



Rialtas na hÉireann
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Impact of COVID-19 on Drug and Alcohol Services and People who use Drugs in Ireland: A report of survey findings

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This paper has been prepared by IGEES staff in the Department of Health. The views presented in this paper do not represent the official views of the Department or Minister for Health.

IGEES

Irish Government Economic and Evaluation Service

Executive Summary

This report presents the results of survey research completed between April - September 2020 on behalf of the Drugs Policy and Social Inclusion Unit, and as part of a rapid impact assessment of COVID-19. The results of two surveys assessing the impact of COVID-19 on people who use drugs and, drug and alcohol service providers in Ireland, are presented.

Surveys

1. The Mini European Web Survey on Drugs: COVID-19 is a special round of the European Web Survey on Drugs, coordinated by the EMCDDA. Data collection took place between April – June 2020 via an online survey platform. The survey was targeted at those aged 18 years and over, with experience of illicit drug use, with a particular focus on recreational users and those using drugs in nightlife settings. There were 696 respondents from Ireland to the survey, the majority of respondents are cannabis, cocaine/crack cocaine or ecstasy/MDMA users.

2. The Survey of Drug and Alcohol Services was conducted by IGEEES / Research Services & Policy Unit in the Department of Health. The survey was sent to drug and alcohol services in Ireland via email and was completed via an online survey platform. Data collection took place over a two-and-a-half-week period in August /September 2020. Project leaders, service coordinators or equivalent staff members of drug and alcohol services from across Ireland were targeted. Email invitations were sent to over 500 addresses, and a total of 157 services completed the survey. Community Drugs Projects, Family Support Services and Counselling Services make up a large proportion of responding services, there is also a large representation from services based in Dublin.

Key Findings

Survey 1 Recreational Users

- Most respondents reported either reducing (36%) or not using illicit drugs (24%), since the start of the COVID-19 pandemic in Ireland. Fewer opportunities to use and reduced availability of drugs were the top reasons for reduced use of illicit drugs.
- A total of 23% used more illicit drugs and 15% used the same amount. Boredom and anxiety (including anxiety related to the pandemic) were the top reasons provided by those who increased their illicit drug use.
- Cannabis, cocaine/crack-cocaine and ecstasy/MDMA were the three drugs used most in the past 30 days, and in the 12 months before the pandemic.
- Cocaine/crack-cocaine, ecstasy/MDMA, LSD, amphetamines and synthetic stimulants saw the biggest reductions in use during COVID-19 restrictions, with usage levels down by between 50% - 80% for these drug types when compared to the past 12 months.
- Those using cocaine (64%) and ecstasy (55%) were most likely to report cessation, or a reduction in frequency or quantity used as a result of COVID-19 restrictions, when compared to before COVID-19.
- Most respondents (77%) experienced at least some difficulty accessing drugs during the pandemic, and as a result, some reported buying in larger quantities or from different dealers.
- Among the sample, 12% reported an increase in their intention to seek professional support in relation to drug use during the pandemic.

Survey 2 Drug and Alcohol Services

- Overall, service providers reported that clients' physical and mental health, family relationships and financial circumstances were negatively affected by the COVID-19 pandemic
 - Almost all (96%) reported a negative impact of COVID-19 on their clients' mental health
 - Restrictions on meeting people and having to self-isolate or cocoon were the elements of public health advice that clients found most challenging, with 74% and 68% services respectively rating these as highly challenging for their clients
 - It was felt that the homeless community were the worst impacted population group during the COVID-19 pandemic, with 65% services reporting they were highly impacted
- Service providers reported on changes in drug and alcohol use and drug markets since the COVID-19 pandemic
 - Increased alcohol consumption was observed among clients to some extent by 92% services
 - The majority of services (87%) reported that clients are relapsing to some extent and 84% services said clients were increasing their drug use to some extent
 - Most services reported an awareness of difficulty accessing drugs (73%) and over half of services reported awareness of increases in the price of drugs (56%) and reductions in the quality of drugs (57%)
- Service providers outlined the impact on service provision and staff
 - Overall, the majority of survey respondents felt their services were highly (52%) or extremely (22%) impacted by COVID-19
 - Face to face contact with clients (89%) and the availability of existing services (84%) saw the biggest reductions
 - Services have adapted to the challenges posed by COVID-19 by greater reliance on using telephone (93%) or online (80%) methods of communication and using personal protective equipment (75%)
 - The biggest impacts on staff have been in relation to working from home and work-life balance, with 88% and 89% services respectively reporting impacts to some extent for these factors
 - The top-rated positive impact of the pandemic was 'new ways of delivering services' with 83% of services reporting this outcome

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Contents

Executive Summary	1
Acknowledgements	3
Chapter 1 Introduction	5
1.1. Background	5
1.2. Policy Context	6
1.3. Evidence Review	6
1.3.1. Guidelines and Supports issued to Services in Ireland	6
1.3.2. Restructuring of services to meet needs	7
Chapter 2 Survey of Recreational Users	9
2.1 Overview of the Survey	9
2.2 Methodology	10
2.3 Findings	11
2.3.1 Demographics and COVID-19 Responses	11
2.3.2 Consumption of Drugs	12
2.3.3 Service Availability and Use	20
2.3.4 Drug Markets	23
2.3.5 Additional Comments from Respondents	26
2.4 Discussion	28
Chapter 3 Survey of Drug and Alcohol Services	31
3.1 Overview of Survey	31
3.2 Methodology	31
3.3 Findings	33
3.3.1 Service Information	33
3.3.2 Health and social impacts of COVID-19 for clients of drug and alcohol services	34
3.3.3 Consumption of Drugs and Drug Markets	40
3.3.4 Impacts of COVID-19 on Service Delivery and Use	42
3.4 Discussion	54
Conclusion	56
References	57

Chapter 1 Introduction

1.1. Background

The COVID-19 pandemic represents an increased risk for people who use drugs and alcohol, and a challenge for drug and alcohol service providers. The impact of the pandemic on service capacity, risks of disruption in access to services, clean equipment and medications, and what this means for service users has become an important topic of concern both in Ireland and internationally, with a number of policy and practice responses in development. Added to these challenges are, because of the health implications of using drugs, such as a reduced lung capacity and a weakened immune system, people who use drugs are more susceptible to the negative effects of COVID-19. Additionally, the mode of consumption for those who use drugs may also increase their risk of infection, due to sharing or reduced availability of equipment, and difficulty maintaining social distance and self-isolating.

Overall, this research aims to explore how people who use drugs, as well as drug and alcohol services have been impacted by the COVID-19 pandemic in Ireland in order to learn from and improve responses to COVID-19 in the next period of recovery and resilience¹.

To achieve this aim, an online survey was conducted with drug and alcohol services in Ireland. Data from this survey, along with data from the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) *Mini-European Web Survey on Drugs: COVID-19* have been analysed. The objectives of this report are to:

- Describe the current policy context, including any guidance or recommendations that have been issued to drug and alcohol services in response to the COVID-19 pandemic.
- Profile how people who use drugs recreationally have been impacted by COVID-19, including impacts on their drug use, how drugs are obtained and access to services.
- Profile the ways services have altered their operations and the effects this has had on service provision, staff, and resources.
- Describe how drug and alcohol services believe their clients have been impacted by the pandemic including health and social impacts, drug usage patterns, and impacts of public health advice.
- Use results from both surveys to get a broader picture of the impacts of the pandemic for different groups of people who use drugs and alcohol, and drug and alcohol services.

This report forms part of a wider Rapid Assessment of the Impact of COVID-19 on drug trends and services in Ireland being conducted by the Drugs Policy and Social Inclusion Unit in the Department of Health. Other methodologies being used as part of this assessment are; a literature review², case studies and stakeholder engagement.

¹ Department of the Taoiseach. (2020). Resilience and Recovery 2020-2021. Available from: <https://www.gov.ie/en/publication/e5175-resilience-and-recovery-2020-2021-plan-for-living-with-covid-19/>

² Health Research Board. (2020). Impact of COVID-19 on drug services in four countries. Available from: https://www.drugsandalcohol.ie/32296/1/HRB_evidence%20brief%20for%20DPU%20Covid-19%20rapid%20assessment_June_2020.pdf

1.2. Policy Context

*Reducing Harm, Supporting Recovery; A health-led response to drug and alcohol use in Ireland 2017-2025*³ (RHSR) is the current national strategy to address the harm caused by substance misuse in Irish society. This has been the strategy to promote an integrated public health approach to drug and alcohol misuse in Ireland and a move away from a criminal justice approach to drug use. With the strategy now approaching its mid-term review, the importance of understanding the impacts of the COVID-19 pandemic on drug trends and services in Ireland is all the more vital so that any new strategic actions taken can reflect the challenges of the current situation and ensure the continued relevance of the strategy for its lifetime, up to 2025. The public health approach that underpins the strategy is particularly relevant in light of COVID-19. Ireland is one of the countries who has clearly identified people who use drugs and alcohol as an at-risk group for COVID-19⁴.

1.3. Evidence Review

An evidence brief⁵ was conducted by the Health Research Board Evidence Synthesis Service to fulfil the 'literature review' component of the rapid impact assessment. The brief contained the most up to date evidence prior to this study on the response of the government and HSE to the pandemic in the drug and alcohol sector. The brief contained an investigation on the impact of COVID-19 in four countries, including an analysis of impacts in Ireland. It included evidence on the guidelines and supports that have been issued to drug and alcohol services in Ireland, and how services are restructuring to meet their clients' needs. The full evidence brief is available on the HRB website and the key findings of the evidence brief for Ireland are summarised in this section, as they provide important context for the results in the current study report.

1.3.1. Guidelines and Supports issued to Services in Ireland

According to the evidence brief, the HSE developed new guidance for service providers working with people who use drugs - including those receiving Opioid Substitution Therapy (OST) - in response to the COVID-19 pandemic. In the brief, guidance was described as including induction to OST, and provision of OST, as well as specific guidance for people who use benzodiazepines and alcohol. The guidance also outlines circumstances where it may be necessary to undertake a rapid/emergency induction into OST, particularly in relation to vulnerable groups and the homeless community.⁶ A standard operating procedure for emergency induction to OST during the COVID-19 crisis has been

³ Department of Health. (2017). *Reducing Harm, Supporting Recovery*. Available from:

http://www.drugs.ie/downloadDocs/2017/ReducingHarmSupportingRecovery2017_2025.pdf

⁴ IIMHL and IIDL. (2020). Rapid Review on Coronavirus/COVID-19: Policies, Actions and Resources related to Drug and Alcohol Addiction across IIMHL and IIDL countries. Available from: <https://www.iimhl.com/files/docs/IIMHL-Updates/20200502.pdf>

⁵ Health Research Board. (2020). Impact of COVID-19 on drug services in four countries. Available from: https://www.drugsandalcohol.ie/32296/1/HRB_evidence%20brief%20for%20DPU%20Covid-19%20rapid%20assessment_June_2020.pdf

⁶ HSE. (2020). Guidance on Contingency Planning for People who use Drugs and COVID-19. See <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/other-areas/health-inequalities/contingency-planning-for-people-who-use-drugs.pdf>

published⁷, as have detailed guidance on conducting remote clinical reviews via video link or smartphone⁸. Further, the brief outlines how protocols have been put in place for those required to isolate, such as the provision of OST treatment doses to clients, a family member or other appropriate person for the client's use at home. Additional guidance also includes medication information e.g. securing the stored doses, general safety and record keeping, as well as guidance on overdose response and Naloxone, needle exchange provision, infection prevention and clients presenting in various settings, all in the context of COVID-19⁹.

1.3.2. Restructuring of services to meet needs

According to the evidence brief, the focus for drug and alcohol services since the pandemic has been on continuity of care for those already in treatment and faster induction to treatment for those who are opioid dependent. According to the HSE, an additional 647 people commenced OST in the period January to end May 2020. It was further noted in the brief that the aim has been to reduce the potential for viral transmission among this cohort and to reduce the risk of harm to individuals. Administrative changes and further resources have allowed faster processing of clients into treatment and have supported cocooning and isolation of vulnerable homeless people. An extra 500 single rooms with bathrooms have been made available for this group. The evidence brief outlined how the wait-time for methadone treatment has been reduced from 12 weeks to 3 days and there has been an increase in Benzodiazepine prescriptions to allow easier stabilisation of drug use during isolation. Outreach services have been tasked with providing information on COVID-19 to clients, for example some services provided information on COVID-19 when delivering needle exchange services.

While additional resources came on stream in response to the pandemic, the HSE have noted that the initial response relied on existing capacity.

The HRB noted that Regulatory changes to the Medicinal Products (Prescription and Control of Supply) Regulations 2003 and the Misuse of Drugs Regulations 2017 have also been temporarily amended to ensure that clients can continue to access their treatments and other medicines, as well as reducing the burdens on prescribers. These amendments allow for the electronic transfer of prescriptions from doctors to pharmacists, change the way prescriptions can be repeated and extend the life of some prescriptions from 6 to 9 months, allowing pharmacists to provide additional supplies of prescriptions where safe to do so thus reducing the need for healthcare visits.

The HRB also presented evidence that drug and alcohol services have also adapted to remote working practices, with eConsultations, online group sessions, telephone consultations, and delivery of medications now taking place across the country. In these instances, HSE services have been provided

⁷ HSE. (2020). Example SOP for emergency induction of OST during COVID CRISIS. See <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/other-areas/health-inequalities/example-sop-for-emergency-induction-of-ost.pdf>

⁸ HSE. (2020). Ways of Working: Guidance for Addiction Services on Remote Consultations. See: <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/other-areas/health-inequalities/remote-consultations.pdf>

⁹ Guidance documents and resources - Addiction. See: <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/other-areas/health-inequalities/guidance-documents-and-resources-addiction.html>

with appropriate software and in some cases, smartphones were provided to clients isolating at home or in an isolation hub. Although there is much debate on the benefits of online services versus face to face, they have allowed services to continue to provide structure and support for their clients. There have been some very successful uses of remote services, for example *Better Together*, a programme using online video conferencing for those in recovery in the Southeast.

It was outlined in the evidence brief that drug and alcohol clinics have also implemented social distancing measures and in some cases, clients were provided with letters stating the date and time of their appointment to ensure they had permission to travel during periods of restricted movement.

According to the HRB review, there remain significant challenges for drug and alcohol users in light of COVID-19, not least due to the higher rates of chronic conditions such as chronic respiratory diseases amongst people who use drugs, and underlying risk factors for drug and alcohol use. Some individuals may not be able to self-isolate if they are sleeping rough or using short term accommodation. There are also mental health risks associated with isolation while quarantining, as well as other stresses that can lead to relapse. There is a greater risk of overdoses with some individuals stockpiling drugs, as well as insufficient access to clean equipment, while the sharing of equipment may also contribute to an increased risk of COVID-19 transmission, along with other diseases.

Chapter 2 Survey of Recreational Users

2.1 Overview of the Survey

*The Mini European Web Survey on Drugs: COVID-19*¹⁰ is a special round of the European Web Survey on Drugs, which is coordinated by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The EMCDDA includes the 28 EU member states, Norway and Turkey. The survey aimed to gather information on how patterns of drug use, access to health services and the drug market may have changed in Europe during the COVID-19 pandemic. It is also hoped that the survey would contribute to the emerging knowledge base on COVID-19 and Europe's response to it, thus potentially helping to protect the health of people who use drugs, improve drug services and raise awareness of market changes.

Data from people who use drugs tends to come mainly from small scale studies of specific 'heavy user' groups, for example, people undergoing treatment, while general population surveys typically do not have sufficiently large samples of drug users to provide robust information. *The European Web Survey on Drugs* is an online survey aimed at drug users specifically, aiming to bridge this data gap. In Ireland, the survey was intentionally targeted at social or recreational drug users, i.e. those who do not typically present to services and as such, are not captured in administrative and service datasets.

This special round of the survey was split into five sections dealing with different topic areas, as summarized in the below table.

Table 1 Structure of Survey of Recreational Users

Section	Themes explored
Socio-demographics	Gender, year of birth, type of area.
COVID-19 status	Engagement with behaviours related to COVID-19 and restrictions.
Drug Use	Drug use in the past 30 days, drug use in the past 12 months, change of drug use due to restrictions, change in means of drug use, overall trend of use, and reasons for this trend.
Access to Services	Where syringes obtained in past 12 months and since COVID-19 restrictions, access and availability of injection materials, change in professional support intentions, and change in use of online supports.
Drug Market	Drugs obtained since COVID-19 outbreak, difficulties with access, means of access, and change in price, purity, and quantities obtained.

¹⁰ See https://www.emcdda.europa.eu/news/2020/emcdda-launches-covid-19-special-round-european-web-survey-drugs-assess-impact-pandemic_en

2.2 Methodology

The *Mini European Web Survey on Drugs: COVID-19* was conducted by the EMCDDA using the online survey platform EUSurvey; a platform supported by the European Commission. Data collection took place during initial wave 1 COVID-19 restrictions in Ireland. The survey was launched in April 2020, made available in 21 languages and received over 11,100 responses by the beginning of June 2020 when it was closed. There were 696 total respondents from Ireland. Findings from these respondents *only* are presented in the report. The survey was promoted by the HSE site Drugs.ie with a target audience of night life drug users.

Sample and Scope of the Data

The survey targeted adults aged 18 years or over with experience of illicit drug use, with the aim of gathering information on changes in drug consumption behaviours in Europe due to COVID-19, and also included questions on help-seeking and perceptions of service availability. In Ireland the survey was intentionally promoted among recreational users and night life attendees who are hard to reach and may not present to drug services. The respondent recruitment strategy reflected this intention, and in particular, the HSE have noted that roughly 300+ respondents were directly linked with a paid promotion in a sub cultural dance music magazine. The cohort targeted for this survey tend to be absent from service-related or administrative data sets in an Irish context.

This survey was part of a rapid response to the evolving impacts of COVID-19, and as outlined, the findings represent the views of a small group of people who use drugs and responded to the survey in Ireland. As such, there should be cautious interpretation of results and results should not be considered generalisable to all illicit drug users in Ireland or the Irish population.

Results are presented in Section 2.3.3 on the availability of clean injecting equipment since wave 1 COVID-19 restrictions were in place, for people who inject drugs. However, it should be noted that because those who inject drugs were not targeted for this survey, the number of responses to these questions are very low and should be interpreted cautiously as indications only of possible wider patterns. A profile of all survey respondents is presented in Section 2.3.

Analysis

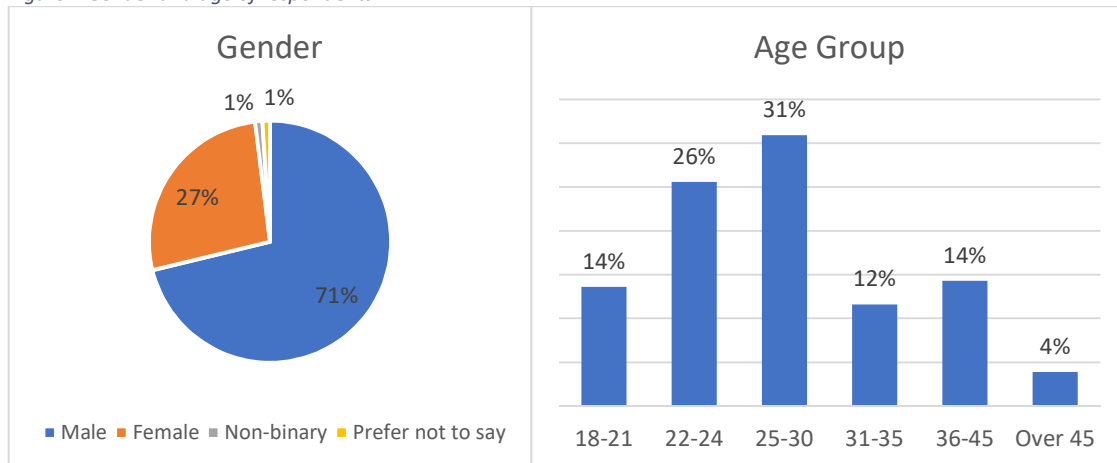
An anonymous microdata file for Ireland was accessed from the EMCDDA via the Health Research Board. Data was cleaned and edited which involved the following steps; conversion of text data to numerical data, generation of new variables for multiple response questions, the creation of subgroups for analysis and labelling of all variables. Analyses were then run for each question and graphs generated. These steps were performed in both Microsoft Excel and Stata version 16. Qualitative responses were not formally analysed for this report; however, a brief summary of additional comments provided by respondents are provided at the end of Section 2.3.

