

Focal Point Ireland: national report for 2016– Drugs Ireland

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

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0. Summary

0.1 Main illicit drug use in Ireland

The first survey on drug use in the general population was carried out in Ireland in 2002/3 among people aged 15-64. The results were jointly published by the National Advisory Committee on Drugs (NACD), now the National Advisory Committee on Drugs and Alcohol (NACDA) and the Drug and Alcohol Information and Research Unit. The survey was repeated in 2006/7 and in 2010/11. In 2014, the NACDA commissioned IPSOS MRBI to conduct the Drug Use in Ireland and Northern Ireland Drug Prevalence Survey 2014/15. A sample comprising all households throughout the island of Ireland was randomly selected to participate. Fieldwork began in September 2014 and was completed in May 2015.

In addition to findings from the previous NACDA drug prevalence surveys (National Advisory Committee on Drugs and Public Health Information and Research Branch 2011), this workbook includes notification data from the 2014/15 sample pertaining to the Republic of Ireland (National Advisory Committee on Drugs and Alcohol 2016). It also includes data on cannabis use from waves 1-5 of the Health Behaviour in School-Aged Children (HBSC) survey (Gavin, *et al.* 2015), data from the European School Survey Project on Alcohol and Other Drugs (ESPAD) (Taylor, *et al.* 2016) and findings from waves 1-2 on estimates of opioid use in Ireland using a 3-source capture-recapture method (Kelly, Alan, *et al.* 2009).

0.1.1 The main illicit drugs and polydrug use

Illicit drug use in the Republic of Ireland

The proportion of respondents aged 15-64 years who reported using any illicit drug in their lifetime has increased from 19% in 2002/3 to almost 31% in 2014/15 (Figure T0.1.1.1). There has also been an increase when compared to the 2010/11 study (27%). Similarly, last year and last month prevalence of any illegal drug use has increased since the previous survey; from 7% to 9% and 3% to 5% respectively. Any illegal drug refers to the use of cannabis, ecstasy, cocaine power, magic mushrooms, amphetamines, poppers, LSD, new psychoactive substances (NPS), solvents, crack and heroin.

Illicit drug use was more prevalent in males, and was also greater in young adults, with almost 9% of persons aged 15-34 years having reported illegal drug use within the previous month (compared to 5% in 2010/11). Results from the 2014/15 survey indicated that the most commonly used illicit drugs in Ireland, based on last month prevalence, were cannabis (4%), ecstasy (1%) and cocaine (0.5%)

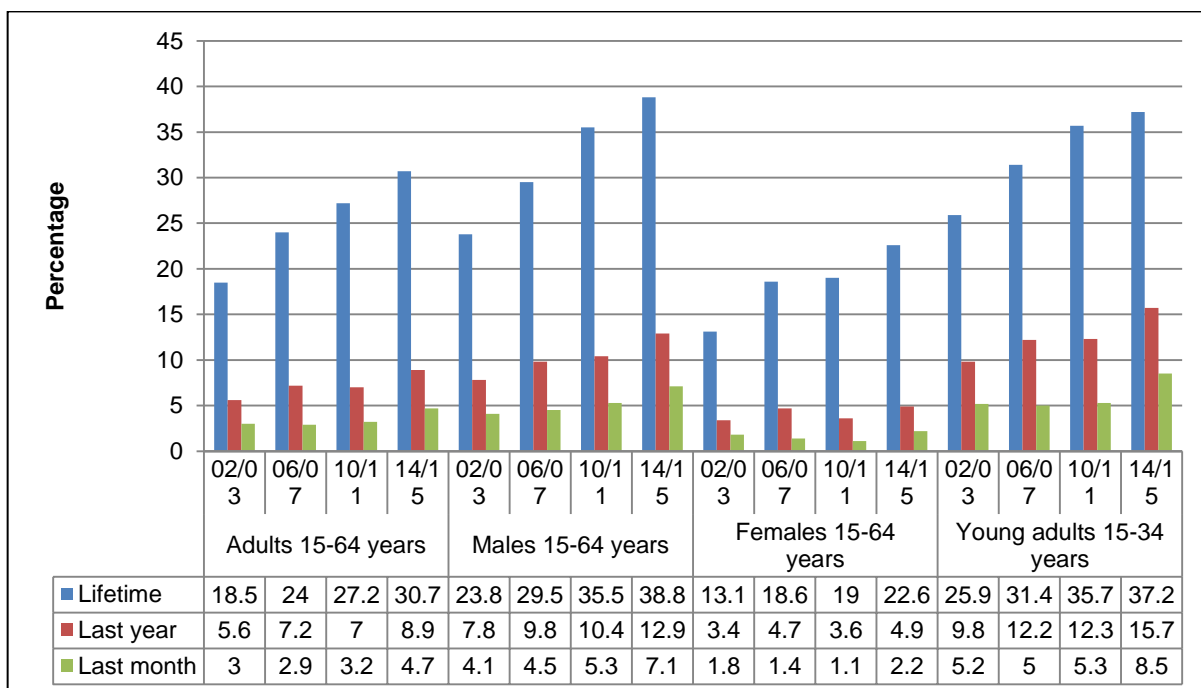


Figure 0.1.1.1 Lifetime, last year and last month prevalence of any illicit drug use in Ireland, 2002/3, 2006/7, 2010/11 and 2014/15

Source: NACDA, 2016

*Any illicit drug refers to the use of cannabis, ecstasy, cocaine power, magic mushrooms, amphetamines, poppers, LSD, new psychoactive substances (NPS), solvents, crack and heroin.

Polydrug use

Data regarding polydrug use from the 2014/15 survey are not yet available. However, in June 2014 the NACDA published Bulletin 5 in a series of reports on the 2010/11 survey on drug use in the general population (National Advisory Committee on Drugs and Alcohol 2014). The bulletin focused on polydrug use in the adult population (15-64 years). For the purpose of the bulletin, polydrug use was defined as concurrent substance use, which involves a person using at least two substances within a one-month period.

Twenty per cent of respondents (15-64 years) had not used any substance within the last month. Women were more likely than men not to have used any substance (19% vs. 23%). The most common combination of substances used were alcohol and tobacco (16%), followed by alcohol and other legal drugs (7%), alcohol, tobacco and other legal drugs (2%) and alcohol, tobacco and any illegal drug (2%).

Last month prevalence rates for alcohol and tobacco plus any illegal drug were higher among men (3%) than women (0.4%), and among young adults aged 15 to 34 years (3%) compared to older adults aged 35 to 65 years (1%). However, older adults were more likely to have used a combination of alcohol and anti-depressants. The last month prevalence of polydrug use, including any illegal substance, was 3%.

0.2 The use of illicit drugs with alcohol, tobacco and prescription drugs

Analysis of the relationship between the use of one substance, and the use of another, indicated that during the month prior to the 2010/11 survey:

- among those who had smoked tobacco, 78% had also used alcohol
- of those who used cannabis, 85% had also used alcohol and 77% had also smoked tobacco;
- users of cannabis, users of amphetamine-type stimulants and users of cocaine were likely to have used other legal as well as illegal substances;
- users of sedatives or tranquilisers and users of anti-depressants were likely to have used other legal substances;
- among users of alcohol, males were more likely than females to have also used cannabis;
- among users of alcohol, females were more likely than males to have also used anti-depressants;
- and
- since 2006/7, there have been statistically significant decreases in the use of tobacco among users of cannabis and the use of alcohol among users of tobacco.

SECTION A. CANNABIS

1. National profile

1.1 National drugs strategies

1.1.1 Cannabis Use in the General Population

Findings from the Drug Use in Ireland and Northern Ireland Drug Prevalence Survey 2014/15 revealed that 28% of the population (15-64 years) had used cannabis at some point in their lives (lifetime prevalence); 8% reported use in the year prior to the survey (recent use); and 4% indicated use in the preceding month (current use). All of these rates are higher than those recorded in previous surveys within Ireland (Figure 1.1.1.1).

Comparable to earlier studies, rates of cannabis use were greater among men than women: (36% vs. 20%), lifetime use; (11% vs. 4%), last year use; and (7% vs. 2%), last month use. Since 2002/3, lifetime rates of cannabis use among males have increased by 61% and last month use by 94%. Lifetime use of cannabis among females has also increased (20% in 2014/15 vs. 12% in 2002/3). However, last month prevalence in women has remained relatively stable over time.

The prevalence of cannabis use was noticeably higher among young adults (15-34 years). Lifetime rates were similar to those reported in 2010/11 (34%). Last year and last month prevalence rates were higher than those reported in the previous survey (14% vs. 10% and 8% vs. 5%), and the proportion of young adults who classified themselves as current users of cannabis has almost doubled since 2002/3. Lifetime, last year and last month rates of cannabis use among adults aged 35-64 were 24%, 3% and 2% respectively.

