%) had an SVR; 10 (11.0%) were co-infected with HIV; and 6 (6.0%) were co-infected with HBV. The untreated chronic HCV seroprevalence estimate was 13.1% and the seroprevalence of HCV among prisoners with a history of IDU was 79.7%.

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

Conclusions

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

T1.2.3 Drug supply in prisons

The NACDA published a study in 2014 that examined the nature, extent, and pattern of consumption of different drugs among the prison population in the Republic of Ireland (Drummond et al. 2014). A summary was included in the 2014 National Report (see Section 4.3.2).

T1.3 Drug-related health responses in prisons

T1.3.1 Drug-related prison health policy

Three policy documents currently shape the provision of drug-related healthcare in the Irish prison system. These are summarised in the following sections, 1–3.

1. *Keeping Drugs out of Prisons: Drugs Policy & Strategy*

In May 2006, the Minister for Justice and Equality launched *Keeping Drugs out of Prisons: Drugs Policy & Strategy* (Irish Prison Service 2006). This document set out the steps required to tackle the supply of drugs in prisons, to provide adequate treatment services to those addicted to drugs, and to ensure that developments in prisons are linked to those in the community. Details from this policy document were included in the 2015 National Report.

2. *Reducing Harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017–2025*

On 17 July 2017, Irish Taoiseach Leo Varadkar joined Minister for Health Simon Harris, and Minister of State at the Department of Health Catherine Byrne to launch *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017). *Reducing Harm, Supporting Recovery* lays out the direction of Government policy on drug and alcohol use until 2025. The strategy aims to provide an integrated public health approach to drug and alcohol use, focused on promoting healthier lifestyles within society.

The strategy contains an ambitious 50-point action plan for the period 2017 to 2020 and provides scope for developing further actions between 2021 and 2025 in order to ensure the continued relevance of the strategy to emerging needs into the future. The vision of the strategy is to create a healthier and safer Ireland. Key actions set out in *Reducing Harm, Supporting Recovery* that are specific to the Irish prison population include the following:

- Providing training to enable the delivery of screening, brief interventions, and onward referral in line with national screening and brief intervention protocols for problem substance use among prisoners.

- Further developing a range of service-specific problem substance use interventions for prisoners in line with best international practice.
- Determining the prevalence of new psychoactive substance (NPS) use in prison settings, with a view to developing specific training for staff in order to make appropriate interventions.
- Establishing a Working Group in order to explore ways of improving progression options for people exiting prison, with a view to developing a new programme of supported care and employment.

3. Irish Prison Service Strategic Plan 2019–2022

This strategy sets out the multi-agency approach for offender management and rehabilitation, from pre- to post-imprisonment, that the IPS will pursue in order to reduce reoffending and improve prisoner outcomes (Irish Prison Service 2019) . Specific objectives include the following:

- To implement the recommendations of the 2016 *Review of Drug and Alcohol Treatment Services for Adult Offenders in Prison and in the Community* and develop a contemporary Drug and Alcohol Policy
- To enhance and develop infection control policies and procedures, and
- In conjunction with the HSE, to provide appropriate forensic psychiatric services in all closed prisons.

Other objectives outlined in the strategy include the following:

- To tackle the increasing threats posed by drone incursions into prisons
- To invest in front-of-house security measures in order to prevent contraband smuggling, and
- To invest in equipment that will assist in the search and retrieval of contraband.

T1.3.2 Structure of drug-related prison health responses

Primary care is the model of care through which healthcare is provided in the prison system. A number of contracted private services assist the IPS and the HSE in the provision of drug treatment services. These services are delivered by a mix of part-time and full-time doctors and nursing staff. Nurses first began working in the IPS in 1999 (Nursing and Midwifery Planning and Development Unit & Irish Prison Service 2009).

The Probation Service and the IPS are responsible for managing offenders in the community and in prison, respectively. Both the Probation Service and the IPS are represented on the National Drug Rehabilitation Implementation Committee (NDRIC), which was set up to oversee and monitor the implementation of recommendations from the *Report of the Working Group on Drugs Rehabilitation* (2007) (Working Group on drugs rehabilitation 2007).

A range of addiction services and drug rehabilitation programmes within the prison system is delivered in partnership with six community-based organisations (CBOs) (see Section T1.3.3). IPS expenditure on addiction services and drug rehabilitation programmes for the years 2013–2017 is shown in Table T1.3.2.1 (Flanagan).

Table T1.3.2.1 IPS expenditure on addiction services and drug rehabilitation programmes, 2013–2017 ⁴

Service	2013	2014	2015	2016	2017
Drug treatment pharmacist services	€781,709	€512,325	€455,283	€456,428	€417,067
Addiction counselling	€1,225,039	€1,142,384	€1,048,041	€1,076,887	€1,036,361
Addiction psychiatry	€93,529	€89,828	€95,902	€118,080	€109,734
Methadone treatment	€78,237	€82,438	€65,481	€77,571	€53,058
Total	€2 178 514	€1 826 975	€1 664 707	€1 728 966	€1 616 220

Source: (Flanagan)

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

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

An overview of drug-related health responses available in Irish prisons is shown in Table T1.3.3.1.