2.3 Findings

This section presents the findings from Ireland of the *Mini European Web Survey on Drugs: COVID-19*, hereby referred to as the *Survey of Recreational Users*. Survey results are presented in graphs as frequencies and/or percentages. Frequencies are used in graphs where there are less than 100 people in any subgroup presented, e.g. people who use a certain drug. Where appropriate, questions are analysed by subgroups; gender, age, area, and drug type. Drug types presented in this analysis correspond with the three main drug types used by respondents in the past 12 months; cannabis, cocaine/crack-cocaine, and ecstasy/MDMA.

2.3.1 Demographics and COVID-19 Responses

Figure 1 Gender and age of respondents

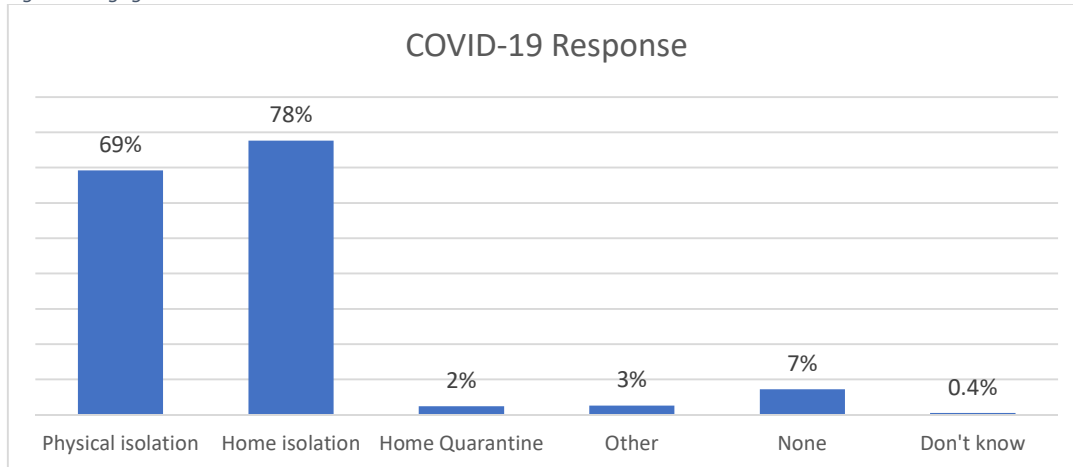


The majority of respondents are male, $n=494$, representing over 70% of the sample. Most respondents are aged in their twenties, just $n=198$, 30% of the sample are aged over 30. Over half of survey respondents live in a city ($n=354$, 54%), nearly a third in a town ($n=203$, 31%) and the lowest number live in a village ($n=99$, 15%).

Based on findings of the Drug Prevalence Survey¹¹, a general population survey on drug use in Ireland, this sample is in line with the overall population who use drugs with regards to age and gender, with illicit drug use being more prevalent among males and young adults in Ireland.

¹¹ HRB. (2017). Fourth general population survey on illicit drug use in Ireland <https://www.drugsandalcohol.ie/26697/>

Figure 2 Engagement with COVID-19 restrictions



Note: Admitted to hospital was also a response option, no respondents from Ireland selected this.

In terms of engagement with COVID-19 restrictions, the majority of respondents engaged in home isolation (i.e., government asked everyone to stay in isolation at home) (n= 536, 78%). While over two-thirds engaged in physical isolation (e.g., avoiding public transport and social gatherings, working/studying from home) (n=478, 69%). Just n=17 respondents (2%) engaged in home quarantine, that is, they tested positive for COVID-19 and stayed at home, and no respondents in Ireland tested positive for COVID-19 and were admitted to hospital. A total of n=50 respondents (7%) said they did not engage in any of these behaviours.

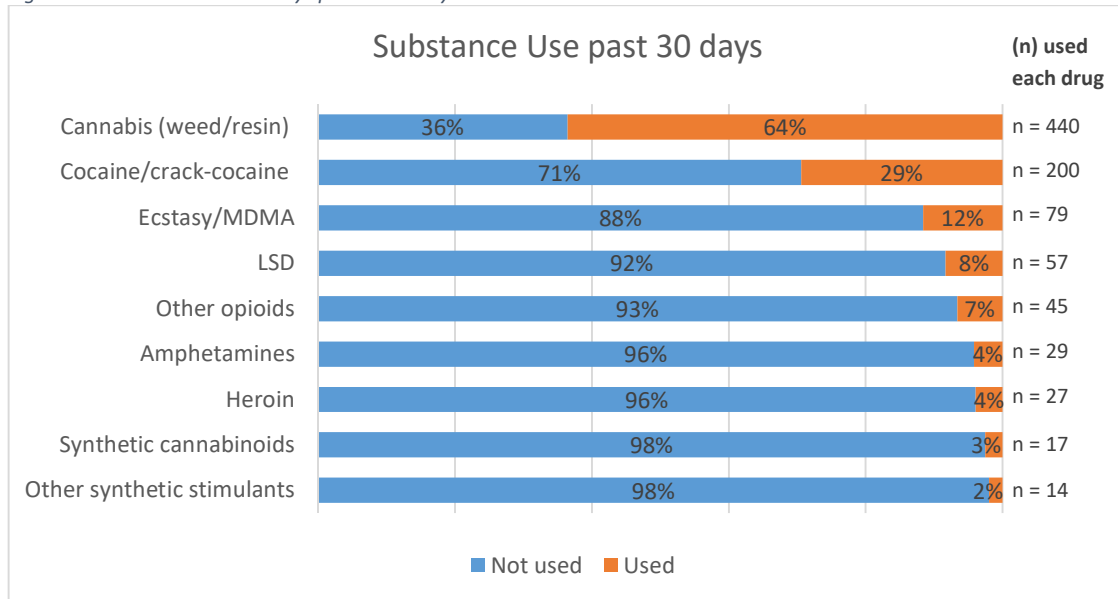
There is little variation in numbers engaging in these behaviours by age and gender. The group with the highest rates testing positive for COVID-19 and having to stay at home are those aged 22-24, with n=7, 4% in this cohort having done so. There is similarly little variation in these behaviours among users of the three main drug types used by respondents; cannabis, cocaine/crack-cocaine, and ecstasy/MDMA.

2.3.2 Consumption of Drugs

This section provides a summary on the consumption of drugs and the changes in usage patterns among respondents due to COVID-19 and associated wave 1 restrictions. Section 2.3.2.1 compares consumption in the past year with recent consumption patterns and looks at usage patterns among frequent users. Section 2.3.2.2 examines overall illicit drug use since the start of the pandemic and changes to drug use for each drug type. Section 2.3.2.3 examines the changes in method of use that have occurred as well as the reasons provided by respondents for changed usage overall.

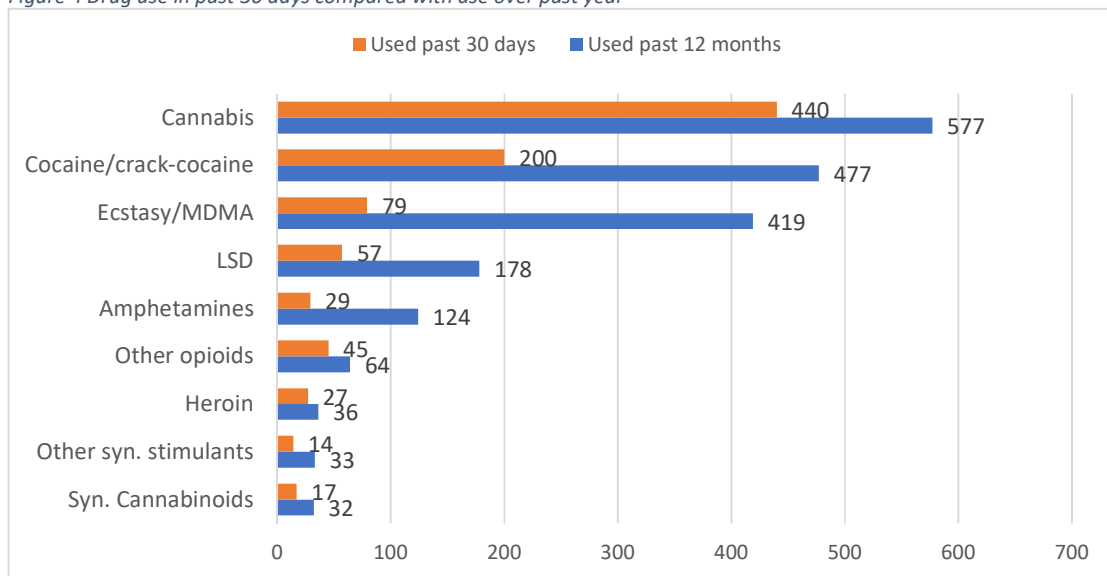
2.3.2.1 Recent consumption compared to consumption in past year

Figure 3 Substance use in 30 days prior to survey



In relation to drug consumption, respondents were first asked about their recent drug use, that is to provide details of their use of each drug presented, in the 30 days prior to taking the survey. Cannabis, cocaine/crack-cocaine and ecstasy/MDMA were the three drugs used most by respondents in the past 30 days, which gives an indication of use during COVID-19 restrictions. Cannabis was used by n=440, 64% of respondents. Cocaine/ crack-cocaine was used by n=200, 29% respondents and ecstasy/MDMA was used by n=79, 12%. Less than 10% of respondents used LSD, amphetamines, heroin and other opioids in the 30 days prior to taking the survey. Other synthetic stimulants (e.g. cathinones) and synthetic cannabinoids were the least used drug types among respondents in this time frame.

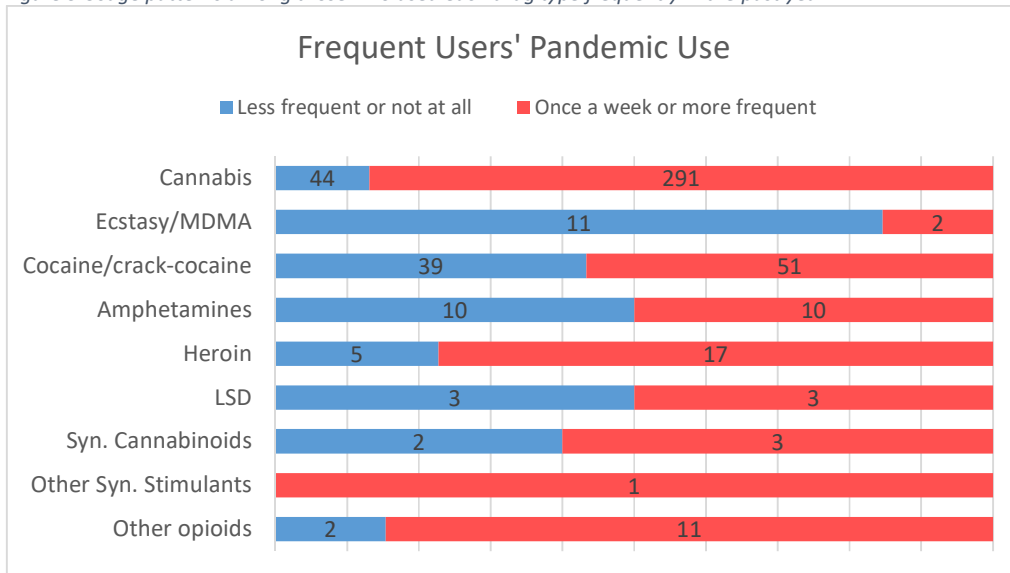
Figure 4 Drug use in past 30 days compared with use over past year



Respondents were then presented with the same list of drugs and asked to provide details of their use in the past 12 months. Consumption in the past 30 days and the past 12 months are presented in the above graph. Cannabis, cocaine/crack-cocaine and ecstasy/MDMA were similarly the three drugs used the most by respondents in the past year.

Although it is difficult to compare one month with a year of drug use, it would appear that cocaine, ecstasy/MDMA, LSD, amphetamines and synthetic stimulants were the drug types that saw the biggest reductions in use during COVID-19 restrictions, with usage levels down by between 50-80% for these drug types in the past 30 days when compared to the past 12 months.

Figure 5 Usage patterns among those who used each drug type frequently in the past year

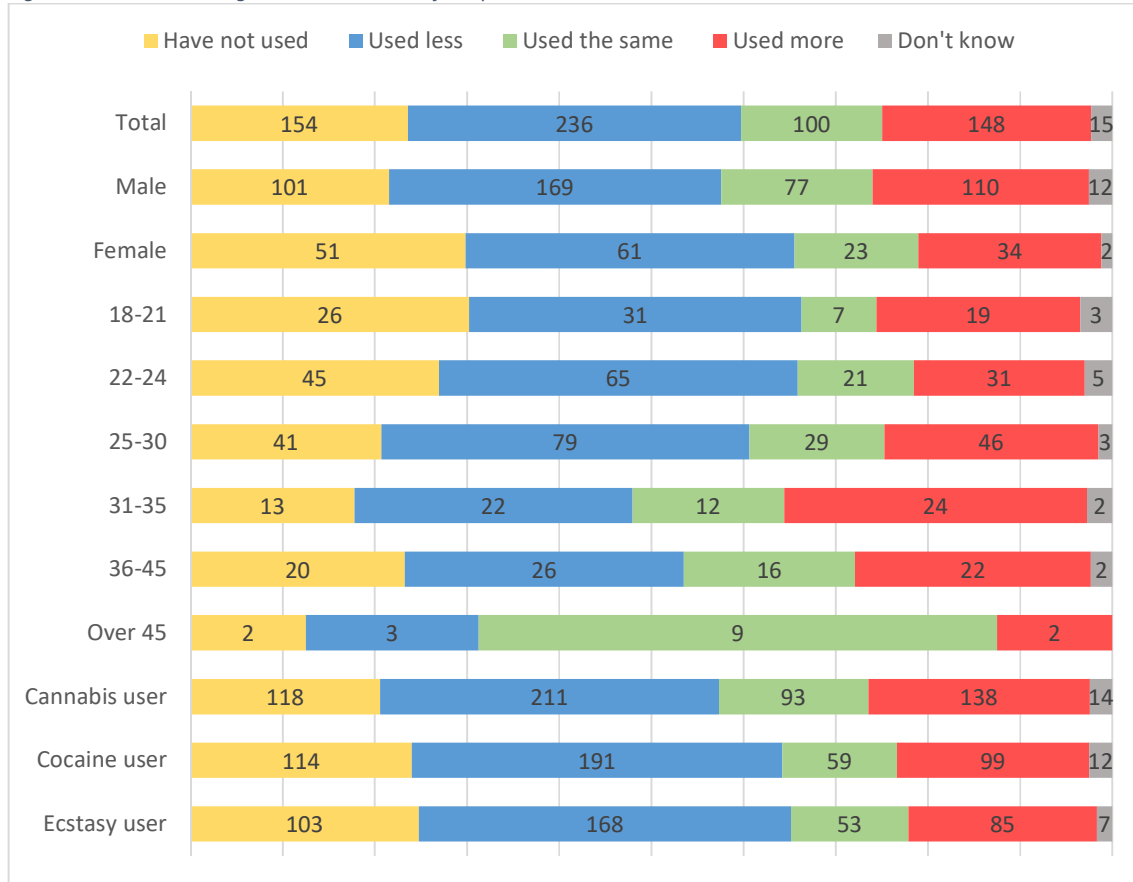


Based on those who used each drug type once a week or more often in the past 12 months, cannabis: n=335, ecstasy/MDMA: n=13, cocaine/crack-cocaine: n=90, amphetamines: n=20, heroin: n=22, LSD: n=6, synthetic cannabinoids: n=5, other synthetic stimulants: n=1 and other opioids: n=13.

The above graph depicts recent usage patterns (in the past 30 days prior to the survey) for frequent users of each drug type. Frequent users are defined as respondents who used each drug once a week or more often in the past 12 months. Although numbers are low for frequent users of some drug types, the majority of frequent cannabis, heroin, and other opioid users, maintained frequent use during COVID-19 restrictions. Frequent ecstasy/MDMA users on the other hand, exhibited less frequent use during restrictions. Frequent cocaine, amphetamine and LSD users had more mixed usage during restrictions.

2.3.2.3 Overall illicit drug consumption patterns and changes in use for each drug type

Figure 6 Overall illicit drug use since the start of the pandemic



Based on those who used at least one of the presented drug types in the past 12 months.

Respondents who had used any of the presented drugs in the past 12 months were asked about their overall use of illicit drugs since the start of the COVID-19 pandemic in their country. Overall, there was reduced illicit drug use since the start of the pandemic. A total of n=154 respondents, 24% reported that they had not used illicit drugs and a further n= 236, 36% said they had used less illicit drugs since the start of the pandemic. Close to a quarter, n=148, 23% respondents used more illicit drugs during the initial COVID-19 restrictions, while n=100, 15% used the same amount.

Respondents aged 31-35 were most likely to have used more illicit drugs during restrictions while those over 45 years old were most likely to have used the same amount. Females were more likely than males to have not used illicit drugs and similarly, there were more younger users than older users who had not used illicit drugs since the start of the pandemic. Cannabis users were more likely to report using *more* illicit drugs than cocaine or ecstasy users.

Table 2 Change in drug use as a result of wave 1 COVID-19 restrictions

	<i>Stopped, used less frequently or used less quantities</i>	<i>No change</i>	<i>Used in different form, method or different substance</i>	<i>Started using, used more frequently or used greater quantities</i>	<i>Other/ Don't know</i>
Cannabis	32% (n=181)	30% (n=173)	14% (n=82)	38% (n=217)	2% (n=11)
Ecstasy	55% (n=231)	40% (n=168)	4% (n=17)	3% (n=12)	1% (n=6)
Cocaine	64% (n=301)	33% (n=155)	4% (n=19)	4% (n=18)	1% (n=6)
Amphetamines	39% (n=48)	52% (n=64)	3% (n=4)	6% (n=7)	2% (n=2)
Heroin	36% (n=13)	53% (n=19)	11% (n=4)	14% (n=5)	6% (n=2)
LSD	38% (n=67)	46% (n=80)	4% (n=7)	10% (n=18)	5% (n=8)
Syn. Cannabinoids	17% (n=5)	57% (n=17)	3% (n=1)	23% (n=7)	3% (n=1)
Syn. Stimulants	24% (n=8)	61% (n=20)	9% (n=3)	18% (n=6)	0% (n=0)
Other Opioids	24% (n=15)	62% (n=39)	6% (n=4)	10% (n=6)	3% (n=2)

Based on respondents who have used each drug in past 12 months; Cannabis users = 573, Ecstasy users = 418, Cocaine users = 472, Amphetamine users = 122, Heroin users = 36, LSD users = 175, Synthetic cannabinoid users = 30, Synthetic Stimulant users = 33, Other opioid users = 63. This was a multiple response question, scores will not add to these base numbers.

Table 2 above shows the number and percentage of respondents who changed their drug use patterns since wave 1 restrictions were introduced, for each drug type. As suggested by the recent drop in use for these drug types, those using cocaine, and ecstasy, were most likely to report stopping or reducing their use (combined), with n= 301, 64% and n= 231, 55%, having done so respectively. Many respondents reported increased cannabis use during the pandemic, with n= 217, 38% having started to use this drug, using more frequently or using in greater amounts (combined). For most other drug types, the largest proportion have not changed their usage patterns since restrictions began, though there are still considerable numbers, relative to the number of users, reducing their use of amphetamines, heroin, LSD and cannabis.

The changes in drug use patterns in wave 1 are further analysed in Table 3 for the three drug types with the largest number of users and thus having the biggest impact on overall patterns of illicit drug use; cannabis, ecstasy/MDMA and cocaine/crack-cocaine.