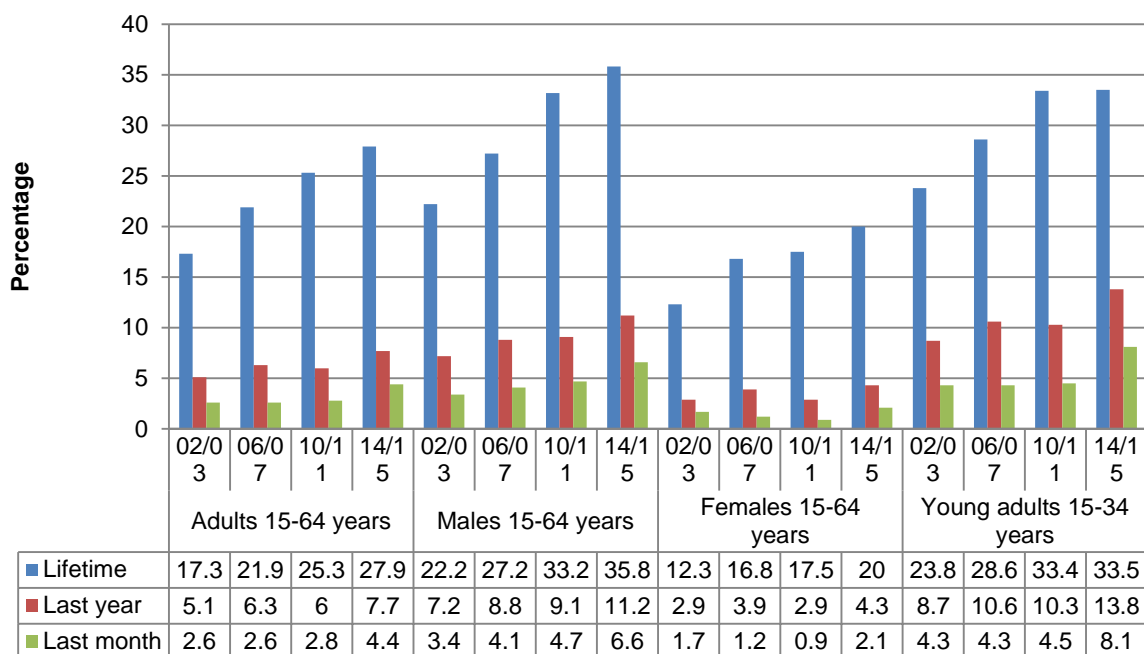


Figure 1.1.1.1 Lifetime, last year and last month prevalence of cannabis use in Ireland, 2002/3, 2006/7, 2010/11 and 2014/15

Source: NACDA, 2016

1.1.2 Cannabis use in schools and other sub-populations

Cannabis use among young adults

The prevalence of cannabis use among young adults aged 15-24 and 25-34 years for the 2014/15 survey are shown in Figure 1.1.2.1. Lifetime prevalence increased across age categories, while last year and last month prevalence rates decreased. Almost 13% of males and approximately 6% of females aged 15-24 indicated that they had used cannabis within the month prior to the survey.

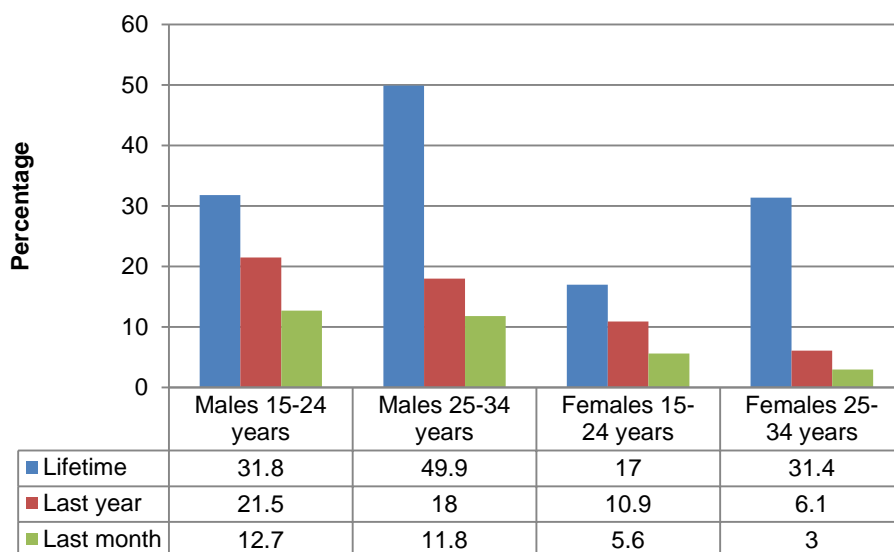


Figure 1.1.2.1 Lifetime, last year and last month prevalence of cannabis use among young adults in Ireland, 2014/15
Source: NACDA, 2016

Cannabis use in schools

The first Health Behaviour in School-Aged Children (HBSC) survey was conducted in Ireland in 1998 and has been repeated every four years since. In 2014 the study was conducted in Ireland for the fifth time. This survey included 13,611 children drawn from 3rd class in primary school through to 5th year in post-primary school; 230 primary and post-primary schools across Ireland participated. Data were collected on general health, social class, smoking, use of alcohol and other substances, food and dietary behaviour, exercise and physical activity, self-care, injuries, bullying and sexual health behaviours. The main results were published in December 2015 (Gavin, *et al.* 2015).

Last year cannabis use among Irish school-aged children

The majority of 13-17-year-olds stated that they had never used cannabis, while approximately 10% reported that they had used cannabis in the last 12 months. However, the prevalence of cannabis use increased with age, with over 20% of students aged 17 years indicating cannabis use within the previous year (Figure 1.1.2.2). A higher percentage of boys (8%) reported using cannabis compared to girls (6%), and this difference was consistent across each year of age.

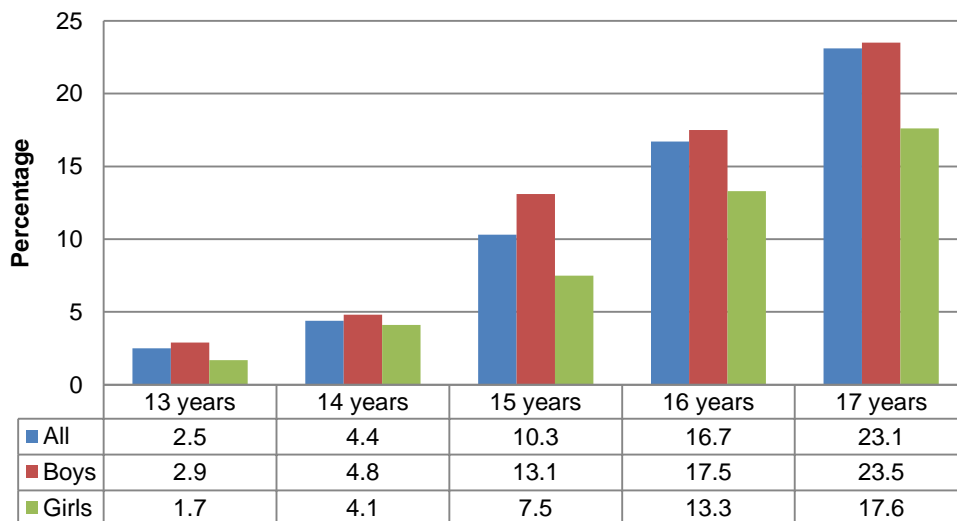


Figure 1.1.2.2 Percentage of 13-17-year-olds reporting use of cannabis in the past year, 2014

Source: HBSC Ireland, 2015

Overall percentages are weighted to account for a gender imbalance in the 2014 dataset.

Current use of cannabis among Irish school-aged children

Overall, in 2014 one in twenty (5%) student respondents reported using cannabis in the last 30 days. Statistically significant differences in current cannabis use were observed by gender and across ages (Table 1.1.2.1). Similar to last year use, the rate of current cannabis use increased with age, with approximately 13% of 17-year-olds reporting to have used cannabis within the last 30 days compared to less than 1% of children aged 13 years. There were no significant differences in cannabis use by social class.

Table 1.1.2.1 Percentage of 13-17-year-olds reporting use of cannabis in the last 30 days, 2014

Age	All	Boys	Girls
13 years	0.9	1.1	0.7
14 years	2.5	3.0	2.4
15 years	7.2	8.8	5.2
16 years	10.3	11.3	7.3
17 years	12.9	13.8	8.8

Source: HBSC Ireland, 2015

Overall percentages are weighted to account for a gender imbalance in the 2014 dataset.

