

# **Focal Point Ireland: national report for 2023 – Prison**

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

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(2024) Focal Point Ireland: national report for 2023 – legal framework.

(2024) Focal Point Ireland: national report for 2023 – harms and harms reduction.

(2024) Focal Point Ireland: national report for 2023 – drugs.



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## **T0. Summary**

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

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

There are 12 institutions in the Irish Prison Service (IPS), comprising 10 traditional 'closed' institutions, and 2 open centres that operate with minimal internal and perimeter security. The majority of female prisoners are accommodated in the purpose-built Dóchas Centre adjacent to Mountjoy Prison in Dublin and the remainder are located in a separate part of Limerick Prison. The average number in custody in 2021 was 3,792 compared to 3,824 in 2020, a decrease of 0.8%. The average number of females in custody was 144, a 2.7% decrease on 2020 and the average number of males was 3,648, a decrease of 0.8% on the previous year's figure. The IPS estimates that approximately 70% of people come into prison with an addiction or substance abuse problem. In 2020, there were 325 committals (311 male and 14 female) to Irish prisons for controlled drug offences.

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

In 2022, 1,400 drug tests were carried out on inmates in Irish prisons, with 99 inmates recorded as either refusing to take a test or coming back with a false result. There were 268 definite positives along with 1,031 negatives. Drugs detected during testing included opioids, cannabis, and benzodiazepines. There were 1,378 drug seizures in prisons in 2022, compared with 1,518 seizures in 2021. The IPS recognises that improvements are required in this area. Additional security measures aimed at further enhancing the security of prisons include the introduction of a free confidential telephone line, which is now operational.

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

The IPS offers multidimensional drug rehabilitation programmes for prisoners. In addition to addiction counselling, opioid substitution treatment (OST) and detoxification are the main treatment modalities offered. In 2019, there were 19.8 full-time equivalent (FTE) addiction counsellor posts filled across the Irish prison estate. The IPS prioritise prisoners who are in greatest clinical need, and it works as part of a multidisciplinary team to manage the waiting list with team leaders. However, in the larger prisons, the average waiting period can be up to 12 weeks.

In 2022, 36.2% of problem drug cases treated in prison were new to treatment. Cocaine was the main problem drug reported by new entrants (42.1%), similar to 2021 (41.4%). Cannabis (22.1%) was

the second most common problem drug. Benzodiazepines (20.9%) were the third most common problem drug treated, ahead of opioids (13.6%).

There is an 8-week detoxification programme in the Mountjoy Prison Medical Unit that accommodates 9 prisoners, with up to 6 programmes being facilitated annually. The programme assists prisoners in detoxifying from methadone and benzodiazepines. Six community-based organisations (CBOs) are funded in order to provide services in the prison system. The Irish Probation Service recognises and acknowledges the important role that the community plays in working with offenders and supporting their rehabilitation, reintegration, and engagement in a positive lifestyle. It therefore engages with a range of CBOs, supporting and enabling them to develop and deliver services across communities that enhance the work of the Probation Service in changing offending behaviour. A range of services is provided, including residential treatment programmes for drug and alcohol addictions, harm reduction counselling and support, recovery and aftercare programmes, community education, therapeutic advice, and family support.

## **T1. National profile**

### **T1.1 Organisation**

#### **T1.1.1 Overview of prison services**

Political responsibility for the prison system in Ireland is vested in the Minister for Justice. The IPS operates as an executive agency within the Department of Justice. It is headed by a Director General supported by five directors. The annual budget for the IPS for 2021 was €395 million. At the end of 2021, there were 3,474.35 FTE staff in the IPS, including civilian grades and headquarters staff.

The IPS deals with male and female offenders who are aged 18 years or over. There was a minor decrease in the number of committals to prison in 2021, which is a continued reflection of the reduced courts activity during this year. The total number of committals was 6,133, which represented a 3.3% decrease on the previous year (6,340). The continued lower rate of committal resulted in the number in custody throughout 2021 being maintained at less than 3,900.

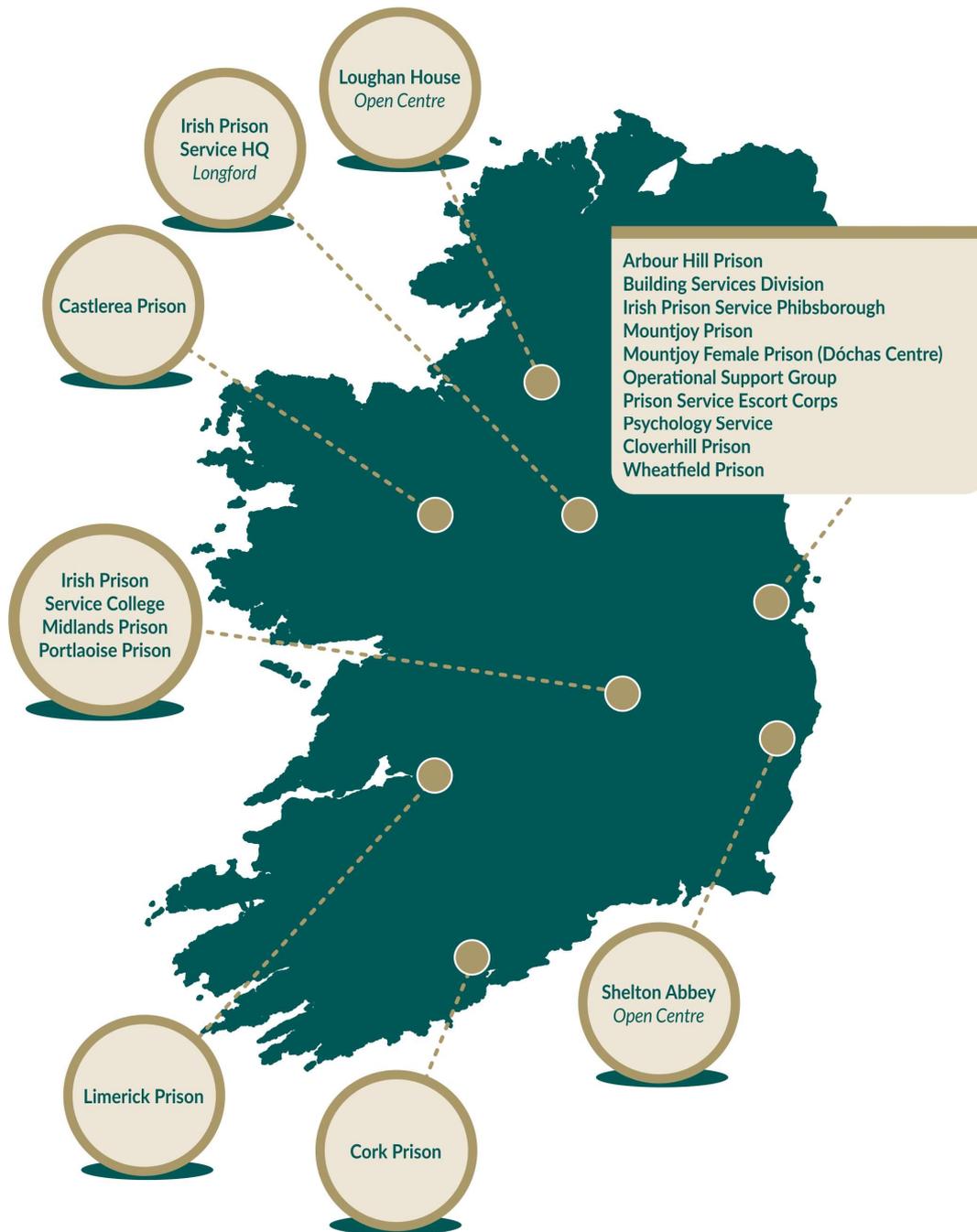
The average number in custody in 2021 was 3,792 compared to 3,824 in 2020, a decrease of 0.8%. The average number of females in custody was 144, a 2.7% decrease on 2020 and the average number of males was 3,648, a decrease of 0.8% on the previous year's figure.