Table 3 Detailed change in use as a result of wave 1 COVID-19 restrictions: cannabis, ecstasy/MDMA and cocaine/crack-cocaine users

	Cannabis	Ecstasy	Cocaine
No change	30% (n= 173)	40% (n= 168)	33% (n=155)
Stopped using	12% (n= 69)	46% (n= 191)	39% (n=186)
Used less frequently	17% (n= 96)	9% (n= 38)	24% (n=115)
Used less quantities	5% (n= 29)	1% (n=4)	3% (n=12)
*Overall stopped, used less frequently or used less quantities	32% (n= 181)	55% (n=231)	64% (n=301)
Started using	2% (n= 13)	0.5% (n=2)	0.2% (n=1)
Used more frequently	32% (n=186)	2% (n=9)	0
Used greater quantities	13% (n=74)	0.2% (n=1)	4% (n=17)
*Overall started using, used more frequently or used greater quantities	38% (n=217)	3% (n=12)	4% (n=18)
Used in different form	2% (n= 11)	0.5% (n=2)	0.2% (n=1)
Used new psychoactive substances instead	1% (n= 4)	0.5% (n=2)	0
Used other illicit drugs instead	1% (n= 8)	1% (n=3)	0.4% (n=2)
Used psychoactive medicines instead	2% (n= 10)	0.2% (n=1)	1% (n=4)
Used more alcohol instead	12% (n= 68)	3% (n=11)	3% (n=14)
Used by a different route	1% (n= 3)	0	0.4% (n=2)
*Overall used in different form, method or different substance	14% (n= 82)	4% (n=17)	4% (n=19)
Other	2% (n= 10)	0.5% (n=2)	1% (n=3)
Don't know	0.2% (n=1)	1% (n=4)	1% (n=3)
Total users	573	418	472

Based on respondents who have used each drug in the past 12 months

* Overall categories combine respondents who selected any of the corresponding response options, respondents could select more than one option but are only counted once in the overall numbers.

For cannabis users who have reduced their use, the highest number have been using less frequently with n= 96 users, 17% selecting this option. There is a considerable proportion also who have stopped using altogether, n= 69, 12%. However, there are more cannabis users increasing their use, which is mainly down to individuals using more frequently. A total of n= 186, 32% cannabis users are using more frequently since COVID restrictions have been in place. To a lesser extent, cannabis users are also using in greater quantities, n=74, 13%.

In terms of ecstasy/MDMA usage, the reduction in usage is largely accounted for by the n= 191, 46% users who have stopped using ecstasy/MDMA altogether. A further n=38, 9% users are using less frequently. There is a slightly different pattern among cocaine users, n=186, 39% have stopped using cocaine and n= 115, 24% are using cocaine less frequently.

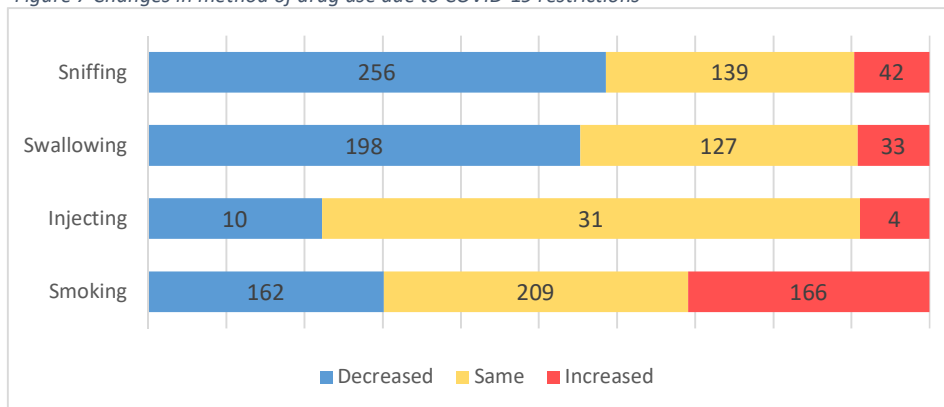
For those who are using in a different form, by a different method or using a different substance, the main move is towards alcohol, likely influenced by the fact that it was easily accessible during the pandemic compared to illicit drugs. The highest rates of a move towards alcohol are among cannabis users, where n= 68, 12% are using more alcohol instead.

Frequent Users

When a sub-sample of frequent users of the three main drug types was analysed three key trends were apparent. Overall, a lower proportion of frequent users stopped using each drug altogether, with a higher proportion of frequent users, particularly cocaine and ecstasy users, using less frequently rather than stopping use. For frequent cannabis users, there are even more using more frequently. There are also slightly greater proportions of frequent cannabis and cocaine users using in greater quantities.

2.3.2.3 Changes in method of use and reasons for changed usage overall

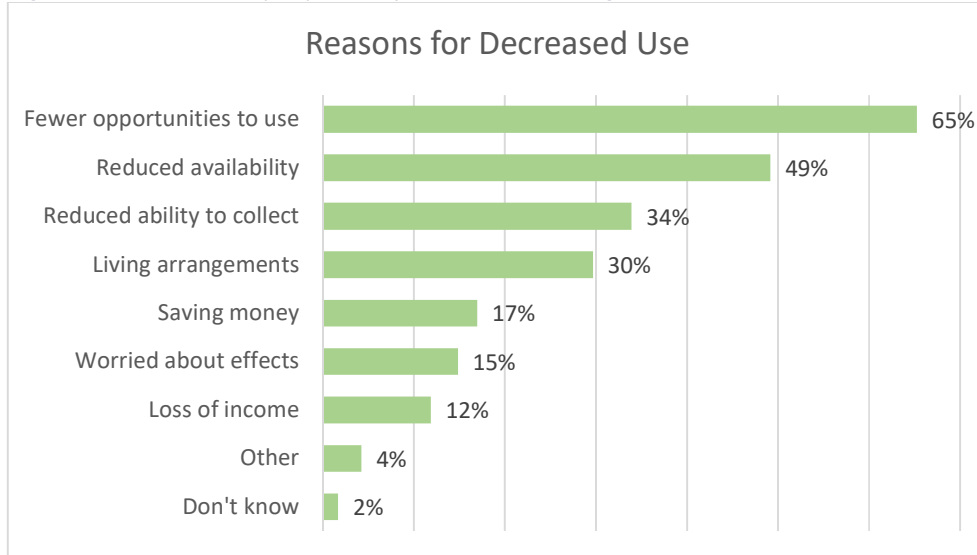
Figure 7 Changes in method of drug use due to COVID-19 restrictions



Based on those who used at least one drug type in past 12 months. Those who haven't used drugs by each method have been excluded from analysis.

Respondents were also asked if the way they use drugs was impacted by COVID-19 restrictions. Smoking was the method that saw the biggest increase (n= 166, 31%) in use during COVID-19 restrictions, while sniffing saw the biggest decrease (n= 256, 59%). There were also n=198, 55% respondents who reduced their intake of drugs by swallowing. This follows the change in usage patterns, with a large number of respondents stopping or reducing their use of cocaine (64% of cocaine users) and ecstasy/MDMA (55% of users) and similarly a large number starting or increasing their use of cannabis (38% of cannabis users).

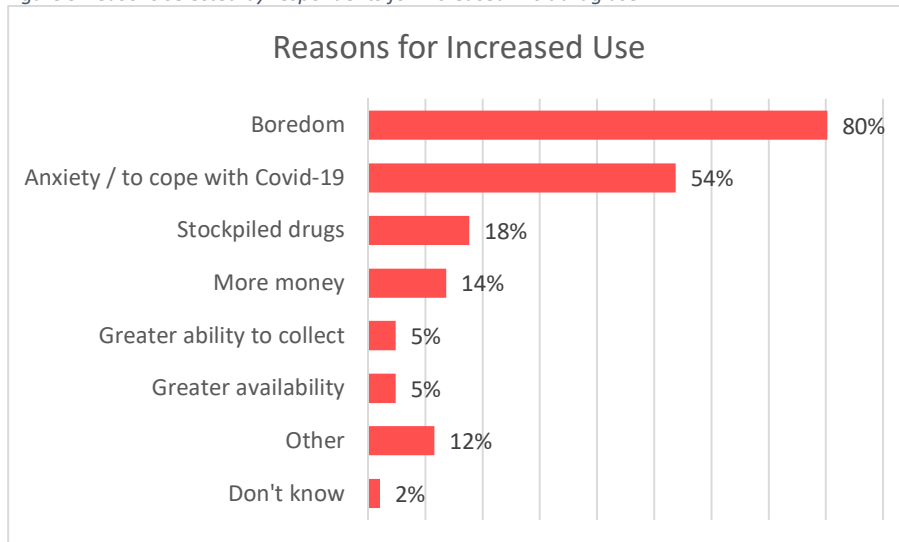
Figure 8 Reasons selected by respondents for decreased illicit drug use



Based on those who used less illicit drugs since the start of the pandemic, n=236. Note: Full response codes are as follows; Fewer opportunities to use drugs (e.g., closure of clubs/bars, restrictions on gatherings); Reduced availability of drugs to buy; Reduced ability to collect drugs (e.g., can't leave home); Living arrangements make it difficult to use drugs; Saving my money due to future financial uncertainty; Worried about effects on my health; Loss of income/less money to buy drugs.

The most common reason provided by respondents who reduced illicit drug use during restrictions (n=236) was that there were fewer opportunities to use drugs, for example due to the closure of clubs and bars and restrictions on gatherings, n= 154, 65% respondents selected this reason. The second most cited reason was the reduced availability of drugs to buy, with n= 116, 49% selecting this option. A third of respondents who used less drugs (n=80, 34%) said this was due to a reduced ability to collect drugs, i.e. they couldn't leave home due to restrictions.

Figure 9 Reasons selected by respondents for increased illicit drug use



Based on those who used more illicit drugs since the start of the pandemic, n=147
 Note: Full response codes are as follows; Boredom; Anxiety/to cope with COVID-19; Because I stockpiled drugs; More money to buy drugs; Greater ability to collect drugs (e.g., online); Greater availability of drugs to buy.

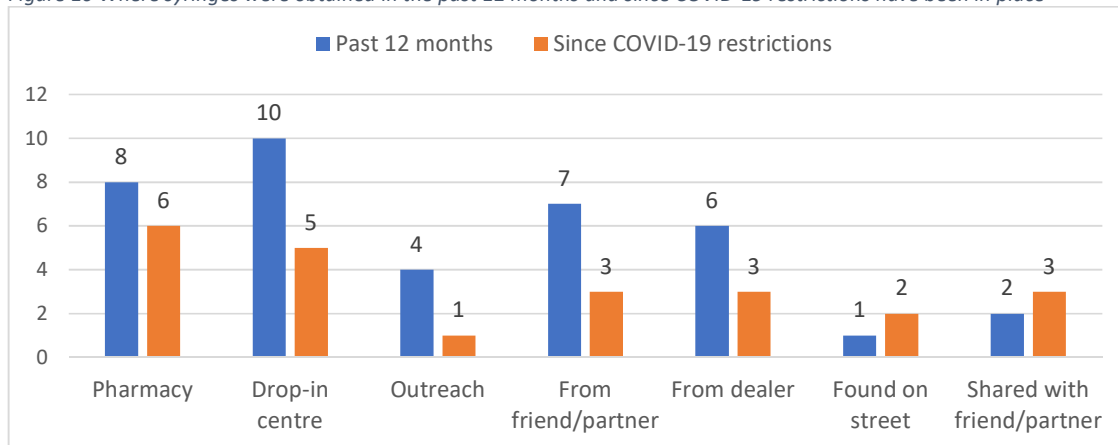
For those who used more illicit drugs during restrictions (n=147), the most common reason for doing so was boredom, with n= 118, 80% respondents selecting this option. Over half of respondents (n=79, 54%) also said they used more illicit drugs due to anxiety or in order to cope with COVID-19.

2.3.3 Service Availability and Use

This section provides a summary of the impact COVID-19 has had on the availability of certain drug and alcohol services according to respondents, and the intentions of respondents to access services during the pandemic. In particular in relation to availability of services, Section 2.3.3.1 examines the availability of clean injecting equipment since COVID-19 restrictions have been in place, for people who inject drugs. The number of people who inject drugs responding to these questions is very low and therefore very limited conclusions can be drawn from these results. Section 2.3.3.2 looks at support behaviours and intentions.

2.3.3.1 Access to clean injection materials

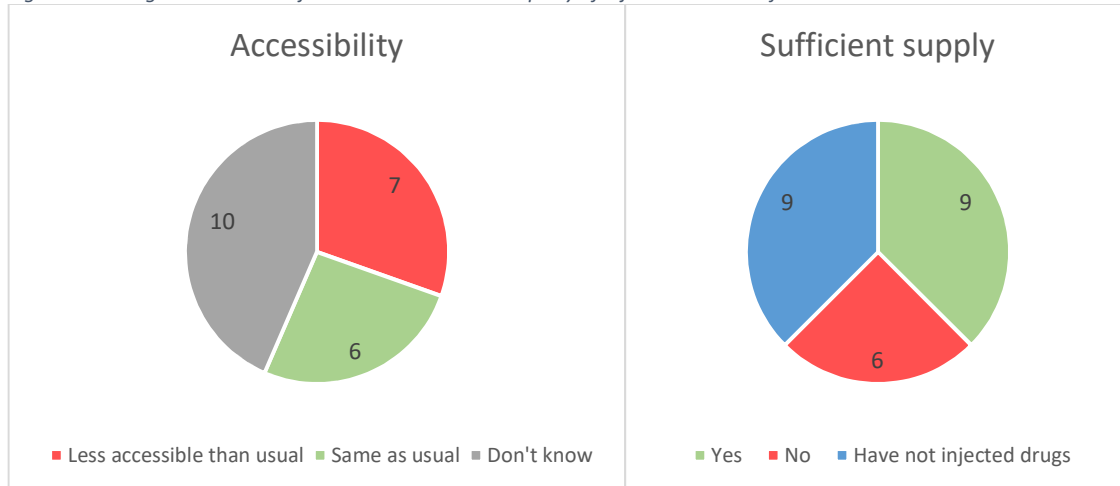
Figure 10 Where syringes were obtained in the past 12 months and since COVID-19 restrictions have been in place



Note: Only people who injected in the past 12 months were asked this question (n=45), but not all of these respondents answered the question.

The above graph displays where those who have injected drugs in the past year obtained their syringes both in the past 12 months [blue bars] and during COVID-19 restrictions [orange bars]. Although these figures are not directly comparable, it gives an indication of the change in access to injection materials that has occurred, with some reductions in access to syringes via services like drop-in centres and outreach workers. There are also some reductions in access to syringes through regular contacts, such as friends, partners or dealers. Overall, it appears there has been a drop in the availability of injecting materials.

Figure 11 Change in access to injection material and adequacy of injection material for users



Note: Only people who injected in the past 12 months were asked this question (n=45), but not all of these respondents answered the question. No respondents answered more accessible than usual.

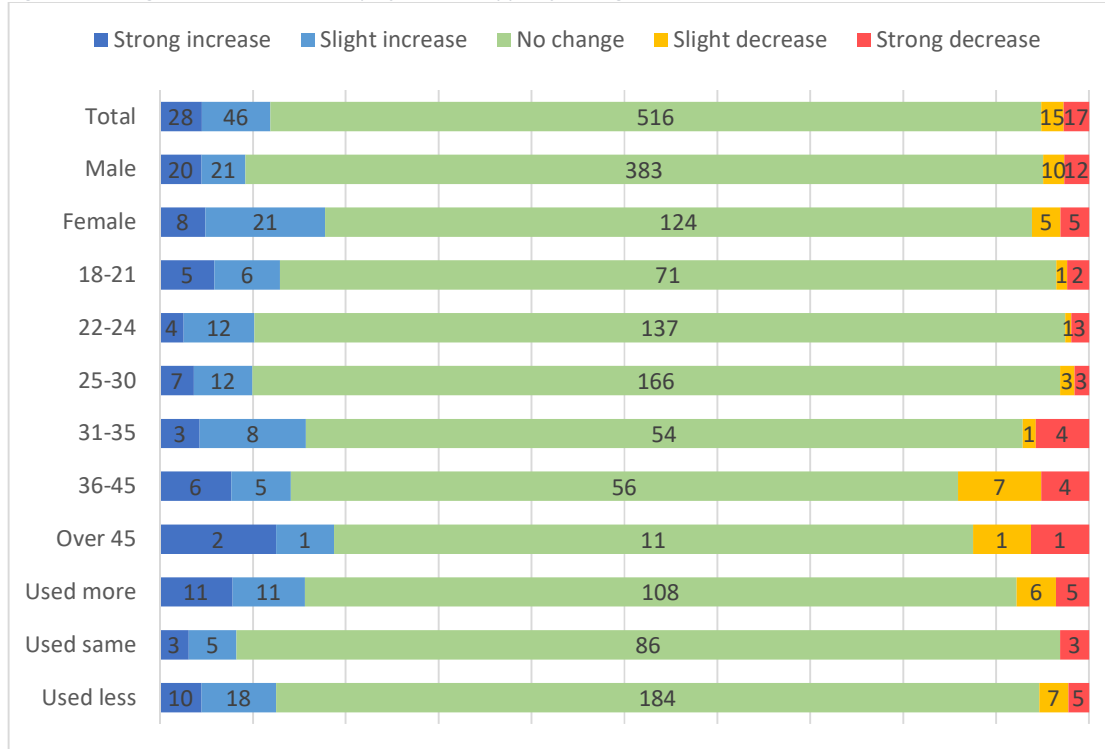
Full response code 'Have not injected drugs' = 'I have not injected drugs after the COVID-19 restrictions'

Respondents who inject drugs were also asked if their access to clean injection materials had changed as a result of COVID-19 restrictions and if they had enough injection material to always use a clean syringe, since COVID-19 restrictions were put in place. Again the low number of respondents to these questions limits the conclusions that can be drawn, however it appears that there is a cohort of those who inject drugs who experienced reduced access to clean injecting materials during COVID-19 restrictions and who did not have enough injection materials. No respondents answered that clean injection materials were more accessible than usual.

2.3.3.2 Support behaviours

This section deals with respondents' intentions around, and use of supports. It is important to note that respondents were not asked if they were already attending or using a service.

Figure 12 Change in intentions to seek professional support for drug use

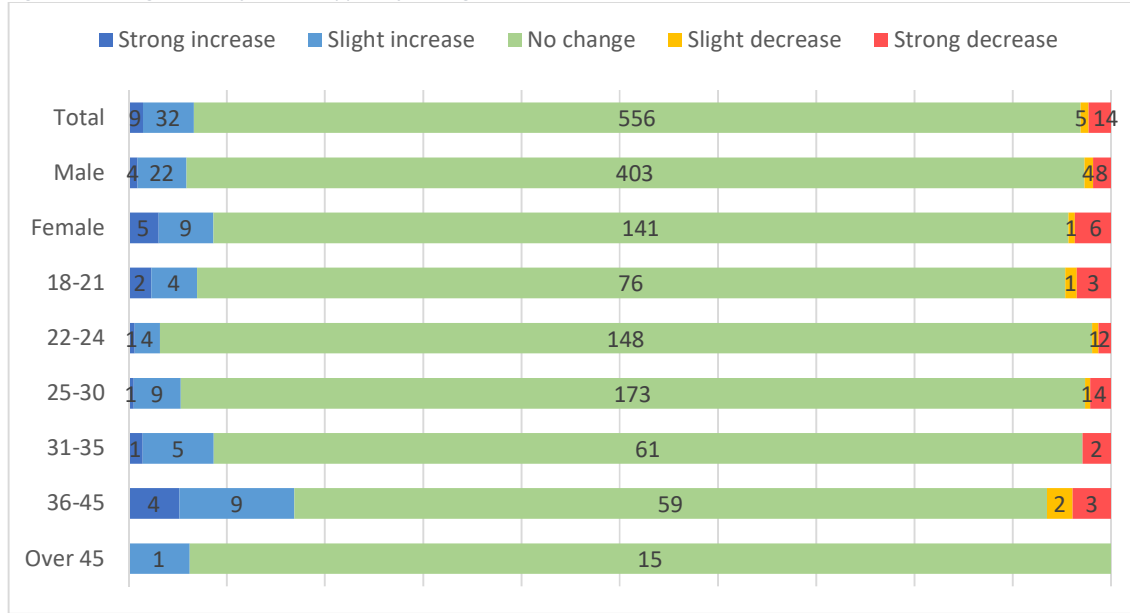


Based on those who used at least one drug type in the past 12 months.