Trends in cannabis use among Irish school-aged children, 1998-2014

Results from HBSC surveys suggest that there has been a steady decrease in the lifetime use of cannabis among 13-17-year-olds. This decrease can be observed across all ages (Figure 1.1.2.3).

Although the percentage of children reporting lifetime use of cannabis has increased with age in each survey, overall, there has been a decline in self-reported cannabis use among school-aged children in Ireland when compared to 2010 and earlier surveys. This may represent a true decrease, possibly owing to children having less pocket money in recent years because of the recession. Equally it may be a result of sampling variation, or a combination of both factors.

However, it is important to note that illicit substance use is still relatively common among Irish school students, with almost one-quarter of 17-year-olds indicating cannabis use within the previous year (Figure 1.1.2.1) and almost 14% of males and 9% of females aged 17 years reporting current cannabis use (Table 1.1.2.1).

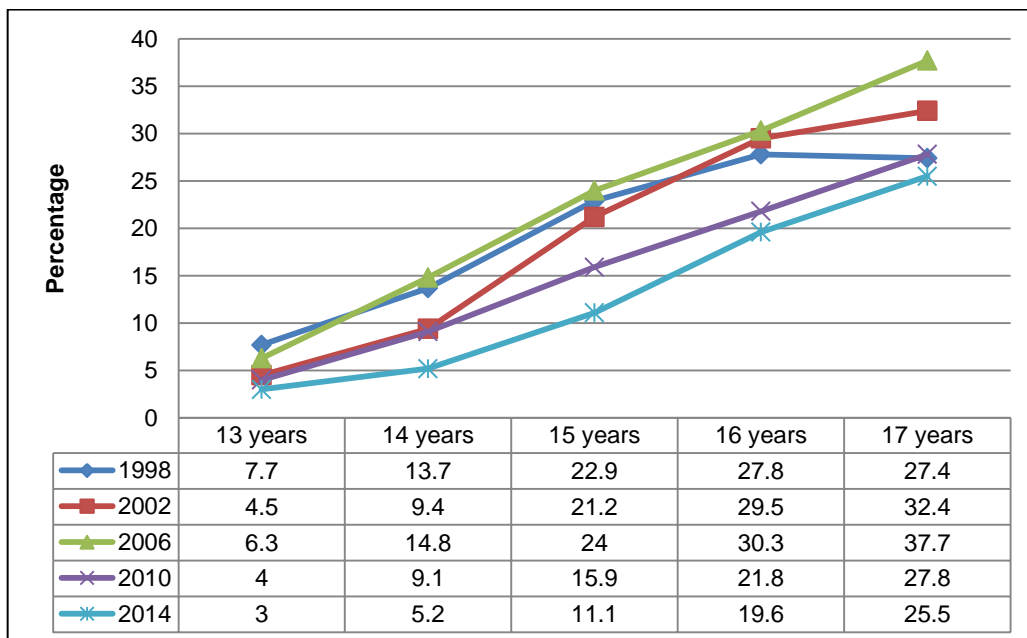


Figure 1.1.2.3 Trends in lifetime use of cannabis among Irish school-aged children, 1998-2014

Source: HBSC Ireland, 2015

Percentages for 2014 are weighted to account for a gender imbalance in the 2014 dataset.

Alcohol, smoking and other substance use among 15-16-year-olds in Ireland

The European School Survey Project on Alcohol and Other Drugs (ESPAD) has conducted surveys of school-going children every four years since 1995 using a standardised method and a common questionnaire. The sixth survey was undertaken in 35 European countries during 2014/15 and collected information on alcohol, tobacco and other substance use among 15-16-year-old students. Data included in this workbook concentrate on findings from the survey which was conducted in Ireland in which 2,036 questionnaires were completed by young people from 50 randomly selected post-primary schools (Taylor, *et al.* 2016).

Alcohol use

Respondents were asked on how many occasions in their lifetime they had used alcohol. Just over a quarter (26.4%) answered that they had never consumed an alcoholic beverage in their lifetime. Overall, 73.6% of students had drunk alcohol in their lifetime, with almost 20% having tried alcohol once or twice. Sixteen per cent had drunk alcohol on more than 20 occasions. Significant gender differences in lifetime use of alcohol were noted, with more female (75.3%) than male (72%) respondents having ever consumed alcohol. Male students, however, were more likely to have tried alcohol 40 times or more (10.7%) than females (7.5%).

Thirty-six per cent of students had drunk alcohol in the last 30 days and were considered to be current drinkers. Twenty-one per cent reported drinking alcohol once or twice in the past 30 days while only a small proportion of respondents had used alcohol 10 times or more (3.4%). Similar to lifetime use, more female (37.1%) than male (34.9%) students indicated current alcohol use. Nevertheless, overall, current alcohol use among students in Ireland has declined (Table 1.1.2.2), with a 28% reduction since 2011 and a 48% reduction over the past twenty years.

Respondents who drank alcohol were asked to rate their level of intoxication. Fourteen per cent of students reported being drunk in the past 30 days and 40 students reported being drunk more than once or twice during the past month (3.0%). A similar number of male (14.7%) and female (13.2%) students reported being drunk in the last month and there was no significant difference in mean score on the drunkenness scale between male (Mean=3.20, SD=1.848) and female (Mean=3.12, SD=1.742) students.

Table 1.1.2.2 Alcohol use in the last 30 days since 2003 among 15-16-year-olds in Ireland

Alcohol use in the past 30 days	2003 (%)	2007 (%)	2011 (%)	2015 (%)
Males	71	57	48	35
Females	74	56	52	37
All subjects	73	56	50	36

Source: ESPAD Ireland, 2016

Beer (28.6%), spirits (24.5%) and cider (21.3%) were the most common types of alcohol consumed in the month prior to the survey. The least popular drinks were wine (11.9%) and alcopops (11.4%).

Respondents were asked how difficult they thought it would be to obtain specific alcoholic beverages, with response categories ranging from “impossible” to “very easy”. A majority of students believed that it would be fairly easy to obtain all beverage types examined; 37.8% gave this answer for beer and 34.7% for cider. A high percentage of students also said it would be very easy to get beer (31.9%) or cider (30.2%), while only 5.2% said it would be impossible to get beer, with 7% reporting that it would be fairly difficult.

Respondents believed it would be slightly more difficult to obtain wine and spirits with a larger number reporting that it would be fairly or very difficult, and fewer perceiving that it would be fairly or very easy.

Smoking

Participants were asked on how many occasions they had smoked cigarettes during their lifetimes. More than two-thirds of students reported that they had never smoked a cigarette and a further 10.4% had only smoked on one or two occasions. Eight per cent of all students reported smoking on at least 40 occasions. Overall, almost one-third had ever smoked in their lifetime (32.3%).

When students were asked to consider how often they smoked in the last 30 days, 87% reported that they had not smoked at all, while 13% had smoked at least once. Almost seven per cent of students reported smoking less than one cigarette per day and a further 5.7% smoked between one and 20 cigarettes per day. Ten students reported smoking more than 20 cigarettes a day. While the proportion of male and female students who had ever smoked was similar, there were gender differences in the intensity of smoking behaviours. More males reported smoking daily and smoking more cigarettes per day than females, while more female students smoked less frequently than every day.

Trends over time demonstrate that current smoking among school-aged children in Ireland is greatly reduced when compared to previous ESPAD surveys. This represents a reduction of over two-thirds (68%) since the first survey was conducted in 1995, and a 38% reduction over the previous four years (Table 1.1.2.3).

Table 1.1.2.3 Smoking in the last 30 days since 2003 among 15-16-year-olds in Ireland

30-day cigarette use	2003 (%)	2007 (%)	2011 (%)	2015 (%)
Males	28	19	19	13
Females	37	27	23	13
All subjects	33	23	21	13

Source: ESPAD Ireland, 2016

Over 60% of students perceived obtaining cigarettes as either fairly easy or very easy, and male students believed it would be easier to access cigarettes than females. Most students believed that there is a moderate risk (34%) or a slight risk (30%) of smoking occasionally, and two-thirds answered that they perceived a great risk from smoking one or more packs of cigarettes per day.

Other substance use

Students were asked how many times in their lives they had used cannabis. Male students (22.4%) were more likely than females (15.5%) to have ever tried cannabis. Overall, 19% of students had ever tried cannabis, out of which most had tried it once or twice. There was also a sizeable minority of students who smoked cannabis 40 times or more (3.9%).

Overall, 16.8% of students had used cannabis in the last 12 months. Again, more male (19.5%) than female respondents (13.9%) reported using cannabis in the past year. A small number of males (4.1%) reported using cannabis 40 times in the past year, suggesting heavier use than female respondents (1.2%). Boys were also more likely to have tried cannabis at a younger age than girls. Three per cent of boys and 1% of girls had first used cannabis at 12 years or younger. Most students first tried cannabis at 14 years of age (33%) and 15% first tried it at 13 years. When respondents were asked how easy they thought it would be to obtain cannabis, 41.9% perceived that it would be impossible, very difficult or fairly difficult and 43.4% perceived that it would be fairly or very easy.