There are 12 institutions in the IPS, comprising 10 traditional 'closed' institutions, and 2 open centres that operate with minimal internal and perimeter security. The majority of female prisoners are accommodated in the purpose-built Dóchas Centre adjacent to Mountjoy Prison in Dublin, and the remainder are located in a separate part of Limerick Prison. A breakdown of the Irish prison population in 2021 by IPS location is shown in Table T1.1.1.1 and Figure T1.1.1.1 (Irish Prison Service 2022).

**Table T1.1.1.1 Irish prison population, 2021**

Prison name	Description	Operational capacity	Population (daily average, 2021)
Mountjoy Prison	Closed, medium-security prison for males aged 18 years and over. It is the main committal prison for Dublin city.	755	691
Dóchas Centre	Closed, medium-security prison for females aged 18 years and over. It is the committal prison for females committed on remand or sentenced from all courts outside the Munster area.	146	116
Wheatfield Prison	Closed, medium-security prison for adult males.	610	523
Cloverhill Prison	Closed, medium-security prison for adult males, which primarily caters for remand prisoners committed from the Leinster area.	431	369
Arbour Hill Prison	Closed, medium-security prison for males aged 18 years and over.	138	125
Castlerea Prison	Closed, medium-security prison for males aged 18 years and over. It is the committal prison for remand and sentenced prisoners in the west of Ireland.	340	286
Cork Prison	Closed, medium-security prison for males aged 18 years and over. It is the committal prison for the south-west of Ireland.	296	255
Limerick Prison	Closed, medium-security prison for males and females aged 18 years and over. It is the committal prison for the mid-west of Ireland.	238	223
Loughan House Open Centre	Open, low-security prison for males aged 18 years and over.	140	95
Shelton Abbey Open Centre	Open, low-security prison for males aged 19 years and over.	115	96
Portlaoise Prison	Closed, high-security prison for males aged 18 years and over. It is the committal prison for those sentenced by the Special Criminal Court.	291	211
Midlands Prison	Closed, medium-security prison for males aged 18 years and over. It is the committal prison for the Irish midlands.	875	802
<b>Total</b>		<b>4,375</b>	<b>3,792</b>

Source: Irish Prison Service (2022)



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

Source: Irish Prison Service (2022)

## T1.2 Drug use and related problems among prisoners

### T1.2.1 Drug use prior to imprisonment and inside prison

#### Drug use prior to imprisonment

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

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

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

Source: Clarke and Eustace (2016)

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

## Drug use during imprisonment

### 2014 study

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

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

The NACDA published this study in 2014 (Drummond et al. 2014), and a summary was included in the 2014 national report.

### Most recent data

New figures released by the IPS under Freedom of Information show that the level of contraband flowing through Irish prisons decreased in 2022 (Irish Prison Service 2023a). In 2022, there were 1,378 drug seizures in prisons, compared with 1,518 recorded in 2021. Wheatfield Prison recorded the highest level of illegal drugs found in any of the adult prisons, with 510 seizures in 2022. Cloverhill Prison had the second largest number of drug seizures at 283, followed by Mountjoy Prison with 233. A breakdown of the total number of drug seizures in Irish prisons from 2017 to 2022 is shown in Table T1.2.1.2.

**Table T1.2.1.2 Total number of drug seizures in Irish prisons, 2017–2022**

Year	2017	2018	2019	2020	2021	2022
Total	1,018	1,138	1,251	1,251	1,518	1,378

Source: Irish Prison Service (2021)

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

In 2022, 1,400 drug tests were carried out on inmates in Irish prisons, with 99 inmates recorded as either refusing to take a test or coming back with a false result. There were 268 definite positives along with 1,031 negatives. Drugs detected during testing included opioids, cannabis, and benzodiazepines (Foxye 2022).

## Drug use among Probation Service clients in Ireland

### Background and methods

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

A 2021 Irish study (Rooney 2021) aimed to identify the prevalence of substance misuse among persons on probation supervision, examine the relationship between substance use behaviour and offending, and assess service user engagement. In this research, published in the *Irish Probation Journal*, a cross-sectional quantitative survey was carried out in 2019 among a representative sample of probation officers supervising people in the community. Participants were asked to complete an anonymised survey in respect of all clients (adults and young persons) who were subject to a probation order, supervision order, adjourned supervision, or supervised temporary release. In total, 3,096 surveys were completed by probation officers (male n=2,566), female n=522; unknown n=8).