Respondents were asked if there had been a change in their intention to seek professional support (counselling or drug treatment) to reduce or abstain from use of illicit drugs since COVID-19 containment measures were introduced. Although the vast majority of respondents (n=516, 83%) did not experience any change in their intentions during the pandemic, n=74, 12% respondents *did* report an increase in their intentions to seek professional support. When results are compared by gender and age, a greater proportion of females (n=29, 18%) reported an increase in their intentions to seek professional support when compared to males (n=41, 9%). Those over the age of 30 also saw greater increased intentions to seek support when compared to younger respondents. There was little variation in intention to seek professional support during the pandemic among users of the three main drug types analysed; cannabis, cocaine, and ecstasy.

Overall, n= 32, 5% of all respondents reported they were less likely to seek professional support during the first wave of the pandemic. Intentions to seek support were also examined among those who used more illicit drugs during the pandemic, those who used the same and those who used less. The biggest increased intentions were among those who used more drugs during the pandemic, (n= 22, 16%) followed by those who used less (n=28, 13%). Those who reported no change in use were least likely to have experienced increased intentions to seek support (n=8, 8%).

Figure 13 Change in use of online supports for drug use



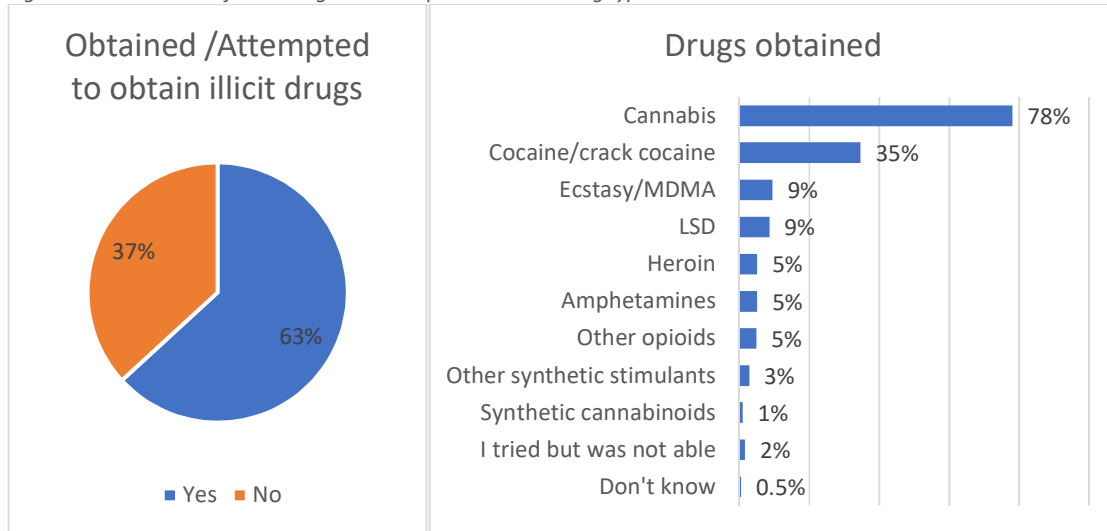
Based on those who used at least one drug type in the past 12 months.

Respondents were also asked if they had experienced a change in their use of online or remote professional support services such as phone, video and/or web-based drug services to seek support for reducing drug-related risk behaviours and/or drug use, since wave 1 COVID-19 containment measures were introduced. Again, the vast majority (n= 556, 90%) experienced no change to their behaviours, while n=41, 7% respondents increased their use of online support. Those aged 36-45 had the largest proportion with increased use at n= 13, 17%. This age group represent a third of heroin users in the sample. The HSE have noted that this cohort may be linked with addiction services and could represent an aging cohort who were offered online support. Again, there was little variation in use of online services among the three main drug types analysed. Just n=19, 3% of all respondents reported a decrease in their use of online supports.

2.3.4 Drug Markets

This section provides a summary on the impact COVID-19 has had on drug markets and the availability of drugs according to respondents.

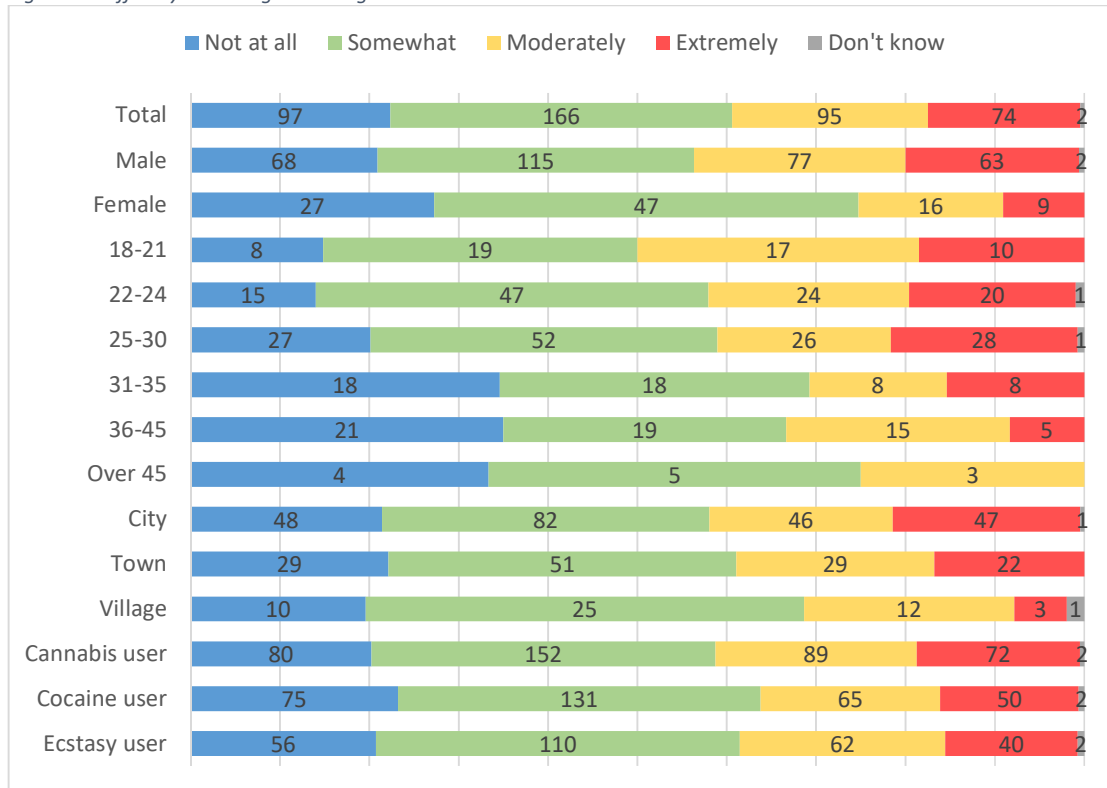
Figure 14 Obtainment of illicit drugs since the pandemic and drug types obtained



Based on those who obtained/attempted, n=433

Well over half of respondents (n=435, 63%), have obtained or attempted to obtain illicit drugs since the outbreak of COVID-19. By far the drug most obtained by this group was cannabis, with n=338, 78% of those who tried to obtain drugs having obtained cannabis on their last occasion. This is to be expected given the reported increases in cannabis use during the pandemic. Despite the reductions in cocaine use reported by users, it remains the second most obtained drug. Cocaine was obtained by n= 150, 35% respondents on their last occasion.

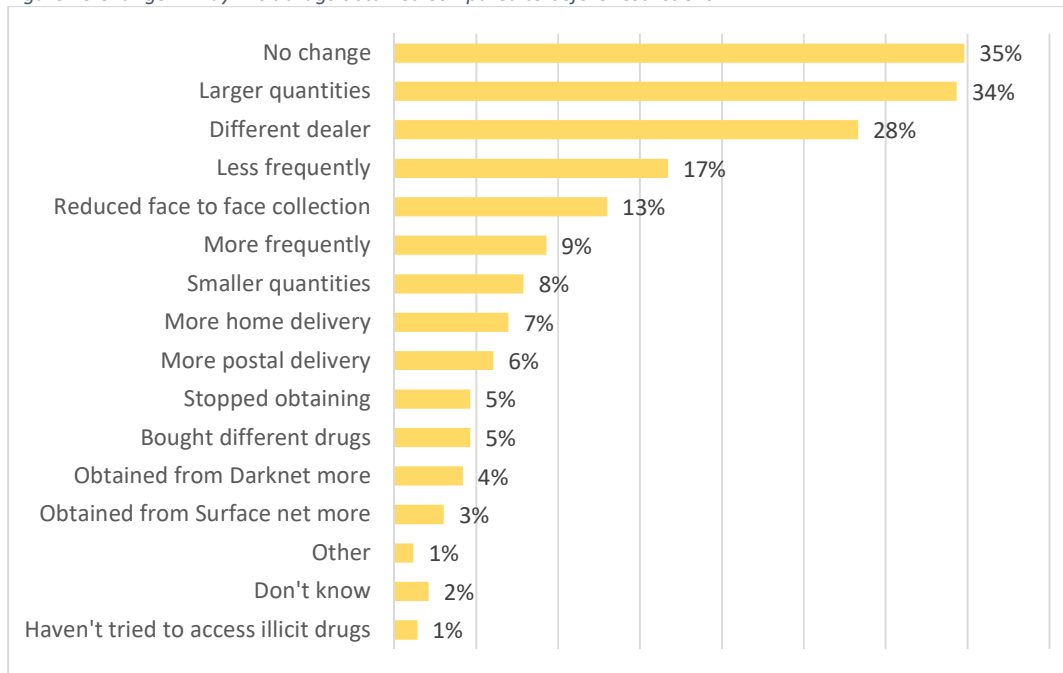
Figure 15 Difficulty accessing illicit drugs due to COVID-19



Based on those who obtained/attempted, n = 434

Of those who obtained or attempted to obtain drugs since the pandemic (n=434), a total of n=169, 39% respondents reported that they experienced moderate or extreme difficulties in accessing illicit drugs because of COVID-19. There were considerably greater proportions of men (n= 140, 43%) reporting having difficulties than women (n=25, 25%), while younger cohorts also reported more difficulties than older respondents. When the area respondents are living in are compared, we see that city dwellers experienced more difficulty than those living in towns and even more so compared to those living in villages. Finally, cannabis users experienced more difficulties accessing illicit drugs than cocaine and ecstasy users.

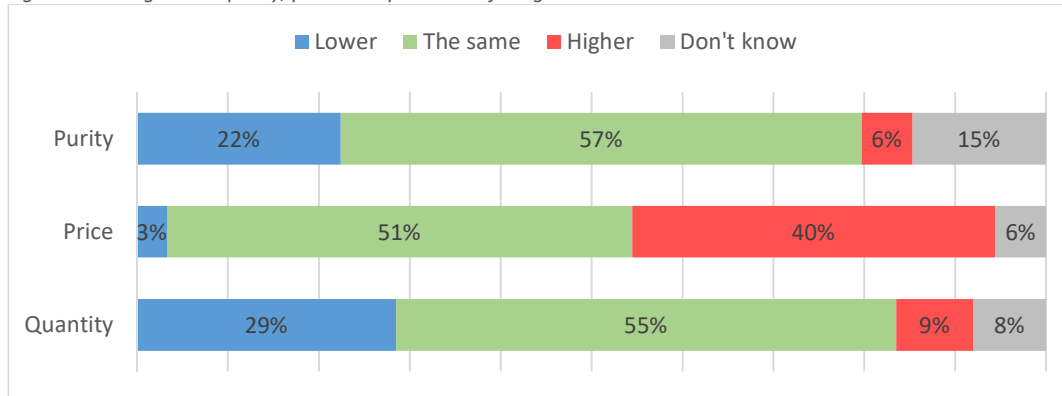
Figure 16 Change in way illicit drugs obtained compared to before restrictions



Based on those who obtained/attempted, N= 431

Respondents were asked to specify if the way they obtained drugs had changed when compared to the way they obtained drugs before COVID-19 restrictions were in place. Of those who obtained or attempted to obtain drugs since the pandemic (n=431), over a third did not make any changes to the way they obtained drugs (n=150, 35%). Many respondents, however, did obtain larger quantities (n= 148, 34%), less frequently (n=72, 17%) or used different dealers (n= 122, 28%). There were some respondents (less than 10%) using more delivery methods, and a small number (less than 5%) obtaining drugs through the internet or darknet more than they did before COVID-19. A total of n=56, 13% respondents reduced face-to-face collection of illicit drugs compared to before the pandemic.

Figure 17 Change in the purity, price and quantities of drugs obtained



Based on those who obtained/attempted, Purity (n) = 429, Price (n) = 428, Quantity (n) = 424.

Over half of respondents reported that there was no change to either the purity, price or the quantity of drugs they obtained. Considerable proportions of respondents however, reported increased price (n=171, 40%) for the drugs obtained, lower purity (n=96, 22%), as well as lower quantities obtained (n=121, 29%). There was little variation in results when cannabis, cocaine, and ecstasy users were examined.

2.3.5 Additional Comments from Respondents

Respondents had the opportunity at the end of the survey to provide additional comments concerning the impacts COVID-19 has had on drug use patterns. Approximately 15% of participants provided comments for this section. Comments were reviewed and a summary of responses are presented below. It is important to note that these qualitative findings are presented to give an indication of the type of responses coming up in this question. A formal qualitative analysis was not undertaken as part of this impact assessment. Findings in the blue box below represent the opinions of a few individuals only and do not necessarily represent the viewpoints of all who responded to the question.

Qualitative Responses

Change in drug and alcohol consumption

The pandemic and associated restrictions have resulted in some changes to usage patterns among respondents. Some survey respondents commented on how their cannabis use had increased but their use of 'party drugs' or 'hard drugs' had decreased. A few respondents commented that using cannabis helped them to relax and cope with the anxiety associated with lockdown measures, while others commented on how the pandemic had given them time to reflect on their drug consumption levels. Some of these respondents felt they were now going to reduce their use more permanently. A small number of respondents however, highlighted that their alcohol consumption levels had increased during the lockdown months, with a few others mentioning reduced tobacco use.

Difficulties in obtaining illicit drugs during COVID-19

Due to the restrictions in place since the outbreak of the pandemic, there have been reduced opportunities to use drugs as well as difficulties accessing drugs for many respondents. A few respondents reported taking risks and trying to source drugs from untrusted supply chains and dealers. A small number of respondents commented that the price of certain drugs like cannabis and ketamine had increased substantially during COVID-19. Respondents reported with the increased demand and price of cannabis continuing to increase, the supply of cannabis slowed down. A small number also commented that the purity of some drugs had decreased during the lockdown months. One respondent also highlighted that the price of cannabis was more expensive in rural towns and they were forced to travel to bigger cities to secure cannabis. This respondent also commented that harm reduction supplies were in low supply in rural towns.

Another difficulty experienced by a few respondents was the increased policing of drug transactions, with the increased policing of cannabis particularly highlighted by these respondents. The 'Stop and Search' campaign the Gardai were operating during the lockdown months was mentioned by a few respondents as source of increased stress and anxiety.

Wider impacts of the pandemic

A few respondents mentioned some of the wider impacts the pandemic is having on people who use drugs. These included; negative impacts on personal relationships; the lack of stability leading to relapse for some; increases in overdoses and other crises; increased demand on waiting lists for services; and the impacts for the homeless community.

Comments on survey coverage

Finally, a small number of respondents made comments on the coverage of the survey, noting that drug types like alcohol, GHB, magic mushrooms, tablets and ketamine, as well as other methods like vaporizing for cannabis, were not covered but were relevant to these respondents.

2.4 Discussion

Usage patterns

Drug use patterns were examined in several ways in the survey and analysis. Over half of the sample n= 390, 60% reported having not used or used less illicit drugs since the outbreak of COVID-19 in Ireland and during the first wave. A further n= 100, 15% used the same amount and n= 148, 23% used more illicit drugs. Usage patterns since the pandemic differ depending on the drug type used and frequency of pre-pandemic use. With cannabis, cocaine and ecstasy/MDMA users representing the majority of respondents to the survey, these user groups have been examined in more depth than other groups.

For cannabis users, usage appears to have increased somewhat, with a total of 38% of users starting to use, using more frequently or using in greater quantities (combined). This is mostly accounted for by more frequent use. Cocaine and ecstasy users reported less use, with 64% and 55% respectively reporting stopping use, using less frequently or using in smaller quantities (combined). For ecstasy users, the vast majority of those reducing use have stopped altogether. For cocaine users, there is more of a mix with some stopping use totally and others using less frequently.

The results show that the observed reductions in illicit drug use overall are largely accounted for by the reduction in use of cocaine/crack-cocaine and ecstasy/MDMA: a total of 345 respondents fell into one or both of these user groups, stopping or reducing their use. Cocaine and ecstasy are both stimulants and so are typically used as party drugs at nightclubs, concerts, festivals or other events. With COVID-19 restrictions in place, and less access to the nighttime economy, opportunities to use these drugs has been severely limited. Restrictions on the number of visitors to your home also prevented attendance at house parties. Across Europe, interest in these types of drugs used in social settings was down as a result of the restrictions in place¹². Some respondents highlighted this pattern when providing additional comments, explaining that without these social events taking place their use of these types of drugs was reduced, with cannabis a more popular choice for use at home. Wastewater studies in some European cities (Amsterdam, Castellon, Helsinki) have also supported these reported new patterns of use.¹³

Some respondents reported that due to COVID-19 restrictions they are using in a different form, by a different method or using a different substance. Using more alcohol instead of illicit drugs was included in this category. Cannabis users showed the highest proportions changing their drug use in this way (n=82, 14%), which was largely accounted for by a move to alcohol. A total of n=68, 12% of cannabis users reported using more alcohol instead during restrictions. Elsewhere in Europe, there were reports of a greater interest in some newer substances, with the appearance of benzodiazepines on the new psychoactive substances market, possibly driven in part by shortages of more established

¹² EMCDDA. (2020). European Drug Report: Trends and Developments. See https://www.emcdda.europa.eu/system/files/publications/13236/TDAT20001ENN_web.pdf

¹³ EMCDDA. (2020). EMCDDA Trendspotter Briefing: Impact of COVID-19 on patterns of drug use and drug related harms in Europe. See https://www.emcdda.europa.eu/system/files/publications/13130/EMCDDA-Trendspotter-Covid-19-Wave-2_1.pdf

drugs¹⁴. However, and by comparison, there are very low numbers (>5) across each drug type, reporting using new psychoactive substances among this sample of people who use drugs recreationally in Ireland. This is in line with general low levels of new psychoactive substance use in Ireland, according to the HSE. Overall, a change of method or substance during the pandemic was not very prevalent among respondents.

Drug Markets

Of those respondents of the survey who obtained or attempted to obtain drugs since the outbreak of COVID-19, n=335, 77% reported some level of difficulty in accessing drugs. Again, this is likely linked to the closure of the nighttime economy as well as the impact of restrictions on typical distribution and access routes in Ireland. Reductions in the availability of cannabis, cocaine, heroin and synthetics (amphetamines and MDMA) have been reported elsewhere and in several European countries¹⁴.

According to the EMCDDA report on drug markets¹⁵, in general in Europe, trafficking using couriers on public transportation, including commercial airlines, saw some disruption. However, there did not appear to be a major disruption to drug trafficking activities using other methods. There has been continued commercial transportation of goods throughout the European Union and disruptions to the supply chain have been largely at the distribution level, due to social distancing and other restrictions. There have been reports of inflated retail prices for both cannabis resin and herbal cannabis due to shortages of cannabis resin and possible stockpiling of herbal cannabis by users. The availability of heroin has decreased in some areas, with the price increasing as a result. The production of synthetic drugs like MDMA has continued in Europe though there are widespread reports of reduced demand for these drug types typically used in recreational settings. There is little evidence of disruption in the cocaine market. The current instability has however, led to an increasingly volatile environment for criminal businesses along the supply chain in Europe and appears to have resulted in increased levels of violence among mid-level suppliers and distributors, at least in some European countries.

