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Healthy Ireland Survey 2024 – Alcohol findings

Background

The Healthy Ireland Survey is an annual survey designed to increase knowledge of the population's health and health behaviours.¹ It is commissioned by the Department of Health, carried out by Ipsos B&A, and conducted with a representative sample of the general population aged 15 years and over. For the 2024 Survey, telephone interviews took place between October 2023 and April 2024 with 7,398 respondents. Questions about alcohol use are routinely asked in each wave of the survey. In addition to these questions, the survey explores general health, tobacco use, mental health, use of general practitioner (GP) and other health services, COVID-19 and long COVID, physical activity, weight management, caring responsibilities, and sleep.

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Vicki Craig, Rapid Action Drug Alerts and Response (RADAR) (Scotland), speaking at the National Drugs Forum 2024 held in Dublin on 14 November. (A detailed report on this event can be found on page 34 of this issue of Drugnet Ireland.)

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Healthy Ireland Survey 2024 – Alcohol findings

continued

Main findings on alcohol

Alcohol use

Seventy-three per cent of the population (75% of males and 71% of females) aged 15 years and over reported consuming alcohol in the previous 12 months. This finding represents an increase since the 2023 survey, which found that 70% of the population (73% of males and 67% of females) had consumed alcohol in the previous 12 months.^{1,2} However, the 2024 findings remain lower than those in the 2018 Healthy Ireland Survey. That survey marked the last time alcohol use was measured by previous 12 months, and the 2018 findings showed that 75% of the population (78% of males and 72% of females) had consumed alcohol in the previous 12 months.³ In 2024, those aged 24–35 years (78%) were more likely to report consuming alcohol in the previous 12 months; of this cohort, 82% were male (Figure 1).

Drinking frequency

Drinking at least once a week was reported by 38% of respondents, representing no change since the 2023 Healthy Ireland Survey and remaining less than that reported in 2018 (41%). In 2024, drinking at least once a week was more common among those aged 55–64 years (48%). More than 2 in every 10 drinkers in Ireland drink multiple times per week and this was most commonly reported among those aged 55–64 years (31%). When examined by sex, drinking multiple times per week was most commonly reported by females aged 55–64 years (27%) and by males aged 45–54 years (36%).

Heavy episodic drinking

Over one-quarter (28%) of the population reported heavy episodic drinking (HED) or binge drinking on a typical drinking occasion – defined as drinking six standard drinks or more in one sitting – higher than that reported in 2023 (24%) and in 2018 (27%). There was a substantial gender difference in binge drinking prevalence: males (42%) were more likely to report binge drinking compared with females (12%) and this applies to all age groups (Figure 2).

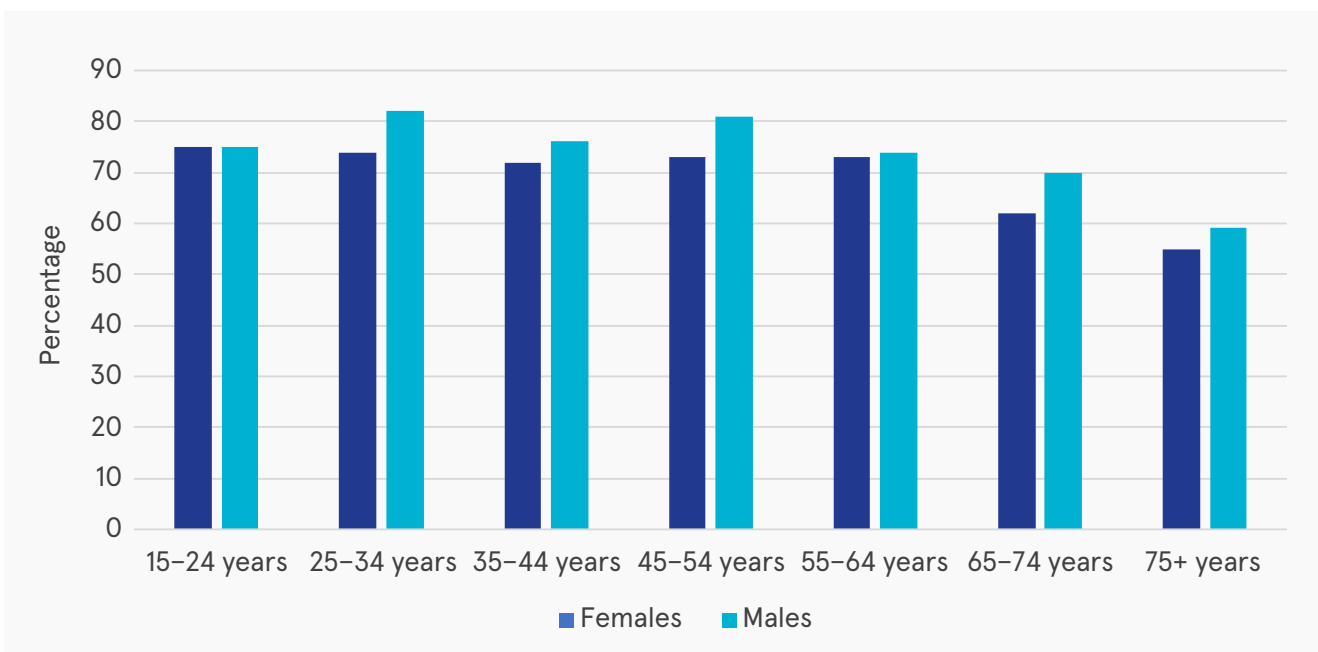


Figure 1: Percentage of respondents who consumed alcohol in the previous 12 months, by sex and age

Healthy Ireland Survey 2024 – Alcohol findings

continued

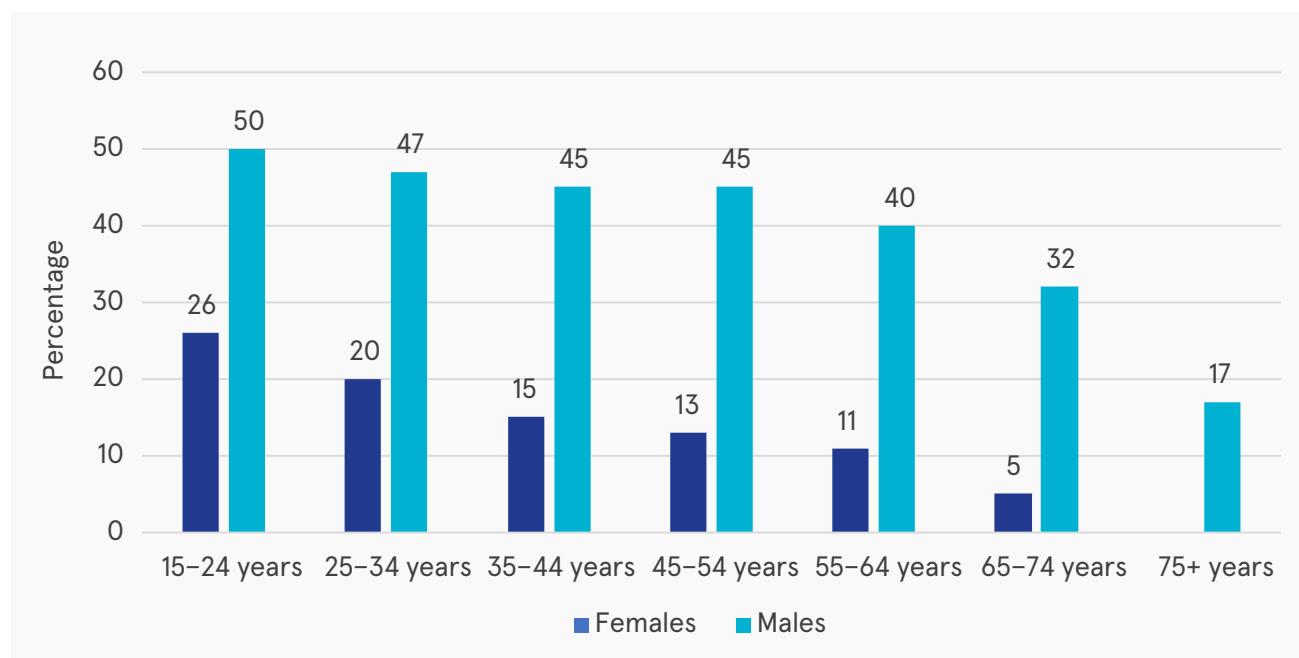


Figure 2: Percentage of respondents who reported binge drinking on a typical drinking occasion, by sex and age

Conclusion

Alcohol use remains high among the population and an increase is noted when compared with the 2023 survey findings. Of concern also is the increase in prevalence of binge drinking, especially among males aged 45–54 years, where binge drinking has increased from 36% in 2023 to 45% in 2024. Comparisons with surveys carried out prior to 2021 should be interpreted with caution due to the move from face-to-face interviews to telephone interviews, which may have some impact on responses.

The Healthy Ireland Survey is a hugely valuable instrument in Ireland for measuring alcohol use and examining trends over time. The HRB Alcohol Statistics Dashboard is updated with the alcohol findings when they are published.⁴

Anne Doyle

- 1 Ipsos B&A (2024) *Healthy Ireland survey 2024 – Summary Report*. Dublin: Healthy Ireland, Department of Health. Available from: <https://www.drugsandalcohol.ie/42364/>
- 2 Ipsos B&A (2023) *Healthy Ireland survey 2023 – Summary Report*. Dublin: Healthy Ireland, Department of Health. Available from: <https://www.drugsandalcohol.ie/39977/>
- 3 Ipsos MRBI (2018) *Healthy Ireland Survey 2018: Summary of Findings*. Dublin: Government Publications. Available from: <https://www.drugsandalcohol.ie/29851/>
- 4 Doyle A (2024) Alcohol Statistics Dashboard. Dublin: Health Research Board. Available from: https://www.drugsandalcohol.ie/alcohol_statistics_dashboard (accessed 10 Sep 2024).

Policy and legislation

An Garda Síochána Strategy Statement 2022–2024 and 2024 Policing Plan

Strategy Statement 2022–2024

An Garda Síochána Strategy Statement 2022–2024 was published on 9 June 2022.¹ The mission of An Garda Síochána (AGS) for the duration of the strategy is simply ‘Keeping people safe’ (p. 6). While the strategy is set against the backdrop of living in a post-pandemic world, with global political and economic uncertainty, AGS is committed to evolving and meeting policing demands that are continually changing. The five pillars that the strategy focuses on are:

- Community
- Tackling crime and preventative policing
- Victims and the vulnerable
- Protecting the security of the Irish State
- Sustainable change and innovation.

2024 Policing Plan

The AGS *2024 Policing Plan*,² proposed by Garda Commissioner Drew Harris, represents the last of three annual plans to give effect to the *AGS Strategy Statement 2022–2024*.¹ The *2024 Policing Plan* builds on progress and momentum achieved in the previous plans and focuses on community policing and preventing and detecting crime.² While drug trafficking is only mentioned in the community pillar, it is implied throughout the plan that drugs will be targeted.

Community

AGS aims to continue to strengthen connections with communities and work in partnership to keep people safe. It will achieve this by collaborating with partners to develop sustainable solutions that will target concerns regarding community safety.² Actions identified under the national drugs strategy will be progressed to tackle harm imposed on communities. Informed by the AGS Equality, Diversity and Inclusion Strategy, AGS endeavours to provide policing services that engage, respond and understand the diverse needs of all communities in Ireland.²

Tackling crime, and preventative policing

The priority is to anticipate and target new and emerging trends in crime by availing of information-led policing approaches to disrupt new, seasonal and emerging criminal activities, including serious and organised crime at a local, national and international level. The aim is to increase public awareness and understanding of criminal threats along with their impacts. In order to increase AGS’s ability to do this, further investment will be made in technology and professional specialist skills. This includes the roll-out of the National Criminal Intelligence framework and the development of the Cybercrime hub in Cavan.²

An Garda Síochána Strategy Statement and Policing Plan

continued

Victims and the vulnerable

The aim is to reduce harm by promoting and protecting the dignity and human rights of victims and all vulnerable individuals engaging with AGS. This will be achieved by embedding the AGS victim-centred approach on all levels. This includes the implementation of the Third National Strategy on Domestic, Sexual and Gender-Based Violence 2022–2026. In addition, AGS aims to work with the Road Safety Authority and other partners to increase road safety under the Government Road Safety Strategy 2021–2030.²

Protecting the security of the Irish State

AGS aims to protect Ireland and its people from terrorism and threats. This will be achieved by increasing security and intelligence collaborations with national and international agencies and via the continued implementation of the Security Development Plan.²

Sustainable change and innovation

In order to inspire and sustain a continuous improvement, a culture of innovation needs to be adopted. To achieve this, the AGS change management capacity building plan needs to be implemented.²

Strategic enablers

Five enablers are essential to the successful implementation of the plan. AGS values being a people-focused organisation that is centred on enhancing human resources, training, learning and development, and health and well-being supports. It will continue to engage in collaborative partnerships to increase knowledge, service, and effectiveness. Two-way communication with communities is ongoing

via new and existing channels to ensure that AGS responds to their needs. This engagement will nurture a culture of empowerment rooted in integrity and the protection of human rights. Finally, an information-led service centred on using data and technology to inform decisions can be achieved by implementing the 2023 ICT Roadmap, which will enable AGS to achieve its Data and Technology Vision.²

Conclusion

Commissioner Harris acknowledged that the *2024 Policing Plan* was developed in the ‘context of challenge and change across Irish society’ (p. 4).² The Commissioner stated that:

Policing Plan 2024 comes at a junction point in the history of An Garda Síochána. As implementation of the principles of the Commission on the Future of Policing concludes, the new Policing, Security and Community Safety Bill will reset and realign the statutory framework within which we deliver our services, engage with our partners and oversight agencies, and support our personnel. Adapting to this new landscape in 2024, and beyond, will enable An Garda Síochána to move forward as an innovative, robust and trusted organisation with a fixed focus on tackling crime, protecting communities and the vulnerable, and Keeping People Safe. (p. 5)²

Ciara H Guiney

- 1 An Garda Síochána (2022) *An Garda Síochána Strategy Statement 2022–2024*. Dublin: An Garda Síochána. Available from: <https://www.drugsandalcohol.ie/36428/>
- 2 An Garda Síochána (2024) *2024 Policing Plan*. Dublin: An Garda Síochána. Available from: <https://www.drugsandalcohol.ie/40643/>

New Programme for Government and Minister for the National Drugs Strategy

A new Programme for Government was agreed in January 2025 by the Fianna Fáil and Fine Gael parties, and a group of Independent TDs.¹ While lacking in much detail, it indicates an ongoing commitment to the health-led strategic direction of the current national drugs strategy. The Government commits to:

- *Assess the outcomes of the national drugs strategy, Reducing Harm, Supporting Recovery 2017–2025, and publish a successor strategy.* No date is given for when this strategy will be published.
- *Divert those found in possession of drugs for personal use to health services.* This reflects an ongoing commitment to implement the Health Diversion Approach, which was originally announced by the government of the day in 2019.
- *Increase funding for drug addiction services, including local drug and alcohol taskforces, to improve their effectiveness.*
- *Launch a major awareness campaign on the impact of drugs on society.*
- *Re-establish the Oireachtas Joint Committee on Drugs Use.* This committee was established to consider and respond to the findings of the Citizens' Assembly on Drugs Use.² It held meetings during 2024 and published an interim report on its findings in October 2024.³ Its work ceased following the dissolution of the Government the following month.
- *Explore the establishment of mobile medically supervised injecting facilities in areas of need, and increase the availability of naloxone and train relevant individuals on its use.* Both of these reflect recommendations made by the Citizens' Assembly on Drugs Use (p. 91).⁴



Jennifer Murnane O'Connor, the Fianna Fáil TD for Carlow–Kilkenny, has been appointed Minister of State at the Department of Health with special responsibility for Public Health, Well Being and the National Drugs Strategy. In response to a Dáil motion in February 2023 to establish the Citizens' Assembly on Drugs Use she said: "When it concludes its work and submits a report to the Oireachtas by the end of 2023, I will be eager to hear what steps we can take to best reflect a partnership approach and give a stronger voice to the civil society implementation of the drug use strategy. This is crucial. All of us must be so mindful of drug use and I really welcome this citizens' assembly."⁴

Lucy Dillon

- 1 Fianna Fáil, Fine Gael, Independent TDs (2025) *Draft Programme for Government 2025: Securing Ireland's Future*. Dublin. Available from: <https://www.drugsandalcohol.ie/42537/>
- 2 Citizens' Assembly (2024) *Report of the Citizens' Assembly on Drugs Use*. Dublin: Citizens' Assembly. Available from: <https://www.drugsandalcohol.ie/40393/>
- 3 Joint Committee on Drugs Use (2024) *Joint Committee on Drugs Use Initial Report*. Dublin: Houses of the Oireachtas. Available from: <https://www.drugsandalcohol.ie/42080/>
- 4 Citizens' Assembly on Drugs Use: Motion, 21 February 2023. Available from: <https://www.oireachtas.ie/en/debates/debate/dail/2023-02-21/13/>

Joint Committee on Drugs Use Interim Report

The Joint Committee on Drugs Use was established by the Government to consider the *Report of the Citizens' Assembly on Drugs Use* and to make a reasoned response to each of its 36 recommendations.¹ On 22 October 2024, the Committee published its *Interim Report*.²

Context

The Committee included members from across the spectrum of political parties (not just Government parties).³ The *Joint Committee on Drugs Use Interim Report* is based on the Committee's seven meetings held between June and September 2024. At these meetings, presentations were made and questions asked of members of Government Departments and other State bodies, representatives of organisations working in the drugs use and addiction sector, and academic institutions with an interest in the field.³ Rather than working through each of the Citizens' Assembly's recommendations in turn, Committee meetings considered drugs use in Ireland more broadly.⁴

The Committee identified four modules to inform its work. These are: drugs policy, the national drugs strategy and a whole-of-government approach; engagement on decriminalisation, depenalisation, diversion and legalisation; engagement on a health-led approach; and family and community. The first two of these modules are addressed in the *Interim Report*.

Recommendations

The *Interim Report* reflects the complexities involved in addressing the challenges associated with drugs use in Ireland. As mentioned above, the orders of reference for the Committee

outlined its role: 'the Joint Committee shall consider the *Report of the Citizens' Assembly on Drugs Use* ('the Report') and shall provide a response to the subject matter of the Report, including a reasoned response to each of the 36 recommendations contained in the Report' (p. 4).⁵

The *Interim Report* presents each of the Assembly's recommendations, alongside the Committee's response which takes the form of one or more sentences/statements to provide context to its position. Overall, the Committee agrees with the recommendations of the Citizens' Assembly – although it acknowledges that it did not have enough time to explore them all in adequate depth. The only recommendation it did not explicitly agree with was that which called for an annual report on drug-related expenditure which would be audited by the Comptroller and Auditor General (Recommendation 20). More time was required to consider this.

The Committee used the report to make 59 additional recommendations of its own. Many of these recommendations duplicated findings from the Citizens' Assembly. Some recurring themes in these recommendations were: to adopt a health-led approach to dealing with drugs use; addressing stigma and trauma experienced by people who use drugs; the decriminalisation of people who use drugs; removing barriers to treatment and recovery, including housing; increasing the capacity of treatment services; ensuring the community's role in addressing drugs use, including the involvement of the Drug and Alcohol Task Forces; increasing the availability of harm reduction services, including naloxone; addressing the causes of poverty, criminal

Joint Committee on Drugs Use Interim Report

continued

activity and drugs use; improving service provision in prisons; and an improved funding structure that would include increased resources and multi-annual funding structures.

Legislative change

While the Committee's recommendations tended to be in line with those of the Assembly, there was also some divergence, most notably on the question of legislative change to reduce the harms of drugs use.

Citizens' Assembly's recommendation

As previously reported, a core element of the work of the Citizens' Assembly was to recommend the legislative changes that the State could make to reduce the harms of illicit drugs use.⁶ A structured and systematic approach was taken in the Assembly to explore the possible options. After much discussion and debate, five models were included in a ballot carried out with the Assembly members. In its simplest terms, the options ranged from maintaining the status quo to the legalisation and regulation of drugs. The Citizens' Assembly voted for the State to introduce a comprehensive health-led response to possession of drugs for personal use.

As outlined in a previous article, 'under this approach, the State would respond to drug use primarily as a health rather than a criminal justice issue. While possession of drugs would remain illegal, those found in possession would be afforded extensive opportunities to engage voluntarily with health-led services. This would minimise or potentially completely remove the possibility of criminal conviction and prison sentences for simple possession. At its core, this model combines diversion, decriminalisation, and dissuasion' (p. 9).⁶

While the Assembly favoured this approach for all drugs, the vote was particularly close in relation to cannabis. The comprehensive health-led model received one more vote than the legalisation and regulation model (39 versus 38 votes) when it came to cannabis. However, the comprehensive health-led approach was the model voted for by most Assembly members across all drug types considered. This resulted in Recommendation 17 of the *Report of the Citizens' Assembly on Drugs Use* – that the State should introduce a comprehensive health-led response to possession of drugs for personal use.

The Committee's response and recommendations

The Committee states that it agrees with the Assembly's recommendation. In response, it makes three statements: that a health-led response should be made operational; it recommends decriminalisation of the person in relation to possession for personal use; and that healthcare should be voluntary and not mandated. However, the Committee's own recommendations adopt a different position to that of the Citizens' Assembly in relation to cannabis. Two of the Committee's recommendations (numbers 43 and 44) deal with researching and introducing a regulatory model for 'an Irish not-for-profit regulated cannabis market' (p. 14).¹ As outlined above, this was not a move recommended by the Citizens' Assembly on Drugs Use.

Concluding comment

The Citizens' Assembly adopted a systematic and transparent approach to its selection of recommendations. While the Committee's *Interim Report* states that it agrees with the recommendations of the Assembly in relation to legislative changes, its own recommendations would suggest otherwise in relation to cannabis. It is unclear from the report how this divergence should be addressed. The dissolution of the Government in November 2024 stopped the work of the Joint Oireachtas Committee on

Joint Committee on Drugs Use Interim Report

continued

Drugs Use. The lack of clarity about how it would progress is recognised in the Cathaoirleach’s foreword to the *Interim Report*. However, there is a commitment in the new Programme for Government to re-establish the Committee.⁷

Lucy Dillon

1 The Citizens’ Assembly (2024) *Report of the Citizens’ Assembly on Drugs Use*. Volume 1. Dublin: The Citizens’ Assembly. Available from: <https://www.drugsandalcohol.ie/40393/>

2 Joint Committee on Drugs Use (2024) *Joint Committee on Drugs Use Interim Report*. Dublin: Houses of the Oireachtas. Available from: <https://www.drugsandalcohol.ie/42080/>

3 Dillon L (2024) Oireachtas Joint Committee on Drugs Use. *Drugnet Ireland*, Issue 89 (Autumn): 13–14. Available from: <https://www.drugsandalcohol.ie/42091/>

4 To view a video or read a transcript of the Joint Committee on Drugs Use meetings, visit: <https://www.oireachtas.ie/en/committees/33/drugs-use/debates/>

5 For the Joint Committee on Drugs Use orders of reference, visit: https://data.oireachtas.ie/ie/oireachtas/committee/dail/33/committee_on_standing_orders_and_dail_reform/reports/2024/2024-02-28_orders-of-reference-for-special-committee-on-drugs-use_en.pdf

6 Dillon L (2024) Final report of the Citizens’ Assembly on Drugs Use. *Drugnet Ireland*, Issue 87 (Winter Supplement): 2–12. Available from: <https://www.drugsandalcohol.ie/40651/>

7 Fianna Fáil, Fine Gael, Independent TDs (2025) *Draft Programme for Government 2025: Securing Ireland’s Future*. Dublin. Available from: <https://www.drugsandalcohol.ie/42537/>

Recent research

Alcohol Statistics Dashboard

HRB National Drugs Library

Background

Alcohol use is responsible for four deaths every day in Ireland and causes many conditions, such as alcohol dependence and alcohol-related liver disease, as well as common health conditions, including cardiovascular disease and cancer.¹

The Health Research Board (HRB) periodically publishes alcohol overviews to collate information about alcohol use as well as related

harms; the most recent of these was published in April 2024.¹ The overviews are particularly valuable for policy-makers, those working in public health, students, researchers, service providers, and those advocating for recognition of the harms caused by alcohol. They are published every 3–4 years. Beginning in August 2025, in order to supplement the overviews, statistics from the main sources that inform the overviews will be available on the newly created Alcohol Statistics Dashboard, accessed via the HRB National Drugs Library on its website.

Alcohol Statistics Dashboard

continued

Alcohol Statistics Dashboard

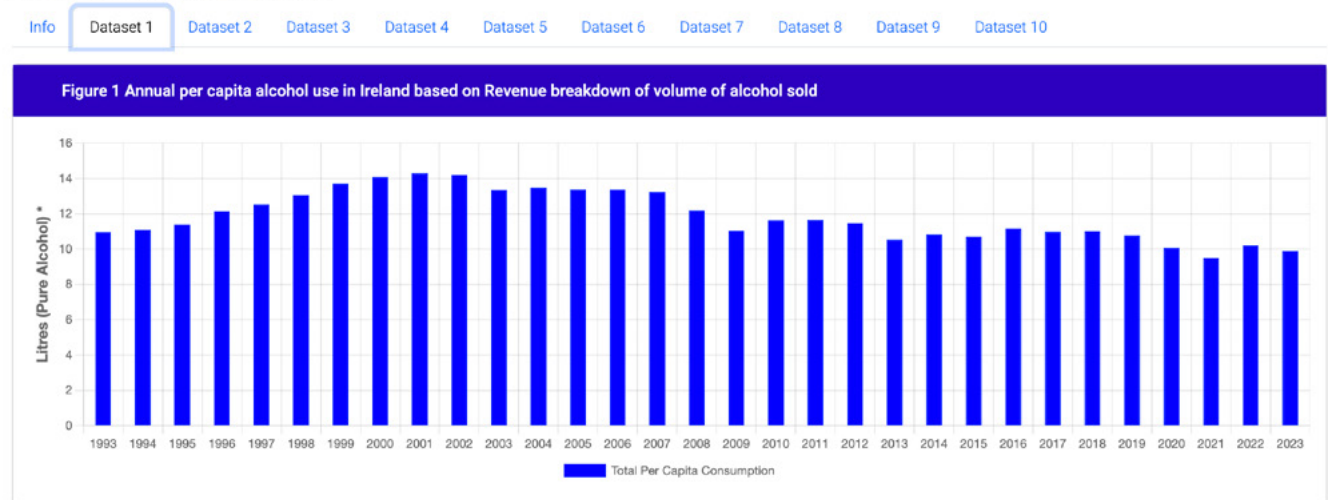


Figure 1: Example of one feature of the Alcohol Statistics Dashboard – per capita alcohol consumption per adult aged 15 years and over, 1993–2023

Features of the Alcohol Statistics Dashboard

The dashboard allows those who require up-to-date information about alcohol to have easy access to the data (Figure 1). The tables and graphs are updated as new information becomes available, and the data source is provided for further information if required. Statistics available, all specific to Ireland, include per capita alcohol use, drinking patterns, alcohol availability, alcohol-related harms including deaths, hospitalisations, alcohol-related crime; and responses to alcohol use, such as the numbers accessing treatment for alcohol use, and the number of prescriptions dispensed for medications used to treat alcohol use disorders.