### Results

A total of 2,074 (67%) persons were reported to misuse drugs; 84% (n=1,756) of the sample were reported to misuse cannabis, while high rates of misuse were also identified for benzodiazepines (55%), cocaine (48%), heroin (41%), and ecstasy (27%). A link between drug misuse and current offending was reported for almost one-half of the research sample (48%), with comparable rates of drug-related offending across male (48%) and female (47%) clients. On referral to the Probation Service, 2,169 offenders reported drug misuse to their probation officers, with one-third (33%) engaging with some form of medical intervention when presenting to the Probation Service. Methadone treatment (18%) was the most frequently cited medical intervention.

## **Conclusions**

The authors noted that the present study identified a high prevalence of drug misuse among people on probation supervision. However, a similar figure was reported in the Probation Service's 2011 Drugs and Alcohol Survey report (Martyn 2012), suggesting that substance misuse has remained relatively stable throughout the target population in the intervening 8 years (2011–2019).

Nevertheless, there is a need to increase service users' access to programmes and interventions that provide information and support that is relevant and appropriate.

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

#### **Prison visiting committee annual reports, 2021**

A visiting committee is appointed to each Irish prison under the Prisons (Visiting Committees) Act, 1925 and the Prisons (Visiting Committees) Order, 1925. Members of the 12 visiting committees are appointed by the Minister for Justice for a term not exceeding 3 years. The function of prison visiting committees is to visit, at frequent intervals, the prison to which they are appointed and hear any complaints that may be made to them by any prisoner. They report to the Minister for Justice regarding any abuses observed or found, and any repairs which they think are urgently needed. Prison visiting committee members have free access, either collectively or individually, to every part of the prison to which their committee is appointed. Information from prison visiting committee reports relating to drug use in prisons for 2021 (n=8) is summarised in the following sections (Department of Justice 2023).

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

In its report, the Mountjoy Prison Visiting Committee noted that prisoners expressed a mood of frustration, hopelessness, and at times anger about conditions of their custody, including the prevalence of drug abuse, intimidation, and absence of adequate drug treatment services. The entry of substances into the prison, despite the efforts of staff, is an ongoing feature of the lives of detained prisoners. In addition, in 2021 inmates reported intimidation of their family members in the community and a mirroring in the prison of coercion in the context of drug use and debts. The committee has consistently highlighted the availability of illicit drugs in the prison in past annual reports, and it has recommended the continued prioritisation of reducing supply into the prison.

#### **Dóchas Centre, Dublin**

The Dóchas Centre Visiting Committee observed that, as in 2020, there has been a noticeable decrease in the presence of drugs and problems associated with drugs in the prison in 2021, which is a positive development. This is likely in part because of the COVID-19 pandemic-related restrictions and the more structured regime within the prison.

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

The Wheatfield Prison Visiting Committee's report observed that drugs thrown over the perimeter wall are a daily scourge for the Irish Prison Service and prisoners, who are compelled to pick up these drugs in the yard. Although the Wheatfield Prison yards are large spaces covered with netting, there is a continuous struggle to prevent drugs and objects being thrown over the perimeter wall. The committee also felt that the continual drug-throws undermine the prison methadone programme. The report suggested that a more permanent solution with regard to the numerous State-owned lands at the back of the prison could assist in drastically reducing drug-throws.

### **Cloverhill Prison, Dublin**

In its report, the Cloverhill Prison Visiting Committee noted that while the continued efforts of prison authorities to intercept the supply of drugs, particularly in the exercise yard, is commendable, the culture of drugs within the prison remains a reality. The Committee recommended that additional support be provided to the Addiction Counselling Service for this purpose. Additionally, it again recommended the provision of a drug-free area.

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

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

### **Loughan House Open Centre, Co Cavan**

The Loughan House Open Centre Visiting Committee heard that face-to-face addiction and counselling sessions were suspended due to COVID-19 pandemic-related restrictions in 2021. However, counselling staff made themselves available via a telephone-based service. This was coupled with the fact that prisoners in Loughan House Open Centre are permitted to keep their own mobile phones, meaning that Merchants Quay Ireland (MQI) addiction team specialists remained fully accessible throughout the year.

### **Shelton Abbey Open Centre, Co Wicklow**

The Shelton Abbey Open Centre Visiting Committee's report noted the appointment in 2017 of a full-time addiction counsellor. All prisoners, regardless of charge, are seen by the counsellor upon entry and are assessed for current or previous addiction issues. They are offered one-to-one addiction counselling if required or, in the absence of a psychology service, are offered general counselling for issues other than addiction.

### **Midlands Prison, Co Laois**

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

### **Self-harm in Irish prisons, 2017–2019**

The Self-Harm Assessment and Data Analysis (SADA) Project was set up in Ireland in 2016 to provide robust information relating to the incidence and profile of self-harm within prison settings as well as individual-specific and context-specific risk factors relating to self-harm. In addition, it examines patterns of repeat self-harm (non-fatal and fatal). Both the Health Service Executive (HSE) National Office for Suicide Prevention and the National Suicide Research Foundation assist the IPS with data management, data analysis, and reporting. A 2023 study aimed to identify specific characteristics of self-harming behaviour and to establish a profile of prisoners who engage in self-harm (McTernan et al. 2023).

In the study, published in the *International Journal of Prisoner Health*, data from the SADA Project on self-harm episodes in prisons in Ireland during 2017–2019 were used. Annual rates per 1,000 prisoners were calculated by age and sex.

### **Episodes of self-harm**

Between 1 January 2017 and 31 December 2019, there were 696 episodes of self-harm recorded in Irish prisons, involving 397 individuals (328 males and 69 females). The rate of self-harm between 2017 and 2019 was 31 per 1,000 prisoners for males and 6 times higher for females, at 184 per 1,000 prisoners. The highest rates of self-harm among sentenced prisoners were observed among 18–29-year-old men (45 per 1,000) and women (125 per 1,000). The rate of self-harm was found to be higher among female prisoners than males in all age groups.