In terms of changes to the price and quality of drugs in Ireland, just n=14, 3% respondents reported a decrease in the price of drugs since the outbreak of COVID-19 and during the first wave, while n=171, 40% reporting an increase in price. A total of n=96, 22% of respondents reported that the purity/strength of the drugs obtained was lower. According to the EMCDDA, there have similarly been increases in prices reported for cannabis, cocaine, heroin and synthetics in a number of countries in the EU¹⁴. Reduced purity or quality has also been reported in Europe, particularly in relation to cocaine, heroin, amphetamine and methamphetamine¹⁵.

Respondents of the survey have had to adapt to the challenges in accessing drugs during the pandemic, with some turning to new dealers or buying in larger quantities on an occasion. A small number of respondents are engaging more in alternative means of accessing drugs, like home and

¹⁴ EMCDDA. (2020). European Drug Report: Trends and Developments. See https://www.emcdda.europa.eu/system/files/publications/13236/TDAT20001ENN_web.pdf

¹⁵ EMCDDA. (2020). EU Drug Markets: Impact of COVID-19. See https://www.emcdda.europa.eu/system/files/publications/13097/EU-Drug-Markets_Covid19-impact_final.pdf

postal deliveries and purchasing via the internet, though less than 10% are engaging in any of these methods.

The internet, dark net and communication apps are being used more to source drugs by users across Europe. Home deliveries, less face to face interactions and cashless exchanges are all increasing features of the market. Drug drops, or 'dead drops' have been a feature of the drug markets in Russia and Eastern European countries for some time, and with pandemic restrictions in place have become a more popular method in countries like the UK and Belgium. This method involves a buyer transferring funds to the seller, after which the drugs are left in a hidden place and the coordinates and a description of the hiding place are sent to the buyer to retrieve them. Home delivery, and the use of post and parcel systems are also on the increase. There have been reports in Ireland and other countries of criminals impersonating food delivery personnel in order to get past checkpoints and travel restrictions to deliver to buyers.¹⁶

Limitations

As outlined in the methodology section, recruitment to the survey was intentionally targeted at recreational drug users in Ireland. The HSE noted that a large number of respondents were linked with an advertisement in a dance music magazine. This has limited the generalisability of the findings to the wider drug using population and required the categorisation of the sample as people who use drugs recreationally. In addition, the survey covers nine drug types in detail. The HSE noted the high level of ketamine use among recreational users and highlighted the absence of drugs like ketamine, mushrooms, GHB and methamphetamines in the survey. This was also noted by respondents themselves in open-ended feedback. Alcohol, while mentioned, is also not covered in depth in the survey.

¹⁶ EMCDDA. (2020). EU Drug Markets: Impact of COVID-19. See: https://www.emcdda.europa.eu/system/files/publications/13097/EU-Drug-Markets_Covid19-impact_final.pdf

Chapter 3 Survey of Drug and Alcohol Services

3.1 Overview of Survey

An online survey of drug and alcohol services was conducted by the Irish Government Economic and Evaluation Service (IGEES) on behalf of the Department of Health, in order to estimate and profile the impact of COVID-19 on these services, directly and on a large scale, and to complement other evidence gathering and impact assessment activities being used for this rapid assessment. As outlined in Section 1.3, services have already greatly adapted their operations in order to comply with safety measures due to COVID-19. This survey aimed to capture how services have altered their operations in response to the pandemic as well as describe the impacts COVID-19 has had on their clients. The survey was split into three main sections, covering different themes as outlined in the table below.

Table 4 Structure of Survey of Drug and Alcohol Services

Section	Themes Explored
A. Service Information	Type and location of services, type of clients using services.
B. Impacts of COVID-19 for clients	Health and social impacts of the pandemic for clients, impacts on drug use patterns and access and availability of drugs, impacts on different population groups who use drugs and alcohol, and impacts of COVID-19 public health advice and restrictions.
C. Impacts of COVID-19 for services	Impacts on different aspects of service provision, as well as operational elements and governance and reporting, impacts on staff, positive impacts resulting from the pandemic, supports received by services, and challenges to the restoration of services.

3.2 Methodology

The Survey of Drug and Alcohol Service Providers in Ireland was conducted solely online due to the efficiency of this method and the restricted timelines of the rapid assessment methodology. The survey was created and hosted on EUSurvey¹⁷ - the same survey tool employed by the EMCDDA - by IGEES/Research Services and Policy Unit staff in the Department of Health. Drug and alcohol services in Ireland were invited to take part via email.

Sample and data collection

An email invitation to participate in the survey was issued by the Research Services and Policy Unit in the Department of Health and was sent to over 500 email addresses for drug and alcohol services in Ireland. The list of email addresses was provided by the Drugs Policy and Social Inclusion Unit. Services were asked to identify a suitable person to complete the survey (project leader / service coordinator

¹⁷ EU Survey is a survey platform supported by the European Commission, see <https://ec.europa.eu/eusurvey/home/welcome>

or equivalent) and were then directed to the survey link. Here they were provided with a Participant Information Sheet, which they were required to read before continuing to the survey (see accompanying technical appendix). This information sheet explained in plain language; the purpose of the survey; that participation is voluntary; what is involved in participation; how data would be used; as well as providing contact details of the researchers for any questions. Each participant was required to give their consent to take part in the survey. Drug and alcohol services were given two and a half weeks to complete the survey. Reminders were issued after the first week and regularly during the second week to services who had not yet completed the survey. A total of 157 services submitted a survey response by the deadline on Wednesday 9th September 2020. Responses are therefore based on the first wave of COVID-19 and initial lockdown measures. A profile of responding services is presented in Section 3.3.

Scope of the data

This survey formed part of a rapid assessment of the impact of COVID-19 on drug trends and services in Ireland. As such, drug and alcohol services had a limited timeframe to fill in the survey. Survey findings represent the views and experiences of a small number of services who responded to the survey in this timeframe. There is high representation from certain service types like Community Drugs Projects, Family Support Services and Counselling Services, and high representation for services located in Dublin. Results should be interpreted with these caveats in mind.

Services have also been asked to provide their views on how their clients have been impacted by the pandemic. This includes impacts in relation health and wellbeing, adhering to public health guidelines, and drug and alcohol consumption patterns. Although this information can provide an indication of how clients have been impacted, it is important to note that service users were not directly involved in the survey.

Research Ethics

Ethical approval for the survey was awarded by the *National Research Ethics Committee COVID-19* on 14th August 2020. Services were required to provide their consent to take part in the survey by ticking a box at the outset of the survey, this consent was recorded in the data.

Analysis

Data was downloaded from the survey platform, cleaned and anonymised. Data cleaning involved the following steps; conversion of text data to numerical data, generation of new variables for multiple response questions, the creation of subgroups for analysis and labelling of all variables. Analyses were then run for each question and graphs generated. These steps were performed in both Microsoft Excel and Stata version 16. Qualitative responses were not formally analysed for this report; however, brief summaries of the types of responses coming up in these questions are provided throughout Section 3.3 in blue boxes.

3.3 Findings

This section presents the findings of the survey of Drug and Alcohol Service Providers. Survey results are presented in graphs as frequencies throughout the report due to the fact that the total sample number is low, n=157 and some subgroups have very low numbers. Percentages are also used for illustrative purposes in the accompanying commentary. Some questions are analysed by service type.

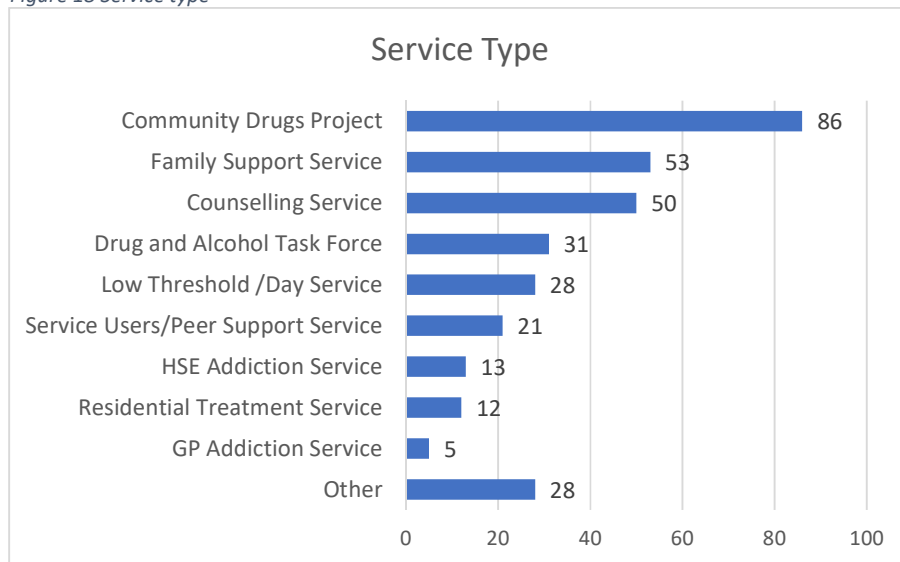
Qualitative findings

Qualitative responses are presented throughout this section in blue boxes. It is important to note that these qualitative findings are presented to give an indication of the type of responses coming up for each question. Comments were reviewed and summarized. A formal qualitative analysis was not undertaken as part of this impact assessment. Findings in blue boxes represent the opinions of a few individuals only and do not necessarily represent the viewpoints of all who responded to the question.

3.3.1 Service Information

This section presents information in relation to the type and location of drug and alcohol services who responded to the survey.

Figure 18 Service type



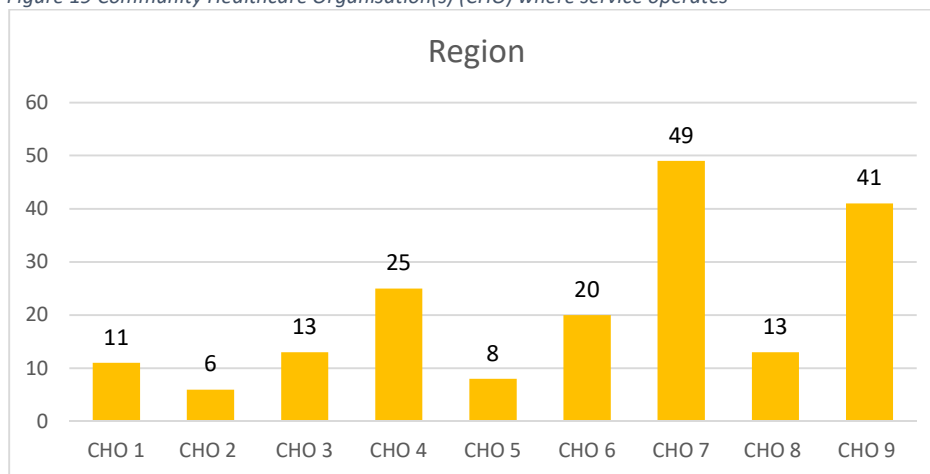
Note: A low threshold service is a harm reduction-based service where minimal demands are made of service users, i.e. services are offered without attempting to control users' intake of drugs.

The above graph shows the service type(s) of the responding services. Services were able to choose multiple service types if applicable. The largest group of respondents work in Community Drugs Projects, with n= 86, 55% respondents selecting this service type. Family Support Services and Counselling Services are also well represented, selected by n= 53, 34% and n=50, 32% respondents

respectively. Following these service types are Drug and Alcohol Task Forces and Low Threshold/Day services.

A number of respondents selected 'Other' to define their service type, some examples of service types in this category include; youth services, mental health services, education and awareness, prison services and other community and day services.

Figure 19 Community Healthcare Organisation(s) (CHO) where service operates



In terms of the region of responding services, respondents were asked to select the Community Healthcare Organisation(s) in which their service operates. Again, services were able to choose multiple CHOs if applicable. A total of n= 49, 31% respondents of the survey operate in CHO 7 (Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West), with the 3 CHO's representing Dublin (CHO 6, 7 and 9) selected by n=110, 70% respondents of the survey. In total, n=25, 16% responding services operate in CHO 4 (Kerry, North Cork, North Lee, South Lee, West Cork).

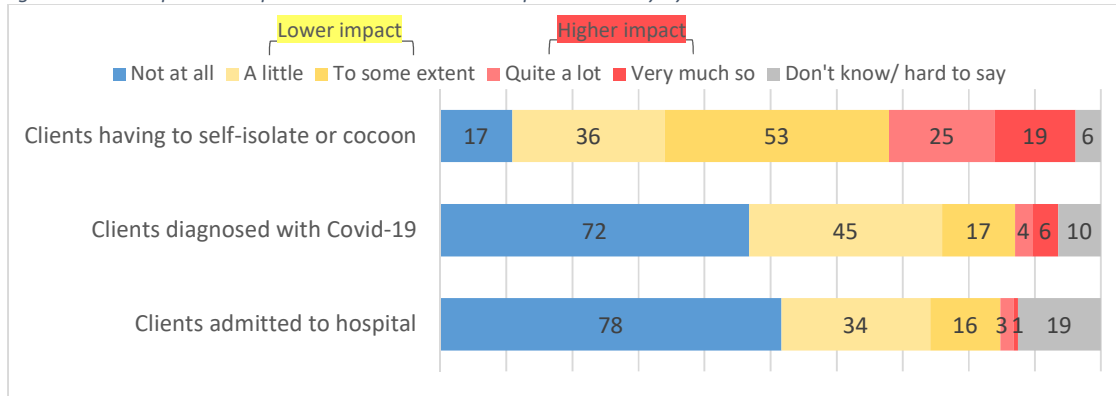
3.3.2 Health and social impacts of COVID-19 for clients of drug and alcohol services

This section presents an analysis of results on the health and social impacts of the first wave of COVID-19 for clients of drug and alcohol services from the perspective of service providers. Clients were not directly involved in the survey. Section 3.3.2.1 covers impacts directly related to COVID-19 and public health measures. Section 3.3.2.2 deals with wider impacts of the pandemic on the health and wellbeing of clients. Section 3.3.2.3 examines impacts for certain population groups.

3.3.2.1 Direct impacts of COVID-19

Service providers were asked to indicate the extent they felt their clients were directly affected by COVID-19 in relation to having to self-isolate, being diagnosed with COVID-19 and hospitalization.

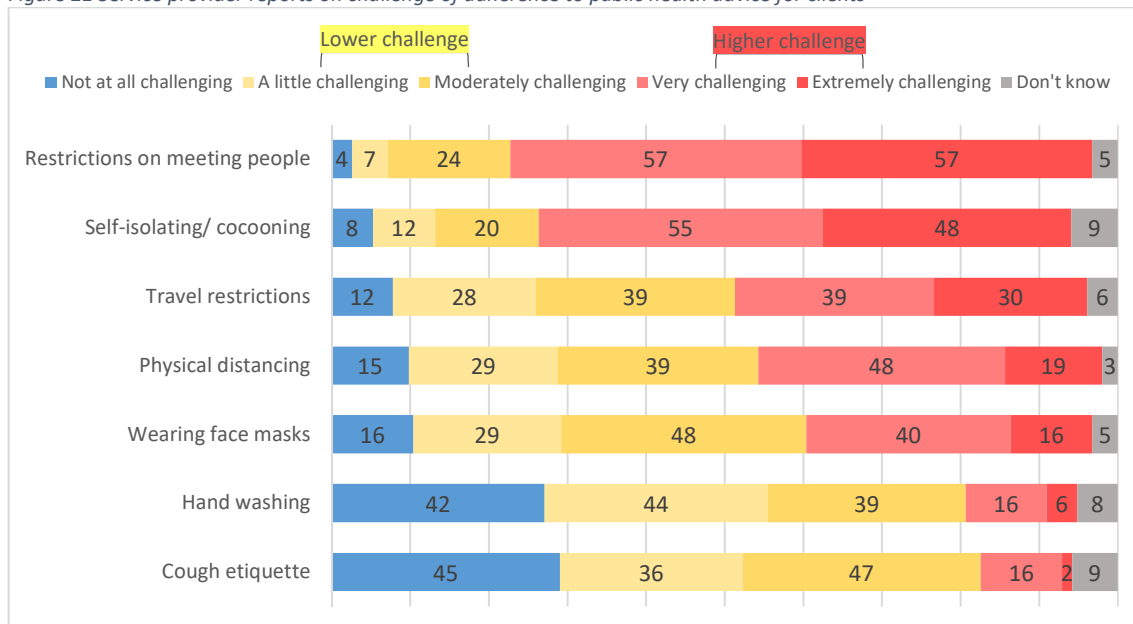
Figure 20 Service provider reports on how clients were impacted directly by COVID-19



In terms of these direct effects of COVID-19, it appears clients were most affected in relation to having to self-isolate or cocoon, with n= 44, 28% respondents saying their clients were highly impacted by this aspect [red portion of graph]. A total of n=10 services, 7% reported that their clients were highly impacted in terms of being diagnosed with COVID-19 and n= 4, 3% services said clients were highly impacted in terms of hospitalisation.

Taking those who were impacted to any extent [yellow and red portions of graph] it would appear that the majority of services (n= 133, 85%) had some experience with clients self-isolating in wave 1, just under half (n=72, 47%) had some experience with clients being diagnosed with COVID-19, and just over a third (n=54, 36%) had some experience with clients being hospitalised due to COVID-19. However, it is important to note that reported rates of diagnosis and hospitalisation cannot be verified against administrative data and are illustrative of overall impact for clients only.

Figure 21 Service provider reports on challenge of adherence to public health advice for clients



According to service providers, restrictions on meeting people and having to self-isolate or cocoon were the elements of public health advice that clients found most challenging during wave 1

restrictions. The majority of the respondents of the survey (n=114, 74%) highlighted that their clients found adhering to the restrictions concerning meeting people highly challenging. Just n= 4, 3% services felt this was not at all challenging for their clients. Over two thirds (n=103, 68%) reported their clients found self-isolating/ cocooning highly challenging, with n=8, 5% services reporting this was not at all challenging for clients.

Nearly half of respondents (n=69, 45%) conveyed that their clients found the travel restrictions highly challenging. Physical distancing was similarly challenging, with n=67, 44% of services reporting that physical distancing was highly challenging for clients. There were however higher proportions of services reporting that these elements were a lower challenge for clients.

Fewer respondents, but still a considerable proportion, said that their clients found wearing face masks highly challenging (n=56, 36%). Hand washing and cough etiquette were less challenging for clients. A total of n=42, 27% services reported that adhering to hand washing guidelines was not at all challenging for their clients. While n=45, 29% said the same for adhering to cough etiquette. However, according to services, there is still a client cohort who struggle with these elements of public health advice.

Other Challenges of Public Health Advice

Respondents were given the opportunity to specify if there were any other elements of COVID-19 public health advice that their clients found challenging. Responses are summarized.

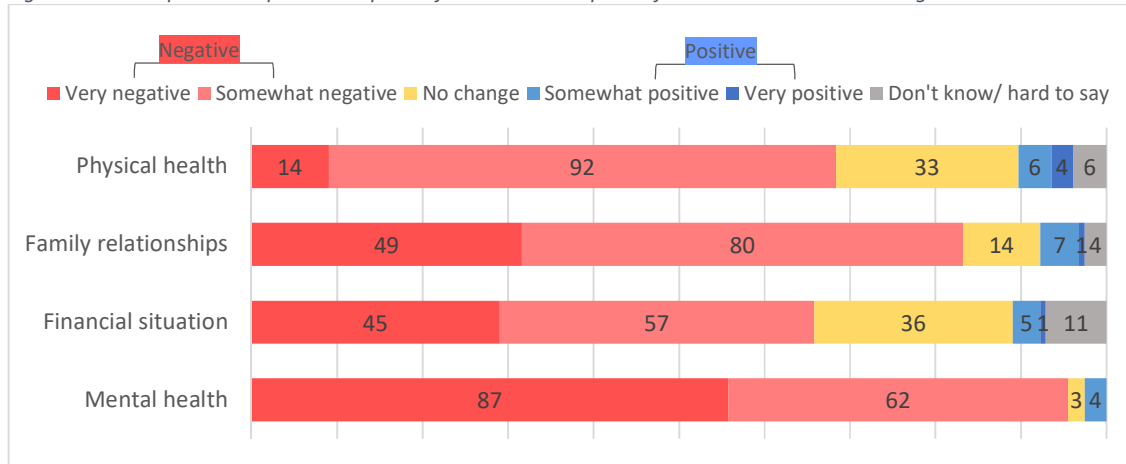
Several services highlighted that the loss of contact, reduced services and lack of routine due to public health guidance were very challenging for their clients. Some respondents reiterated the difficulty for their clients in terms of restrictions on meeting people and the loss of social connections. Restrictions on meeting people and physical distancing also impacted directly on the services available to clients, with group sessions or meetings not able to go ahead in many cases. One service mentioned that some clients do not have access to the technology required for online versions of sessions.