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

The IPS offers multidimensional drug rehabilitation programmes for prisoners. Prisoners have access to a range of medical and rehabilitative services, such as psychosocial services and work and training options, which assist in addressing their substance misuse. Any person entering prison giving a history of opiate use and testing positive for opioids is offered a medically assisted symptomatic detoxification, if clinically indicated. Patients can discuss other treatment options with healthcare staff. A consultant-led in-reach addiction service is provided in the West Dublin Complex (Cloverhill and Wheatfield). In addition, an addiction specialist GP service is provided in a number of other prisons.

As well as addiction counselling, substitution treatment and detoxification are the main treatment modalities offered within the prison estate. This may include stabilisation on methadone maintenance for persons who wish to continue on maintenance while in prison and when they return to the community on release. Six CBOs are funded to provide services in the prison system: MQI (funded under two separate contracts from the IPS and the Probation Service), Ana Liffey Drug Project (ALDP), Coolmine Therapeutic Community (CTC), Ballymun Youth Action Project (BYAP), Fusion Community Prison Link (Fusion CPL), and the Matt Talbot Community Trust (MTCT).

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

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

Initial healthcare screening in Irish prisons is carried out on the day of reception by a nurse or medical orderly. A doctor is available for consultation, either in person or by telephone, to address any urgent clinical concerns arising in relation to a newly received prisoner. All prisoners are interviewed by both a nurse and a doctor and the IPS seeks to engage with them around any addictions they may have, be it in relation to illicit or prescription drugs or any alcohol addictions (Irish Prison Service 2011). Prisoners who refuse a healthcare assessment are required to sign a disclaimer to this effect. Any person entering prison giving a history of opiate use and testing positive for opioids is offered a medically assisted symptomatic detoxification, if clinically indicated. Prisoners who, on committal to prison, are engaged in a methadone substitution programme in the community will, in the main, have their methadone substitution treatment continued while in prison.

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

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

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

- Brief interventions

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

In 2020, MQI counselling staff saw a total of 1,948 unique clients, with on average 1,187 monthly interventions (Merchants Quay Ireland 2021).

The ALDP is a “low threshold–harm reduction” CBO project working with people who are actively using drugs and experiencing associated problems. Services include a drop-in service, peer support programme, family support, supervised access visits, literacy support, prison work, street-based outreach service, and case management. The ALDP offers support to service users who have been sentenced to serve time in prison. As part of its case management and one-to-one work, the ALDP visits and supports prisoners and also helps prisoners to prepare for their release.

With regard to the most recent data, in 2019, there were 19.8 full-time equivalent (FTE) addiction counsellor posts filled across the Irish prison estate. A breakdown of the ratio of addiction counsellors to the number of prisoners in 2019 is provided in Table T1.3.3.3.

Table T1.3.3.3 Provision of addiction counsellors per prison in 2019 ⁵

Prison name	Addiction counsellor posts (FTE)	Counsellor–prisoner ratio
Mountjoy Prison	4.2	1:236
Dóchas Centre	1.2	1:880
Wheatfield Prison	3.2	1:172
Cloverhill Prison	1.0	1:431
Castlerea Prison	2.0	1:170
Cork Prison	2.0	1:148
Limerick Prison	1.9	1:125
Loughan House	1.0	1:140
Shelton Abbey	0.8	1:144
Portlaoise Prison	0.5	1:582
Midlands Prison	2.0	1:423

Source: (Flanagan)

The average time spent waiting to see a counsellor is 6 weeks. However, a vulnerable prisoner will be seen much sooner if recommended by the prison nursing staff. The IPS has advised that, as a result of the COVID-19 pandemic, the traditional manner of service delivery by addiction professionals in prisons has been impacted due to the implementation of essential infection control and operational regimes in order to keep prisoners and staff safe. This has required the development of new ways of working to support prisoners (Humphries).

Drug-related health responses: Residential drug treatment

Number of drug-free landings across the prison estate

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

Therapeutic community/residential drug treatment

The CTC is a drug and alcohol treatment centre providing community, day and residential services to men and women with problematic substance use, and their families, in Ireland. Established in 1973, the CTC was founded upon the philosophies of the therapeutic community approach to addiction treatment. The CTC continues to see a growing demand for therapeutic community treatment within the prison population and has committed to developing a drug-free prison therapeutic community in the Irish prison estate to meet this demand (Coolmine Therapeutic Community 2017).

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

Drug-related health responses: Pharmacologically assisted treatment

Opioid substitution treatment (OST)

Prisoners who, on committal to prison, are engaged in a methadone substitution programme in the community will, in the main, have their methadone substitution treatment continued while in prison. Opioid substitution treatment (OST) is available in all Irish prisons, with the exception of the open centres (Loughan House and Shelton Abbey). However, it is otherwise available across the prison estate, accommodating more than 80% of the prison population (McCaffrey).

In 2020, 1,293 prisoners received drug treatment (methadone) and, as of 18 March 2021, there were 522 prisoners in receipt of methadone across the prison estate (See Table T1.3.3.4) (Humphries).

Table T1.3.3.4 Number of prisoners in receipt of OST as of the 18 March 2021 ⁶

Prison name	Number of prisoners	% of population
Mountjoy Prison	154	21.9
Dóchas Centre	32	27.1
Wheatfield Prison	92	18.2
Cloverhill Prison	84	24.5
Castlerea Prison	15	5.3
Cork Prison	38	14.4
Limerick Prison	34	15.5
Portlaoise Prison	12	5.8
Midlands Prison	61	7.4
Total	522	15.6

Source: (Humphries).