With regard to lifetime use of other substances, after tobacco, alcohol and cannabis, inhalants were the most commonly used substance at 10%. The next most regularly used drugs were painkillers “to get high” (4%), ecstasy (3%) and tranquilisers (3%). In general, however, the prevalence of illicit drug use was low.

Trend analysis showed that lifetime use of cannabis in Ireland and other ESPAD survey countries stayed approximately the same, with a one percentage point decrease for the ESPAD average and a one percentage point increase for Ireland. For Ireland, this represents a drop of almost half since 1995, although lifetime prevalence of cannabis use has remained relatively unchanged at approximately 20% since 2007 (Table 1.1.2.4). In Ireland, there was an increase in the lifetime use of illicit drugs other than cannabis by one percentage point, increasing from 6% to 7%. Overall, however, there has been a 56% reduction since 1995.

Table 1.1.2.4 Percentage of 15-16-year-olds who reported lifetime use of drugs in the ESPAD Irish surveys of 2003, 2007, 2011 and 2015

Lifetime use	2003 (%)	2007 (%)	2011 (%)	2015 (%)
Cannabis	39	20	18	19
Illicit substances other than cannabis	9	10	6	7
Tranquilisers (prescribed)	10	10	9	11
Tranquilisers (non-prescribed)	23	3	3	3
Inhalants	18	15	9	10
Magic mushrooms	4	4	2	2
Ecstasy	5	4	2	3
Amphetamines	1	3	2	2
LSD	2	3	2	2
Crack	2	4	2	1
Cocaine	3	4	3	2
Heroin	1	1	1	0.4

Source: ESPAD Ireland, 2016

In summary, results from the ESPAD 2015 survey suggest a decline in the use of alcohol and cigarettes among school-aged children in the Republic of Ireland. The use of cannabis, inhalants and other illicit substances may have stabilised in this age group, with an overall reduction over the five data collection waves from 1995 to 2015. Nevertheless, it should be noted that early school leavers, a group known to be vulnerable to alcohol and drug use, are not represented in this survey. Consequently the results may not indicate the true extent of alcohol and other illicit substance use among all 15-16-year-old children within Ireland.

1.2 Patterns, treatment and problem/high risk use

1.2.1 Treatment and help-seeking for cannabis

The proportion of cases treated for problem cannabis use (excluding synthetic cannabinoids), as recorded in the TDI data, has fluctuated over the reporting period. It decreased from 21.2% in 2004 to a low of 16.3% in 2007 but since then has increased year-on-year to a peak of 28.9% in 2013. Since then the trend has stabilised, and 28.3% of cases reported problem cannabis use in 2015. Cannabis was the second most common drug for which all entrants sought treatment, after opiates (mainly heroin). For new entrants, in 2011 cannabis replaced opiates as the most common problem drug reported to treatment (also see Treatment workbook T3 and T1.3).

In 2015, 79.9% of cases reporting cannabis as their main problem drug were male. The mean age was 24 years (males 24 years, females 25 years). Over the period 2004–15 the majority of cases were new

entrants to treatment. In 2015, 63.1% were new entrants. However, the proportion of cases previously treated has increased from 22.2% in 2004 to 34.2% in 2015.

In 2015, the highest percentage of cases (30.1%) were self-referred, similar to previous years. This was followed by 19.9% who were referred by social services. There appears to be shifting trends among the other categories of source of referral. The proportion of cases referred by social services has increased from 11% in 2004 to 19.9% in 2015. The proportion referred by court/probation has decreased, from 19.5% in 2004 to 8.6% in 2015.

1.2.2 Synthetic cannabinoids

Since 2009 only a very small number of cases (n=154) have reported synthetic cannabinoids as their main problem drug in the TDI data. In 2015, 41 cases reported a synthetic cannabinoid as a main problem drug compared to 33 in 2014. It should be noted the type of NPS used by clients presenting to treatment is self-reported and the actual drug rarely tested by centres, so it is not possible to say with any certainty that what was reported was definitely a synthetic cannabinoid. The type of NPS was not specified in a proportion of NPS drugs recorded in the TDI data, and so the true number of synthetic cannabinoid users may be under- or over-estimated (also see Section B 1.2.4, and Section D 1.2.4, below). These 154 cases are not included in the analysis of problem cannabis users in Section 1.2.2 above. See also Treatment workbook, Sections 1.3 and 2.

The majority of problem cannabis users access treatment within generic addiction services. There are very few cannabis-specific programmes.

SECTION B. STIMULANTS

1. National profile

1.1 Prevalence and trends

1.1.1 Stimulant Use in the General Population

The most commonly used stimulants, based on the 2014/15 NACDA general population survey, were cocaine and ecstasy.

Cocaine use in the general population

Lifetime cocaine use has increased when compared to 2010/11 (Figure 1.1.2.1). The percentage of respondents aged 15-64 years who reported using cocaine (including crack) at some point in their lives increased from 7% to 8%. The proportion of young adults (15-34) who reported using cocaine in their lifetimes has also increased from 9% to 11%.

As was observed in previous studies, more men reported using cocaine in their lifetimes compared to women (11% vs. 5%). However, although the lifetime rate of cocaine use among persons aged 15-64 years and young adults aged 15-34 has more than doubled since 2002/3, the percentage of respondents reporting current use of cocaine has remained relatively unchanged across surveys.

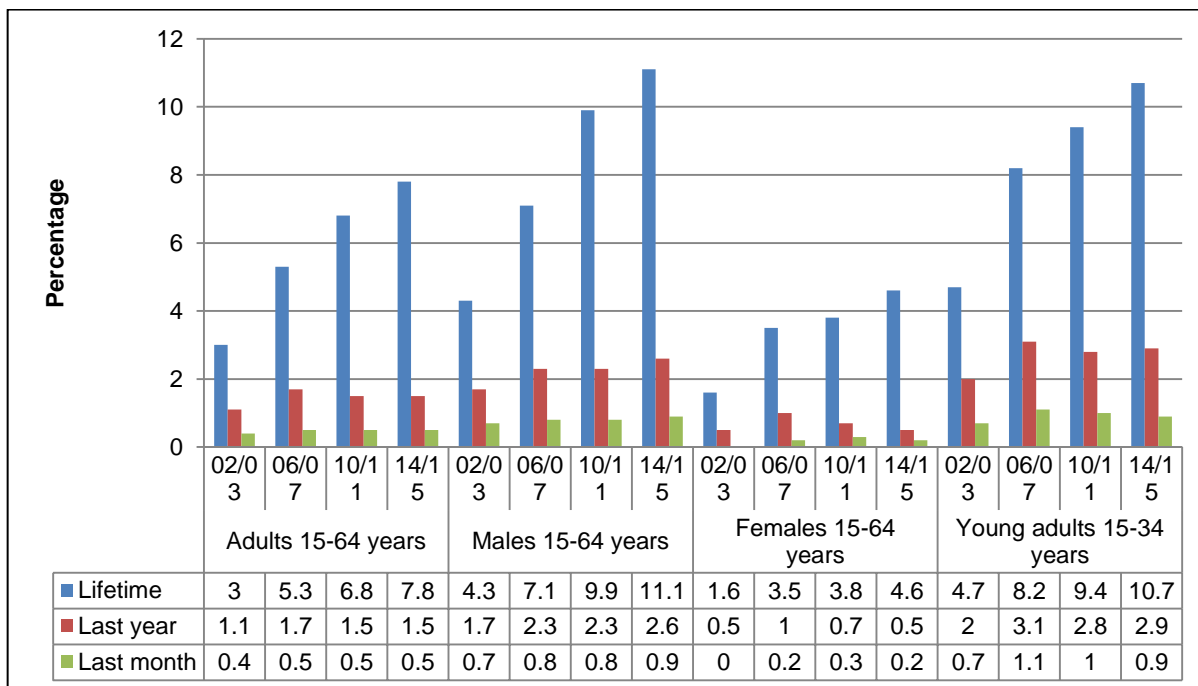


Figure 1.1.2.1 Lifetime, last year and last month prevalence of cocaine use (including crack) in Ireland, 2002/3, 2006/7, 2010/11 and 2014/15