The dashboard is particularly useful and informative for those who wish to understand the burden alcohol places on Irish society. It provides the user with a greater understanding of population trends, which in turn can be used to tailor interventions and plan services, as well

as monitor the effectiveness and impact of the Public Health (Alcohol) Act 2018. The primary policy objective of this legislation is to reduce population-level alcohol use and related harms.

The Irish Alcohol Statistics Dashboard is available now on the HRB drugs library website www.drugsandalcohol.ie/alcohol_statistics_dashboard

Anne Doyle

- 1 Doyle A, Mongan D and Galvin B (2024) *Alcohol: availability, affordability, related harm, and policy in Ireland*. HRB Overview Series 13. Dublin: Health Research Board 2024. Available from: <https://www.drugsandalcohol.ie/40465/>

Alcohol-related brain injury hospitalisations, 2015–2023

Background

Alcohol-related brain injury (ARBI) is a term that encompasses various conditions associated with heavy and prolonged alcohol use.^{1–3} Wernicke encephalopathy and Korsakoff syndrome are the two most commonly known conditions, and develop as a result of thiamine deficiency (vitamin B1).⁴ Most at risk are those with alcohol dependency who may substitute food with alcohol. Their poor diet, and particularly the lack of vitamin B1, as well as alcohol interfering with the absorption and metabolism of vitamin B1, increase the risk of developing thiamine deficiency, and consequently ARBI.

Symptoms of ARBI include a cognitive impairment and behavioural changes, including short-term memory loss, an inability of the brain to shift focus from one task or idea to another, limited attention span or ability to focus, difficulty regulating self-control (both behaviourally and emotionally), difficulty with decision-making, and diminished social interaction.

This article aims to calculate the number of hospitalisations due to ARBI in Ireland from 2015 to 2023.

Methods

Data on ARBI hospitalisations were obtained from the Hospital In-Patient Enquiry (HIPE) scheme.⁵ HIPE is a computerised health information system designed to collect demographic, medical, and administrative data on admissions, discharges, and deaths from acute general hospitals in Ireland. The system is managed by the Healthcare Pricing Office (HPO) in the Health Service Executive (HSE).

The use of HIPE data for epidemiological purposes has some limitations. Each HIPE discharge record represents one episode of care; patients may be admitted to hospital(s) more than once with the same or different diagnoses. Emergency department (ED) and outpatient data are not collected. The HIPE system records the number of inpatient events rather than the number of patients and, as these records do not carry an individual health identifier, it is not possible to ascertain the incidence of alcohol-related brain morbidity.

The data presented here relate to the period 2015–2023, based on the International Statistical Classification of Diseases and Related Health Problems, Tenth Revision, Australian Modification (ICD-10-AM).⁶

Results

Table 1 provides the annual number of ARBI hospitalisations between 2015 and 2023. These are the hospitalisations where one or more of the ICD-10-AM codes* were listed as the primary diagnosis or as any one of the up to 29 additional diagnoses listed on the HIPE discharge record.

Hospital discharge data indicate that there was a mean of 314 ARBI hospitalisations annually, with the highest number recorded in 2016 (n=346). Such hospitalisations were more than twice as common among males as among females.

* ICD-10-AM codes: F10.6, F10.7, G31.2

Alcohol-related brain injury hospitalisations

continued

As ARBI is difficult to diagnose, the data presented in Table 1 are likely an under-representation of ARBI hospitalisations. In order to examine brain injury hospitalisations that may also be related to alcohol use, data from HIPE were analysed where a brain injury diagnosis[†] and alcohol-related condition[‡] were both included on the HIPE discharge record.

Figure 1 provides an annual breakdown of the hospital discharges where a brain injury diagnosis and an alcohol-related condition were included as two separate diagnoses on the HIPE discharge record. It is not possible to determine whether the two diagnoses were related. However, given the limited information available elsewhere, this may be used as a proxy to understand the prevalence of such hospitalisations.

Table 1: Number of discharges reported to HIPE from acute hospitals with an ARBI diagnosis code (ICD-10-AM codes F10.6, F10.7, G31.2), by year and sex, 2015–2023

Year	Male		Female		Total
	n	%	n	%	
2015	233	74.4	80	25.6	313
2016	241	69.7	105	30.3	346
2017	251	74.5	86	25.5	337
2018	221	71.3	89	28.7	310
2019	200	68.0	94	32.0	294
2020	209	72.8	78	27.2	287
2021	231	72.4	88	27.6	319
2022	223	67.8	106	32.2	329
2023	200	69.2	89	30.8	289

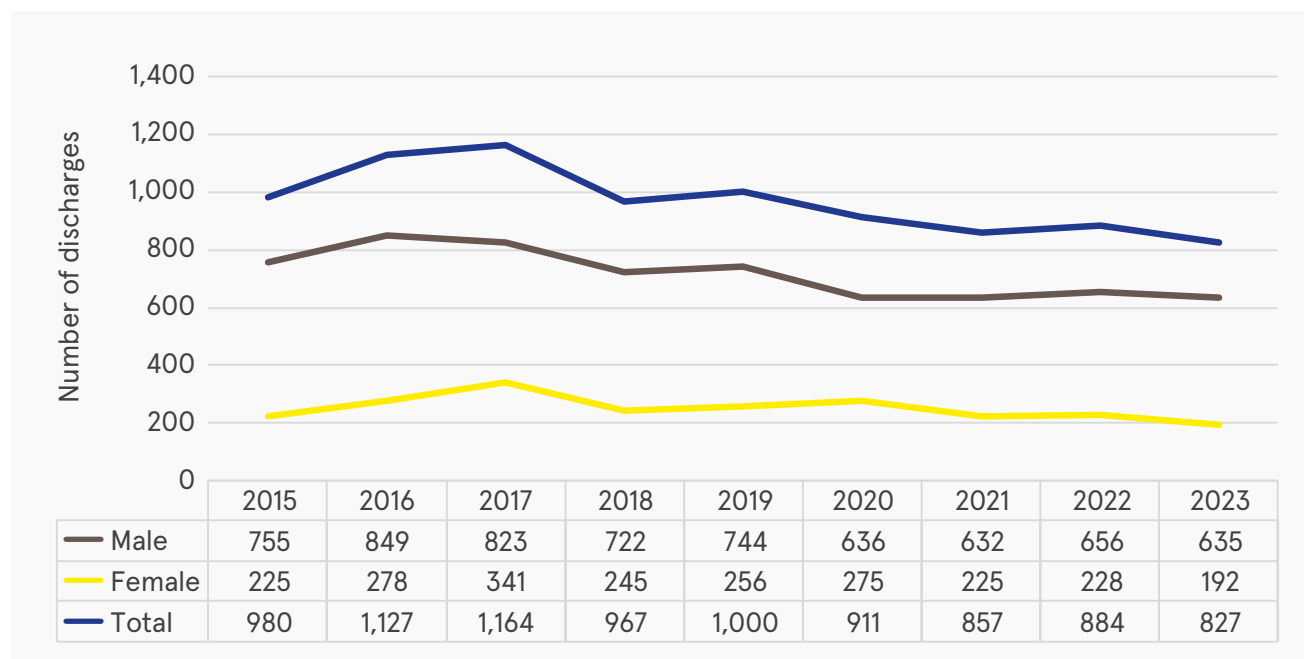


Figure 1: Number of discharges reported to HIPE from acute hospitals with a brain injury diagnosis code and an alcohol-related diagnosis code, by year and sex, 2015–2023

† ICD-10-AM codes: S06, S09, T90–T98

‡ ICD-10-AM codes: E24.4, F10, G31.2, G62.1, I42.6, K29.2, K70, K85.2, K86.0, O35.4, P04.3, Q86.0, R78.0, T51, X45, X65, Y15, Y90, Z72.1, Z86.41

Alcohol-related brain injury hospitalisations

continued

The mean number of annual hospital discharges where both an alcohol-related condition and a brain injury condition were recorded on the HIPE record was 969 during the period 2015–2023. During this period, the mean number of annual hospital discharges for males was 717, while the corresponding figure for females was 252. The greatest number of discharges was recorded in 2017 (n=1164). A decline in the number of discharges related to such a combination of conditions is evident in the period 2015–2023, when it decreased by 15.6%.

Conclusion

There is limited information about ARBI prevalence in Ireland, and due to the complexity in diagnosing and under-reporting, the data from HIPE can be used as a guide to understanding the potential number of hospitalisations of those with a suspected ARBI.

Anne Doyle

- 1 Alcohol Forum Ireland (nd) Alcohol-related brain injury. Alcohol Forum Ireland. Available from: <https://www.drugsandalcohol.ie/38326/> (accessed 20 Dec 2024).
- 2 McMonagle H (2015) *Alcohol-related brain injury: a guide for families*. Letterkenny: Alcohol Forum. Available from: <https://www.drugsandalcohol.ie/23831/>
- 3 Neurological Alliance of Ireland (2021) *Meeting the needs of people with Korsakoff's Syndrome in Ireland: Identifying treatment pathways and specialist services*. Dublin, Neurological Alliance of Ireland. Available from: https://www.nai.ie/sites/www.nai.ie/files/universal_attached_files/Korsakoff%27s%20Report.pdf (accessed 13 Jan 2025).
- 4 McMonagle H, Hogan M, Morrissey AM, *et al.* (2015) *Alcohol-related brain injury: a guide for professionals*. Letterkenny: Alcohol Forum. Available from: <https://www.drugsandalcohol.ie/23832/>
- 5 Healthcare Pricing Office (nd) Hospital Inpatient Enquiry (HIPE) scheme. Available from: <https://www.hpo.ie/> (accessed 20 Dec 2024).
- 6 National Centre for Classification in Health (Australia) (2017) *The International Statistical Classification of Diseases and Related Health Problems, 10th Revision, Australian Modification (ICD-10-AM)*. National Centre for Classification in Health. Available from: <https://www.iacpa.gov.au/resources/icd-10-amachiacs-tenth-edition>

Psychotic illness triggered by widely available semi-synthetic cannabinoid

Cannabis has been shown to be linked to the development of psychotic illness. Although it has been legalised in many jurisdictions over the last 20 years, its apparent detrimental effects on mental health has slowed its legalisation on a widespread basis in Europe. However, a possible consequence of continuing illegality is that users in an unregulated environment are consuming high-potency or synthetic cannabinoids, which may also lead to adverse effects, including psychosis.¹

In Ireland, the Criminal Justice (Psychoactive Substances) Act 2010 prohibited the sale of any psychoactive substance, including synthetic cannabinoids, with the capacity to 'produce stimulation or depression of the central nervous system of the person, resulting in hallucinations or a significant disturbance in, or significant change to, motor function, thinking, behaviour, perception, awareness or mood' (p. 4).² However, hexahydrocannabinol (HHC) is classified as semi-synthetic, rather than synthetic, because it is synthesised from cannabidiol, which in turn is often derived from low-tetrahydrocannabinol (THC) cannabis (hemp). Consequently, HHC is marketed openly as a 'legal' alternative to cannabis products and has been produced and marketed in various forms, including being sprayed onto low-THC cannabis flower and resin. Although it has been hypothesised that semi-synthetic cannabinoids such as HHC may lead to psychotic illness, no such relationship has yet been reported in the scientific literature.

In a 2024 article published in the *Irish Journal of Psychological Medicine*, O'Mahony *et al.* describe two cases of psychotic illness which appear to have been precipitated by use of legally purchased HHC.³ In both cases, the patients were regular cannabis users, but the episodes of psychotic illness only developed when they

began vaping HHC. Both were diagnosed with synthetic cannabinoid-induced psychotic disorder (International Classification of Diseases, Eleventh Revision (ICD-11) code 6C42.6). As with cannabis-induced psychosis, the presentations were heterogeneous in phenomenology. One patient presented with delusions of guilt and persecution, as well as auditory hallucinations. The other patient presented with prominent thought disorder, notably alogia, as well as disordered subjective time.

The authors note that, as of March 2023, HHC use has been reported in 70% of European Union member states, which likely represents an underestimate. Given the widespread and increasing use of vaping and the ready access to this compound, they suggest that clinicians and policy-makers should be aware of HHC's psychotogenic potential in order to protect potentially vulnerable patients from deleterious effects through psychoeducation and legislative restriction.

Seán Millar

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Prevalence and current situation

The burden of alcohol and other drugs on the District Court

Introduction

The burden of alcohol and other drugs on the criminal justice system is complex to quantify. Data availability, the difficulty in classifying offences according to the role alcohol and/or other drugs may have played, and the uncertainty of a cause-and-effect relationship all complicate the narrative. However, an extensive body of evidence has consistently shown significant and definite associations between alcohol and other drug use and rates of criminal offences.