Detoxification

MQI (in partnership with the CBOs ALDP, BYAP, and CTC) coordinates, and contributes to, the delivery of a structured 8-week detoxification programme in the Mountjoy Prison Medical Unit, which accommodates nine prisoners, with up to six programmes facilitated annually. The 8-week detoxification programme assists prisoners in detoxifying from methadone and benzodiazepines (Merchants Quay Ireland 2018).

In Dublin, the ALDP delivers two different programmes based in the drug-free wing of Mountjoy Prison for prisoners seeking to live a drug-free lifestyle. One is a 6-week programme, while the other is a rolling programme for people currently in the process of detoxification.

Drug-related health responses: Preparation for release

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

The BYAP is a community response to drug and alcohol misuse. This CBO was founded in 1981 after three young people from Ballymun (an area of Dublin city's Northside) had died from drug-related causes. As a response that has come from within the community of Ballymun, the overall mission of the BYAP is to reduce the negative impact of drug and alcohol use on the lives of individuals, families, and the community as a whole. The BYAP seeks to do this through:

- Working with individuals who are using, reducing, or who have stopped using drugs and/or alcohol
- Supporting families impacted by drug and alcohol issues
- Supporting the community in its work of prevention and intervention as responses to drug and alcohol issues, and
- Building capacity through training and research.

The BYAP provides a range of appropriate therapeutic interventions to drug/alcohol users (with a connection to Ballymun) while in prison. These include one-to-one prison sessions, the delivery of the Drug Treatment Programme and the Detox Programme within Mountjoy Prison and assisting individuals with their pre- and post-release choices.

Established in 1999, Fusion CPL supports the Probation Service in providing line management for prison liaison workers. Fusion CPL works with drug users who are incarcerated, assisting them to make the transition from prison back into the community. Ideally, this work begins 6 months before a prisoner's release date.

The MTCT is a drug-free educational programme endeavouring to create change at grassroots level in Ballyfermot, a suburb of Dublin. The MTCT's work tackles the unique social issues that lead to problem drug use and criminal behaviour through the provision of a quality education system and structured person-centred supports. The MTCT provides support for individuals in recovery from addiction and returning to the community from prison. Its core work is to:

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

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

Naloxone distribution

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

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

For further information on naloxone provision during the COVID-19 pandemic, see Section T1.5.3 of the Harms and Harm Reduction workbook.

Drug-related health responses: Infectious disease interventions

The latest clinical guidelines for patients on OST were published in 2017 (Lyons 2017). These guidelines recommend that all patients attending OST services be screened for hepatitis A 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. These guidelines replaced the 2008 Irish College of General Practitioners (ICGP) guidelines (Irish College of General Practitioners 2003), but the earlier guidelines also recommended testing for blood-borne viruses and HAV and HBV vaccination, and this has always been common practice within the addiction services. The *Immunisation Guidelines for Ireland* also recommend vaccination against HAV and HBV for non-immune PWID (National Immunisation Advisory Committee 2008).

The *Irish Prison Service Health Care Standards* recommend screening for HIV and all forms of hepatitis for all inmates who volunteer a background history of risk factors for these diseases (Irish Prison Service 2011). Immunisation against HAV and HBV is recommended for all prison inmates (Irish Prison Service 2011) (National Immunisation Advisory Committee 2002). 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.

Currently, every prisoner undergoes a committal health screening on entering prison in Ireland. This is repeated for every committal and transfer. During that initial screening, information is gathered on drug use and blood-borne virus status, and blood-borne virus testing is offered. All prisoners are also offered HAV and HBV vaccinations. However, uptake of screening and vaccination at committal is suboptimal. Many prisoners initially refuse, but then return later and request screening. It should be noted that it is very difficult to obtain data on the uptake of blood-borne virus screening, the prevalence of blood-borne viruses, and the incidence of new infections within each prison, as this information is not recorded in an extractable way within the prison database system. Both newly recruited and currently employed prison staff now receive infection control and prevention

education as part of the IPS Continual Professional Development (CPD) programme. This has created a greater awareness of best practice around infection control, making the prison environment a safer place in which to work (Health Protection Surveillance Centre 2018).

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

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

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

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

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

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

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

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

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

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

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

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

Bushypark (Clarecare) Addiction Treatment Centre: A CBO based in Co Clare offering treatment for addictions, including alcohol and drugs.

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

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

Céim ar Chéim: A training centre in Co Limerick providing programmes for young people aged 15–25 years old who may be clients of the Probation Service, or at risk of offending, in order to address antisocial attitudes and behaviours.

Céim Eile (Aiséiri): A centre providing residential treatment in Co Waterford for drug, alcohol, and other addictions.

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

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

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

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

Cox’s Demense Youth and Community Project: A multidisciplinary centre in Co Louth providing programmes including intervention and support to address behavioural issues, antisocial attitudes, and education problems among young people who are at risk and/or out of school.

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

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

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

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

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

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

Dóchas don Óige: A community-based training project in Co Galway working with young adults in Galway city. The training centre provides programmes to address antisocial attitudes and behaviours, catering primarily for the needs of young people at risk and offenders in the west side of Galway city.