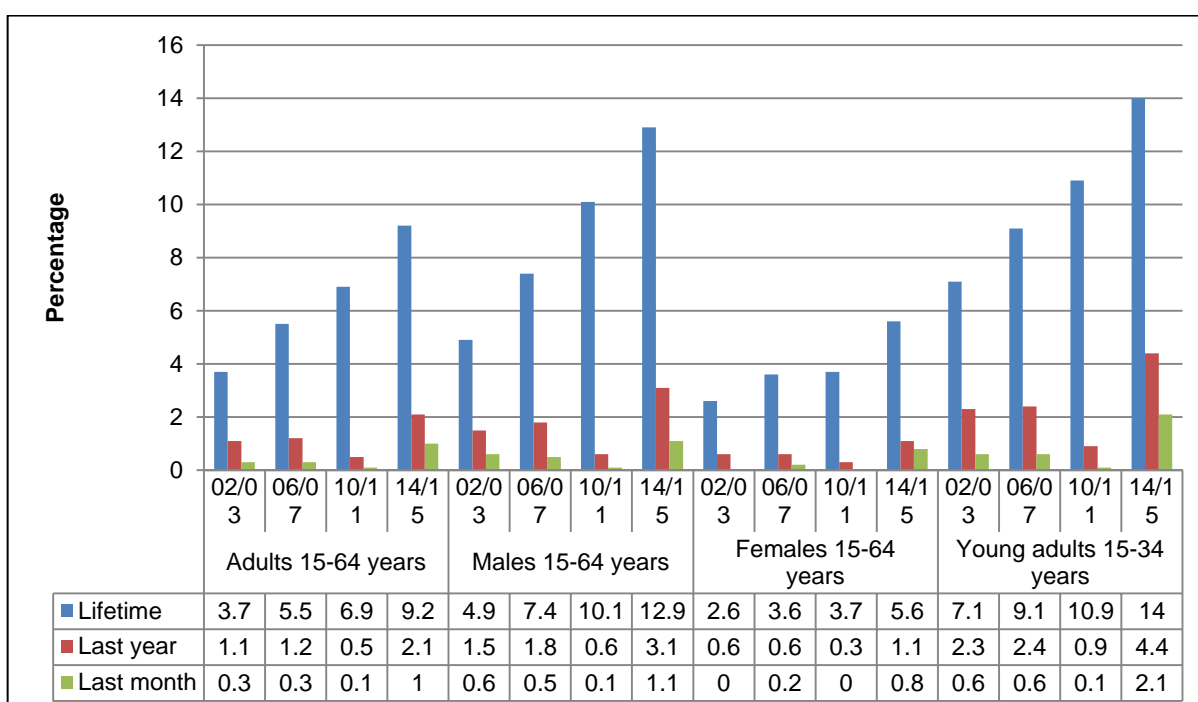
Source: NACDA, 2016

Ecstasy use in the general population

In Figure 1.1.2.2, significant increases in lifetime and last year prevalence of ecstasy use were observed in persons aged 15-64 years (7% to 9% and 0.5% to 2% respectively).

Fourteen per cent of young adults (15-34) claimed to have tried ecstasy at least once in their lifetime, with over 4% having used it within the last year (vs. 0.9% in 2010/11) and 2% indicating current use (vs. 0.1% in 2010/11).

As noted in the 2015 Drugs workbook, last year and last month rates from the 2010/11 survey had suggested a decline in the use of ecstasy among younger Irish adults when compared to earlier studies. This was possibly due to the increased use of NPS sold in head shops and online.



1.1.2 Stimulant use in schools and other sub-populations

Cocaine use among young adults

The prevalence of cocaine use among young adults aged 15-24 and 25-34 for the 2014/15 survey are shown in Figure 1.1.3.1. Lifetime prevalence increased across age categories, while last year and last month prevalence rates decreased. Last year and last month rates of cocaine use were similar across both age categories, with 6% of men aged 15-24 years indicating use of cocaine in the last year compared to less than 1% of young women for the same age group.



Figure 1.1.3.1 Lifetime, last year and last month prevalence of cocaine use (including crack) among young adults in Ireland, 2014/15

Source: NACDA, 2016

Ecstasy use among young adults

The prevalence of ecstasy use among young adults aged 15-24 and 25-34 for the 2014/15 survey are shown in Figure 1.1.3.2. Similar to cannabis and cocaine use, lifetime prevalence increased across age categories, with last year and last month prevalence rates decreasing. Almost 10% of males and 4% of females aged 15-24 reported using ecstasy within the previous year, while current use was 4% (males) and approximately 3% (females) for the same age category.

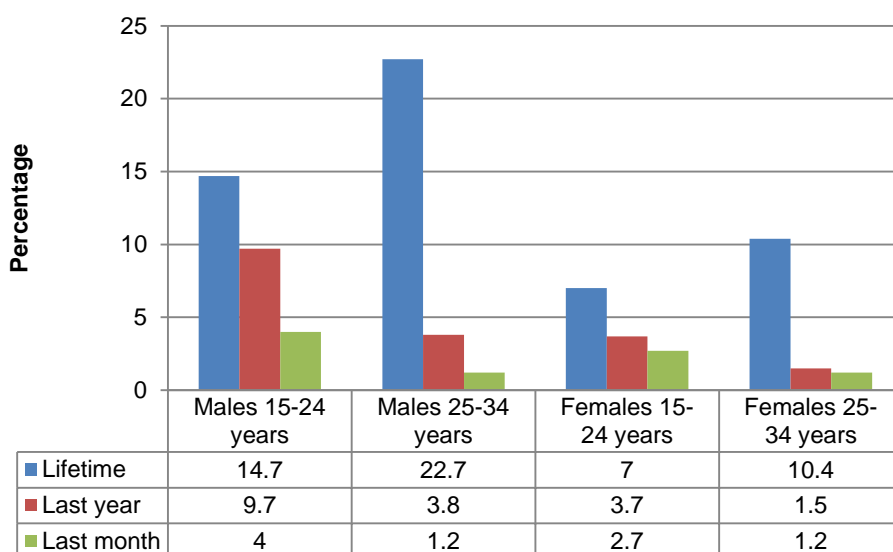


Figure 1.1.3.2 Lifetime, last year and last month prevalence of ecstasy use among young adults in Ireland, 2014/15

Stimulant use in schools

See Section A, 1.1.2 for information on stimulant use among 15-16-year-old children.

1.2 Patterns, treatment and problem/high risk use

1.2.1 Injecting and other routes of administration

Injecting trends from TDI data

Information from the TDI data about those accessing drug treatment for any stimulant (cocaine, amphetamines or synthetic cathinones) as a main problem drug show that the proportion injecting was very low. In 2015, only 1.1% of cases who used stimulants reported injecting as a route of administration. This is a decrease compared to 2014, when 2.1% of cases reported injecting (any) stimulants. In 2015 the most common route of administration was sniffing/snorting (80.7%), similar to previous years.

1.2.2 Infectious Diseases

There are no new data specific to rates and trends of infectious diseases among stimulant users. For information on drug-related infectious diseases in Ireland, see Harms and Harm Reduction workbook Section 1.3.

1.2.3 Treatment and help seeking for stimulants including synthetic cathinones

In 2015, there were 1,143 cases treated for problem stimulant use as reported through TDI. Of these, the majority were for problem cocaine use (87.1%), followed by amphetamine-type stimulants (6.0%), ecstasy (4.1%) and then synthetic cathinones (2.7%). These rates are similar to previous years.

The proportion of all cases treated for problem stimulant use increased from 10.9% in 2004 to a peak of 16.2% in 2009. Between 2010 and 2013 the proportion decreased to 9% in 2013 but since increased again to 12% in 2015.

In 2015, 79.2% of cases were male with a mean age of 30 years (males 29 years; females 32 years). Just over half (52.4%) of those treated for problem stimulant use had never been treated before. Over the period, the proportion of new entrants has shown a downward trend from 62.9% in 2004 to 52.4% in 2015. In 2015, nearly half of cases were self-referred (46.5%) while 15.9% were referred by family/friends. Over the period, the proportion referred by court/probation has decreased, from 17.5% in 2004 to 4% in 2015.

Cocaine

Cocaine is the most common drug among the stimulants group that is reported in Ireland. The proportion of all cases treated for problem cocaine use increased from 7.5% in 2004 to a peak of 13.3% in 2007. The proportion then decreased year-on-year to 7.8% in 2013, but increased since to 10.5% in 2015.

In 2015, 79.9% of cases treated for problem cocaine use were male and the mean age was 30 years (males 30 years; females 32 years). Just over half (51.5%) had never been treated before. Nearly half (47.8%) were self-referred while 16.3% were referred by family/friends.

Over the 12-year period, the proportion referred by court/probation has decreased steadily, from 13.6% in 2004 to 3.6% in 2014, and then 3.9% in 2015.

Amphetamine-type stimulants

Amphetamine-type stimulants including ecstasy, BZP and other unknown/unspecified stimulants, represent only a small proportion of cases seeking treatment for problem drug use in Ireland. This has decreased continuously year-on-year from 3.5% in 2004 to 1.2% in 2013, and remaining at 1.2% in 2014 and again in 2015.