Global evidence estimates that over 50% of perpetrators had been drinking prior to the offence committed.¹ A systematic review and meta-analysis found that drug users were 3–4 times more likely to commit a criminal offence than those who do not use drugs.² Irish data from the Probation Service found that one-half of clients (53%) committed an offence while intoxicated, or that alcohol was in some way associated with the offence, and similarly so for other drug use (48%).³

Given these statistics, alcohol and other drug use places considerable pressure on the financial resources of the State and demands on the criminal justice system. A 2021 report published jointly by the Department of Public Expenditure and Reform and the Department of Health calculated that approximately €87 million is spent annually on problem drug use collectively within hospitals and prisons, and by the criminal justice system in dealing with the medical and legal consequences of drug

use.⁴ A report published in 2010 calculated that alcohol-related crime cost the State €1.2 billion in 2007.⁵ These calculations do not consider the human costs, from victims of alcohol- and drug-related violence, to public disorder contributing to people's fear of crime.^{6–8}

The District Court

The District Court is the frontline of the judicial system in Ireland and it deals with a wide variety of cases that impact on local communities.⁹ Irrespective of the extent of the crime allegedly committed, all criminal prosecutions within the catchment area are initially heard before a District Court judge. This article reflects observations from one day in the District Court in a regional Irish town, highlighting how substance use affects both the legal system and society.

Before court proceedings began, a candid discussion with the judge provided some insight: 'I would say that between 80% and 90% of all cases before me involve drugs or alcohol in some way.' The judge went on to say that, day in, day out, he witnesses first-hand how alcohol and other drugs are 'ruining their lives, and the lives of others'. In his 20 years on the bench, he increasingly fears for public safety as the situation is 'getting progressively worse'.

Before the doors were opened to the public and those waiting for their case to be heard, a number of hearings were presided over in camera (in private) remotely from Wheatfield Prison and Cloverhill Remand Prison. The first

The burden of alcohol and other drugs on the District Court

continued

case was for a charge of 'drunkenness' where the male defendant appeared via video link from Wheatfield Prison and was sentenced to a term of imprisonment.

Following the remote hearings, the courtroom filled to capacity. Parents accompanied juveniles, interpreters attended to translate for those for whom English is not their first language, members of An Garda Síochána took their seats, and legal representatives connected with their clients. Sixty-two case numbers and the corresponding names were called out and the defendant and their legal representative came before the judge. (Of the 62 cases, 14 were no-shows and a bench warrant was issued for the arrest of the relevant individuals.)

Of note were the 12 cases specifically involving alcohol: drink driving (n=7), drunkenness, and public disorder where alcohol was specifically mentioned (n=5). A further seven cases specifically involved drugs: drug debt intimidation and extortion, possession for distribution or personal use, and driving while under the influence of drugs.

A significant number of other cases mentioned the involvement of alcohol and other drugs; these included domestic violence where drug use was mentioned as a contributory factor, an alleged assault/serious harm while under the influence of cocaine, and a case of arson where alcohol was cited as a defensive explanation.

Legal representatives described the personal circumstances of many of the defendants, asking the judge to consider backgrounds of addiction, deprivation, experience of juvenile detention, and/or mental health issues.

Notable cases

In a drink driving case, the judge read out the details of the case, including that the defendant had been driving with his wife and three young children in the car and was initially being cautioned for speeding when it transpired that he was intoxicated. The judge verbally reprimanded him for his actions and issued a fine. Later, a 20-year-old male appeared on drunk and disorderly charges. The court heard that on the night he was arrested, the accused was intoxicated in a public place and several members of the public had alerted An Garda Síochána. When approached, he was abusive towards the Gardaí and had a blade in his possession. The court also heard that this was the second instance of the same charge for the accused.

Two defendants appeared together before the judge for a plethora of charges, including serious harm/assault, threats to kill, threat to damage property, alleged harassment, and demanding money with menaces in the case of an alleged drug debt. The court heard that the defendants had already obtained €24,000 from the victim over a 12-month period and the judge ordered the case to go to trial under the Criminal Procedure Act, 1967.

One case involved a 49-year-old male who was appearing in court due to a theft charge. The court heard that he stole an energy drink worth €3 while intoxicated, became abusive towards staff in the shop when approached, and that this resulted in An Garda Síochána being called. He was issued a €250 fine.

In another case where the accused was before the court on two separate charges, being drunk in a public place and driving while disqualified, his legal representative told the judge that the defendant has 'alcohol problems'; the judge replied by saying that the defendant is 'married to alcohol and with the trouble it is getting him into, he should file for a divorce from alcohol'.

The burden of alcohol and other drugs on the District Court

continued

Later in the afternoon a number of Transition Year students from a local school attended to observe the proceedings. The judge spoke directly to them and warned them of the 'lifelong consequences of drug use ... don't just take my word for it, go into the [courthouse] cells and see for yourself and listen to proceedings today ... you can ruin your future'.

Conclusion

Among the cases before the court, the burden of drug- and alcohol-related offences, be it directly or indirectly, was evident. However, considering the limited information given in court, the real involvement of alcohol/drugs is likely to be higher. The multitude of people and the variety of cases reflect diverse backgrounds but also reveal a cycle of crime and addiction, along with a larger social issue of deprivation.

Prior to the start of proceedings, the judge had spoken of the dilemma he faced daily of the need to balance community safety and a need for recovery support: 'I have two options in my role. Send to prison or send back to the streets. Neither is right.' He called for more treatment alternatives that support the individual, giving them a chance to recover.

Given the evidence from one single day in his court it is hard to argue against this investment in prevention programmes and addiction services to both ease the burden on the judicial process and further the betterment of communities.

Anne Doyle

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Understanding knowledge and attitudes towards alcohol consumption – findings from the Evidence into Action Alcohol Project (EVID-ACTION)

Introduction

Alcohol use is highest in the World Health Organization (WHO) European region.¹ Cancer is the leading cause of death due to alcohol use in Europe, and yet, awareness of this link between alcohol use and seven different cancers is low, particularly for breast cancer.^{2,3} Collaborating with the European Union (EU), the WHO aims to reduce alcohol use and related harms and increase awareness of the risks through a project called the WHO-EU Evidence into Action Alcohol Project (EVID-ACTION), co-funded by the EU as part of Europe's Beating Cancer Plan.^{4,5} The project covers 30 countries, including Ireland, and the focus is on building evidence for the case for alcohol health warning labels, supporting and sharing experiences and expertise among members, and providing tools and training to support implementation of screening and brief interventions in a variety of contexts. In order to gain a better understanding of the current level of knowledge and attitudes towards alcohol use, a survey was completed in five European countries, including Ireland. The findings from the Irish sample are presented here.

Methodology

An online survey was conducted among a sample of 620 participants (49.6% female) aged between 18 and 84 years. The survey included questions about alcohol use; opinions on Irish policies on alcohol, and social and cultural norms; knowledge of health consequences of

alcohol use; exposure to health information about alcohol use and exposure to alcohol advertising; and opinions about alcohol initiation.

Results

Drinking patterns

Just 7.3% of the sample reported that they were non-drinkers and more than one-half reported drinking at least weekly (50.3%), 22.1% reported drinking at least five standard drinks on a typical drinking occasion, and 37.5% indicated that they drink enough to feel drunk at least once per week. Most respondents consider themselves to be an occasional drinker (32.9%) or a social drinker (24.3%) and just 2.1% consider themselves to be a binge drinker.

Opinions on alcohol use

When asked how 'worth it' they consider drinking alcohol is, 9.7% claimed drinking alcohol is 'worth it' and 11.8% claimed it is 'not worth it'. All other responses were fairly evenly divided along a 6-point scale between 'worth it' and 'not worth it'.

Most respondents felt that it was 'acceptable' to start drinking at 18 years and over (81.7%) and to get drunk for the first time at 18 years and over (90.5%).

Almost one-half of respondents strongly agreed that regularly consuming alcohol at social gatherings is common among the population

Understanding knowledge and attitudes towards alcohol consumption (EVID-ACTION)

continued

of Ireland (44.5%), 27.1% strongly agreed that regularly drinking alcohol at home is common, and 25.8% strongly agreed that most people are comfortable drinking while children are present.

Risk factors associated with alcohol use

The majority of respondents recognised that alcohol use can cause liver disease (96.3%) and 69.8% were aware of the risk of cancer due to alcohol use (Figure 1).

Respondents were also asked what, if any, cancer types did they think can result from alcohol use. Two-thirds of respondents recognised that liver cancer is associated with alcohol use (66.5%). Awareness of other cancers that are associated with alcohol use was lower. For example, 30.0% said throat cancer can result from drinking alcohol, 29.2% said mouth

cancer can result from drinking alcohol, and just 17.3% recognised the link between alcohol use and breast cancer.

Knowledge of other risk factors associated with alcohol use was mixed. The majority of respondents recognised that alcohol use is damaging to the developing brain (86.9%). Fewer respondents were aware that alcohol can cause cancer even when consumed in small amounts (37.6%) (Figure 2).

Almost one-half of respondents strongly agreed that alcohol harms not only the drinker but others too (46.5%), and 46.0% felt strongly that young people should be taught by parents how to ‘drink in moderation’.

Sources of information about alcohol and exposure to alcohol advertising

Alcohol advertising was noticed more by respondents than was information about alcohol and health (Table 1).

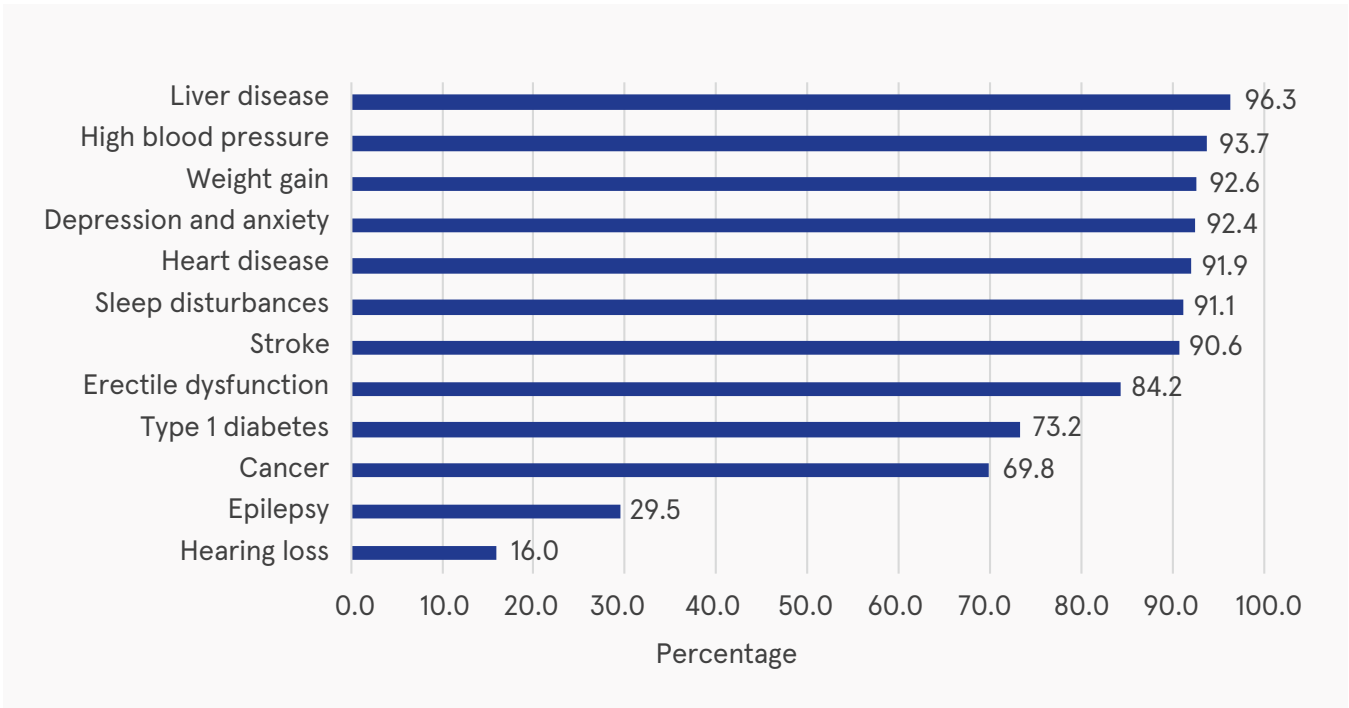


Figure 1: Percentage of respondents indicating that alcohol can cause the listed health conditions