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

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

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

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

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

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

Le Chéile: A nationwide project working in partnership with the Young Persons Probation division of the Probation Service providing mentoring for young people in trouble with the law. Le Chéile recruits, trains, and supports volunteers from the community to act as mentors to young people who are under the supervision of the Probation Service.

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

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

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

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

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

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

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

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

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

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

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

Southill Outreach: An innovative outreach training and education initiative for young people involved in truancy, at-risk and antisocial behaviour, and substance abuse in the Southill community in Co Limerick

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

Tabor Lodge: A residential treatment centre in Co Cork providing a programme for a range of addictions including alcohol, drugs, gambling, and food.

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

Tivoli Training Centre: A multilevel and multidisciplinary training centre in Dublin providing programmes for adults and young people to address antisocial attitudes and behaviours. Tivoli Training Centre includes FETAC modules, key working, supported progression, outdoor pursuits, group work, a broad range of certified educational modules, and personal development.

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

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

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

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

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

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

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

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

WHAD Youth Project: A Dublin-based project delivering programmes to 14–18-year-old males at risk or on probation, focusing on crime and its consequences, and on drug misuse. The programmes offer social skills training, individual key worker support, and activities (social and outdoor), as alternatives to criminal behaviour.

Drug-related health responses: Data from the National Drug Treatment Reporting System (NDTRS) on treated problem drug use in Irish prisons, 2020

In 2021, 641 cases of problem drug use were treated in Irish prisons, as reported through the Treatment Demand Indicator (TDI) of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (Table T1.3.3.5). Treatment was provided by in-reach voluntary services (counselling). No data are provided by medical units in the prison medical service (detoxification and OST); therefore, this is an underestimation of the true numbers treated in the Irish prison system in 2021. There was a 14% decrease in the numbers reported between 2020 and 2021. Currently the reason for this decrease is not yet clear but could be partially due to continued public health restrictions due to the Covid-19 pandemic.

Of those cases treated in prison in 2021, 30.9% 27.9% were new to treatment, a small increase compared with 2020, when 27.9% of cases were new to treatment.

Table T1.3.3.5 Treated problem drug use in prison, NDTRS 2014–2021 ⁷

	2014	2015	2016	2017	2018	2019	2020	2021
New treatment entrants	285	244	178	122	138	257	209	198
Previously treated	505	517	520	456	782	486	454	418
Treatment status unknown	45	13	22	38	97	86	86	25
Total	835	774	720	616	1017	829	749	641

Source: NDTRS (2021)

All treatment entrants in prison

In 2021, the trends in problem drugs remained the same as 2020. Opioids (mainly heroin) were the main problem drug (41.8%) reported by all treatment entrants (Figure T1.3.3.1).

Cocaine was the second most common drug reported (24.6%) by treatment entrants in prison, similar to 2020. Cannabis was the third most common drug reported (15.3%), followed by benzodiazepines (15.9%).

In 2021, 19.3% of problem drug cases treated in prison reported ever injecting drugs, similar to previous years. The majority of cases reporting ever injecting reported opioids as their main problem. However, this figure should be interpreted with caution due to the non-participation of prison medical units, which provide OST and detoxification treatment where cases may be more likely to report a history of injecting. In addition, it is important to note that injecting status is missing for 6.4% of problem drug cases, thus making these trends difficult to interpret.

In 2021, 89.1% of all problem drug cases were male, while the mean male age was 31 years and the mean female age was 32 years.