In 2015, 67.2% of problem amphetamine-type stimulant users were male. The mean age was 28 years (males 28; females 29). The majority of those treated for problem amphetamine-type stimulant use have never been treated before, fluctuating between a high of 74% and a low of 55% between 2004 and 2013; 59.5% of cases had never been treated before. In 2015, 39.7% of cases were self-referred while 15.9% were referred by social services. Over the 12-year period, the proportion referred by court/probation decreased from 25.8% in 2004 to 3.9% in 2013, but increased to 4.3% in 2015.

Synthetic cathinones

Since 2009 a very small number of cases (n=329) have reported synthetic cathinones as their main problem drug. It should be noted that the type of NPS used by clients presenting for treatment is self-reported and the actual drug is rarely tested by treatment centres. Therefore it is not possible to say with certainty that what was reported was definitely a synthetic cathinone. In a proportion of cases the type of NPS was not specified, so the true number of synthetic cathinone users may be under- or over-estimated.

Synthetic cathinones first appeared in treatment data in 2009 so no information is available before that time. The proportion of cases treated for this type of drug peaked in 2010 at 1.5% of all treatment episodes, dropping to 0.3% in 2015.

In 2015, 83.9% of cases were male and the mean age was 28 years (males 29 years; females 27 years). Just over half (54.8%) had never been treated before. One-third of cases were self-referred (32.3%) while 16.1% were referred by family or friends. See also Treatment workbook, Sections 1.3 and 2.

The majority of problem stimulant users access treatment within generic addiction services. There are very few stimulant-specific programmes.

1.2.4 Synthetic cathinones and HIV infection

A paper published in September 2015 outlines research conducted in response to an increase in recently acquired HIV infection among a population of homeless people who inject drugs in Dublin (Giese, *et al.* 2015).

Clinicians in the drug treatment services were concerned that the increase might be linked to injection of a synthetic cathinone, α -Pyrrolidinopentiophenone (α -PVP), with the street name 'Snow Blow', which was being used by homeless drug users. In response, an epidemiological investigation and case-control study were instigated.

Between 2014 and 2015, 38 confirmed or probable cases of recently acquired HIV were reported. Multivariate logistic regression was used to determine features associated with HIV infection. The factor most strongly related with HIV infection was injecting α -PVP. However, reusing needles and syringes and having sex with a partner who injects drugs were also independently associated. For further information, please see Section 1.3.6 of the Harms and Harm Reduction workbook.

SECTION C. HEROIN AND OTHER OPIOIDS

1. National profile

1.1 Prevalence and trends

1.1.1 Indirect estimates of opioid use

Opiate use

Capture-recapture study

A national 3-source capture-recapture (CRC) study to provide statistically valid estimates of the prevalence of opiate drug use in the national population was commissioned by the NACDA and undertaken in 2001 (Kelly, Alan, *et al.* 2003) and 2006 (Kelly, Alan, *et al.* 2009). The three data sources used were the Central

Treatment List (of clients on methadone), the Hospital In-Patient Enquiry (HIPE) scheme and Garda PULSE data.

A third study using the CRC method was commissioned in 2014 and a final report is due to be published shortly. Although results and trends in opiate use from the 2001 and 2006 studies have been reported previously by the EMCDDA Irish national focal point, they are briefly summarised below.

Prevalence of opioid use, 2006

Data from the three sources indicated that there were 11,807 opiate users aged 15-64 years known to services in Ireland in 2006, with an estimated 8,983 users not known to services (hidden population). The national prevalence estimate of opiate users in 2006 was between 18,136 and 23,576; the point estimate was 20,790. These estimated figures are likely to be inflated because the population was not closed, that is, it continued to recruit numbers of people into treatment (in Dublin and outside Dublin) and police custody (outside Dublin). In addition, the overlap between the three population sources was small.

Twenty-eight per cent of the estimated number lived outside Dublin and 72% lived in Dublin. The estimates for Dublin were 14,904 (95% CI: 13,737 to 16,450) for 2006, giving a population rate of 17.6. The corresponding figure for 2001 was 12,456 (95% CI: 11,519 to 13,711) with a population rate of 15.9 per 1,000.

The prevalence for the rest of Ireland (excluding Dublin) was estimated to be 5,886 (95% CI: 4,399 to 7,126) in 2006. This indicated that the prevalence estimate had more than doubled when compared to 2001 (2,225; 95% CI: 1,934 to 2,625). The corresponding rate per 1,000 of the population for 2006 was 2.9 as compared to 1.2 for 2001.

Seventy-one per cent of opiate users in 2006 were male. One in five (21%) were between 15 and 24 years old and half (51%) were aged between 25 and 34 years old. In Dublin, the rate of opiate use per 1,000 of the 15–24-year-old female population decreased from 19% in 2001 to 7% in 2006. A smaller but still notable decrease in the rate of opiate use in Dublin was seen among males aged 15-24 years.

Trends

The following are among the trends (2001–2006) seen in the study results:

- the rate of opiate use among females and males aged 15-24 years decreased, indicating a significant reduction in the number of young people commencing opiate use;
- an increase in opiate use outside of Dublin; and
- a higher proportion of opiate users in treatment in Dublin than elsewhere, reflecting the more recent spread of opiate use outside Dublin and the later development of treatment services.

1.2 Patterns, treatment and problem/high risk use

1.2.1 Injecting and other routes of administration

Data from TDI show that in 2015, 37% of those treated for problem opiate use reported injecting as their primary route of administration. The proportions fluctuated over the period, from a peak of 48.4% in 2004 to its lowest level of 30.2% in 2010. Since then the proportion injecting increased to 41.1% in 2012, but then decreased slightly year-on-year since then to 37% in 2015. Heroin represents almost 100% of the opiate drugs injected.

See Sections 1.5.2 and 1.5.3 in Harms and Harm Reduction workbook for data on use of needle exchange programmes by injecting drug users in Ireland.

1.2.2 Infectious Diseases

There are no new data specific to rates and trends of infectious diseases among opioid users. For information on drug-related infectious diseases in Ireland, see Harms and Harm Reduction workbook Section 1.3.

1.2.3 Treatment for heroin and other opioids

All opiates

Data from TDI show that in 2015, just under half of all cases (47.6%) treated for problem drug use (excluding alcohol) were treated for opiates. Of those treated for problem opiate use in 2015, heroin comprised the vast majority of cases (87%), similar to previous years.

Problem heroin use

Problem heroin use comprised 41.4% of all cases treated in 2015. The proportion of cases treated for problem heroin use has fluctuated over the reporting period, rising from 59.7% in 2004 to a peak in 2006 of 60.3%. Since then proportion of cases in treatment for problem heroin use has decreased to a new low of 41.4% in 2015.

Since 2004, heroin has remained the most common drug for which all cases have sought treatment. However, for cases new to treatment, the pattern changed in 2011, when cannabis replaced heroin as the most common problem drug reported by new entrants to treatment.

In 2015, 69.8% of cases were male, and the mean age was 33 years (males 34 years; females 32 years). The majority of cases were previously treated (75.9%) and were self-referred (42.6%) while 16.8% were referred by other drug treatment services.

The proportion of problem heroin users who were new to treatment peaked in 2009 at 34.4% but has decreased every year since, with a new low of 20.7% in 2015.

Other opiates

In 2015 methadone (prescribed or street) was the second most common other opiate reported, comprising 7.1% of all treatment entrants for problem opiate use. This was followed by codeine, accounting for 4.2% of all treatment entrants for problem opiate use.

Other opiates (including methadone and codeine) comprised 7.1% of all treatment entrants for problem opiate use in 2015, an increase compared to 2014 (5.3%) and 2013 (3.7%).

For further information on heroin and other opiates, see also TDI and Treatment workbook, Sections 1.3 and 2.

Treatment for problem opiate use is provided by both statutory and non-statutory services. Opiate substitution treatment is provided in specialised clinics or by specialised GPs. Other treatment provided includes counselling, social and occupational reintegration, psychiatric treatment, complementary therapy etc. For further information see Treatment workbook, Section 1.4.

SECTION D. NEW PSYCHOACTIVE SUBSTANCES (NPS) AND OTHER DRUGS NOT COVERED ABOVE.

1.1 New Psychoactive Substances (NPS), other new or novel drugs, and less common drugs

1.1.1 Prevalence and trends in NPS use

Estimates of NPS use in the general population

In 2014/15, the lifetime prevalence of NPS use among respondents aged 15-64 years was approximately 4% while last month prevalence was less than 1%. In male adults aged 35-44, and those aged 45-54, lifetime prevalence rates were 3% for both. For females, the corresponding rates were 1.2% and 0.9% respectively. Last month prevalence of NPS use for both age categories was less than 1% in both genders.