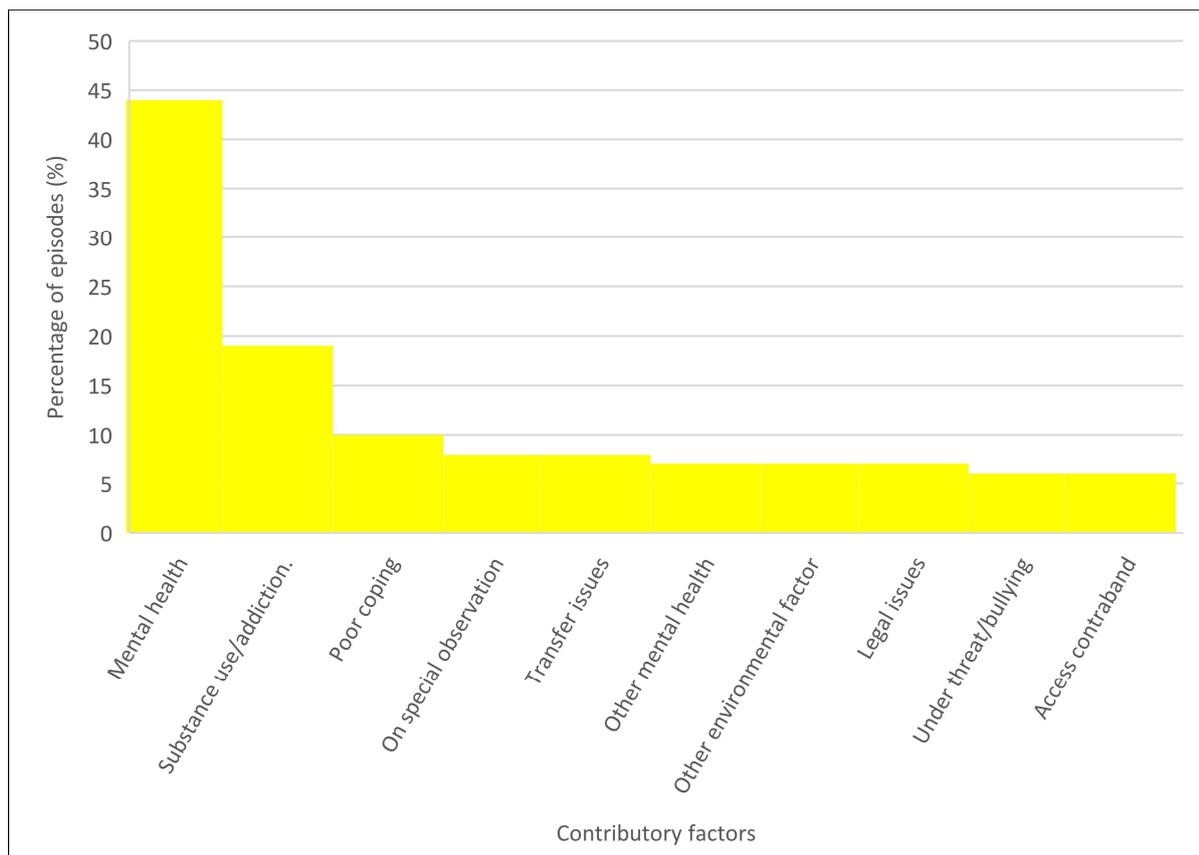
### **Characteristics of self-harm**

The most frequently used method of self-harm for sentenced prisoners was self-cutting or scratching (65%) and was most prevalent among young people aged 18–29 years (31%). The other common method of self-harm among sentenced prisoners was hanging (20%), most frequently recorded among males aged 18–29 years (9%) and females aged 30–39 years (15%), although this was based on small numbers. Females were more likely to engage in hanging than males (33% versus 16%;  $p < 0.001$ ); however, a greater proportion of males who engaged in hanging had high levels of intent compared with females (81% versus 20%;  $p < 0.001$ ). Almost one-third (30.5%;  $n = 121$ ) of individuals engaged in self-harm more than once during the study period. Repetition was more pronounced for females (39.1%;  $n = 27$ ) than for males (28.7%;  $n = 94$ ).

For almost one-third (32%) of self-harm episodes, no medical treatment was required. One-half of all episodes (52%) required minimal medical intervention or minor dressings or local wound management. One in eight required hospital outpatient or emergency department treatment (13%). Severity of self-harm was greater for males than for females, with a higher proportion of men requiring outpatient treatment following episodes of self-harm (15% versus 7%,  $p < 0.001$ ) and hospitalisation/intensive care unit/loss of life (4% versus 1%,  $p < 0.001$ ). One in eight non-fatal episodes (13%) were of high intent, with males more likely to engage in self-harm of high intent than females (16% versus 6%  $p < 0.001$ ). Three per cent of self-harm episodes were deemed to be associated with high severity ( $n = 24$ ).

### **Contributory factors**

The most common contributory factors to self-harm are shown in Figure T1.2.2.1. The majority of contributory factors recorded related to mental health issues. Substance misuse and drug addiction was the second most common factor recorded.



**Figure T1.2.2.1 Most common contributory factors to self-harm in prisons, 2017–2019**

Source: McTernan et al. (2023)

## Conclusions

The authors noted that the IPS has progressed to an expert-led and research-based implementation plan for a targeted and bespoke response to self-harm in prisons. However, further population and specific priority-group strategies with multi-agency collaboration, incorporating a prison-wide approach with targeted interventions aimed at high-risk prisoners, are required in order to further reduce the incidence of self-harm in Irish prisons.