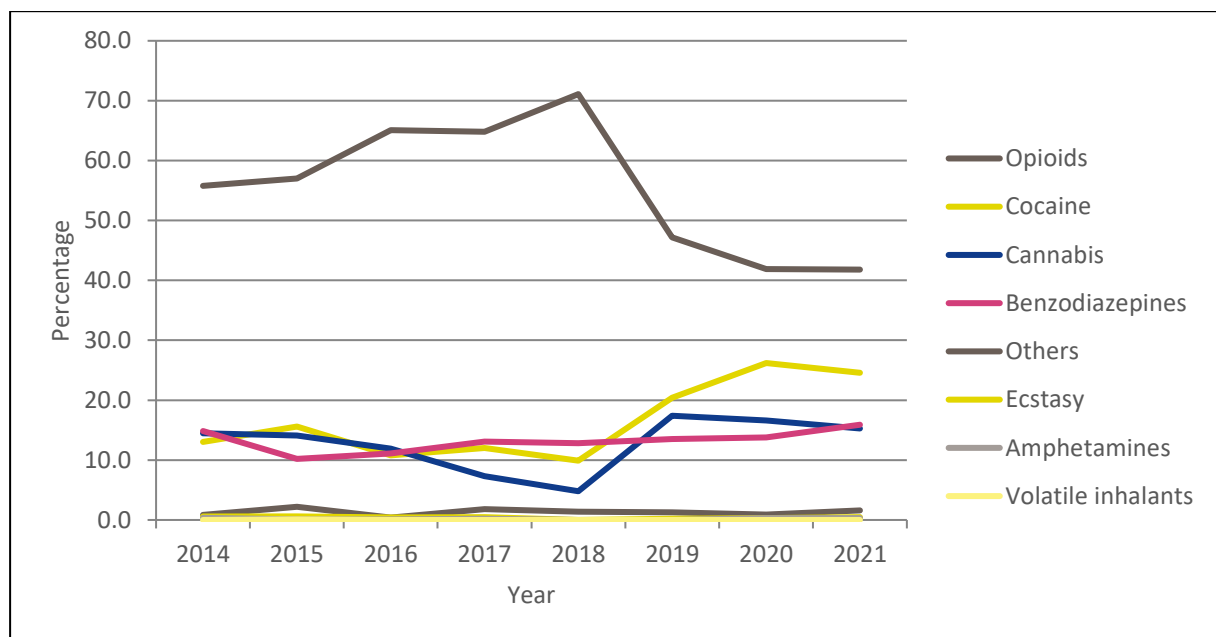


Figure T1.3.3.1 Main problem drug (excluding alcohol), all treatment entrants in prison, by year, NDTRS 2014–2021 ³

Source: NDTRS (2022)

New treatment entrants in prison

Of those problem drug cases treated in prison in 2021, 30.9% were new to treatment. Cocaine was the main problem drug reported by new entrants (41.4%), similar to 2020 (44.5%) (Figure T1.3.3.2). Cannabis (24.2%) was the second most common drug. In 2021, the proportion of new entrants reporting problem benzodiazepine (17.7%) overtook the number reporting opioids (14.6%). Benzodiazepines numbers have fluctuated over the period 2014 to 2021, peaking at 27.5% in 2018.

However, caution is urged when interpreting these data, as the number of new treatment entrants is small and treatment status is unknown for 4% of cases. These issues, along with the lack of data from medical units in prison, the reduction in the number of cases reported in 2021, are likely to impact on trends.

In 2021, almost all new entrants to treatment were male (92.9%) and the mean age was 29 years. Among this group, 1.5% reported ever injecting but small numbers and unknown values make trends difficult to interpret.

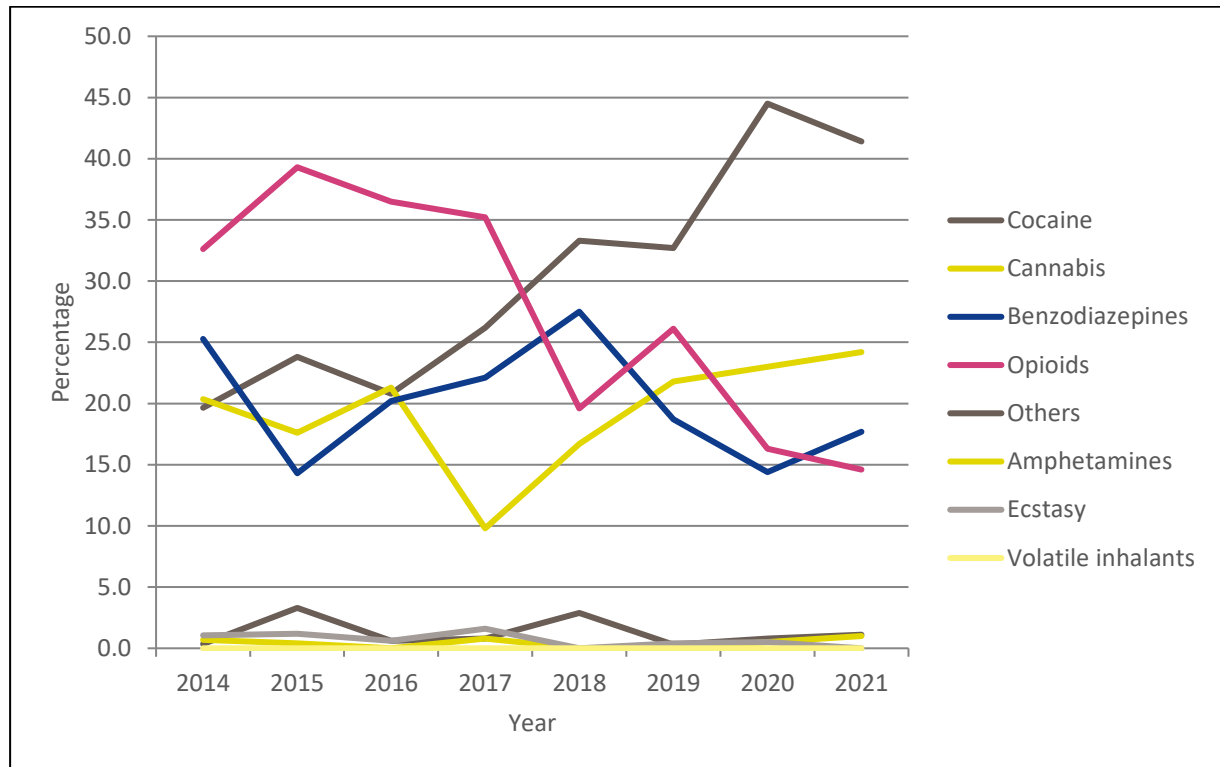


Figure T1.3.3.2 Main problem drug (excluding alcohol), new treatment entrants in prison, by year, 2014–2021 ⁴

Source: NDTRS (2022)

Drug-related health responses: Additional information

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

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

While prescribing levels for methadone in Irish prisons have fluctuated over the past 3 years, the profile of the numbers of prisoners availing of the different treatment options – detoxification, maintenance, or stabilisation – has remained consistent, with 35% availing of detoxification, 64% availing of maintenance and 1% availing of stabilisation. This has also been the experience during the COVID-19 pandemic (Humphries).