A few services highlighted that clients struggled with the regular changes to restrictions and public health guidelines. One service noted the particular challenge in this respect for clients who do not have access to news sources. Another service noted that the changing guidelines were challenging to interpret and implement for services themselves. A few services noted that some of their clients expressed disbelief in the existence of COVID-19.

The fact that some social welfare payments changed from weekly to fortnightly was also mentioned as challenging for clients.

3.3.2.2 Impacts of COVID-19 on health and wellbeing of clients

Figure 22 Service provider reports on impacts of COVID-19 on aspects of clients' health and wellbeing

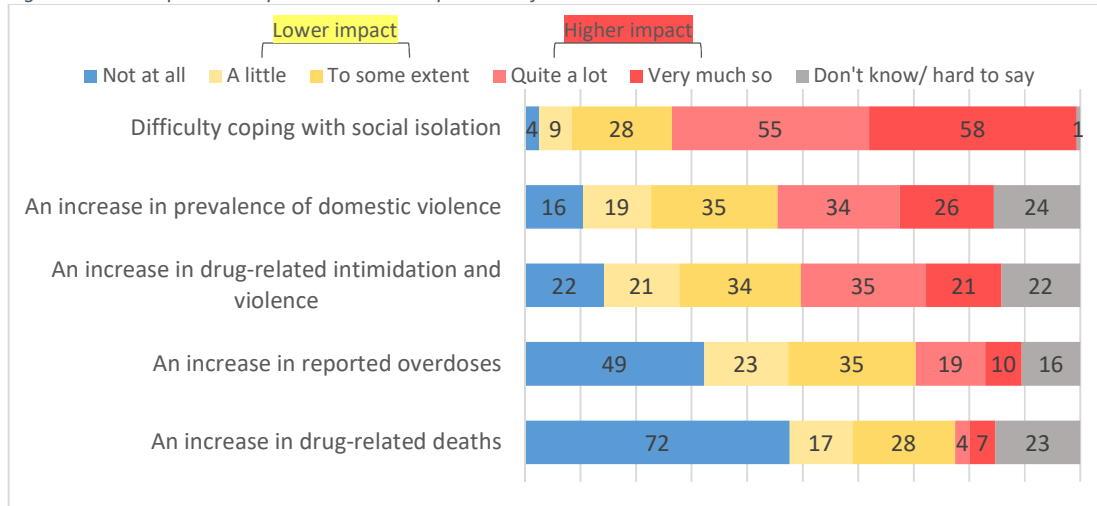


Service providers were next asked to indicate to what extent they had observed a positive or negative change to their clients' health and wellbeing since the outbreak of COVID-19. Overall clients' physical and mental health, family relationships and financial circumstances were negatively affected by the COVID-19 pandemic. The mental health of clients was the worst impacted by the pandemic according to service providers, with n=149, 96% reporting a negative impact. Just n=7, 5% services felt that COVID-19 brought no change or a positive change to their client's mental health.

A majority of service providers also highlighted that COVID-19 had a negative impact on their client's family relationships (n=129, 83%). Only n=14, 9% respondents saw no change to these relationships, with an even smaller proportion conveying there was a positive impact on family relationships (n= 8, 5%).

About two thirds of survey respondents felt the physical health of their clients was negatively affected by COVID-19 (n=106, 68%). A total of n= 33, 21% services saw no change in the physical health of their clients and n= 10, 7% services saw a positive change. Similarly, n=102, 66% of respondents conveyed that their client's financial situation was negatively affected by COVID-19. Nearly a quarter of service providers saw no change (n=36, 23%) and only n= 6, 4% responding services felt COVID-19 had a positive impact on their client's financial situation.

Figure 23 Service provider reports on clients' experience of adverse outcomes associated with COVID-19



Services were also asked to what extent their clients had experienced the above adverse outcomes due to the pandemic. Difficulty coping with social isolation was the most prevalent negative impact among clients according to service providers, with n=113, 73% services reporting their clients were impacted highly in relation to this. This was followed by an increase in domestic violence and drug related intimidation and violence with n= 60, 39% and n= 56, 36% services respectively, reporting high impacts for their clients. There were less services reporting that clients were highly impacted by increased overdoses (n=29, 19%) and drug related deaths (n=11, 7%) during the first wave.

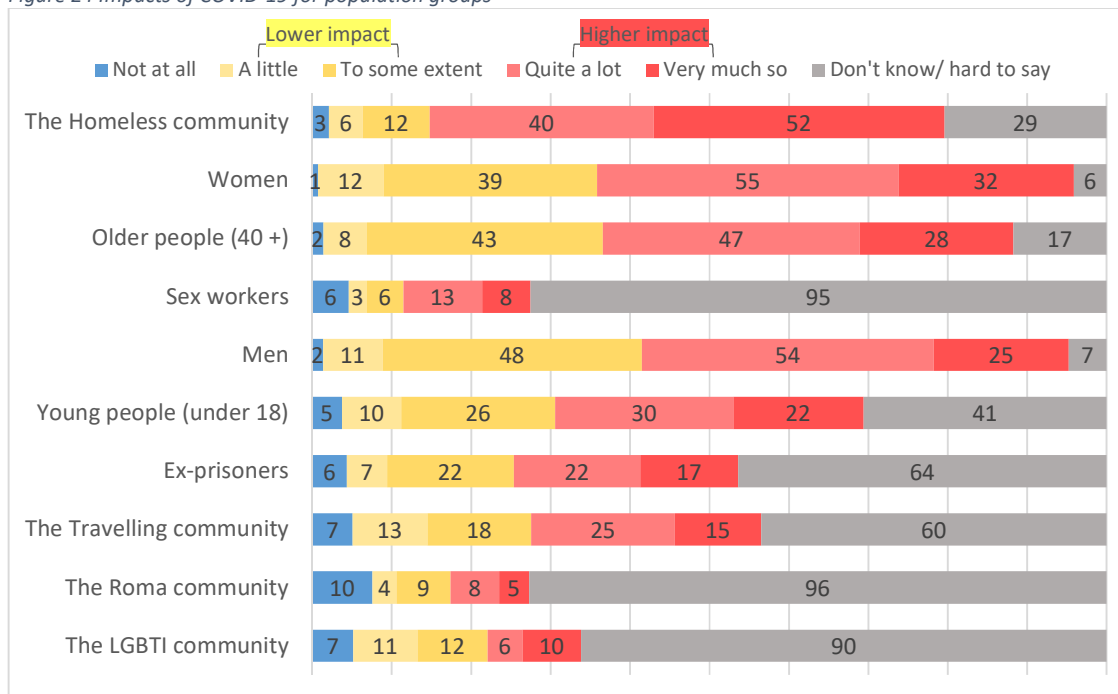
Taking lower and higher impacts together the number of services reporting these adverse outcomes for their clients increases substantially. A total of n=150, 97% of services said clients were impacted in relation to difficulty coping with social isolation, n=114, 74% services reported clients were impacted by an increase in domestic violence, n= 111, 72% services said clients were impacted in relation to drug related intimidation and violence, n= 87, 57% reported their clients were impacted in relation to increased overdoses and n=56, 37% services reported that their clients were impacted by increased drug related deaths.

There were also considerable numbers reporting that they didn't know how their clients were impacted in terms of these adverse outcomes of COVID-19, demonstrating the difficulty of measuring some of the wider impacts of the pandemic.

3.3.2.3 Impacts for population groups

The below graph depicts the extent to which different population groups were impacted by the pandemic, according to the responding services and based on their service experience during the first wave of COVID-19.

Figure 24 Impacts of COVID-19 for population groups



These population groups are ranked based on the proportion of services who reported higher impacts when Don't know responses are excluded.

The level of 'Don't know' responses are particularly noteworthy for this question. A total of n=90 services or above returned don't know responses in relation to sex-workers, the Roma community and the LGBTI community, indicating these groups are not well represented in drug and alcohol services.

According to service providers, the homeless community were the most affected population group during the COVID-19 pandemic. A total of n= 92, 65% services said the homeless community's health and wellbeing was highly impacted.

Respondents felt women were also impacted greatly by the pandemic. A total of n=87, 60% reported that women were impacted highly. Over half of the respondents also thought older people were impacted highly by the COVID-19 pandemic (n=75, 52%).

Other Groups

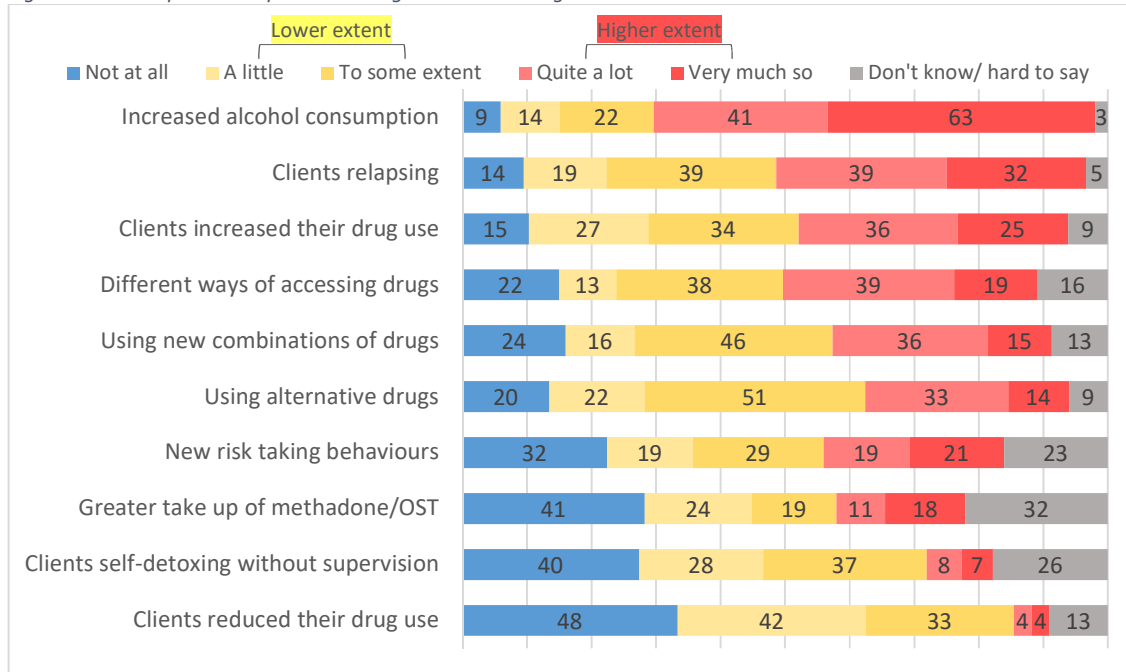
Respondents were also given the opportunity to specify other groups they felt had been impacted by the pandemic, responses are summarised below.

Many services highlighted that the families of people who use drugs and alcohol were particularly impacted during the COVID-19 pandemic. Services highlighted that children of substance users were exposed to unhealthy environments and were confined to the home when schools were closed. Migrants and those in Direct Provision centres were mentioned by several services as being particularly impacted by the pandemic. A few services said that prisoners were also impacted.

3.3.3 Consumption of Drugs and Drug Markets

This section presents an analysis of results on the impact COVID-19 has had on drug and alcohol usage patterns and the availability of drugs, according to service providers.

Figure 25 Service provider reports on changes to client's usage behaviour



Services were asked to what extent they had observed the above changes to their client's behavior since the start of the COVID-19 pandemic. Increased alcohol consumption was the most prevalent change observed. A total of n=104, 68% services reported that they have observed increased alcohol consumption to a high extent among their clients. Rates of clients relapsing also appear to be high, with n=71, 48% services reporting this behaviour to a high extent.

A total of n= 61, 42% services reported that clients are increasing drug use to a high extent. There are a similar number of services reporting that clients are using different ways of accessing drugs (n=58, 39%), using new combinations of drugs (n=51, 34%) and using alternative drugs (n=47, 32%) to a high extent. Greater uptake of methadone/OST is being reported by a lower number of services, despite a large increase in the national provision of opioid substitution treatment during this time. This is likely due to the type of responding services, for example with a low number of HSE addiction services in the sample. Furthermore, n=32, 22% services reported that they don't know if clients are taking up OST.

There are also a considerable number of services reporting that they don't know the extent that clients have been engaging in new risk taking behaviours and self-detoxing without supervision. Just n=8, 6% services reported that their clients are reducing their drug use to a high extent.

New risk taking behaviours

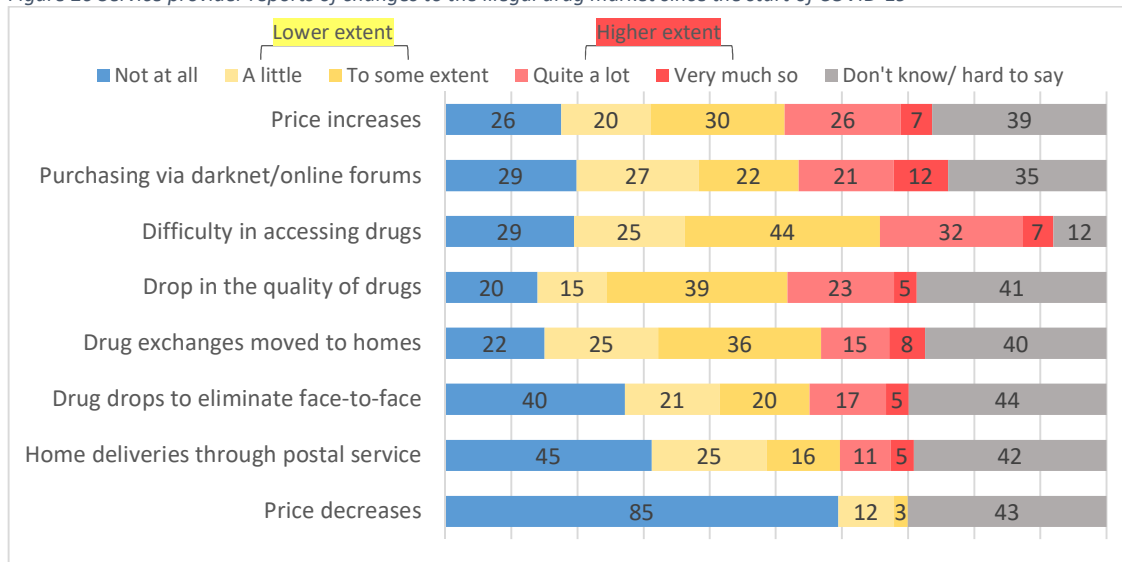
Respondents were given the opportunity to specify any new risk taking behaviours that their clients are engaging in, these are summarised here.

The main new risk taking behaviours being reported by services are in relation to new consumption patterns and not adhering to public health guidance. Many services highlighted that due to various access issues their clients are taking new drugs, new combinations of drugs, engaging in poly drug use, and mixing drugs or prescribed medications with alcohol. Several services mentioned an increase in street tablet usage, while a few services mentioned the emergence of nitrous oxide use.

Many services also highlighted clients' risk taking in relation to public health guidance. Clients are attending house parties where they are mixing with lots of people and sharing drug paraphernalia, this was particularly the case among younger users. Some clients are travelling outside their restricted areas to source drugs.

A few services highlighted an increase in drug related criminal activity, both in order to source money for drugs and crimes committed while under the influence. For example, a few services mentioned clients becoming involved in prostitution and drug dealing.

Figure 26 Service provider reports of changes to the illegal drug market since the start of COVID-19



Drug and alcohol services were asked to indicate if they had heard reports from clients or other service providers of any of the above drug market changes since the start of the pandemic in Ireland in March 2020. There are a high number of services selecting a Don't know response for this question, results provide an indication of possible market changes only.

While a small number, n= 15, 11% services, had heard reports to any extent [yellow and red portions of graph] of drug price *decreases*, over half (n=83, 56%) of services had heard reports from clients or

colleagues of *increases* in the price of drugs. Over half (n=82, 57%) had also heard reports of a drop in the quality of drugs during the COVID-19 pandemic, though quality was not formally assessed.

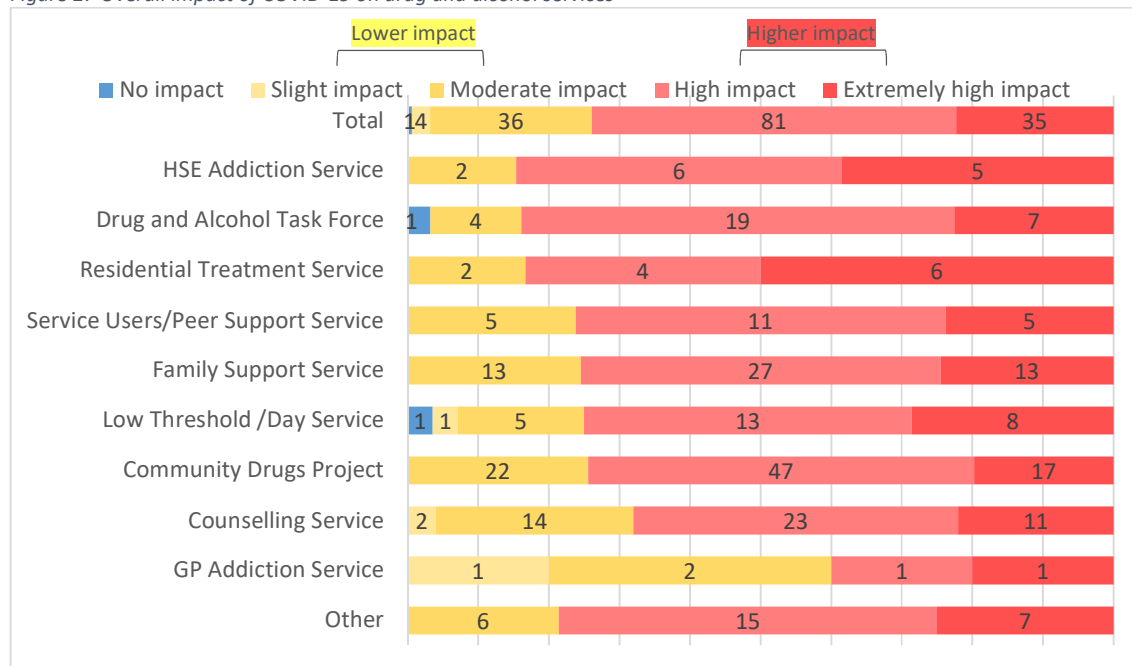
A total of n=108, 73% services have heard reports of difficulty accessing drugs. As such, it is not surprising that they are also reporting different methods being used to access drugs. A total of n=82, 56% services reported hearing that drugs were being purchased via online methods. Similarly over half (n=84, 58%) have heard reports of drug exchanges moving to homes, n=63, 43% have heard of ‘drug drops’ being used to eliminate face to face contact and n=57, 40% services have heard reports of home deliveries of drugs through the postal service.

3.3.4 Impacts of COVID-19 on Service Delivery and Use

This section presents an analysis of results on the impacts the pandemic has had on various aspects of service delivery, operations and staff as well as the different methods that are being taken to overcome these challenges. Section 3.3.4.1 covers impacts on service delivery and the methods employed by services to overcome the challenges of the pandemic. Section 3.3.4.2 deals with impacts on operational elements of services, governance and reporting, and impacts on staff. Section 3.3.4.3 covers any positive impacts of the COVID-19 pandemic and the supports received by services. Finally, Section 3.3.4.4 focuses on the restoration of services and remaining challenges in this regard.