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

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

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

## Seroprevalence of untreated chronic HCV infection in Mountjoy Prison

### Background and methods

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

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

### Results

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

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

## Conclusions

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

### T1.2.3 Drug supply in prisons

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

## T1.3 Drug-related health responses in prisons

### T1.3.1 Drug-related prison health policy

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

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

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

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

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

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

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

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

### **3. Irish Prison Service Strategic Plan 2019 – 2022**

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

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

Other objectives outlined in the strategy include the following:

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

#### **T1.3.2 Structure of drug-related prison health responses**

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

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

A range of addiction services and drug rehabilitation programmes within the prison system is delivered in partnership with six CBOs (see Section T1.3.3). IPS expenditure on addiction services and drug rehabilitation programmes for the years 2013–2017 is shown in Table T1.3.2.1 (Dáil Éireann Debate. Written answers 321 & 322 Drug-related expenditure. 2019).

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

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

Source: Flanagan (2019)

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

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

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

**Table T1.3.3.1 Types of drug-related health responses available in Irish prisons**

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

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

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

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

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

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

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

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

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

- Brief interventions

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

In 2021, MQI counselling staff saw 1,930 unique clients. In addition, MQI continued to operate a national phonenumber where prisoners could access phone support, averaging 33 calls per day (Merchants Quay Ireland 2022).

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

With regard to the most recent data, in 2019, there were 19.8 FTE addiction counsellor posts filled across the Irish prison estate. A breakdown of the ratio of addiction counsellors to the number of prisoners in 2019 is provided in Table T1.3.3.2.

**Table T1.3.3.2 Provision of addiction counsellors per prison in 2019**

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

Source: Flanagan (2019)

The IPS and MQI prioritise prisoners who are in greatest clinical need, and the two organisations work closely together as part of a multidisciplinary team to manage the waiting list with team leaders, reviewing caseloads with each counsellor on a monthly basis to ensure that cases are closing appropriately. In the larger prisons, the average waiting period can be up to 12 weeks. If there are concerns raised following a medical assessment, a prisoner will be prioritised. In addition, where waiting lists are high, MQI can offer group counselling as an alternative to one-to-one in order to give access to as many people as possible.

The number of prisoners who were on waiting lists to access addiction services at the end of 2022 is set out by prison in Table T1.3.3.3 (Dáil Éireann Debate. Prison Service. Oireachtas. 2023).

**Table T1.3.3.3 Number of prisoners on waiting lists to access addiction services, 2022**

Prison name	Number
Mountjoy Prison	176
Dóchas Centre	32
Wheatfield Prison	181
Cloverhill Prison	47
Castlerea Prison	78
Cork Prison	103
Limerick Prison	33
Loughan House Open Centre	20
Shelton Abbey Open Centre	3
Portlaoise Prison	49
Midlands Prison	103

Source: Ward (2023)

**Drug-related health responses: Residential drug treatment**

**Number of drug-free landings across the prison estate**

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

**Therapeutic community/residential drug treatment**

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

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

**Drug-related health responses: Pharmacologically assisted treatment**

**Opioid substitution treatment (OST)**

Prisoners who, on committal to prison, are engaged in a methadone substitution programme in the community will, in the main, have their methadone substitution treatment continued while in prison. Opioid substitution treatment (OST) is available in all Irish prisons, with the exception of the open centres (Loughan House Open Centre and Shelton Abbey Open Centre). However, it is otherwise available across the prison estate, accommodating more than 80% of the prison population (Dáil Éireann Debate. Committee of Public Accounts. 2019).

In 2020, 1,293 prisoners received drug treatment (methadone), and as of 18 March 2021 there were 522 prisoners in receipt of methadone across the prison estate (see Table T1.3.3.4) (Dáil Éireann Debate. Written answer (question to Justice 1266) Drugs in prisons. 2021).

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

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

Source: Humphries (2021)

**Detoxification**

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

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

**Drug-related health responses: Preparation for release**

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

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

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

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

Established in 1999, Fusion CPL supports the Probation Service in providing line management for prison liaison workers. Fusion CPL works with drug users who are incarcerated, assisting them in

making the transition from prison back into the community. Ideally, this work begins 6 months before a prisoner's release date.

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

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

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

### **Naloxone distribution**

Within the prison estate, naloxone may be administered in an emergency by a nurse, without a prescription. As studies have demonstrated that the risk of death from drug overdose within the first 2 weeks after release from prison can be as much as 12 times higher than that of the general population, the IPS has launched a joint innovative project with the HSE and Irish Red Cross that focuses on raising awareness among prisoners, as well as their family members and friends, about the key risk factors leading to opioid overdoses (Irish Prison Service 2023b). Central to this initiative is the promotion of naloxone. The aim is to equip individuals with knowledge of and access to naloxone upon release from prison, and to provide them information on where to obtain it in the community.

Naloxone banners displayed at the visitor entrance to each prison will aim to raise awareness by directing visitors to demonstration videos on drugs.ie via the QR code embedded in them. These videos aim to educate friends and family members on how to recognise and respond to a loved one's drug-related overdose, including how to administer naloxone to temporarily reverse the effects of opioid drugs while awaiting the arrival of medical care.

To further support this endeavour, the Irish Red Cross has produced two educational videos for broadcast on the in-cell Prison TV channel. These videos are specifically designed to increase prisoner awareness and empower them to respond effectively in overdose situations.

For further information on naloxone provision in Ireland, see Section T1.5.3 of the *Harms and harm reduction workbook*.

### **Drug-related health responses: Infectious disease interventions**

The latest clinical guidelines for patients on OST were published in 2017 (Lyons 2017). These guidelines recommend that all patients attending OST services be screened for hepatitis A virus (HAV), HBV, HCV, and HIV, even if they are not injecting drug users, and that all patients be vaccinated against HAV and HBV. Repeat testing is recommended for those who initially test negative

for HIV if they report engaging in behaviours that would put them at ongoing risk of infection. The guidelines also recommend referral to specialist services and treatment, as clinically appropriate, for patients who test positive for HCV or HIV. These guidelines replaced the 2008 Irish College of General Practitioners (ICGP) guidelines (Irish College of General Practitioners 2003), but the earlier guidelines also recommended testing for blood-borne viruses and HAV and HBV vaccination, and this has always been common practice within the addiction services. The *Immunisation Guidelines for Ireland* also recommends vaccination against HAV and HBV for non-immune PWID (National Immunisation Advisory Committee 2008).