Understanding knowledge and attitudes towards alcohol consumption (EVID-ACTION)

continued

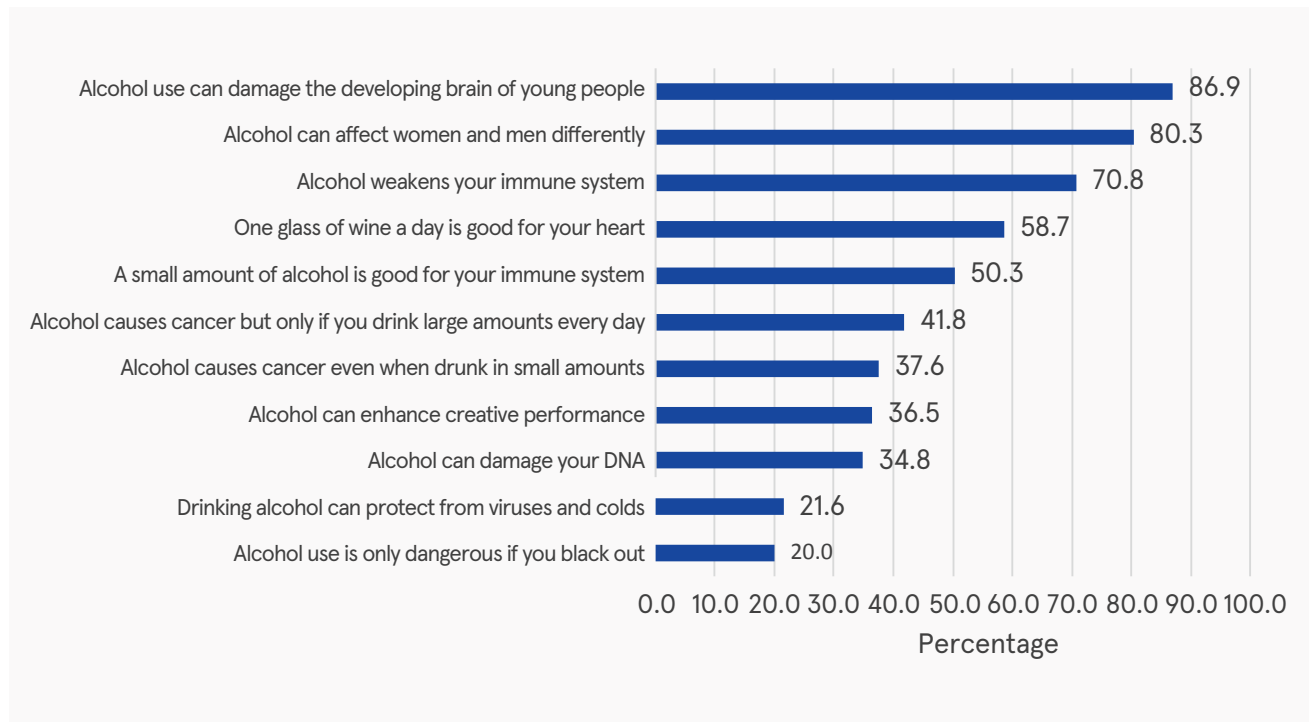


Figure 2: Percentage of respondents who indicated that the statements listed were true

Table 1: Sources where respondents encountered information about alcohol and health, and alcohol advertising in the last 12 months (%)

	Information about alcohol and health	Alcohol advertising
TV or streaming services	32.6	49.0
Social media	30.5	40.6
Websites of health authorities	28.7	36.1
Printed media (newspapers/magazines)	26.9	31.3
At a health services location (e.g. doctor's surgery)	25.2	24.8
Radio	25.2	24.4
Billboard	13.2	11.6

Understanding knowledge and attitudes towards alcohol consumption (EVID-ACTION)

continued

Two-fifths of respondents indicated that they find healthcare providers a very trustworthy source of information about the relationship between alcohol use and health, whereas just 9.8% said the same about non-profit organisations funded by the alcohol industry.

Opinion on alcohol policy

Over one in ten respondents strongly agreed that the price of alcohol should be increased (10.9%). Support was greater for health warning labelling and limiting alcohol advertising (29.9% and 27.5%, respectively, strongly agreed).

There was strong agreement for implementing strict drink-drive measures (55.4%), increasing treatment for alcohol use disorders (46.8%), providing funding for school educational programmes (42.9%), and providing funding for communication campaigns on alcohol and health (35.3%).

Conclusion

The findings from this survey confirm that the majority of people in Ireland drink alcohol, and drink regularly. Although awareness of the link between alcohol use and liver disease and liver cancer was high, there was poor awareness of the link between alcohol use and breast cancer (17.3%). The findings are similar to those of an Irish study based on a representative sample of the population, which found that 21% were aware of this link.³

The survey indicated that exposure to alcohol advertising is high among the sample, particularly on TV, streaming services and on social media. The commencement of Section 19 of the Public Health (Alcohol) Act 2018,

(broadcast watershed), in January 2025 will limit some of this exposure to alcohol advertising on TV at least.

Support for alcohol policies is high among respondents, with strong support for health warning labelling on alcohol products, which is due to commence in May 2026.

Anne Doyle

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Adolescent alcohol use continues to decline: findings from the Health Behaviour in School-aged Children survey 2022

Background

Much of Western Europe, North America and Australasia have seen a decline in alcohol use among young people.¹⁻² This is welcome indeed given that alcohol use is ranked as the second-highest contributor to disability-adjusted life years (DALYs) among adolescents and young adults aged 10–24 years globally.³ Alcohol contributes to all of the leading causes of death for young people, including suicide, road traffic collisions, poisoning and assaults, while long-term use is linked to multiple types of cancer, cardiovascular disease and liver disease.^{4,5} The Public Health (Alcohol) Act 2018 aims to reduce population-level alcohol use, but specifically seeks to prevent or delay youth drinking.⁶ In order to determine if this phenomenon extends to Irish youths, data from the Health Behaviour in School-aged Children (HBSC) survey were examined.⁷

Data source

The HBSC survey is carried out in 51 countries across the world and examines a wide range of issues, including substance use, bullying, mental health and food and dietary behaviour. The HBSC survey was first conducted in Ireland in 1998 and has been repeated every 4 years since. The 2022 survey included a representative sample of 9,071 children drawn from third class in primary school through to fifth year in post-primary school.

The data presented here represent the responses of the schoolchildren aged 15–17 years who completed the survey, specifically the questions about the prevalence and patterns of alcohol use. The findings from the 2022 survey were published in 2024 and are supplemented here with additional unpublished tables obtained from the HBSC team.⁷ Comparisons are made here between the 2022 survey and previous HBSC surveys to assess if the decline in adolescent alcohol use continues, as was previously reported.⁸

Alcohol use among schoolchildren

Lifetime alcohol use – trends over time

Alcohol use was determined by asking study participants if they had ever drunk alcohol in their lifetime (more than sips and tastes). Figure 1 illustrates a steady decline in alcohol use among schoolchildren aged 15–17 years. This is especially apparent among the younger teenagers; for example, in the 1998 HBSC survey, 83.0% of 15-year-olds had started to drink alcohol, whereas in 2022, 42.2% of 15-year-olds had started to drink alcohol. The decline is less pronounced among 17-year-olds, declining from 85.1% in 1998 to 77.2% in 2022.

Adolescent alcohol use continues to decline

continued

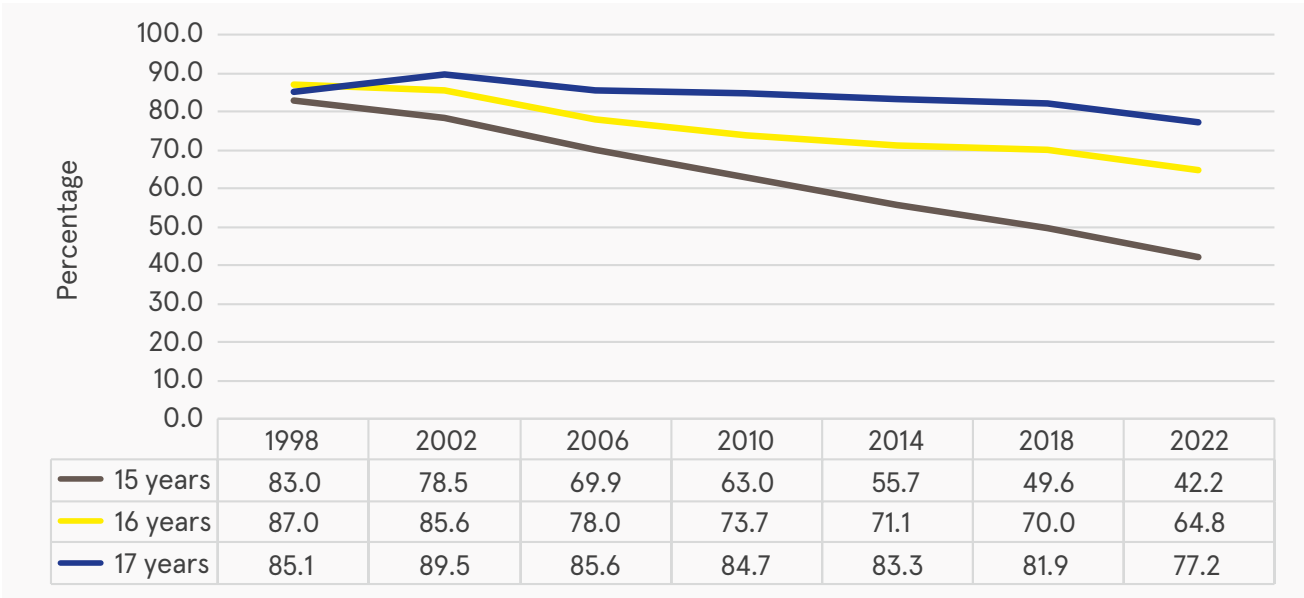


Figure 1: Percentage of schoolchildren reporting alcohol use, by age

Hazardous drinking – trends over time

Hazardous drinking among adolescents was gauged by asking respondents if they had ever been drunk in their lifetime and Figure 2 shows the percentage of schoolchildren who indicated

that they had. Again, the decline is evident across each of the HBSC surveys and markedly so among 15-year-olds. In 1998, almost one-half of 15-year-olds reported being drunk in their lifetime, and this had declined to 23.5% of 15-year-olds in 2022.

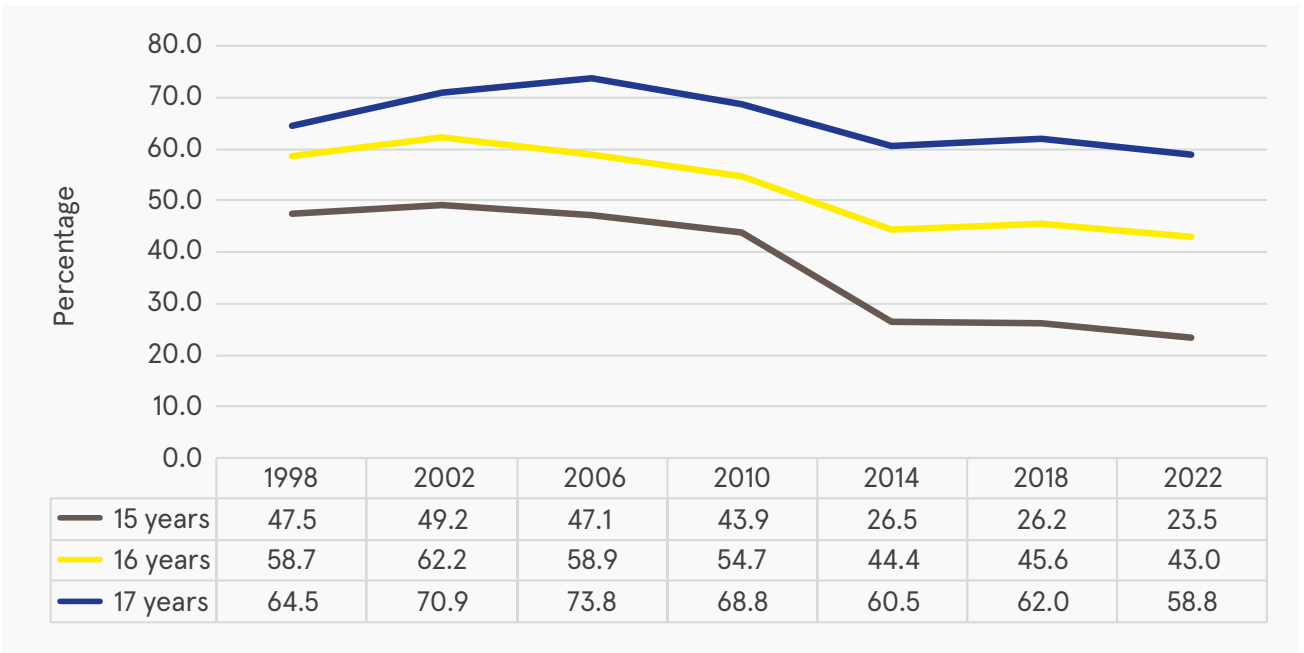


Figure 2: Percentage of schoolchildren reporting having ever been drunk, by age

Adolescent alcohol use continues to decline

continued

Age of alcohol initiation

The survey also asks the schoolchildren to indicate what age they were when they first drank alcohol (more than a small amount). Table 1 indicates that in the 2022 survey, of those who had initiated alcohol use, one-third of 17-year-olds reported that they first drank alcohol at the age of 16 years or over (33.6%).

Table 1: Percentage of schoolchildren who reported age of alcohol initiation, by age

Age of initiation	15-year-olds	16-year-olds	17-year-olds
Never	56.1	32.7	19.3
11 years or under	4.1	3.3	2.6
12 years	5.0	3.6	3.5
13 years	7.4	9.3	7.5
14 years	13.2	12.7	13.8
15 years	14.1	22.3	19.8
16 years or over	n/a	16.1	33.6

Of the schoolchildren who reported that they had been drunk, they were further asked to indicate at what age they first got drunk. Table 2 illustrates that schoolchildren were typically most likely to report first being drunk at age 15–16 years.

Table 2: Percentage of schoolchildren who reported age of drunkenness initiation, by age

Age first got drunk	15-year-olds	16-year-olds	17-year-olds
Never	75.2	52.3	34.8
11 years or under	0.7	0.9	0.6
12 years	0.5	1.1	1.2
13 years	3.6	4.5	3.9
14 years	10.0	8.4	6.9
15 years	10.0	16.2	15.2
16 years or over	n/a	16.5	37.4

Discussion

Alcohol use among schoolchildren continues to decline in Ireland. This may be due to the effect of policies introduced, such as the Public Health (Alcohol) Act 2018, or a growing awareness among parents and their adolescents alike of the dangers associated with alcohol and a decline in parental provision of alcohol. The HBSC survey is a valuable source of data to monitor adolescent alcohol use in Ireland and can be used to assess the impact of the legislation.