3.3.4.1 Impacts on service delivery and methods to overcome challenges

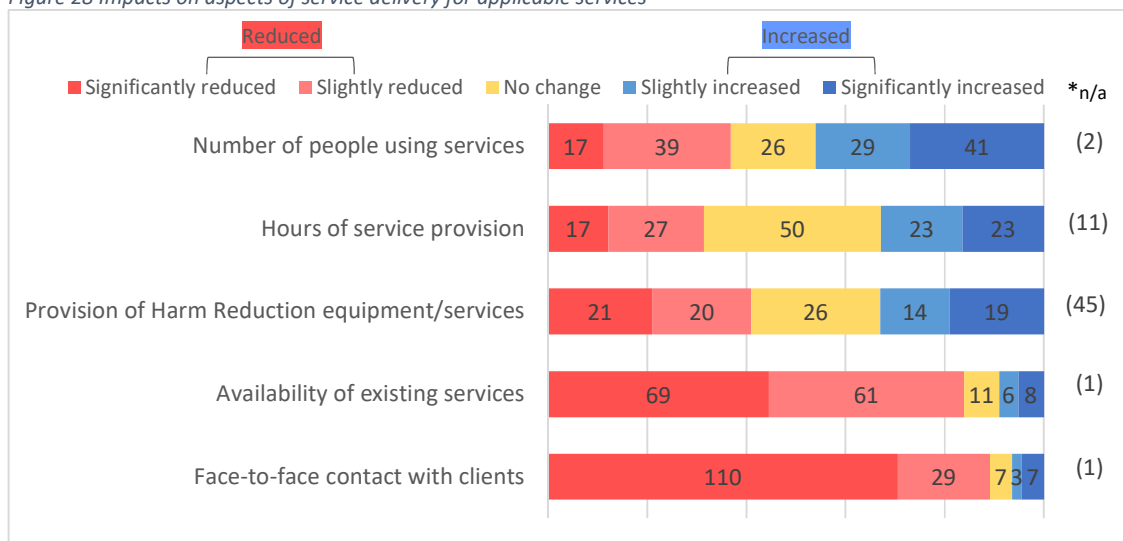
Figure 27 Overall impact of COVID-19 on drug and alcohol services



Responding services were asked to rate the overall impact the pandemic has had on their service. Overall, n=116, 74% of respondents to the survey felt their services were highly or extremely impacted by COVID-19 with a further, n=40, 25% reporting lower level impacts.

The overall impact of the pandemic was also analysed by service type. There are very low numbers in some service type subgroups and so results should be interpreted cautiously. HSE Addiction Services, Drug and Alcohol Task Forces and Residential Treatment Services reported the biggest impacts of the pandemic with over 80% of respondents from these service types reporting a higher overall impact [red portion of graph]. GP addiction services reported slightly lower impacts than other service types, however their very low representation in the sample would caution against drawing conclusions from these results.

Figure 28 Impacts on aspects of service delivery for applicable services



*Those selecting 'Not applicable' have been removed from analysis, numbers selecting this option are presented in brackets.

The above graph depicts the extent to which various aspects of service provision have increased or decreased for clients. There were a greater number of services reporting increases than decreases in terms of the number of people using services, n=70, 46% of services said the numbers using their service have increased, compared to n=56, 37% who reported a reduction in service users.

There were about the same number of services reporting increases and decreases in terms of hours of service provision, with a further n=50, 36% reporting no change. The provision of harm reduction equipment/services saw slightly more decreases than increases, with n=41, 41% reporting this service has decreased for clients, compared with n=33, 33% reporting increases in harm reduction services.

A majority of respondents reported that there were decreases in the availability of existing services (n=130, 84%) and face-to-face contact with clients (n=139, 89%).

Table 5 Percentages and frequencies of reductions in aspects of service delivery by service type

	<i>% (n) reporting reductions in face to face contact</i>	<i>% (n) reporting reductions in availability of services</i>	<i>% (n) reporting reductions in no. of people using services</i>	<i>% (n) reporting reductions in harm reduction services</i>	<i>% (n) reporting reductions in service hours</i>
Total	89% (n=139)	84% (n=130)	37% (n=56)	41% (n=41)	31% (n=44)
Community Drugs Project	90% (n=77)	87% (n=74)	35% (n=30)	46% (n=27)	29% (n=24)
Counselling Service	88% (n=44)	86% (n=42)	46% (n=23)	36% (n= 12)	30% (n=14)
Drug and Alcohol Task Force	97% (n=29)	93% (n=28)	34% (n=10)	50% (n=11)	24% (n=6)
Family Support Service	94% (n=50)	94% (n=49)	48% (n=25)	47% (n=16)	34% (n= 17)
GP Addiction Service	80% (n=4)	80% (n=4)	40% (n=2)	- (n=0)	- (n=0)
HSE Addiction Service	92% (n=12)	85% (n=11)	54% (n=7)	36% (n=4)	38% (n=5)
Low Threshold /Day Service	89% (n=25)	89% (n=25)	46% (n=13)	41% (n=9)	36% (n=9)
Residential Treatment Service	83% (n=10)	75% (n=9)	67% (n=8)	60% (n=3)	22% (n=2)
Service Users/ Peer Support Service	90% (n=19)	95% (n= 20)	33% (n=7)	50% (n=8)	26% (n=5)
Other	89% (n=25)	81% (n=22)	31% (n=8)	33% (n=5)	46% (n=12)

Note: Those selecting 'Not applicable' have been removed from analysis

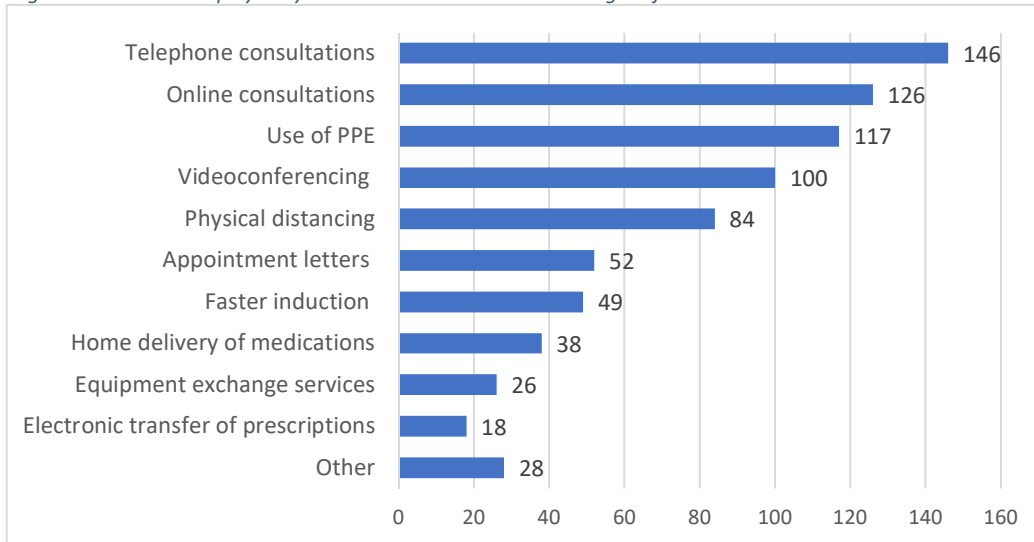
The above table shows the percentage and number of services who reported reductions in the listed aspects of service provision by service type. This allows for an indication of the services worst affected in relation to each aspect of service provision, though this analysis should be interpreted cautiously given the low numbers in some service types. The majority of all service types saw reductions in face to face contact with clients, however Drug and Alcohol Task Forces experienced the largest reduction with n=29, 97% of this service type reporting face to face contact with clients was reduced during the pandemic.

In terms of availability of services, Drug and Alcohol Task Forces (n= 28, 93%), Family Support Services (n=49, 94%) and Service Users/ Peer Support Services (n=20, 95%) reported the highest proportions of reduced availability of the existing services offered to clients. Of those reporting reduced numbers of people using services, HSE Addiction services (n=7, 54%) and Residential Treatment Services (n=8, 67%) saw the biggest reductions compared to the total sample (n=56, 37%).

Drug and Alcohol Task Forces (n=11, 50%), Service Users/ Peer Support Services (n=8, 50%) and in particular, Residential Treatment Services (n=3, 60%) saw the biggest reductions in the provision of

harm reduction equipment or services to clients. However it has been noted by the HSE that Residential Treatment Services are not typically engaged in providing harm reduction equipment. Residential Treatment Services were also less likely than other service types to experience reductions in service hours (n=2, 22%).

Figure 29 Methods employed by services to overcome the challenges of COVID-19



To overcome the challenges in providing services to clients during COVID-19, service providers had to adapt and employ new methods. The above graph shows the overall results for the methods that services employed. The table below shows the number and percentage of services who employed these methods for each service type. Although numbers are low for some service types and should be interpreted cautiously, this gives an indication of how different service types responded to the challenges of COVID-19.

Given the ready access to telephone and online means of communication, along with the detailed guidance on remote consultations that have been drawn up for addiction services, it is not surprising that the majority of services are conducting consultations, counselling or key working either by telephone or online in light of COVID-19. A total of n=146, 93% services surveyed conducted this type of work on the telephone. Rates are as high as 100% for telephone consultations, counselling or key working by Family Support Services and GPs. Online consultations, counselling or key working was also used by the majority of services, with n=126, 80% of respondents overall using this method. This rose to 94% (n=50) for Family Support Services and 95% (n=20) for Service Users/Peer Support Services.

The use of video conferencing was not as high as telephone and online, though was still employed by n=100, 64% of services. This would be more appropriate for services providing group sessions and was used most by Residential Treatment Services (n=9, 75%), Service user/Peer Support Services (n=16, 76%) and Drug and Alcohol Task Forces (n=26, 84%).

Table 6 Percentages and frequencies of method used by service type

Group	% using phone	% using online	% using PPE	% using video- confer- ence	% using physical distance	% using appt. letters	% using faster induction	% using med. delivery	% using exchange services	% using elec. transfer
Total	93% (n= 146)	80% (n= 126)	75% (n= 117)	64% (n= 100)	54% (n= 84)	33% (n= 52)	31% (n= 49)	24% (n= 38)	17% (n= 26)	11% (n= 18)
Community Drugs Project	99% (n= 85)	90% (n= 77)	77% (n= 66)	67% (n= 58)	58% (n= 50)	31% (n= 27)	34% (n= 29)	17% (n= 15)	15% (n= 13)	5% (n= 4)
Counselling Service	98% (n= 49)	92% (n= 46)	76% (n= 38)	56% (n= 28)	68% (n= 34)	32% (n= 16)	34% (n= 17)	16% (n= 8)	14% (n= 7)	16% (n= 8)
Drug and Alcohol Task Force	94% (n= 29)	84% (n= 26)	68% (n= 21)	84% (n= 26)	48% (n= 15)	23% (n= 7)	29% (n= 9)	35% (n= 11)	19% (n= 6)	3% (n= 1)
Family Support Service	100% (n= 53)	94% (n= 50)	75% (n= 40)	64% (n= 34)	57% (n= 30)	40% (n= 21)	32% (n= 17)	25% (n= 13)	17% (n= 9)	11% (n= 6)
GP Addiction Service	100% (n=5)	60% (n=3)	100% (n=5)	60% (n=3)	60% (n=3)	40% (n=2)	40% (n=2)	40% (n=2)	40% (n=2)	60% (n=3)
HSE Addiction Service	92% (n=12)	62% (n=8)	100% (n=13)	62% (n=8)	85% (n=11)	54% (n=7)	54% (n=7)	54% (n=7)	46% (n=6)	62% (n=8)
Low Threshold /Day Service	96% (n= 27)	86% (n= 24)	86% (n= 24)	54% (n= 15)	61% (n= 17)	43% (n= 12)	57% (n= 16)	29% (n= 8)	39% (n= 11)	7% (n= 2)
Residential Treatment Service	83% (n=10)	75% (n=9)	92% (n=11)	75% (n=9)	75% (n=9)	75% (n=9)	25% (n=3)	8% (n=1)	- (n=0)	8% (n=1)
Service Users/Peer Support Service	95% (n= 20)	95% (n= 20)	76% (n= 16)	76% (n= 16)	67% (n= 14)	43% (n= 9)	33% (n= 7)	29% (n= 6)	10% (n= 2)	14% (n= 3)

The use of PPE is also high with n= 117, 75% services using protective equipment, which was aided by the fact that 62% of the responding services received PPE during the pandemic (See supports received by services Section 3.3.4.3). Usage of PPE was highest among GP addiction services (n=5, 100%), HSE addiction services (n=13, 100%), Residential Treatment Services (n=11, 92%) and Low Threshold/ Day Services (n=24, 86%) which all typically provide some form of healthcare as part of their service.

Over half (n=84, 54%) of those surveyed employed physical distancing measures in their clinics/treatment centres, with higher rates in particular among HSE Addiction Services (n=11, 85%) and Residential Treatment Centres (n=9, 75%).

There were lower numbers employing methods like appointment letters, medication delivery, needle and crackpipe exchange services and electronic transfer of prescriptions which would be relevant to particular services only. A third of service providers (n= 52, 33%) sent out appointment letters to their clients to ensure they would be allowed unrestricted travel for attendance. Appointment letters were most relevant for Residential Treatment Services (n=9, 75%) and HSE Addiction Services (n=7, 54%). Faster induction to treatment services also helped some services to overcome challenges associated with COVID-19, and this was employed by n=49, 31% of services. Faster induction into treatment programmes was most relevant to HSE Addiction Services and Low Threshold /Day Services, being used by n=7, 54% and n=16, 57% respectively of these service types.

Home delivery of medications or take-home medication (overall n=38, 24%) was most relevant for HSE (n= 7, 54%) and GP addiction services (n=2, 40%), with detailed guidance provided by the HSE on dispensing medication for clients in isolation during COVID-19. HSE addiction services and GPs were again the service types to employ electronic transfer of prescriptions to the highest degree. This change permits the transfer of a prescription between the prescriber and dispensing pharmacy by electronic means, thus being most relevant to those providing medical/prescribing services.

In Ireland, needle exchange services are delivered in a number of ways including fixed-site locations like clinics or Community Pharmacies and new interventions like Backpacking Outreach programmes¹⁰. Needle and crackpipe exchange services (overall n=26, 17%) were provided in the highest proportions by HSE Addiction Services (n=6, 46%), GP addiction services (n=2, 40%) and Low Threshold /Day Services (n=11, 39%). According to new HSE guidance¹⁸, a broader harm reduction approach was to be considered by services delivering interventions during the pandemic. Harm reduction advice in the context of the pandemic should include information on the risk of COVID-19 transmission through sharing in various forms, including sharing of cannabis joints, cigarettes, vaping and injecting equipment.

Other methods employed by services

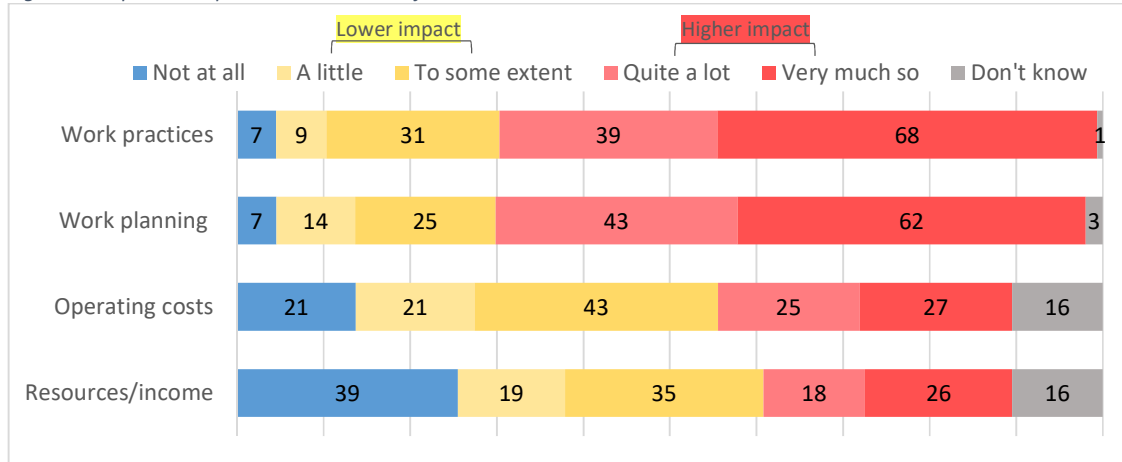
Respondents were also given the opportunity to specify other methods they used to overcome the challenges of the pandemic.

Several services continued to support their clients through outreach initiatives. A few services met clients in open spaces like public parks or conducted walk and talk sessions. A few services called to their clients' gardens or gates where they could maintain socially distant but still provide a face to face service. A few services provided delivery of essential items or transport as required. Several services mentioned adapting their premises or practices to meet public health requirements. Finally, a few services kept in contact with their clients by posting them materials or mobile phones to help them continue their programmes.

¹⁸ HSE. (2020). Needle Exchange Provision in COVID-19 Pandemic. See <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/other-areas/health-inequalities/needle-exchange-provision-in-covid.pdf>

3.3.4.2 Impacts on operations, governance and staff

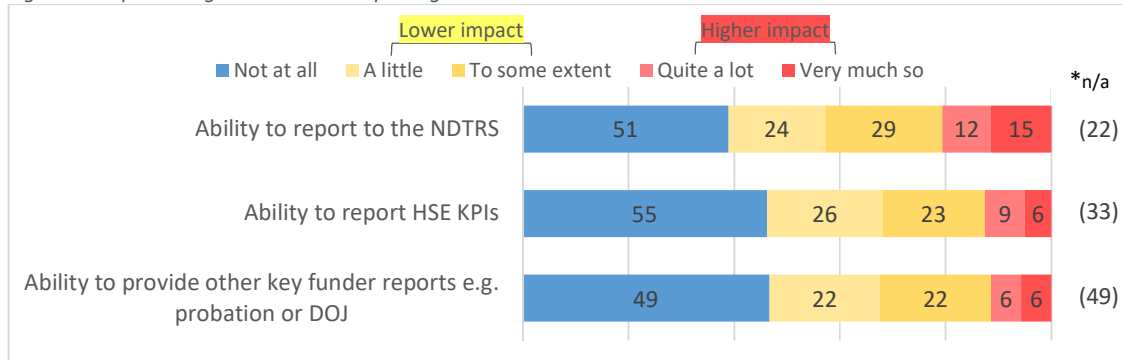
Figure 30 Impacts on operational elements of services



Respondents were also asked to reflect on how COVID-19 had affected operational elements of their services. Work practices and work planning were hit hardest by the pandemic, with n=107, 69% and n=105, 68% services respectively reporting that these operational aspects were impacted highly by COVID-19.

About a third (n=52, 34%) reported that operating costs were impacted highly, while n=44, 29% said resources/income were impacted highly by the pandemic. However, n=39, 26% services reported no impact on resources/income.

Figure 31 Impacts on governance and reporting



*Those selecting 'Not applicable' have been removed from analysis, numbers selecting this option are presented in brackets.

Note 1: The NDTRS – National Drug Treatment Reporting System is a database on treated drug and alcohol misuse in Ireland and records incidence of drug and alcohol treatment. Service providers across Ireland report to the NDTRS.