The *Irish Prison Service Health Care Standards* recommends screening for HIV and all forms of hepatitis for all inmates who volunteer a background history of risk factors for these diseases (Irish Prison Service 2011). Vaccination against HAV and HBV is recommended for all prison inmates (Irish Prison Service 2011) (National Immunisation Advisory Committee 2002). The prison healthcare standards are currently being revised. In practice, blood-borne virus testing and HAV and HBV vaccination are offered to all inmates on committal, regardless of declared risk factors, or at other times if requested.

Currently, every prisoner undergoes a committal health screening on entering prison in Ireland. This is repeated for every committal and transfer. During that initial screening, information is gathered on drug use and blood-borne virus status, and blood-borne virus testing is offered. All prisoners are also offered HAV and HBV vaccinations. However, levels of uptake of screening and vaccination at committal are suboptimal. Many prisoners initially refuse but then return later and request screening. It should be noted that it is very difficult to obtain data on the uptake of blood-borne virus screening, the prevalence of blood-borne viruses, and the incidence of new infections within each prison, as this information is not recorded in an extractable way within the prison database system. Both newly recruited and currently employed prison staff now receive infection control and prevention education as part of the IPS Continuing Professional Development (CPD) programme. This has created a greater awareness of best practice around infection control, making the prison environment a safer place in which to work (Health Protection Surveillance Centre 2018).

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

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

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

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

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

**Aiséirí Céim Eile:** A residential treatment programme for drug, alcohol, and other addictions based in Co Waterford.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Crinan Youth Project:** A Dublin community-based drug treatment facility and multidisciplinary support service providing multidisciplinary treatment and rehabilitation for young people aged under 21 years.

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

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

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

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

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

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

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

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

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

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

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

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

**Le Chéile Mentoring:** A nationwide project working in partnership with the Young Persons Probation division of the Probation Service providing mentoring for young people in trouble with the law. Le

Chéile Mentoring recruits, trains, and supports volunteers from the community to act as mentors to young people who are under the supervision of the Probation Service.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Transitional Residential Accommodation for Independent Living (TRAIL):** An accommodation and resettlement services provider in Dublin for high-risk offenders.

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

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

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

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

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

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

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

**Drug-related health responses: Data from the National Drug Treatment Reporting System (NDTRS) on treated problem drug use in Irish prisons, 2022**

In 2022, 650 cases of problem drug use were treated in Irish prisons, as reported through the Treatment Demand Indicator (TDI) of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (see Table T1.3.3.5). Treatment was provided by in-reach voluntary services (counselling). No data are provided by medical units in the prison medical service (detoxification and OST); therefore, this is an underestimation of the true numbers treated in the Irish prison system in 2022.

Of those cases treated in prison in 2022, 36.2% were new to treatment, an increase compared with 2021, when 30.9% of cases were new to treatment.

**Table T1.3.3.5 Treated problem drug use in prison, NDTRS 2015–2022**

	2015	2016	2017	2018	2019	2020	2021	2022
New treatment entrants	244	178	122	138	257	209	198	235
Previously treated	517	520	456	782	486	454	418	401
Treatment status unknown	13	22	38	97	86	86	25	14
<b>Total</b>	<b>774</b>	<b>720</b>	<b>616</b>	<b>1017</b>	<b>829</b>	<b>749</b>	<b>641</b>	<b>650</b>

Source: NDTRS (2023)

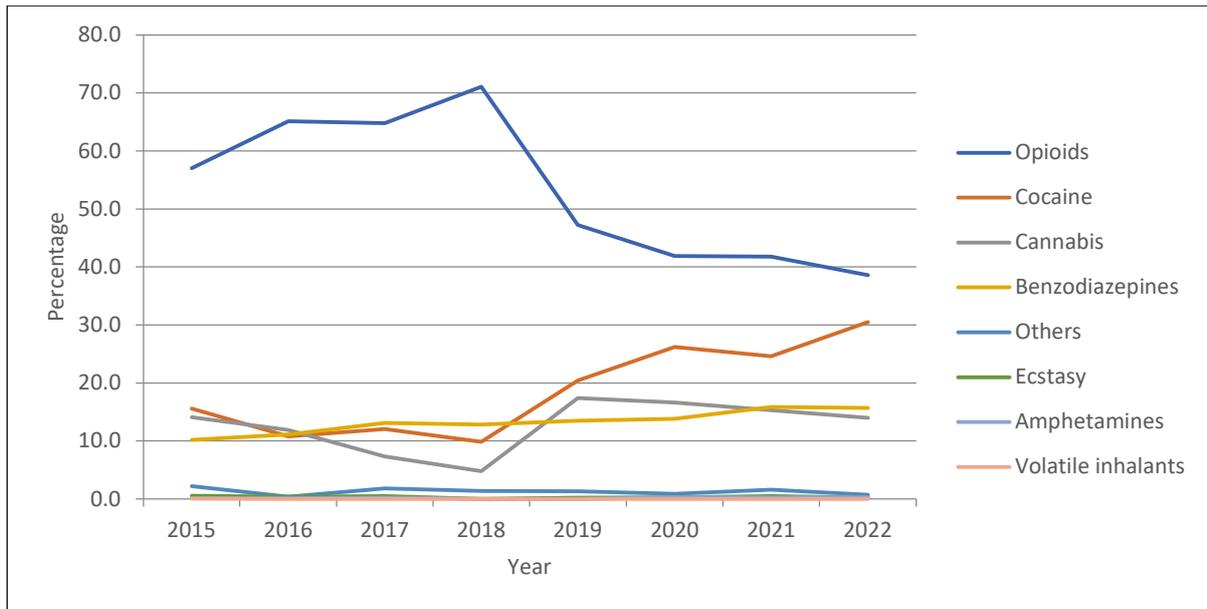
**All treatment entrants in prison**

In 2022, the trends in problem drugs remained the same as 2021. Opioids (mainly heroin) were the main problem drug (38.6%) reported by all treatment entrants (see Figure T1.3.3.1).

Cocaine was the second most common problem drug reported (30.5%) by treatment entrants in prison, an increase compared with 2021 (24.6%). Benzodiazepines (15.7%) overtook cannabis as the third most common problem drug reported. There was a small decrease in the number of cases reporting cannabis as a problem drug in 2022 (14.0%) compared with 15.3% in 2021.