Anne Doyle

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Adolescent alcohol use continues to decline

continued

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Courts Service Annual Report 2023

The *Courts Service Annual Report 2023* was published on 23 September 2024. While the report presented data for all criminal cases arising within the Irish justice system between January and December 2023, this article only reports on statistics of prosecutions for drug offences.¹ The data provided are for overall drug law offences. The Courts Service in Ireland does not distinguish between the different supply offences and possession/use offences (Courts Service, personal communication, 2017).

District Court

In most cases, prosecutions for drug offences are carried out in the District Court, which is the lowest court in the Irish legal system. The District Court, exercising its criminal jurisdiction, deals with four types of offences:

summary offences, indictable offences tried summarily, some indictable offences, and indictable offences not tried summarily. When the District Court hears a criminal case, the judge sits without a jury. The District Court judge decides the issues of fact and whether to convict, and also determines the sentence.

In the case of most indictable offences that must be tried by a judge sitting with a jury, the District Court may impose a sentence where the accused pleads guilty, provided that the Director of Public Prosecutions consents, and the judge accepts the guilty plea. Otherwise, the accused is sent forward to the Circuit Court on their signed guilty plea for sentencing. The District Court has a limit on the sentence it may impose in respect of a single criminal charge, which is 12 months' imprisonment.²

Courts Service Annual Report 2023

continued

Overall, 21,907 orders were made in relation to drug offences in 2023 – involving 15,858 defendants – which represents a 7% decrease since 2022 (N=17073) (see Table 1 and Table 2).¹

Table 1: Number of drug offences in the District Court, 2023

Incoming		Resolved: offences		
Offences	Defendants*	Summary	Indictable dealt with summarily	Sent forward for trial
29 809	15 858	1018	20 889	3343

Source: Courts Service (2024)¹

* There may be more than one offence brought against a defendant.

Table 2: Number of summary and indictable offences: outcomes in the District Court, 2023

	Dis	S/O	TIC	Fine	Bond	Disq	C/S	Prob	Imp/det	Susp	Other	Total
Summary offences: outcomes	56	253	198	125	7	0	8	89	87	68	127	1018
Indictable offences dealt with summarily: outcomes	507	5571	2639	3459	80	7	223	1885	686	883	4423	20 889

Source: Courts Service (2024)¹

Dis = Dismiss; S/O = strike out; TIC = taken into consideration; Disq = disqualified; C/S = community service; Prob = probation; Imp/det = imprisonment or detention; Susp = suspended sentence

Juvenile crime

The age of criminal responsibility in Ireland is 12 years (Section 52 of the Children Act, 2001, as amended by Section 129 of the Criminal Justice Act 2006.³ Generally, children who come before the courts are aged between 15 and 17 years. The total number of orders that were made in respect of drug offences in the Children

Court in 2023 was 518 (see Table 3),¹ which represented an approximately 12% increase since 2022 (N=462). In 2023, young offenders received a range of punishments, including being imprisoned or detained (n=4), community service (n=15) or sentenced to probation (n=119). The number of young people placed on probation in 2023 (n=119) was slightly higher than in 2022 (n=114).

Courts Service Annual Report 2023

continued

Table 3: Number of juvenile crime outcomes in 2023

Dis	S/O	TIC	Fine	Bond	Disq	C/S	Prob	Imp/ det	Susp	Other	Total
70	157	94	22	0	0	15	119	4	5	32	518

Source: Courts Service (2024)¹

Note: Dis = Dismiss; S/O = strike out; TIC = taken into consideration; Disq = disqualified; C/S = community service; Prob = probation; Imp/det = imprisonment or detention; Susp = suspended sentence

Circuit Court

In 2023, the Circuit Court heard cases for 865 defendants that involved 3,368 drug offences. There were 2,803 guilty pleas, which represented nearly a 10% increase from 2022 (N=2551); of the cases that went to trial, 69 resulted in convictions and 12 resulted in acquittals (see Table 4). Trials resulted in 395 imprisonments/detentions and 500 suspended sentences (see Table 5).¹

Table 4: Number of sentences for drug offences in the Circuit Court in 2023

Incoming		Resolved: offences						
Offences	Defendants*	Guilty	Trials	Trials	NP	TIC	Quash	Dec
			Convicted	Acquitted				
3368	865	2803	69	12	946	486	0	23

Source: Courts Service (2024)¹

Guilty = guilty pleas; NP = *nolle prosequi*; TIC = taken into consideration; Quash = quash return for trial; Dec = accused deceased

* There may be more than one offence brought against a defendant.

Table 5: Number of offence outcomes following conviction in the Circuit Court in 2023

	TIC	Fine	Bond	Disq	C/S	Prob	Imp/ det	Susp	Other	Total
Offence outcomes following conviction	237	13	680	3	31	134	395	500	909	2902

Source: Courts Service (2024)¹

TIC = taken into consideration; Disq = disqualified; C/S = community service; Prob = probation; Imp/det = imprisonment or detention; Susp = suspended sentence

Courts Service Annual Report 2023

continued

Appeals (from District Court)

In 2023, 677 appeals from the District Court, representing 1,078 offences, were dealt with in the Circuit Court.¹ Appeals and offences in 2023 were approximately 38% and 10% higher, respectively, than in 2022 (appeals = 489; offences = 977). Table 6 shows a breakdown of resolved offences.

Table 6: Number of appeals from District Court, 2023

Incoming		Resolved: offences				
Offences	Defendants	Aff	Varied	Rev	Withdrawn	S/O N/A
1078	677	124	420	64	178	149

Source: Courts Service (2024)¹

Aff = affirmed; Rev = reversed; S/O N/A = struck out no appearance

Table 7: Summary of resolved appeals in 2023

Appeal	Conviction	Sentence (severity)	Conviction and sentence	Sentence (leniency)	Director of Public Prosecutions (dismissal)	Miscarriage of justice	Other	Total
Resolved	3	107	6	11	0	0	0	127

Source: Courts Service (2024)¹

Conclusion

The report was commended by the Chief Justice and chairperson of the Courts Service Board, Mr Justice Donal O'Donnell. He acknowledged that the *Courts Service Annual Report 2023* is:

Just a snapshot of the work of the courts in 2023, which highlights the strides being made in dealing with the legacy of challenges associated with a post-pandemic era, and consistently driving and implementing change to improve court services to users as they worked towards making the modernisation of the Courts a reality. (p. 5)¹

Court of Appeal

Overall, the number of appeals that were lodged from the Circuit Criminal Court for drug/misuse of drugs offences was more than 24% higher in 2023 (n=179) than in 2022 (n=144). Overall, 127 appeals that originated in the Circuit Criminal Court were resolved in 2023.¹ Table 7 indicates that most appeals resolved were for sentence severity (n=107), followed by sentence leniency (n=11), conviction and sentence (n=6), and conviction (n=3).

Ciara H Guiney

- 1 Courts Service (2024) *Courts Service Annual Report 2023*. Dublin: Courts Service. Available from: <https://www.drugsandalcohol.ie/42158/>
- 2 Courts Service (2013) *Courts Service Annual Report 2012*. Dublin: Courts Service. Available from: <https://www.drugsandalcohol.ie/20180/>
- 3 Office of the Attorney General (2006) *Criminal Justice Act 2006*. Dublin: Irish Statute Book. Available from: <https://www.irishstatutebook.ie/eli/2006/act/26/section/129/enacted/en/html>

Frostbite injuries from recreational nitrous oxide use

In Ireland and internationally, there has been much attention on the growing popularity of inhaled nitrous oxide (N₂O), colloquially known as 'laughing gas' or 'hippy crack'. Although the prevalence of nitrous oxide use is not routinely collected in Ireland's National Drug and Alcohol Surveys, a web survey (N=4398) conducted in 2021 found that 23.3% of respondents had ever used nitrous oxide, while a 2022 study (N=1193) of attendees at music festivals in Ireland found that 28% had used it in the last year.^{1,2} The popularity of nitrous oxide as a recreational drug can be attributed to the fact that it is cheap, readily available, and undetectable on routine drug screening. Recreational users tend to obtain it in small silver canisters known as 'whippets' or 'silver bullets', which are attached to a palm-sized 'nitrous cracker' to fill a balloon, from which the gas is inhaled. However, as nitrous oxide is cooled to its gaseous form for inhalation, container mishandling can cause frostbite injuries to the face and extremities.

In an article³ published in February 2024 in the *Irish Medical Journal*, Murphy *et al.* discuss that over a 6-month period from September 2022 to March 2023, seven frostbite injuries due to recreational nitrous oxide use were managed by adult and paediatric burns services in Ireland. Although injuries tended to be small, they involved critical structures such as the hands or face. Presentation for medical care was often delayed, with one patient requiring ICU-level care for toxic shock syndrome. The mechanism of injury was most commonly associated with the filling of balloons from nitrous oxide canisters and subsequent freezing of the canister exterior. Larger commercial canisters tended to cause bilateral thigh and forearm burns, whereas single-use 'bulb' canisters were

associated with smaller finger burns. The burden of care was significant, with two out of seven patients requiring debridement and grafting, and others attending for prolonged periods of dressings and/or rehabilitation.

In their discussion, the authors note that current legislation in Ireland allows for the sale of nitrous oxide canisters for industrial purposes. However, the Criminal Justice (Psychoactive Substances) Act 2010 prohibits its sale or importation for psychoactive properties.⁴ They recommend that more information about the risks and harms associated with nitrous oxide use be made available at music festivals and entertainment venues.

Seán Millar

- 1 Mongan D, Killeen N, Evans D, Millar SR, Keenan E and Galvin B (2022) *European Web Survey on Drugs 2021: Irish results*. Dublin: Health Research Board. Available from: <https://www.drugsandalcohol.ie/36571/>
- 2 Ivers JH, Killeen N and Keenan E (2022) Drug use, harm-reduction practices and attitudes toward the utilisation of drug safety testing services in an Irish cohort of festival-goers. *Ir J Med Sci*, 191(4): 1701–1710. Available from: <https://www.drugsandalcohol.ie/34860/>
- 3 Murphy D, Leon R, Carr S and de Blacam C (2024) Frostbite injuries from recreational nitrous oxide use. *Ir Med J*, 117(2): 910–920. Available from: <https://www.drugsandalcohol.ie/40522/>
- 4 Department of Justice and Law Reform (2010) Criminal Justice (Psychoactive Substances) Act 2010. Available from: <https://www.oireachtas.ie/en/bills/bill/2010/34/>

HSE Safer Nightlife programme: feedback on provision of harm reduction outreach in Irish festival settings

The Health Service Executive (HSE) National Social Inclusion Office launched a multicomponent programme in May 2022 to engage with people who use drugs specifically in festival settings. This involved a media campaign, the development of resources, recruiting and training volunteers, and coordinating outreach teams at three specific festivals: Life Festival, Indiependence (Indie), and Electric Picnic. The aim of the programme was to engage with and support festival attendees in a non-judgemental way on the topic of substance use and related issues that emerge in nightlife spaces.

A report¹ published in 2023 noted that throughout the three events, ecstasy, cocaine, ketamine, cannabis, and alcohol appeared to be the drugs most commonly discussed with volunteers, often in combination. However, while stimulants remained a dominant theme, feedback identified the need for tailored information on both psychedelics and dissociative-type drugs, with some volunteers requesting more detailed information on these topics to support their roles. The report also noted that festival attendees were often unaware of drug interactions or the dangers associated with consuming substances as part of a polydrug pattern. Consequently, the report authors suggest that the main aim of the programme moving forward should be a focus on supporting the public to minimise the number of substances consumed.

The report also highlighted, based on interactions across events, that it was obvious it was the first time that many young people were being provided with drug information materials and health information on the topic of substance use. One main area of discussion

which arose for volunteers throughout the events was the misconception by festival attendees that they would be removed or prosecuted if they accessed medical services following the consumption of substances. At each event, situations emerged for volunteers where they had to support and reassure attendees to access the medical tent when they or a friend appeared unwell following use. In addition, volunteer feedback highlighted the need for drug analysis, with a majority of attendees requesting a drug-testing service.

The report makes a number of key recommendations, which include:

- To establish a festival oversight group with the aim of providing guidance on drug responses and safety in festival settings
- To partner with a minimum of three festivals to deliver 'back of house' drug monitoring
- To review placement of volunteer teams and surrender bins at events to maximise engagement based on volunteer feedback
- To increase awareness of the programme through frequent engagement with the public and to develop resources based on the trends identified by volunteers as well as detailed media communication plans and materials to explain the operational and logistical components of a 'back of house' drug monitoring system
- To review expansion of harm reduction to wider nightlife settings in partnership with the Department of Health and the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media.

HSE Safer Nightlife programme

continued

Seán Millar

- 1 Killeen N, Corrigan N and Keenan E (2023) *The HSE 'Safer Nightlife' Programme 2022: volunteer feedback on the provision of harm reduction outreach in Irish festival settings*. Dublin: Health Service Executive. Available from: <https://www.drugsandalcohol.ie/39205/>

Prescription drug prescribing trends in Irish prisons, 2012–2020

Background and methods

Pharmacotherapy is essential for the delivery of an equivalent standard of care in prison. However, prescribing can be challenging due to the complex health needs of prisoners and the risk of misuse of prescription drugs. Misuse, or non-medical use of prescription drugs, refers to the intentional repurposing of prescribed drugs outside of their intended indication. The drugs identified with the greatest potential for misuse are prescription opioids, benzodiazepines, Z-drugs, and gabapentinoids.^{1–3} Although there is widespread concern regarding the misuse of prescription drugs in prisons, few studies have examined prescribing trends of prescription drugs with potential for misuse in prison.