In a 2017 report (Irish Penal Reform Trust 2017), the Irish Penal Reform Trust (IPRT) noted that, despite a range of treatments available, a number of gaps in service provision for the treatment of offenders with substance misuse issues are apparent, in particular in relation to treatment services for women offenders; recognition of other addictions, including alcohol and gambling; integrated dual treatment for offenders presenting with comorbidities; and the absence of a peer-led drug-free

environment. In addition, the report recognised that there is a need to develop and incorporate harm reduction programmes into the treatment regime within prisons.

The provision of needle exchange programmes is not currently being considered by the IPS. In a recent study of senior management perspectives on needle exchange provision in Irish prisons (Rosalim 2020), participants felt that the introduction of needle exchange provision would pose serious logistical and operational challenges. The study authors also observed that opposition had a strong symbolic component. This was in the sense that to introduce this form of harm reduction to Irish prisons might be seen as condoning illicit drug use and sending out the ‘wrong message’ in relation to the criminal justice system’s approach to this matter.

Ireland has a Drug Treatment Court, which is a specialised court operating within the legal system that aims to treat, rather than imprison, drug users (Department of Justice 2010). A review in 2010 highlighted a number of restrictive criteria associated with it. Since 2000, only 6% of offenders have successfully completed the Drug Treatment Court Programme. In particular, the lack of residential treatment options available is a key barrier attributed to the Programme’s low success rate compared with similar programmes in other jurisdictions. In 2014, a strategic review of penal policy recommended that community sanctions be imposed with the possibility of drug treatment instead of more traditional custodial sentences (Strategic Review Group on Penal Policy 2014). Since then, an integrated community service has been piloted by the Probation Service but this has yet to be evaluated (See Legal Framework workbook, Section T2.2, for more information on the Drug Treatment Court).

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

No new information.

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

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

No new information.

T2. Trends

T2.1 Trends

Trends in addiction treatment in Irish prisons

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

This study, which was published in the *International Journal of Prisoner Health*, analysed national surveillance data on treatment episodes for problem drug and alcohol use collected annually by the NDTRS from 2009 to 2014. In total, 6% of all treatment episodes recorded by the NDTRS between 2009 and 2014 were from prison services. It was found that the number of prison service treatment episodes increased from 964 in 2009 to 1,063 in 2014. Opiates were the main reason for treatment, followed by alcohol, cocaine, and cannabis (see Table T2.1.1). The majority (94.0–98.0%) of treatment episodes involved males (median age of 29 years) of low educational attainment, with 79.5–85.1% leaving school before completing second level. The percentage of treatment episodes with a history of ever injecting drugs increased from 20.9% in 2009 to 31.0% in 2014.

Table T2.1.1 Number of treatment episodes in Irish prisons and main problem drug, NDTRS (2009–2014) ⁸

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

Source: (Cannon et al. 2019)

*Includes volatile inhalants.

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

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

T3. New developments

No new information.

T4. Additional information

T4.1 Additional data on drug market and crime

No new information.

T4.2 Additional information or new areas of specific importance

[Cost-effectiveness of mass screening for hepatitis C virus in Irish prisons](#)

Background and methods

There is a high proportion of people who inject drugs (PWID) in Irish prisons and a high prevalence of hepatitis C virus (HCV), making prison a high priority setting for HCV testing and treatment. However, HCV screening in Irish prisons currently occurs intermittently. Although every prisoner undergoes a committal health screening on entering prison and information is gathered on drug use and blood-borne virus testing is offered, many prisoners initially refuse, but then return later and request screening.

A 2021 Irish study (Ward et al. 2021) evaluated the cost-effectiveness of a mass HCV screening intervention in Mountjoy Prison, Dublin, compared with the standard-of-care intermittent screening on committal. In this research, published in the *International Journal of Drug Policy*, primary cost data were collected from the intervention using an overall provider perspective. Standard-of-care costs were estimated through interview. All costs were inflated to 2020 euros. A HCV transmission and disease progression model among incarcerated and community PWID and ex-injectors was calibrated to the Dublin HCV epidemic, allowing inclusion of population-level health benefits. The model used intervention data suggesting 419 individuals were screened, 50 HCV infections diagnosed, and that 32 individuals underwent treatment.

Results

The study found that the total direct costs of the intervention (not including treatment drug costs) was €82,392, with most costs being due to staff (43%) and overhead or management costs (38%). Despite having little epidemiological impact due to the small numbers treated, over 50 years the incremental cost of the intervention was €36,592.

Conclusions

The authors noted that mass HCV screening in Dublin prisons is unlikely to have a large prevention impact on the overall HCV epidemic among PWID, with yearly screening only reducing the number of new HCV infections by 1.1%. This small impact is due to the low levels of incarceration among PWID in Dublin and negligible HCV risk in prison. Nevertheless, they suggest that this should not be seen as a reason for not doing screening and treatment in prison, as it is likely to be highly cost-effective (and possibly cost-saving) and may reach individuals not well reached by other testing initiatives.