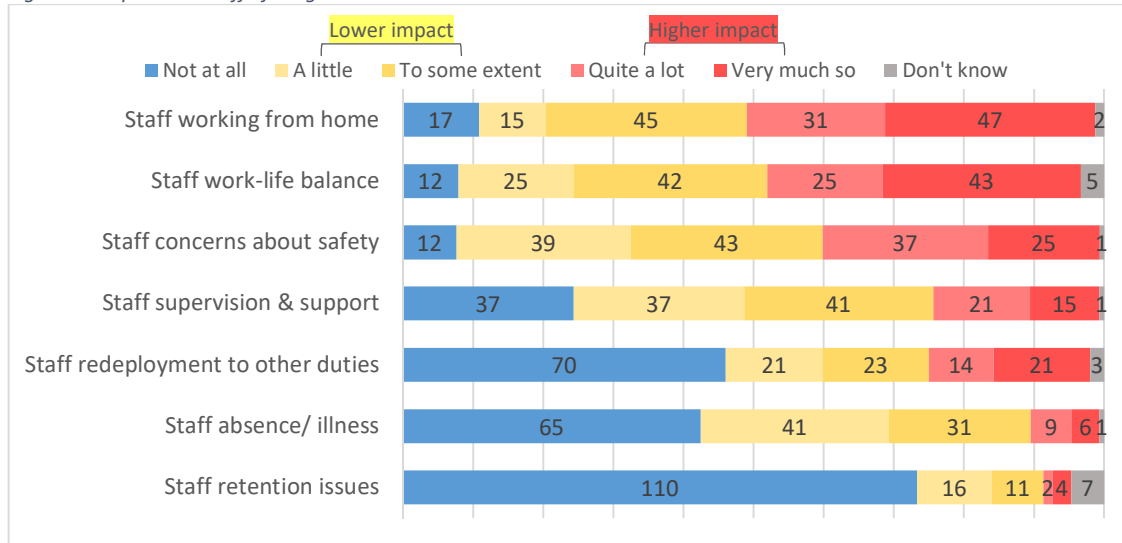
Note 2: Some drug and alcohol services receive funding from multiple sources, including the HSE, Drug and Alcohol Task Forces, the Department of Health and the Department of Justice and Equality and may be required to return reports/data to these funders.

The ability of services to report to various bodies was analysed for those services for which each type of reporting was applicable. With this type of reporting being important for health service planning and service improvement, impacts on reporting could exacerbate the problems faced during the

pandemic down the line. A total of n= 51, 39% services highlighted that the ability to report to the NDTRS was not at all affected by COVID-19. About a fifth of services (n=27, 21%) said that their ability to report to the NDTRS was impacted highly.

Nearly half of service providers (n=55, 46%) reported that their ability to report HSE KPIs wasn't impacted at all by COVID-19. A total of n= 15, 13% services said their reporting ability was impacted highly. Similarly, n=49, 47% services reported there was no impact from COVID-19 on their ability to provide other key funder reports e.g. probation or DOJ. Just n= 12, 11% services felt their ability to provide such reports was impacted highly by COVID-19.

Figure 32 Impacts on staff of drug and alcohol services



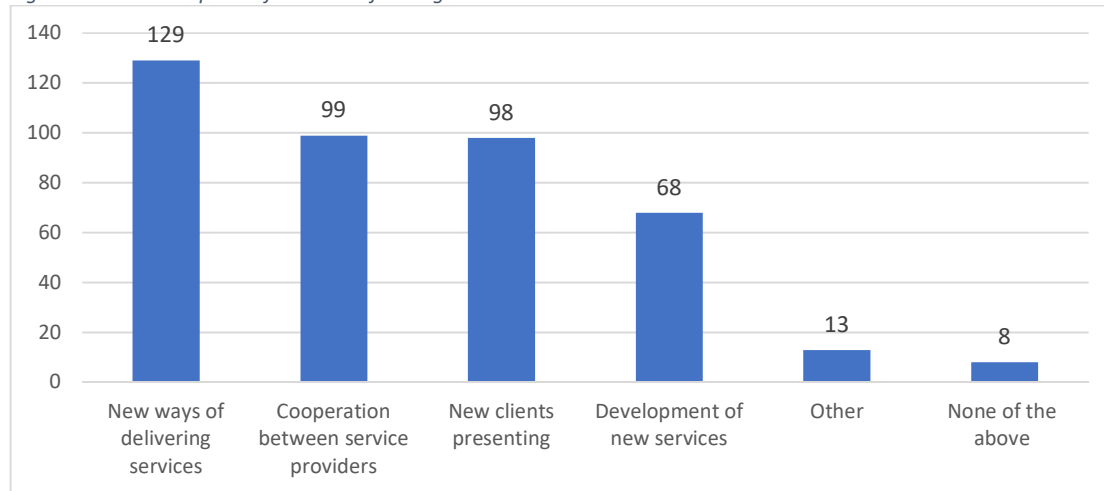
Services were also asked to indicate the effect the pandemic has had on their staff. Overall, the biggest impacts were in relation to staff working from home and work life balance. Half of responding services (n= 78, 50%) highlighted that COVID-19 had a high impact in relation to staff working from home. Staff work-life balance has also been impacted to a large degree, with n= 68, 45% saying work life balance has been impacted highly, though it is not possible to determine if work life balance has been negatively or positively affected.

Staff have also been impacted considerably in relation to concerns about safety, n=62, 40% service reported COVID-19 has had a high impact in terms of staff concerns about safety. Staff supervision and support and staff redeployment have been somewhat less impacted by the pandemic, with n=36, 24% and n=35, 23% respectively reporting their staff have been impacted highly in relation to these factors.

In comparison to the above factors, staff absence/illness and staff retention issues were less impacted by the COVID-19 pandemic. A total of n=65, 43% of respondents said their staff were not impacted at all by staff absence/illness. Staff retention is not a problem for most services, n=110, 73% services reported that staff weren't impacted at all in relation to retention issues.

3.3.4.3 Positive impacts of the COVID-19 pandemic and supports received by services

Figure 33 Positive impacts of COVID-19 for drug and alcohol services



Just n= 8, 5% services reported no positive impacts of wave 1 of COVID-19 on their service. The majority of respondents (n=129, 83%) found new ways of delivering services due to the COVID-19 pandemic and nearly two-thirds (n=99, 64%) services said that the cooperation between service providers was a positive impact of COVID-19. A total of n= 98, 63% of service providers saw new clients presenting to their services and n=68, 44% service providers reported developing new services due to the pandemic.

Other positive impacts

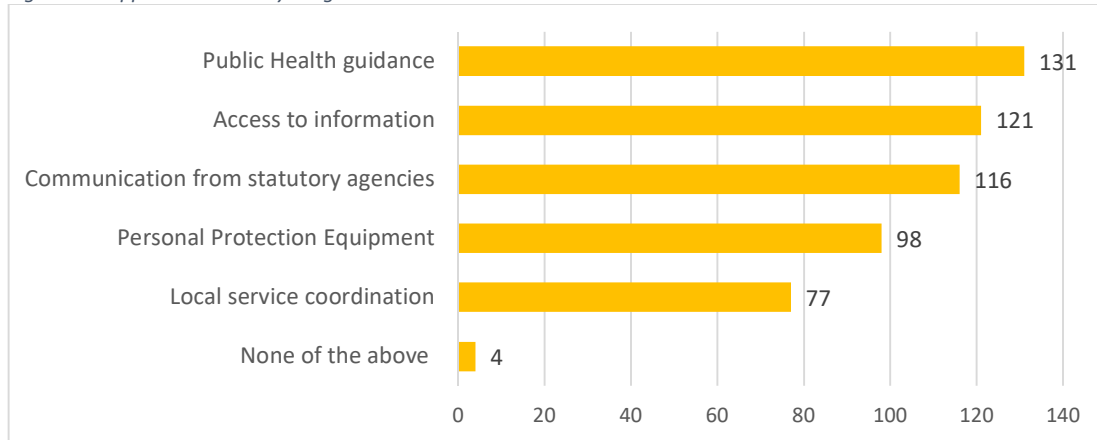
Respondents were also given the opportunity to specify any other positive impacts their service had experienced as a result of COVID-19, these responses have been summarised.

Several services conveyed that their ability to adapt to the COVID-19 pandemic, was in itself a positive impact, demonstrating how they could be creative with their services. A few services mentioned that conducting more outreach services out of necessity allowed them to see the benefits and they are now intent on continuing increased outreach services going forward.

A few services mentioned the positive impacts of using online solutions, moving some of their services online reduced waiting lists and was of benefit to clients who didn't have to travel to these sessions. Services were also able to interact online with other agencies which they found more efficient.

A few services mentioned the increased co-operation, communication and collaboration between different services and agencies as being beneficial for services and clients alike.

Figure 34 Supports received by drug and alcohol services



The vast majority of responding services received some form of support during the first wave of the pandemic, with n=4, 3% services reporting they received none of the presented supports. Further, n= 131, 83% services conveyed that they received public health guidance, n= 121, 77% received access to relevant information and n= 116, 74% received communication from statutory agencies. A total of n=98, 62% of the responding services received PPE during the pandemic and just under half of the respondents n= 77, 49% said there was local service coordination.

Other supports

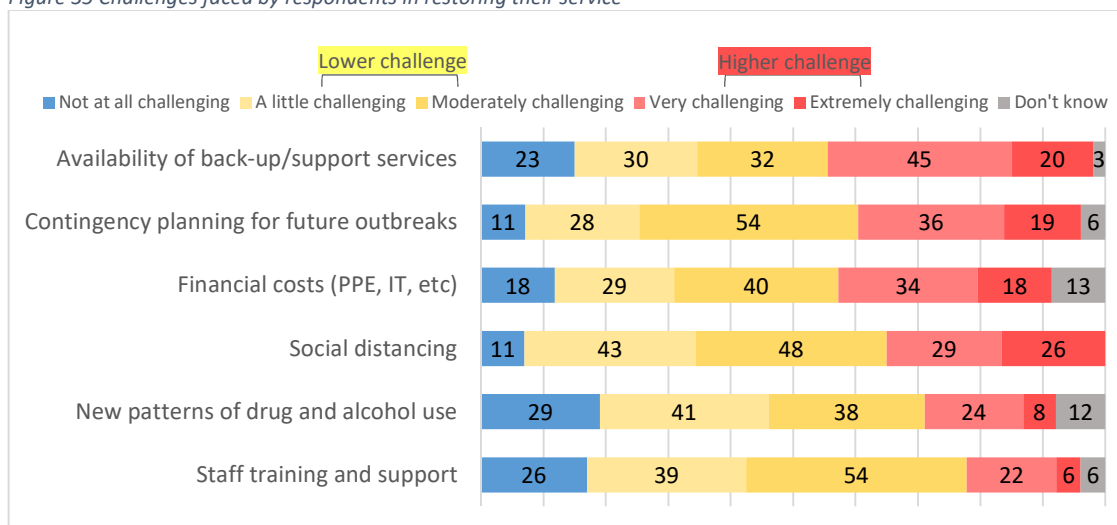
Respondents were given the opportunity to specify any additional supports received during the pandemic.

A few services highlighted that they received excellent communication and support from their CHO and local communities. Regular interaction with local authorities, task forces and other services ensured services were up to date on guidance, redeployments and resources. Cooperation between services and community voluntary action benefitted clients.

3.3.4.4 Restoration of services and remaining challenges

Services were asked to reflect on the extent to which the below factors represented challenges to them in restoring their services.

Figure 35 Challenges faced by respondents in restoring their service



The availability of back up/support services was the top rated challenge, with n= 65, 43% services rating this as a highly challenging. However, social distancing had the highest proportion of extremely challenging ratings [dark red portion of graph], with n=26, 17% services reporting that social distancing measures would be extremely challenging for them in restoring their services.

Staff training and support and new patterns of drug and alcohol use were considered less challenging than other factors. New patterns of use were considered not at all challenging for restoring services by n= 29, 19% and staff training/support was considered not at all challenging for restoring services by n= 26, 17% services.

Contingency planning for future outbreaks, financial costs and social distancing are all considerable challenges for services, with between 34-36% of services rating these factors as highly challenging.

Other challenges

Respondents were also given the opportunity to specify any other challenges that they faced in restoring their services, these responses are summarised here.

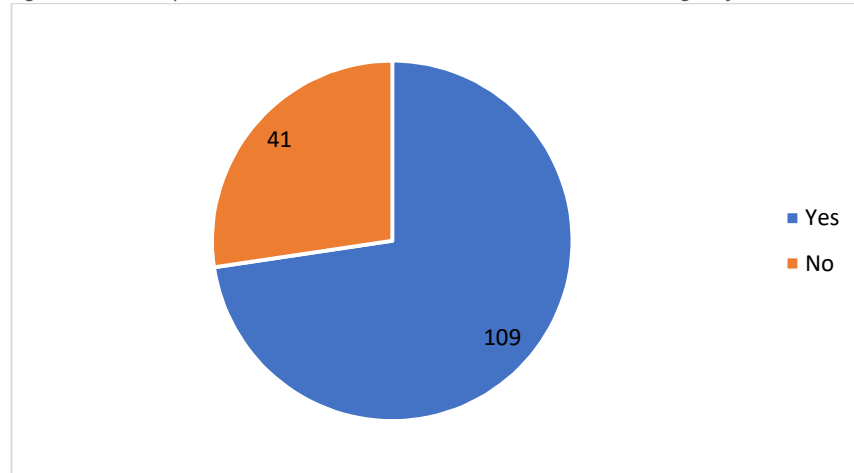
The main challenges raised by services are in relation to staffing and resources. Many services highlighted the need for additional resources and staffing in order to cope with the increased demand for services and the reduced capacity due to compliance with public health guidelines. Some services mentioned experiencing reductions in the availability of staff due to factors like redeployment, child minding requirements, absence and underlying health conditions. A few services highlighted that these challenges are also contributing to increased waiting lists for clients trying to access services.

Several services highlighted that their premises are no longer suitable with the new requirements for social distancing. It was noted that adaptations or hiring of space would be required to restore group work which is not possible within the budgets of some services. The additional costs

associated with PPE, sanitation measures, and IT equipment were mentioned by a few services as putting pressure on already limited budgets.

Other challenges mentioned by a few services include limited access to appropriate technology and broadband, as well as, the worsening mental health of clients due to the pandemic.

Figure 36 Service provider views on whether new services are needed in light of COVID-19



Services were also asked to reflect on whether new or additional services were needed in light of the continuing impact of COVID-19. The majority of responding services felt that new drug and alcohol services or initiatives will be needed (n=109, 73%), with just over a quarter of respondents (n= 41, 27%) saying new services are not needed.

New services

Respondents who felt new services were needed were asked to specify what type of services these would be. Responses are summarised.

In the future, many services would like to see online counselling and services continuing to be online, with further training and equipment required for workers. Clients will also need to be supported in how to use IT services.

Several services called for an increase in services available for alcohol users, with a big increase in clients presenting with alcohol problems since the pandemic. Similarly, several services highlighted the need for dual diagnosis services to support clients with mental health difficulties alongside substance use, this is particularly relevant given the negative impact the pandemic has had on the mental health of clients.

New or additional outreach services, after hours services, family support services, community-based services, harm reduction services and residential services were all mentioned by a few services as being needed in the future.

3.4 Discussion

Health and Wellbeing

According to service providers, clients' physical and mental health, family relationships and financial circumstances have all been negatively affected by the COVID-19 pandemic during the first wave. Nearly all services (96%) reported that the mental health of clients was negatively impacted. Clients have also experienced other negative impacts of the pandemic: with many clients viewed as vulnerable they have had to isolate or cocoon and have had difficulty coping with this isolation. Many services have reported an increased prevalence of domestic violence among their clients, as well as increases in drug related violence. Some services have reported increases in overdoses and drug related deaths.

These trends reflect population-level trends in the impact of COVID-19. According to the CSO Social Impacts of COVID-19 Survey, the population as a whole are experiencing negative impacts due to the pandemic, with reductions reported in life satisfaction and satisfaction with personal relationships, and increases in those reporting feeling downhearted and depressed. A total of 6% of the general population are concerned about violence in the home.

Substance Use

Drug and alcohol services have reported considerable incidences of clients using new combinations of drugs, using alternative drugs, engaging in new risk taking behaviours and to an even greater extent, increasing their alcohol consumption. Again, there have been changes to alcohol consumption on a population level, results of the CSO Social Impact of COVID-19 Survey¹⁹ show that of those who drink alcohol, 17% reported reduced alcohol consumption, and 22% reported increased alcohol consumption since the outbreak of COVID-19.

Service Demands and Responses to COVID-19

Overall and according to service providers there was an increased demand on services during the first wave of COVID-19, but less capacity to provide services due to the restrictions that have been necessary to put in place to manage the risks of COVID-19. According to service providers there have been increased numbers attending services and, some people who use drugs recreationally have reported increased intentions to seek support.

Drug and alcohol services, like other healthcare providers, were faced with the challenge of providing continued care for their clients while also adhering to public health guidance, reducing face to face contact, restrictions on travel and social distancing measures. Services have adapted innovatively to these challenges, prioritizing the continuity of care for those who are opioid dependent, faster processing of clients into treatment, stabilization of drug use in isolation and providing COVID-19 prevention information as part of outreach services. Temporary changes to regulations have allowed clients to continue to access their treatments and other medicines. Services have also adapted to remote working practices and employed physical distancing and PPE in their premises. Some services saw the positives of these adaptations, 83% of services reported that new ways of delivering services

¹⁹ Central Statistics Office (CSO). (2020). Social Impact of Covid-19 Survey. See <https://www.cso.ie/en/releasesandpublications/ep/p-sic19/socialimpactofcovid-19surveyapril2020/introductionandsummaryofresults/>

has been a positive impact of the pandemic. The uptake of online solutions has been a particular success of the pandemic and should be supported for services, in the context of the ongoing pandemic and increased demands on services.

Limitations

As outlined in the methodology section, there were a number of limitations of the research that should be addressed. In terms of the sample, there was a high response rate from services located in the CHOs covering Dublin and a lower representation from rural areas. There was also a high response rate from certain service types, with a low number of HSE Addiction Services for example represented. The timing of the survey may have impacted on the ability of some services to respond. The HSE has noted that HSE Addiction Services continued to operate throughout the first wave of the pandemic whereas other services reduced their services or stopped altogether. Having a larger representation of HSE services could therefore have had significant impacts on results. There appears to also be low representation from services providing OST in the sample, considering that changes to OST were a vital part of the response to the pandemic, this is also a limitation of the sample achieved. Finally, although drug and alcohol services have provided their view on impacts for their clients, service users were not directly involved in the survey.

Conclusion

The objective of the studies detailed in this report was to provide findings on the impacts of the COVID-19 pandemic in Ireland on people who use drugs recreationally and for drug and alcohol services and their clients. In particular the report aimed to; describe the current context, and any guidance that have been issued to drug and alcohol services in response to the COVID-19 pandemic; profile how people who use drugs recreationally have been impacted by COVID-19; profile the ways services have altered their operations and the effects this has had on service provision, staff, and resources; describe how drug and alcohol services believe their clients have been impacted by the pandemic; and finally to use results from both surveys to get a broader picture of the impacts of the pandemic for different groups of people who use drugs and alcohol, and drug and alcohol services.

The Survey of Recreational Users provided valuable insight into how people who use drugs recreationally have been impacted by the pandemic. In relation to consumption, the pandemic appears to have brought about reductions in the use of drug types typically used in night life settings like cocaine and ecstasy/MDMA. There appears to have been difficulties with access since the pandemic, particularly for certain drugs types, with price increases resulting. There have also been some changes in modes of access, with respondents buying in larger quantities and less frequently, using different dealers and reducing face to face collection. The findings also indicated that some recreational users intend to access services in relation to their drug use.

The Survey of Drug and Alcohol Services has highlighted the impacts of the COVID-19 pandemic on service capacity, staff, operations, and governance and reporting. Services provided information on how they adapted to the challenges of COVID-19 by employing the likes of online or telephone communication methods and public health measures like PPE and physical distancing, as well as the challenges that remain such as the availability of support services, contingency planning for future outbreaks, implementing social distancing in their premises and the financial costs of new equipment. Survey findings have also provided an indication of the negative impacts the pandemic has had on the health and wellbeing of clients and on their consumption behaviours.

The findings of this report should be considered in conjunction with other elements of the rapid impact assessment methodology, including the HRB evidence brief²⁰, and the report of case study research [to be published]. This report has provided perspectives from recreational users and service providers however, the direct voice of service users is not represented in this report. Considering that people using drug and alcohol services typically have different needs to those using drugs recreationally, it could be of value for further research to involve this group more directly. Other avenues of further research could involve particular service types. The small representation from HSE, GP addiction services and other health-based services, as well as rural based services could be addressed. Education type services are also likely to have experienced different impacts from COVID-19 and this could be explored in future.

²⁰ Health Research Board. (2020). Impact of COVID-19 on drug services in four countries. Available from: https://www.drugsandalcohol.ie/32296/1/HRB_evidence%20brief%20for%20DPU%20Covid-19%20rapid%20assessment_June_2020.pdf

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