A 2023 study⁴ assessed prescribing trends in Irish prisons for drugs with potential for misuse over the period 2012–2020 and determined whether trends varied by gender and history of opioid use disorder (OUD). In this research, published

in the journal *BMC Psychiatry*, prescribing rates per 1,000 prison population were calculated using electronic prescribing records from the Irish Prison Service, covering all prisons in the Republic of Ireland. Negative binomial (presented as adjusted rate ratios (ARRs) per year and 95% confidence intervals (CIs)) and joinpoint regressions were used to estimate time trends adjusting for gender and for gender-specific analyses of prescribing trends over time by history of OUD. The main findings from this study are discussed below.

Results

Between 2012 and 2020, a total of 10,371 individuals were prescribed opioid agonist treatment, opioids, benzodiazepines, Z-drugs or gabapentinoids. History of OUD was higher in women, with a median rate of 597 per 1,000 female prisoners, compared with 161 per 1,000 male prisoners. Women were also

Prescription drug prescribing trends in Irish prisons

continued

significantly more likely to have been prescribed benzodiazepines, Z-drugs, and gabapentinoids relative to men. Adjusting for gender, prescribing time trends showed that prescribing rates decreased over time for prescription opioids (ARR=0.82; 95% CI: 0.80–0.85), benzodiazepines (ARR=0.99; 95% CI: 0.98–0.999), and Z-drugs (ARR=0.90; 95% CI: 0.88–0.92), but increased for gabapentinoids (ARR=1.07; 95% CI: 1.05–1.08). Gender-specific analyses found that men with OUD, relative to men without, were more likely to be prescribed benzodiazepines (ARR=1.49; 95% CI: 1.41–1.58), Z-drugs (ARR=10.09; 95% CI: 9.0–11.31), and gabapentinoids (ARR=2.81; 95% CI: 2.66–2.97). For women, history of OUD was associated with reduced gabapentinoid prescribing (ARR=0.33; 95% CI: 0.28–0.39).

Conclusions

The authors noted that while the observed reductions in prescription opioid, benzodiazepine, and Z-drug prescribing over the period is consistent with guidance for safe prescribing in prisons, the increase in gabapentinoid (primarily pregabalin) prescribing and the high level of prescribing to women is concerning. They suggest that targeted interventions may be needed to address prescribing in women and men with a history of OUD.

Seán Millar

- 1 Cremers S and Wright DFB (2021) Nonmedical use of prescription drugs. *Br J Clin Pharmacol*, 87(4): 1635–1636.
- 2 Wood DM and Dargan PI (2021) Regional, national and international datasets: how they improve our understanding of the acute harms associated with prescription medicine misuse. *Br J Clin Pharmacol*, 87(4): 1654–1659.
- 3 Marsden J, White M, Annand F, *et al.* (2019) Medicines associated with dependence or withdrawal: a mixed-methods public health review and national database study in England. *Lancet Psychiatry*, 6(11): 935–950.
- 4 Durand L, Keenan E, O'Reilly D, Bennett K, O'Hara A and Cousins G (2023) Prescription drugs with potential for misuse in Irish prisons: analysis of national prison prescribing trends, by gender and history of opioid use disorder, 2012 to 2020. *BMC Psychiatry*, 23: 725. Available from: <https://www.drugsandalcohol.ie/39710/>

Responses

National Drugs Forum 2024

Emerging drug trends: monitoring, communicating, and responding

The 2024 National Drugs Forum was held in Croke Park in Dublin on 14 November. The theme of the forum was early warning on new drugs and emerging trends. The event provided an opportunity to learn about recently developed monitoring tools in Ireland and to get a sense of the types of information that can contribute to knowledge on emerging trends and support preparedness to deal with threats that might be unfamiliar. Previously experimental techniques, such as wastewater analysis, drug

checking and testing, analysis of syringe residues, and online surveys are now part of Ireland’s early warning system.

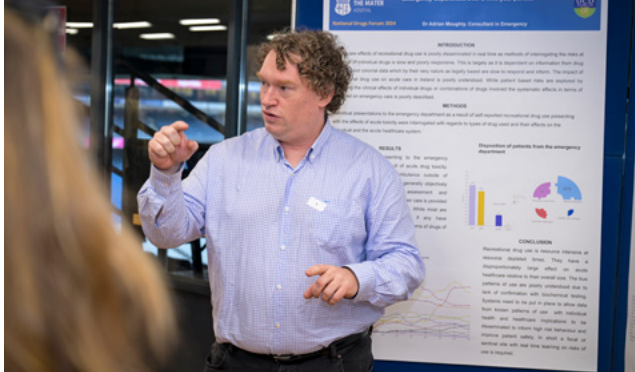
Marketplace presentations

The keynote talks by Professor Eamon Keenan, Health Service Executive (HSE); Rachel Christie, European Union Drugs Agency (EUDA); and Vicki Craig, Rapid Action Drug Alerts and Response (RADAR) (Scotland) were followed by two separate marketplace presentation sessions involving several simultaneous presentations. Each presenter used a poster to illustrate an aspect of the part of the monitoring system in which they are involved.

Marketplace 1		
Topic	Presenter	Organisation
Drug checking and festival outreach	Ashling Egan and Stephanie Kane (festival volunteers)	HSE
Drug Treatment Centre Board Laboratory	Sinead McCarthy	HSE
Key workers incident reporting form	Sadie O’Malley and Dejan Postic	Ana Liffey Drug Project
European Web Survey on Drugs	Dr Deirdre Mongan	Health Research Board (HRB)
Cork early warning network	Damian Harrington	Mercy University Hospital
Emergency departments: monitoring overdoses	Dr Adrian Moughty	Mater Misericordiae University Hospital
Marketplace 2		
Forensic Science Laboratory drug analysis	Dr Sarah Killoran	Forensic Science Ireland
Wastewater analysis	Dr Wim Meijer	University College Dublin
Responding to synthetic opioids outbreaks in Dublin	Nicky Kileen	HSE
Sources of data in early warning system	Dr Cian Dowling Cullen	HSE
Drug treatment data and early warning	Dr Suzi Lyons	HRB

National Drugs Forum 2024

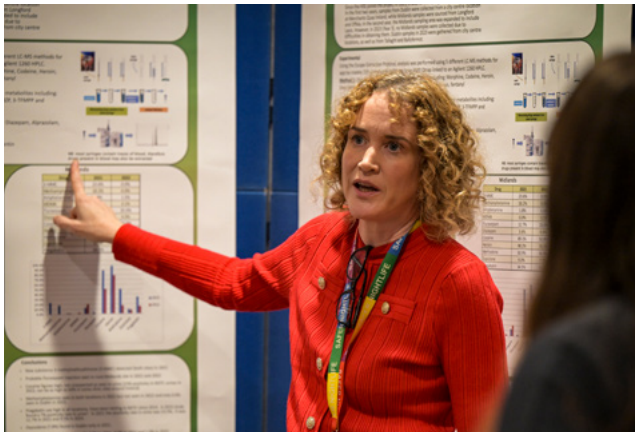
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Dr Adrian Moughty, Emergency Department, Mater Misericordiae University Hospital speaking at the National Drugs Forum.



Dejan Postic, Project Worker, Ana Liffey Drug Project, speaking on the key worker incident forms project at the National Drugs Forum.



Dr Sinead McNamara, National Drug Treatment Centre Board laboratory at the National Drugs Forum.



Vicki Craig, from RADAR in Scotland, who gave a keynote talk at the National Drugs Forum.

There are technical challenges to developing early warning tools, such as the availability of standards to confirm the chemical compositions of substances. Time pressure on those working as first responders, key workers in low threshold services, or those working in emergency departments means that the opportunity to collect data and gain valuable insights into new drug phenomena is limited. Awareness of the needs of these staff will help to harness the rich knowledge they hold and their skill in extracting information in difficult circumstances. These areas need work, but the main task facing our

public health services in relation to drugs are administrative and relate to communication, diffusion of knowledge and coordination of services. The challenges are in health intelligence; how do we use the knowledge that is available to us to protect lives? The presentations and discussion at the National Drugs Forum represent important contributions to growing knowledge on this topic and will help us to answer this question.

Brian Galvin

Women in addiction and domestic violence – the DAVINA project at SAOL

In the final quarter of 2024, the SAOL Project published two reports on the issues facing women in addiction who are also experiencing domestic violence. *“They said they couldn’t take me because I was on drugs”: A report examining whether human rights are negated for women in addiction when accessing domestic violence support and refuge in Ireland* was published in October 2024.¹ The second report, *Worthy of Love: An evaluation of the DAVINA project*, was published in December.²

The SAOL Project

The SAOL Project is a community project whose mission is to improve the lives of women affected by addiction and poverty.³ It aims to empower women to embrace their identity, define their future, and create positive change in the world. The SAOL Project identified a strong link between addiction and domestic violence, as experienced by women accessing its services. This led to the establishment in 2020 of the DAVINA project which aims to bridge the gap between addiction and domestic violence services.

Definitions of domestic violence

Both reports discuss the debate about definitions of domestic violence. For example, it is argued that ‘domestic violence’ suggests a focus on physical violence and does not adequately reflect the other forms of violence, abuse, neglect, and coercive behaviour experienced. It is beyond the scope of this article to address this important debate. The term domestic, sexual and gender-based violence (DSGBV) is used in the report on human

rights, and by Cuan.⁴ ‘Domestic violence’ is mainly used in the evaluation of the DAVINA project, as it is the term most often used by women who took part in the evaluation. ‘Domestic abuse’ is also used. Therefore, this article uses these terms interchangeably.

Human rights report

The report *“They said they couldn’t take me because I was on drugs”* was funded by the Irish Human Rights and Equality Commission (IHREC).¹ Funding was granted under the theme of supporting compliance with public sector equality and human rights. The report explores the experiences of women in addiction when trying to access DSGBV services, from a human rights perspective. It examines how the human rights of women in the DAVINA project were being negated by the barriers and obstacles faced in accessing domestic violence services.

Methodology

A qualitative approach was taken to the research which explored the views and experiences of participants and staff at the SAOL Project. Focus groups were carried out with women in addiction and staff members. Women needed to be aged over 18 years, accessing support from the SAOL Project, and have experience of seeking domestic violence support and refuge while in addiction. Similarly, staff participants needed to have experience in advocating for domestic violence support on behalf of women in addiction. Audio recordings were made of the focus groups, and these were then transcribed and analysed thematically.

Women in addiction and domestic violence

continued

Research aims

The research aimed to answer five questions:

- 1 What were the experiences of how basic rights and freedoms to accessing domestic violence support and refuge were facilitated for women in addiction?
- 2 What services and professionals, if any, did women in addiction seek domestic violence support and refuge from?
- 3 What influenced the decision of women in addiction about the services or professionals that they approached for domestic violence support and refuge?
- 4 When they approached services and professionals, did women in addiction encounter barriers to accessing domestic violence support and refuge?
- 5 Had women in addiction been refused domestic violence support and refuge based on their addiction?

Human rights and domestic violence

The report outlines the international human rights laws and agreements as they relate to domestic violence. While many of the main United Nations (UN) human rights treaties do not address domestic violence specifically, they do so under the broader premise of women's rights to 'life, equality, liberty and security of a person, to be free from all forms of discrimination, to equal protection under the law, to access the highest standard attainable of mental and physical health; and not to be subjected to torture, or other cruel, inhuman or degrading treatment and punishment' (p. 13).¹ Three other instruments are identified, which the authors refer to throughout the report. These instruments are as follows:

- 1 On a European level, the 2011 Convention on Preventing and Combating Violence Against Women and Domestic Violence (also known as the Istanbul Convention) is identified as a key instrument.
- 2 While not a legally binding instrument, the UN's 1993 Declaration on the Elimination of Violence Against Women (DEVAW) includes a declaration that State parties 'should pursue by all appropriate means and without delay a policy of eliminating violence against women' (p. 13).¹
- 3 The 1979 UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) is described as a 'revolutionary' (p. 14) human rights instrument on gender equality.¹ Recommendations were added subsequently (in 1992 and 2017) that addressed the issue of violence towards women.

Based on their review of the international literature, the authors describe it as 'surprising and concerning' (p. 14) that their study is the first to consider the human rights of women in addiction when accessing domestic violence services.¹

Findings from the literature review

Among the findings of the literature review are the following:

- The relationship between addiction and domestic violence for women is complex. Their intersectional nature must be considered if their needs are to be addressed.
- Women in addiction are more vulnerable to domestic violence than other women. They are more likely not only to experience it in adult life but also to have been exposed to it in their childhood, further compounding their trauma.

Women in addiction and domestic violence

continued

- Perpetrators of domestic violence use women's drug use to exert control over them and their (drug using) behaviour.
- Homelessness is another issue that intersects with addiction and domestic violence to increase women's vulnerability. The authors argue that this is further evidence that taking a siloed approach to services for women is not effective.
- It is well documented in the literature that women who use drugs are more heavily stigmatised because of their drug use than men. This stigma provides a further barrier to accessing services.
- Zero Tolerance is Ireland's strategy to create a country where gender-based violence is not tolerated.⁵ However, it does not identify women in addiction in its list of groups in society that are more vulnerable to domestic abuse. This follows an international trend in which tailored support for this group is not prioritised.
- The value of dual training for those working in the sectors of addiction and domestic violence was heavily emphasised. However, the authors could find no evidence of it having been undertaken in Ireland.
- The intersection of addiction and domestic violence presented challenges for child protection services. The review found that the stigma experienced by women created a barrier to them accessing support related to child welfare. It also found that women's concerns about losing custody of their children could be weaponised by the perpetrators of violence to ensure that women did not seek help.
- The authors identify a gap in the literature on the compounding factors faced by women in addiction who experience

domestic abuse. While there is some discussion about how perpetrators manipulate women's drug use to maintain control over them, the authors argue that a more in-depth understanding and exploration in the literature is needed.