T5. Sources and methodology

T5.1 Sources

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

Data on treated problem drug use are provided by the NDTRS. The NDTRS is a national epidemiological database that provides data on treated drug and alcohol misuse in Ireland. The NDTRS collects data from both public and private outpatient services, inpatient specialised residential centres, and low-threshold services. For the purposes of the NDTRS, treatment is broadly defined as “any activity which aims to ameliorate the psychological, medical or social state of individuals who seek help for their substance misuse problems”. The NDTRS is a case-based, anonymised database. It is coordinated by staff at the Health Research Board (HRB) on behalf of the Department of Health.

T5.2 Methodology

See list of data sources below.

T5.3 Bibliography

- Allwright, S., Bradley, F., Long, J., Barry, J., Thornton, L. and Parry, J.V. 2000. Prevalence of antibodies to hepatitis B, hepatitis C and HIV and risk factors in Irish prisoners: results of a national cross-sectional survey. *British Medical Journal* 321(7253), pp. 78–82.
- Cannon, A., Nally, F., Collins, A., Fay, R. and Lyons, S. 2019. Trends in addiction treatment in Irish prisons using national surveillance data, 2009–2014. *International Journal of Prisoner Health* 15(2). Available at: <https://www.drugsandalcohol.ie/30318/>.
- Clarke, A. and Eustace, A. 2016. *Review of drug and alcohol treatment services for adult offenders in prison and in the community*. Dublin: Probation Service and Irish Prison Service. Available at: <http://www.drugsandalcohol.ie/26569/>.
- Coolmine Therapeutic Community 2017. *Coolmine Therapeutic Community annual report 2016*. Dublin: Coolmine Therapeutic Community. Available at: <https://www.drugsandalcohol.ie/29363/>.
- Crowley, D. et al. 2019. The seroprevalence of untreated chronic hepatitis C virus (HCV) infection and associated risk factors in male Irish prisoners: a cross-sectional study, 2017. *Euro Surveillance* 24(14). Available at: <https://www.drugsandalcohol.ie/31182/>.
- Department of Health 2017. *Reducing harm, supporting recovery. A health-led response to drug and alcohol use in Ireland 2017 - 2025*. Dublin: Department of Health. Available at: <http://www.drugsandalcohol.ie/27603/>.
- Department of Justice, E. and L.R. 2010. *Review of the Drug Treatment Court*. Dublin: Stationery Office. Available at: www.drugsandalcohol.ie/13113/.
- Dolan, K. et al. 2016. Global burden of HIV, viral hepatitis, and tuberculosis in prisoners and detainees. *The Lancet* 388(10049). Available at: <https://www.drugsandalcohol.ie/25800/>.
- 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/>.
- Fagan, M. 2017. 11,000 drug seizures in Irish prisons in seven years. *Irish Times*. Available at: <https://www.drugsandalcohol.ie/27966/>.
- Flanagan, C. *Dáil Éireann Debate. Written answers 321 & 322 Drug-related expenditure*. Oireachtas. Available at: <http://www.justice.ie/en/JELR/Pages/PQ-12-02-2019-321>.
- Gulati, G., Keating, N., O’Neill, A. and Delaunois, I. 2019. The prevalence of major mental illness, substance misuse and homelessness in Irish prisoners: systematic review and meta-analyses. *Irish Journal of Psychological Medicine* 36(1), pp. 35–45.
- Health Protection Surveillance Centre 2018. *Drug-related bloodborne viruses in Ireland*. Dublin: Health Protection Surveillance Centre. Available at: <https://www.drugsandalcohol.ie/29685/>.
- Humphries, H. *Dáil Éireann Debate. Written answer (question to Justice 1266) Drugs in prisons*. Oireachtas. Available at: <https://www.oireachtas.ie/en/debates/question/2021-03-24/1266/>.
- Irish Penal Reform Trust 2017. *Progress in the penal system: a framework for penal reform (PIPS)*. Dublin: Irish Penal Reform Trust. Available at: <https://www.drugsandalcohol.ie/28044/>.
- Irish Prison Service 2006. *Keeping drugs out of prisons: drug policy and strategy*. Dublin: Irish Prison Service. Available at: <http://www.drugsandalcohol.ie/11662/>.
- Irish Prison Service 2011. *Irish Prison Service healthcare standards*. Longford: Irish Prison Service. Available at: <https://www.drugsandalcohol.ie/30875/>.
- Irish Prison Service 2019. *Irish Prison Service strategic plan 2019-2022*. Longford: Irish Prison Service. Available at: <https://www.drugsandalcohol.ie/31092/>.