In 2022, 18.5% of problem drug cases treated in prison reported ever injecting drugs, similar to previous years. The majority of cases who reported ever injecting reported opioids as their main problem. However, this figure should be interpreted with caution due to the non-participation of prison medical units, which provide OAT and detoxification treatment where cases may be more likely to report a history of injecting. In addition, it is important to note that injecting status is missing for 7.2% of problem drug cases, thus making these trends difficult to interpret.

In 2022, 86.3% of all problem drug cases were male, while the mean male age was 32.5 years and the mean female age was 33 years. The most common problem drug reported by males was opioids (mainly heroin) (35.5%) closely followed by cocaine (31.0%). For females, the most common problem drug reported was also opioids (mainly heroin) (58.4%) with 27.0% reporting cocaine as the main problem drug. A notable difference is that for cases in prison reporting cocaine as a main problem drug, a much higher proportion of females reported using crack (79.2%) compared with males (11.5%). However, small numbers make extrapolation difficult.



**Figure T1.3.3.1 Main problem drug (excluding alcohol), all treatment entrants in prison, by year, NDTRS 2015–2022**

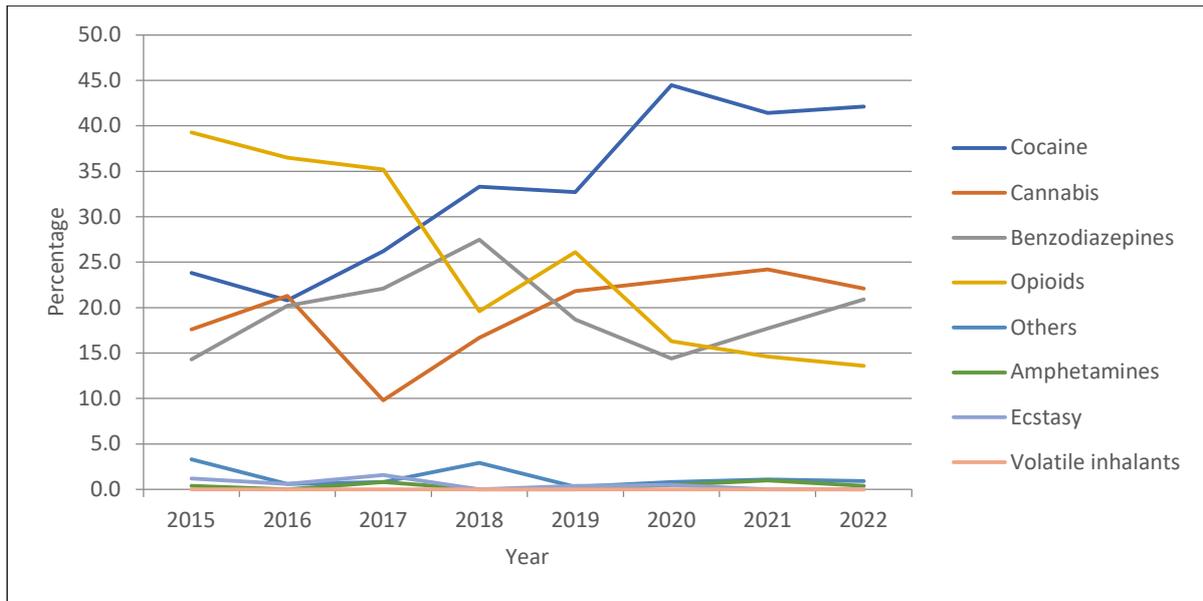
Source: NDTRS (2023)

### New treatment entrants in prison

Of those problem drug cases treated in prison in 2022, 36.2% were new to treatment. Cocaine was the main problem drug reported by new entrants (42.1%), similar to 2021 (41.4%) (see Figure T1.3.3.2). Cannabis (22.1%) was the second most common problem drug. Benzodiazepines (20.9%) were the third most common problem drug treated, ahead of opioids (13.6%).

However, caution is urged when interpreting these data, as the number of new treatment entrants is small and treatment status is unknown for 2% of cases.

In 2021, almost all new treatment entrants were male (95.3%), and the mean age was 30 years. Among this group, 3.4% reported ever injecting, but small numbers and unknown values make trends difficult to interpret.



**Figure T1.3.3.2 Main problem drug (excluding alcohol), new treatment entrants in prison, by year, 2015–2022**

Source: NDTRS (2023)

### Drug-related health responses: Additional information

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

A report from the Irish Penal Reform Trust (IPRT) titled *Progress in the Penal System: A framework for penal reform (2022)*, was published in 2023 (Irish Penal Reform Trust 2023). The report aimed to set out a clear vision for the future of the Irish penal system, positing that Ireland, as a small wealthy country, should work towards becoming a leading model of international best penal practice. In total, 28 standards were assessed in 2022, including drug and alcohol treatment.

The report found that there has been no significant change in drug and alcohol treatment in Irish prisons over recent years. Among the key findings was that there is a lack of recent data on the number of prisoners with addiction issues in Ireland, and that up-to-date estimates are needed in order to inform service planning and delivery as well as to demonstrate the inter-departmental response needed. The IPRT strongly welcomed a high-level taskforce recommendation that research be conducted on the prevalence and impact of addiction across the prison estate.

The report noted that the IPS drugs policy, *Keeping Drugs out of Prisons*, dates back to 2006 (Irish Prison Service 2006). Although a new drugs policy has been planned since 2018, finalisation was delayed due to the COVID-19 pandemic. A new policy report is expected to be published in late 2023.

The report also stated that alternatives to imprisonment involving access to treatment are needed. The integrated community service model, first piloted in 2016 and rolled out nationally on an incremental basis in 2017, allows one-third of a participant’s community service hours to be used for programmes such as education, training, or treatment. The programme was due to be evaluated in

2019, but no specific evaluation has been completed to date. Research in 2023 found that, while the model is effective in promoting rehabilitation and desistance, low take-up rates and the model's inconsistent position indicate that an evaluation is needed in order to assess if the sanction is operating to its full potential (Kennefick and Guilfoyle 2022).