- In exploring the literature on the systemic barriers for women accessing services, the authors found that there tends to be an absence of political motivation and support for specialised services.
- The review also deals with definitions of domestic violence and describes the profile of services available in Ireland, and how demand outweighs supply.

Findings from the qualitative research

The experiences of women and staff are explored in Chapter 4 of the report. The overall message is that women in addiction do not have the same access to domestic violence services as other women. By reflecting on the findings in the context of the various international treaties and resolutions, the authors argue that these women's human rights have been negated. The women reported that they were required to provide proof of abstinence from drugs as a prerequisite to accessing domestic violence services – including counselling and refuge. The findings echo those of the literature review, identifying the intersectionality of the issues faced by these women and their particular vulnerability. Despite this, they were prevented from accessing effective supports because of multiple systemic barriers. This had negative impacts for the women and, where relevant, their children.

Conclusions and recommendations

What is described in the concluding chapter of the report as 'the most poignant finding' of the study was that 'women in addiction are so accustomed to rejection, oppression and discrimination arising from the stigmatisation

Women in addiction and domestic violence

continued

associated with female substance misusers that some accept the exclusion that they encounter' (p. 48).¹ It is argued that this illustrates how often these women are failed by the Irish State and their rights denied, as they are entitled to the same access to domestic violence services as other Irish women.

The authors make a series of recommendations aimed at the Irish Government and service providers, in particular the statutory body with responsibility for services in the area of domestic violence, Cuan. Among the recommendations is a call for the education of service providers and other professionals: to be educated about their human rights obligations; to receive anti-stigma training to ensure that they deliver equitable treatment to women in addiction who experience domestic violence; and to undergo dual training in the complexities associated with addiction and domestic violence. Another example of the recommendations is to provide access to services developed specifically for this cohort, and to explore the possible replication of the DAVINA project.

Evaluation of the DAVINA project

On 6 December 2024, the evaluation of the DAVINA project *Worthy of Love: An evaluation of the DAVINA project* was launched.² The DAVINA project is described as 'a peer-led, psychoeducational service for women whose experience of domestic violence is complicated by substance use' (p. 5).²

The DAVINA project

During the COVID-19 pandemic and associated lockdowns, staff at the SAOL Project who continued to provide an outreach service

became acutely aware of the full scale and intensity of domestic violence being experienced by women accessing their services. Coupled with evidence that women in addiction find it difficult to access domestic violence services, they recognised the need for a service that could meet their complex needs. The DAVINA project was launched in 2021 as a response. The project has three strands:

- 1 Service provision:** This encompasses a range of supports including group or one-to-one support and psychoeducation, safety planning, and court accompaniment (see description of the manual used below).
- 2 Advocacy:** At the micro level, the project supports and advocates for women in their engagement with services to deal with the impact of the domestic violence experienced. Advocacy on the macro level involves working with professionals, policy-makers and academics to improve access and availability of services to meet the needs of women in addiction and experiencing domestic violence.
- 3 Training:** The training targets stakeholders working in domestic abuse, addiction, homelessness, community and statutory services. It includes a psychoeducational curriculum in the form of a manual (see description below). The aim of the training is to increase stakeholders' understanding of the complex challenges faced by women in addiction who experience domestic violence, and to improve stakeholders' ability to respond to their needs.

The manual referred to above was developed to support delivery of the various strands of the DAVINA project. It was co-produced with a group of 16 women who had experienced addiction and domestic violence. The 10 modules are: myth-busting and discussing change; types of abuse, risk and safety planning; dynamics of abusive relationships; human rights and Ireland's laws around domestic abuse; mental health; domestic abuse and

Women in addiction and domestic violence

continued

children; getting help; healthy relationships; communication, boundaries and consent; and a reflection module.

Intersectionality of addiction and domestic violence

The findings of the evaluation report echo those of the human rights report *“They said they couldn’t take me because I was on drugs”* listed above. The literature review carried out as part of the evaluation finds that ‘a symbiotic relationship exists between domestic violence and addiction, meaning that women who experience addiction are particularly vulnerable to domestic violence and vice-versa’ (p. 7).² It goes on to say that they are ‘mutually reproducing social phenomena, which may then be exacerbated by other factors such as mental ill health, poverty, and homelessness’ (p. 7).²

Conceptual framework – Empowerment Process Model

There is no consensus on the best approach to evaluate domestic violence services. The author chose a framework offered by the empowerment process model developed by Cattaneo and Goodman² They define empowerment as ‘a meaningful shift in the experience of power attained through interaction in the social world’ (p. 8).² The model is described as when:

A person who lacks power sets a personally meaningful goal oriented toward increasing power, takes action, and makes progress toward that goal, drawing on his or her evolving self-efficacy, knowledge, skills and community resources and supports, and observes and reflects on the impact of his or her actions. (p. 8)²

Methodology

Focus groups and in-depth interviews were carried out with women participating in the DAVINA project, peers who had received dual training, staff at the project and other stakeholders (a member of An Garda Síochána, a probation service worker, and a member of a community drugs project). Observation was also carried out by the researcher. Audio data were fully transcribed and analysed.

The data are analysed and reported around seven key components relating to the empowerment process model: goals as set by the women on the project; knowledge of what must be done to reach the goals; skills to be able to move towards the goals set; self-efficacy or the perceived ability to accomplish particular tasks; community resources, both formal and informal supports; actions carried out towards goal achievement; and impact in terms of the internal experience and external change, collateral damage and unexpected benefits.

Findings

The voices of women and staff of the DAVINA project are at the core of this report. It provides valuable insights into the experiences and complexities of these women’s lives and those who work with them. The Discussion chapter in the report draws out many of the key findings. While not an exhaustive list, these include:

- Participants, staff and stakeholders all credited the project with giving them an ‘in-depth understanding of domestic violence, its myriad forms and intersections with drug use, and its ongoing impact on their professional and personal lives’ (p. 49).²
- Participants attributed the DAVINA project with unburdening them of the sense that they had deserved the violence they had experienced from their abusive partners and relations. They developed a belief that their lives and voices had value. This also had a positive impact on substance use for some.

Women in addiction and domestic violence

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- The practical guidance laid out in the DAVINA project manual had improved participant and staff knowledge on the topics and had given them an ability to guide survivors 'towards an acceptance of their experiences, as well as mitigating the potential for grievous harm, and nurturing different personal and relational outcomes in future' (p. 49).²
- New skills had been developed by participants and staff. These included knowing how to apply for a court order, creating a safety plan, and knowing where and how to refer women for support.
- Key to the success of the DAVINA project was the provision of a safe, non-judgemental space in which re-traumatisation was actively dealt with and the risk of it happening mitigated.
- The role of peers in providing support, a consciousness-raising exercise, and shared experiences were seen as critical elements in the structure of the DAVINA project.
- Applying the Empowerment Process Model to the data collected, the author argues that the DAVINA project can be considered efficacious across the seven components outlined above. The DAVINA project effected empowerment through supporting participants to gain knowledge, skills, self-efficacy, and awareness of community resources: 'Therefore, it was effective because participants were able to see the benefits of these processes in relation to the social worlds around them, their neighbours, friends and family, and in particular, their children' (p. 51).²

Among the report's recommendations are the following:

- Psychoeducation around domestic violence and a rigorous trauma-informed approach should remain at the core of the project.
- The strength-based approach taken to addressing the impact of domestic violence on women's parenting capacity and children should continue; this is a particularly traumatic aspect of the experience.
- The project should be subject to ongoing evaluation and it should explore ways to quantify its impact.

Concluding comment

The two reports discussed here highlight the intersectionality of experiences of addiction and domestic abuse for women. The establishment of the statutory agency Cuan and its remit dedicated to tackling and reducing DSGBV provides a valuable opportunity for the specific needs of women in addiction to be addressed.

Lucy Dillon

- 1 Kennedy M, Murtagh G, Lucey H, Broderick G, Fayne R and Dunne R (2024) *"They said they couldn't take me because I was on drugs."* A report examining whether human rights are negated for women in addiction when accessing domestic violence support and refuge in Ireland. Dublin: SAOL Project. Available from: <https://www.drugsandalcohol.ie/42027/>
- 2 Lucey H (2024) *Worthy of Love: An evaluation of the DAVINA project*. Dublin: SAOL Project.
- 3 For more information on the work of SAOL, visit: <https://www.saolproject.ie/>
- 4 For more information on Cuan, visit: <https://www.gov.ie/en/campaigns/09288-cuan/>
- 5 Department of Justice (2024) *Zero tolerance. Third national strategy on domestic, sexual and gender based violence: 2024 implementation plan*. Dublin: Department of Justice. Available from: <https://www.drugsandalcohol.ie/41096/>

European Society for Prevention Research (EUSPR) conference

The 15th annual conference of the European Society for Prevention Research (EUSPR) was held in Cremona, Italy from 10 to 13 September 2024. The theme of the conference was 'prevention *in* and *with* communities'.

EUSPR

The EUSPR promotes the development of prevention science and its application to practice in order to promote human health and well-being through high-quality research, evidence-based interventions, policies, and practices.¹

The 2024 conference

At the 2024 conference researchers, practitioners, and other stakeholders from across the globe exchanged knowledge of good practice, debated evolving issues in the field, and explored new partnerships and ways of working. Ireland was represented by members of Drug and Alcohol Task Forces, the Health Research Board (HRB), and the Health Service Executive (HSE).

More than 200 presentations were made, exploring prevention as it relates to issues such as drugs (including alcohol) use, mental health, gender-based violence, youth violence, the impacts of war, bullying, child abuse and exploitation, climate change, suicide, gambling, smoking, excessive digital exposure, communicable diseases, and obesity. Presentations covered interventions delivered across a variety of settings, such as schools, universities, communities, families, nightlife, public media, and the workplace, among others. The interventions ranged from well-established

programmes (such as Communities that Care) to new innovations, many of which involved the growing use of technology. The experiences of international practitioners highlighted the need to take account of the local context, make cultural adaptations to interventions, and address the challenges faced in implementing interventions.

Improving the quality and raising the standards of prevention work internationally was central to the conference. A recurring theme was the need to support and develop the prevention workforce through activities such as the European Prevention Curriculum.

Given the theme of the conference, 'prevention *in* and *with* communities', many presentations focused on how best to involve communities in a meaningful way in prevention interventions. For example, the opening keynote presentation by Professor John Toumbourou of Deakin University drew on his experiences of the Communities that Care (CTC) work in Australia and internationally. He described how community coalitions such as those developed under the CTC model can contribute to healthier local environments, including the prevention of drugs use.

Lucy Dillon

- 1 For further information on the EUSPR, visit: <https://euspr.org/>
- 2 For further information on the conference, including the programme that outlines all the presentations, visit: <https://euspr.org/category/news/annual-conference/2024-conference/>



National Drugs Library

Updates

Recent publications

Prevalence and current situation

Prevalence and associated risk factors for suicidal ideation, non-suicidal self-injury and suicide attempt among male construction workers in Ireland

O'Donnell S, Egan T, Clarke N and Richardson N (2024) *BMC Public Health*, 24(1):1263. Available from: <https://www.drugsandalcohol.ie/40998/>

Identification of N-pyrrolidino protonitazene in powders sold as heroin and associated with overdose clusters in Dublin and Cork, Ireland

Killoran S, McNamara S, Kavanagh P, O'Brien J and Lakes R (2024) *Drug Test Anal*. Available from: <https://www.drugsandalcohol.ie/41058/>

Female perpetrated sexual assault: a review of attendances to the national sexual assault treatment units in the Republic of Ireland

Kane D and Eogan M (2024) *Int J Legal Med*, 138(3): 1157–1164. Available from: <https://www.drugsandalcohol.ie/40957/>

The commercial determinants of health in Ireland: fueling an industrial epidemic at home and abroad

Mialon M, Larkin J, Patton C, *et al.* (2024) *BJGP Open*, 8(2): BJGPO.2024.0029. Available from: <https://www.drugsandalcohol.ie/41031/>

Dialectical behaviour therapy: effect of a coordinated implementation approach on programme sustainability

Joyce M, Kells M, Flynn D, Wall S, Boylan E and Dunne L (2024) *Ir J Psychol Med*, 22: 1–4. Available from: <https://www.drugsandalcohol.ie/41086/>

The adverse effects of vaping in young people

Meehan J, Heffron M, McAvoy H, Reynolds C, Kyne L and Cox DW (2024) *Glob Pediatr*, 9: 100190. Available from: <https://www.drugsandalcohol.ie/41137/>

Recent publications

continued

“Just a knife wound this week, nothing too painful”: an ethnographic exploration of how primary care patients experiencing homelessness view their own health and healthcare

Ingram C, Buggy C, MacNamara I and Perrotta C (2024) *PLoS One*, 19(7): e0299761. Available from: <https://www.drugsandalcohol.ie/41463/>

Responses

Identification of N-pyrrolidino protonitazene in powders sold as heroin and associated with overdose clusters in Dublin and Cork, Ireland

Killoran S, McNamara S, Kavanagh P, O’Brien J and Lakes R (2024) *Drug Test Anal.* Available from: <https://www.drugsandalcohol.ie/41058/>

Policy

The commercial determinants of health in Ireland: fueling an industrial epidemic at home and abroad

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