- Irish Prison Service 2020. *Irish Prison Service annual report 2019*. Longford: Irish Prison Service. Available at: <https://www.drugsandalcohol.ie/32206/>.
- Irish Prison Service 2021. *Irish Prison Service annual report 2020*. Dublin: Irish Prison Service. Available at: <https://www.drugsandalcohol.ie/34643/>.
- Larney, S. et al. 2013. Incidence and prevalence of hepatitis C in prisons and other closed settings: results of a systematic review and meta-analysis. *Hepatology* 58(4), pp. 1215–1224.
- Long, J. et al. 2001. Prevalence of antibodies to hepatitis B, hepatitis C, and HIV and risk factors in entrants to Irish prisons: a national cross sectional survey. *British Medical Journal* 323(7323), pp. 1209–1213.
- Lyons, S. 2017. New clinical guidelines for opioid substitution treatment. *Drugnet Ireland* Issue 62, Summer 2017, pp. 27–30. <https://www.drugsandalcohol.ie/27752/>
- Martyn, M. 2012. Drug and alcohol misuse among adult offenders on probation supervision: Findings from the drugs and alcohol survey 2011. *Irish Probation Journal* 9. Available at: <http://www.drugsandalcohol.ie/21636/>.
- McCaffrey, C. *Dáil Éireann Debate. Committee of Public Accounts*. Oireachtas. Available at: https://www.oireachtas.ie/en/debates/debate/committee_of_public_accounts/2019-01-17/.
- McCárthaigh, S. 2022a. Around 5% of all Irish prison staff to get randomly drug tested under new scheme. Available at: <https://www.irishmirror.ie/news/irish-news/around-5-irish-prison-staff-26743718>.
- McCárthaigh, S. 2022b. Number of drug and phone seizures in Irish prisons rose 20% last year. Available at: <https://www.irishtimes.com/ireland/dublin/2022/07/10/number-of-drug-and-phone-seizures-in-irish-prisons-rose-20-last-year/#:~:text=Seizures%20of%20mobile%20phones%20and,the%20space%20of%20five%20years>.
- Merchants Quay Ireland 2017. *Merchants Quay Ireland annual review 2016*. Dublin: Merchants Quay Ireland. Available at: <https://www.drugsandalcohol.ie/27910/>.
- Merchants Quay Ireland 2018. *Merchant's Quay Ireland annual review 2017*. Dublin: Merchants Quay Ireland. Available at: <https://www.drugsandalcohol.ie/29674/>.
- Merchants Quay Ireland 2021. *Merchants Quay Ireland annual review 2020*. Dublin: Merchants Quay Ireland., p. 24 p. Available at: <https://www.drugsandalcohol.ie/34984/>.
- National Immunisation Advisory Committee 2002. *Immunisation guidelines for Ireland*. Dublin: National Disease Surveillance Centre. Available at: www.ndsc.ie/.
- National Immunisation Advisory Committee 2008. *Immunisation guidelines for Ireland. 2008 edition*. Dublin: Royal College of Physicians of Ireland.
- National Suicide Research Foundation and Irish Prison Service 2021. *Self-harm in Irish prisons 2019: Third report from the Self-Harm Assessment and Data Analysis (SADA) project*. Longford: Irish Prison Service. Available at: <https://www.drugsandalcohol.ie/34047/>.
- Nelson, P.K., Mathers, B.M., Cowie, B., Hagan, H., Des Jarlais, D.C., Horyniak, D. and Degenhardt, L. 2011. Global epidemiology of hepatitis B and hepatitis C in people who inject drugs: results of systematic reviews. *The Lancet* 378(9791), pp. 571–583.
- Nursing and Midwifery Planning and Development Unit & Irish Prison Service 2009. *Nursing in the Irish Prison Service: working together to meet the healthcare needs of prisoners*. Dublin: Health Service Executive. Available at: <http://www.drugsandalcohol.ie/12520/>.
- Pollak, S. 2017. More than 70% of prisoners 'have addiction issues'. *Irish Times* 2 February. Available at: <https://www.irishtimes.com/news/crime-and-law/more-than-70-of-prisoners-have-addiction-issues-1.2961144>.
- Prison visiting committees 2022. *Prison visiting committee annual reports 2020*. Dublin: Department of Justice and Equality. Available at: <https://www.drugsandalcohol.ie/35807/>.
- Rooney, L. 2021. Substance misuse and supervision: an examination of drug and alcohol misuse among probation service clients. *Irish Probation Journal* 18, pp. 137–158.

- Rosalim, J.P. 2020. A senior management perspective on the policy debate of needle and syringe exchange program provision in Irish prisons. *Journal of Correctional Health Care* Early online, p. 1078345819897399.
- Strategic Review Group on Penal Policy 2014. *Strategic review of penal policy*. Dublin: Department of Justice and Equality. Available at: <http://www.drugsandalcohol.ie/22657/>.
- Ward, Z. et al. 2021. Cost-effectiveness of mass screening for Hepatitis C virus among all inmates in an Irish prison. *The International Journal of Drug Policy* Early online, p. 103394.
- Working Group on drugs rehabilitation 2007. *National Drugs Strategy 2001-2008: rehabilitation. Report of the working group on drugs rehabilitation*. Dublin: Department of Community, Rural and Gaeltacht Affairs. Available at: <http://www.drugsandalcohol.ie/6267/>.

European Monitoring Centre for Drugs and Drug Addiction

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

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

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

Acknowledgements

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

Central Statistics Office

Central Treatment List

The Coroners Service

Customs Drugs Law Enforcement, Revenue

Department of Children and Youth Affairs

Department of Education and Skills

Drugs and Organised Crime Unit, An Garda Síochána

Drugs Policy Division, Department of Justice and Equality

Drugs Policy Unit, Department of Health

Forensic Science Ireland

Health Protection Surveillance Centre, Health Service Executive

Hospital In-Patient Enquiry Scheme, Health Service Executive

Irish Prison Service

National Advisory Committee on Drugs and Alcohol, Department of Health

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

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

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