For the first time, lifetime and last month data regarding NPS use has been collected in the Drug Use in Ireland and Northern Ireland Drug Prevalence Survey 2014/15. Therefore, it is not possible to compare lifetime and last month rates with previous surveys.

Last year prevalence of NPS use among Irish adults, 2010/11 and 2014/15

Last year prevalence of NPS use was included as a drug category for the first time in the 2010/11 NACDA drug prevalence survey. In contrast to trends observed with other illicit substances, data from the 2014/15 study demonstrate that the prevalence of NPS use in the Irish population has decreased, in both genders (Figure 1.1.1.1).

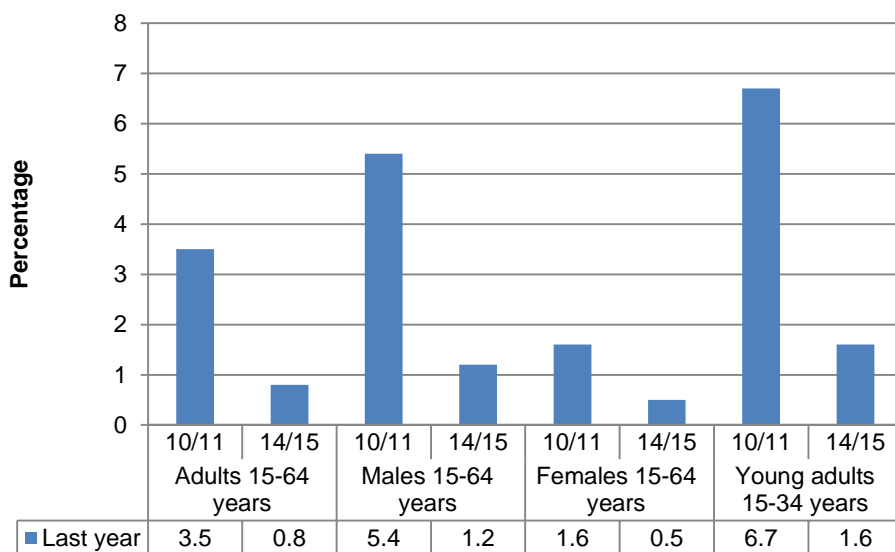


Figure 1.1.1.1 Last year prevalence of NPS use among adults in Ireland, 2010/11 and 2014/15

Source: NACDA, 2016

NPS use among young adults, 2015

The prevalence of NPS use among young respondents aged 15-24 and 25-34 for the 2014/15 survey are shown in Figure 1.1.1.2. Lifetime use increased across age categories in men and decreased in women. Similar to the patterns observed with the use of other illicit drugs, last year and last month prevalence rates decreased across age categories. The percentage of male and female young adults who indicated current use of NPS was less than 1%.

The low prevalence of current NPS use among younger Irish adults, and decreasing trends in NPS use among respondents aged 15-64 years of both genders, may be as a result of the Criminal Justice (Psychoactive Substances) Act 2010 which came into effect in August 2010. The Act made it an offence, punishable by up to five years imprisonment, to sell or supply for human consumption substances which are not specifically proscribed under the Misuse of Drugs Acts, but which have psychoactive effects.

In addition, the Health Service Executive conducted a national campaign on the dangers of legal and illegal drugs, entitled "Legal or illegal highs - they're anything but safe". The campaign sought to raise awareness of the dangers and significant negative mental and physical health effects that can be caused by NPS use (Lyons 2010).

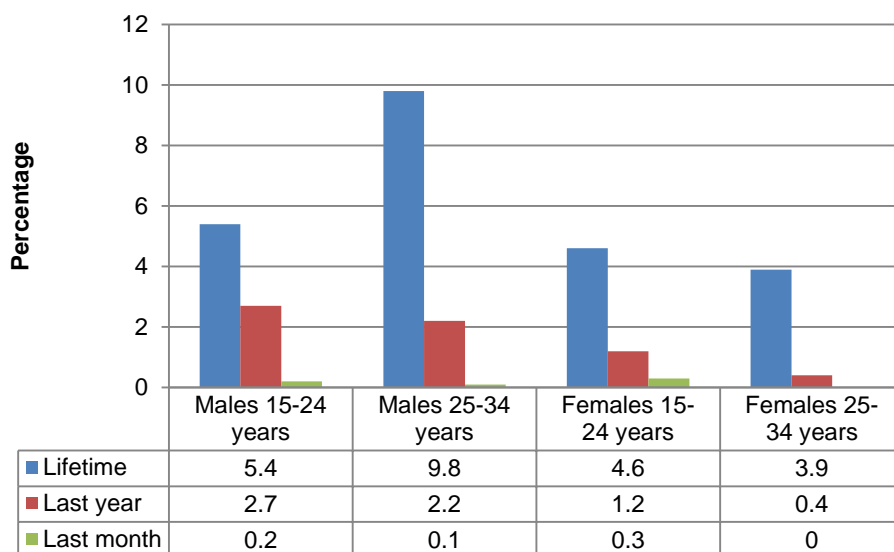


Figure 1.1.1.2 Lifetime, last year and last month prevalence of NPS use among young adults in Ireland, 2014/15
Source: NACDA, 2016

1.1.2 Harms related to NPS use

Since 2008 a very small number of cases presenting for treatment (n=74) have reported a NPS other than a synthetic cannabinoid or cathinone) as their main problem drug through TDI. The type was usually unspecified but does include a very small number of hallucinogenic-type NPS. It should be noted that the type of NPS used by clients presenting to treatment is self-reported and so, even though the type of NPS may have been specified by a client, the actual drug is rarely tested by treatment centres. As a result, it is not possible to say with certainty that, for example, those NPS reported as synthetic cannabinoids or cathinones definitely fall into those categories. Among the cases reporting NPS (other than a synthetic cannabinoid or cathinone) as their main problem drug, there may be a number of which are a synthetic cannabinoid or cathinone, so the true number of synthetic cannabinoid or cathinone users may be under- or over-estimated.

NPS first appeared in treatment data in 2008; before then they were not recorded as a separate category. The proportion of cases treated for this type of drug peaked in 2010 at 0.4% of all treatment episodes, but dropped to 0.06% in 2014, but rose again slightly in 2015 to 0.1%. See also Section A 1.2.4, and Section B 1.2.4 above.

1.1.3 Prevalence, trends and harms related to other drug use

Hypnotics and sedatives

In 2015, hypnotics and sedatives were the third most common drug treated as reported through TDI. The proportion of cases has risen consistently every year from 2006 from 2% to 11.2% in 2014. The proportion dropped slightly to 10.2% in 2015. In 2015, the main drug type included in this group were benzodiazepines (83.4%). The majority of cases were male (67.9%) and the mean age was 30 years (male 29 years; female 32 years). Forty per cent (39.5%) were new entrants to treatment. In 2015, self-referral was most common (37.2%) followed by 15.9% who were referred through social services.

Codeine-containing medicines

Following concerns about the misuse of both prescribed and over-the-counter codeine, in 2010 the Irish Pharmacy Regulator published guidance for pharmacists on the safe supply of non-prescription codeine-in-combination products to patients (The Pharmaceutical Society of Ireland 2010). This guidance was

recommended following the enactment of the Pharmacy Act 2007 and the Regulation of Retail Pharmacy Businesses Regulations 2008. The guidance states that these products are to be supplied only as 'second-line' medicines for pain-relief treatment. Detailed advice is also to be provided to patients about the correct short-term use of these products.

Following these changes, in 2015 a study was undertaken in Ireland to obtain individual and collective experiences of twenty-one individual codeine users (Van Hout, *et al.* 2015). The purpose of this research was to gain an understanding of the pathways to misuse and dependence.

To date, there have been few Irish studies on problem codeine users. Those undertaken have shown that users tend to be male, with a history of psychiatric problems, co-existing medical problems and/or polydrug use. Quantifying the extent of misuse or dependence on codeine-containing medicines in Ireland has been difficult. The authors of the current research study cite data from the National Drug Treatment Reporting System (NDTRS) for the period 2008–2012, which show that 1.9 per cent of people in drug treatment in Ireland had reported codeine as their primary or secondary problem drug.

In the 2015 study, just over half of those interviewed were women (12, 57%). Their ages ranged between 26 and 62 years, with 71% aged between 30 and 49 and 52% were unemployed. With regard to substance use, the authors reported the following:

- 15 (71%) had used codeine within the last 12 months;
- 18 (86%) used codeine as their primary problem drug. Of these, two (11%) reported using other opiate-type drugs, and 13 (62%) reported using codeine in combination with ibuprofen (e.g. Nurofen plus) as their primary drug of use. This combination was described by many of the interviewees as "optimal for intoxication purposes" as opposed to other combinations, particularly with caffeine, which caused unwanted side effects such as nausea;
- 14 (67%) were currently on methadone maintenance treatment; and
- 3 (14%) were on Suboxone treatment.