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

While prescribing levels for methadone in Irish prisons have fluctuated over the past 3 years, the profile of the numbers of prisoners availing of the different treatment options – detoxification, maintenance, or stabilisation – has remained consistent, with 35% availing of detoxification, 64% availing of maintenance and 1% availing of stabilisation. This was also the experience during the COVID-19 pandemic (Dáil Éireann Debate. Written answer (question to Justice 1266) Drugs in prisons. 2021).

In a 2017 report (Irish Penal Reform Trust 2017), the IPRT noted that, despite a range of treatments available, there are a number of gaps in service provision for the treatment of offenders with substance misuse issues, in particular in relation to treatment services for women offenders; recognition of other addictions, including alcohol and gambling; integrated dual treatment for offenders presenting with comorbidities; and the absence of a peer-led drug-free environment. In addition, the report recognised that there is a need to develop and incorporate harm reduction programmes into the treatment regime within prisons.

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

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

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

##### **Health needs assessment in Irish prisons, 2022**

The IPS operates according to a multi-year strategic plan that provides guidance and direction to the activities and ambitions of the organisation. In particular, the IPS strategic plan provides a narrative for the improvement and further development of all facets of healthcare during the prisoner

experience. Key areas of focus are prisoner support for improving healthcare, enhancing psychological well-being, increasing rehabilitation support, and resettlement and integration.

In 2019, the consultancy firm Crowe Ireland was commissioned to conduct a health needs assessment both for the IPS as a whole and for the 12 individual prisons within the IPS estate (Crowe 2023). In this assessment, Crowe collected comprehensive data regarding the health needs and services within each prison, with a site visit conducted to each prison. During site visits, Crowe personnel met with representatives and staff of each prison, including governors, medical staff, nursing staff, psychologists, prison officers, and external providers of in-reach services to prisoners. Where possible, the team engaged with prisoners in order to ensure that their voices were considered. Crowe Ireland's findings and recommendations for the optimal development of IPS healthcare services with regard to addiction and substance use are discussed below.

### **Findings**

Crowe personnel were informed by senior management and healthcare staff of the prisons they visited that substance use is a serious issue within prisons, with the notable exceptions of Arbour Hill Prison and the two open centres, Loughan House and Shelton Abbey. Senior management estimates that approximately one-half of the prison population across the prison estate may be using, or seeking to use, illicit substances, while in some prisons the percentage of prisoners with substance use and addiction problems is much higher. The primary source of addiction in prisons was reported to be opioids. In Mountjoy Prison, for example, healthcare staff estimate that over one-fifth of all prisoners are currently undergoing opioid substitution treatment. Other substances used are alcohol, benzodiazepines, and painkillers. Across the IPS, staff stated that they do not have exact figures for levels of drug use, as prisoners are reluctant to share this information.

It was reported by IPS staff that the majority of prisoners who have addiction problems also present with significant mental health difficulties. However, there is a lack of reliable data collected within the prison system to identify those prisoners who have both mental health morbidity as well as substance use and addiction issues.

### **Recommendations**

Key recommendations made by Crowe Ireland include the following:

- Reports during the site visits regularly highlighted the pressures on the addiction counselling services of MQI, which result in lengthy waiting lists for therapeutic interventions. Because it is unclear as to when the MQI contract was last reviewed in terms of demand for services, a review should be completed to address an array of issues, including those associated with resource allocation.
- The role of specialist addiction nurses should be examined in terms of service impact and benefits across closed prisons.
- A specialist dual diagnosis service should be provided, supporting prisoners presenting with mental health morbidity and substance use challenges across the IPS estate. This service would operate alongside established mental health and addiction services, delivering expertise and interventions to enhance healthcare provision.

- The IPS should engage closely with the HSE and other stakeholders providing care in order to ensure that services are more integrated between prison and community, so that people leaving prison can access treatment in the community without interruption.

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

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

No new information.

## T2. Trends

### T2.1 Trends

#### Trends in addiction treatment in Irish prisons

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

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

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

	2009	2010	2011	2012	2013	2014
Number of treatment episodes	964	1,096	1,033	913	1,015	1,063
Percentage of total committed	7.8	8.0	7.4	6.6	7.8	7.9
<i>Main problem drug</i>						
Opiates	502 52.1%	570 52.0%	435 42.1%	307 33.6%	436 42.9%	471 44.3%
Alcohol	177 18.4%	167 15.2%	272 26.3%	271 29.7%	268 26.4%	219 20.6%
Cocaine	146 15.1%	157 14.3%	116 11.2%	114 12.5%	84 8.3%	110 10.3%

	2009	2010	2011	2012	2013	2014
Cannabis	81 8.4%	115 10.5%	104 10.1%	107 11.7%	123 12.1%	121 11.4%
Hypnotics and sedatives	47 4.9%	73 6.7%	83 8.0%	91 10.0%	92 9.1%	132 12.4%
Stimulants	8 0.8%	7 0.6%	11 1.1%	9 1.0%	8 0.8%	9 0.8%
Others*	** 0.3%	7 0.6%	12 1.2%	14 1.5%	** 0.4%	** 0.1%

Source: Cannon et al. (2019)

\*Includes volatile inhalants.

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

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

### T3. New developments

No new information.

### T4. Additional information

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

No new information.

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

##### Cost-effectiveness of mass screening for hepatitis C virus in Irish prisons

###### Background and methods

There is a high proportion of PWID in Irish prisons and a high prevalence of HCV, making prison a high-priority setting for HCV testing and treatment. However, HCV screening in Irish prisons currently occurs intermittently. Every prisoner undergoes a committal health screening on entering prison, and information is gathered on drug use and blood-borne virus testing is offered. However, many prisoners initially refuse screening, but they will often return later and request screening.

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

## Results

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

## Conclusions

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

## T5. Sources and methodology

### T5.1 Sources

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

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

### T5.2 Methodology

See list of data sources in Section T5.3.

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## **European Monitoring Centre for Drugs and Drug Addiction**

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

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

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

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Irish Prison Service

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