Pregabalin abuse among opioid substitution treatment patients

Pregabalin (Lyrica®) is used in the treatment epilepsy, nerve pain and anxiety. Pregabalin was initially thought to have a low misuse potential. However, misuse of Pregabalin has been noted in clients attending substance treatment and recovery services, and within secure environment settings. There are indications of Pregabalin abuse among Britain's opiate-using and prison populations, with Belfast recreational users reporting that Pregabalin induces a state similar to drunkenness, hence the street name 'Budweiser's' (Fillipetto, *et al.* 2010) (Grosshans, *et al.* 2013).

Following requests for Pregabalin testing from clinicians in addiction services in Ireland who suspected its misuse, the National Drug Treatment Centre's (NDTC) Drug Analysis Laboratory developed a method to screen for this drug. In addition, a study was conducted to determine the level of usage of Pregabalin within the addiction services population in Ireland (McNamara, *et al.* 2015).

A total of 498 urine samples representing samples from 440 individual opioid substitution patients, initially screened by immunoassay for drugs of abuse, were subjected to further analysis for Pregabalin by Liquid Chromatography Mass Spectrometry. Samples were tested from sequential sets of samples over the period June to August 2014 from 425 opioid substitution patients attending 6 clinics including NDTC clinics and clinics where clinicians had requested this testing. The number of patients in opioid substitution treatment in 2013 was 9,640 so this sample represented approximately 4% of all patients.

It was found that of 440 patients tested, 39 tested positive for Pregabalin (9.2%). Only 10 patients from this group were prescribed this drug, thus giving an estimated rate of misuse of 7%. Other drugs detected in the Pregabalin positive patients were opiates (31.8%), cocaine (11.4%), benzodiazepines (79.5%) and cannabis (77.8%).

The authors concluded that Pregabalin abuse is taking place among the addiction services population within Ireland and that misuse of this prescription drug is a serious emerging issue which should be monitored carefully.

2. New developments

2.1 New developments in the use of NPS and other drugs

There has been an increase in lifetime, last year and last month prevalence of cannabis use in Ireland. Please see Section A, 1.1 for the national profile of cannabis use.

There have been significant increases in the prevalence of ecstasy use. This increased usage may be correlated with decreased use of NPS among younger adults. Please see Section B, 1.1 for information on the prevalence of ecstasy use in the general population and Section D, 1.1 for information on NPS use.

There has been a decrease in NPS use within Ireland. Please see Section D, 1.1.1 for information on trends in the prevalence of NPS use

3. Sources and references

3.1 Sources

There are three main sources of data that estimate the prevalence of drug use in the Irish population. These are the:

- NACDA surveys of drug use among the general population;
- the Health Behaviour in School-aged children (HBSC) surveys; and
- the European School Survey Project on Alcohol and Other Drugs (ESPAD).

Results from the most recent NACDA, HBSC and ESPAD surveys are included in this workbook. The NACDA survey classifies young adults as those between 15 and 34. The HBSC study records health behaviours (including cannabis use) among school-aged children aged 13-17 years. The ESPAD survey collected information on alcohol, tobacco and other substance use among 15-16-year-old students. In all three surveys, substance use is measured for three time parameters: (1) lifetime use; (2) use in the 12 months prior to the survey; and (3) use in the month prior to the survey.

3.2 Methodology

NACDA surveys on drug use in the general population

An all Ireland Drug Prevalence Survey was initiated by the National Advisory Committee on Drugs (NACD), now the National Advisory Committee on Drugs and Alcohol (NACDA) in the Department of Health, in Ireland, and the Drug and Alcohol Information and Research Unit (DAIRU), now the Public Health Information and Research Branch (PHIRB), within the Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland. The main focus of the survey is to obtain prevalence rates for key illegal drugs, such as cannabis, ecstasy, cocaine and heroin, on a lifetime (ever used), last year (recent use), and last month (current use) basis. Similar prevalence questions are also asked of alcohol, tobacco, and other drugs such as sedatives, tranquillisers and anti-depressants. Attitudinal and demographic information is also sought from respondents.

The questionnaire and methodology for the survey are based on best-practice guidelines drawn up by the EMCDDA. The questionnaire is administered through face-to-face interviews with respondents aged between 15 and 64, who are normally resident in households in Ireland and Northern Ireland. Thus, persons outside this age range, or who do not normally reside in private households, have not been included. This approach is commonly used throughout the EU. Because of the exclusion of those living in institutions (for example, prisons and hostels) this type of prevalence survey is usually known as a general population survey.

The first iteration of this general population drug prevalence survey was undertaken in 2002/3 and a second and third iteration in 2006/7 and 2010/11. A series of bulletins reporting the findings of the 2002/3, 2006/7 and 2010/11 iterations have been published (National Advisory Committee on Drugs and Public Health Information and Research Branch 2011). The most recent survey was conducted in 2014/15. A sample comprising all households throughout the island of Ireland was randomly selected to participate and fieldwork began in September 2014 and was completed in May 2015. Of the household members contacted, 7,005 agreed to take part. The sample was weighted by gender, age and region to ensure that it was representative of the general population. (National Advisory Committee on Drugs and Alcohol 2016).

As with other European drug surveys, people over the age of 64 are excluded, as they grew up in an era when both the use and availability of illegal drugs were very limited. Therefore, surveys with older people have, to date, shown very low rates of use on even a lifetime basis. This situation will change over time as the younger population grows older.

Health Behaviour in School-aged Children (HBSC) survey

The HBSC survey is a cross-national research study conducted in collaboration with the WHO (World Health Organization) Regional Office for Europe. The study aims to gain insights into, and increase our understanding of, young people's health and well-being, health behaviours and their social context. It collects information on the key indicators of health and health-related attitudes and behaviours (including alcohol and cannabis use) among young people aged 11-17 years.

The HBSC was initiated in 1982 and is conducted every four years. It is a school-based survey with data collected through self-completed questionnaires administered by teachers in the classroom. The Health Promotion Research Centre, National University of Ireland, Galway was invited to join the HBSC network in 1994 and conducted the first survey of Irish schoolchildren in (Friel, *et al.* 1999). The survey has been repeated in Ireland in 2002, 2006, 2010 and 2014 (Kelleher, *et al.* 2003) (Kelly, C, *et al.* 2012) (Gavin, *et al.* 2015).

For the most recent survey, data from the 2011 census were employed to provide the population distribution across geographical regions. The sampling frame consisted of all primary and post-primary schools within Ireland. Two-hundred and thirty schools participated providing a sample of 13,611 children.

The European School Survey Project on Alcohol and Other Drugs (ESPAD)

ESPAD has conducted surveys of school-going children every four years since 1995 using a standardised method and a common questionnaire. The sixth survey was undertaken in 35 European countries during 2014/15 and collected information on alcohol, tobacco and other substance use among 15-16-year-old students.

An important goal of the ESPAD survey is to monitor trends in alcohol consumption, tobacco and other drug use among 15-16-year-olds and to compare trends between countries and groups of countries. It also provides an opportunity to observe changes in trends in Ireland over the six waves over the past 20 years. The rationale for the ESPAD surveys is that school students are easily accessible and are at an age when the onset of substance use is likely to occur.

Data included in this workbook concentrate on findings from the survey which was conducted in Ireland in 2014/15 in which 2,036 questionnaires were completed by young people from 50 randomly selected post-primary schools (Taylor, *et al.* 2016). Of these participants, 1,493 were born in 1999 and will be included in the international ESPAD dataset.

Estimates of the prevalence of opiate drug use in the Republic of Ireland were derived from 3-source national capture-recapture (CRC) studies which were undertaken in 2001 and 2006.

Capture-recapture (CRC) study on opioid use

The NACDA specified that three data sources were to be employed in the CRC study. These were: the Central Drug Treatment List, the HIPE database and a national Garda Study on Drugs, Crime and Related Criminal Activity. Permission were then sought and granted to access the Central Drug Treatment List and the Garda data.

In relation to HIPE, a large number of hospitals throughout the country held potentially relevant data on attendances by individual patients with a history of opiate use. Consequently, hospital managers were written to by the NACDA requesting their co-operation and informing them that ethical approval had been obtained from the relevant Hospital Ethics Committee.

Statistically valid estimates of the prevalence of opiate drug use in the national population and by sub-region were acquired for the years 2001 (Kelly, Alan, *et al.* 2003) and 2006. (Kelly, Alan, *et al.* 2009).

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European Monitoring Centre for Drugs and Drug Addiction

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

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

The Irish Focal Point to the EMCDDA is based in the Health Research Board. 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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