



# OPIOID AGONIST TREATMENT FOR PEOPLE EXPERIENCING HOMELESSNESS IN IRELAND: KEY PATTERNS AND TRENDS 2014-2023

**DRUG INSIGHTS REPORT 5**

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# FOREWORD

**Joe Doyle, National Lead, Social Inclusion**

I am very pleased to be able to welcome this fifth Drugs Insights Report from colleagues in the National Social Inclusion Office (NSIO) entitled, 'Opioid Agonist Treatment for People Experiencing Homelessness in Ireland: Key Patterns and Trends 2014-2023'. The programme has been an important element of the HSE harm reduction response to problems associated with People Who Inject Drugs.

In line with the principles that underpin the work of the HSE National Social Inclusion Office, the importance of social determinants on the overall health and wellbeing of individuals underpins this document. It is well established that suitable housing conditions are a key determinant of health. While not all members of the homeless population use substances, substance use rates are disproportionately high among those experiencing homelessness (O'Reilly et al., 2015), highlighting the need to monitor treatment levels to help plan services which this report addresses, thereby aiming to continually enhance and expand adolescent addiction services, which speaks to the HSE's National Service Plan.

Recommendations in this Drugs Insights Report are in line with The National Strategic Plan to Improve the Health of People Experiencing Homelessness in Ireland (National Social Inclusion Office, 2024) which calls for an increased level of a wide variety of addiction services, case management, and a harm reduction approach (p.13).





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(Note figures below refer to those receiving OAT and experiencing homelessness)

14%

of total people experiencing homelessness receiving OAT

1552

people experiencing homelessness receiving OAT in 2023

21%

increase in new OAT cases since 2014

74%

of those treated are male

39

is the average age for OAT in females, compared to 42 in males

39%

increase in previously treated cases since 2014

72%

of OAT provided in a clinic



39

is the average age for OAT in females, compared to 42 in males

57%

increase in those under 44 receiving OAT (compared to 10% for those over 44)

15%

of OAT provided in prison setting



14% of OAT provided by GP

97%

of people on OAT received methadone

356%

increase in oral buprenorphine since 2020

# EXECUTIVE SUMMARY

There is a high level of mortality from opioid overdose among people experiencing homelessness in Ireland. As such, people experiencing homelessness need to be able to access Opioid Agonist Treatment (OAT) services, and these should be sufficiently resourced to meet demand. To facilitate this process, it is important to monitor treatment levels to help plan services and to ensure that appropriate resources are allocated to those services. Currently data on OAT patterns for people experiencing homelessness lacks detail and can be somewhat dated. This Insights Report will provide an overview of OAT patterns specifically in Ireland from 2014-2023 for people experiencing homelessness.

OAT data on cases (treated with methadone or buprenorphine containing products) for people experiencing homelessness from 2014-2023 was provided by the National Drug Treatment Centre from the Central Treatment List (CTL). Data was disaggregated for new and previously treated cases, age, gender, service provider, medication administered and type of treatment.

The following represents the key findings:

- In 2023 there were 1552 people experiencing homelessness receiving OAT, which represents a 38% increase compared to 2014 (1125 cases). This represents 14% of the total receiving treatment (11,442 cases). Over nine out of ten people were previously treated, with 136 new users.
- There has been a 21% increase in new cases and a 39% increase in previously treated cases between 2014 and 2023.
- Almost three quarters (74%) of those treated between 2014 and 2023 are male. Two thirds (66%) are over 35 years of age, with an average age of 41 years (male = 42 years, female = 39 years).
- A larger proportion of females treated are under 35 years of age (31% compared to 20%), while a larger proportion of men are over 44 years (37% compared to 25%).
- Between 2014 and 2023, the number of people experiencing homelessness and receiving treatment under 44 years of age has increased by 57%, while there has been a 10% increase in the number over 44 years being treated.
- The main service provider that people experiencing homelessness received OAT between 2014 and 2023 was a clinic (72%), followed by prison (15%) and General Practitioner (GP) (14%).

- The main medication administered was methadone (97%) and oral buprenorphine (3%). Oral buprenorphine administration has increased by 356% since 2020.
- Nine out of ten (90%) people experiencing homelessness that were treated were receiving a maintenance programme, with 7% receiving detoxification and 3% stabilisation.

The following recommendations are made:

1. The feasibility of transferring people experiencing homelessness from clinics to a GP in order to free up capacity in clinics should be investigated.
2. Alternative models of delivering GP services to homeless services such as community outreach services should be enhanced.
3. Treatment patterns among the prison population should be monitored and reported regularly to ensure that needs are being met.
4. Future monitoring should collect more detailed information (e.g. length of time in treatment, treatment retention, access to GP) to help identify areas of service delivery that may require improvement.





# INTRODUCTION

## 1.1 Background

It is well established that people experiencing homelessness have poorer health than the general population (Aldridge et al., 2018). In Ireland, studies of people experiencing homelessness in Dublin have shown that the median age of death has remained at 42-43 years over the last decade (Ivers et al., 2019; O'Carroll, 2020), which is almost half the life expectancy of the general population (81-84 years) during a similar time period (Government of Ireland, 2024). It is therefore a significant issue of concern that the number of people experiencing homelessness in Ireland continues to rise. Data from the last quarter of 2023 show that 13,318 individuals were accessing emergency accommodation. This represents a 49% increase compared to 2021 (Department of Housing Local Government and Heritage, 2022, 2023).

People experiencing homelessness have also been identified as experiencing problems associated with a high level of substance use, which is a key contributing factor to their premature mortality (Ivers et al., 2019; Lynn et al., 2023; O'Carroll, 2020). In particular, people experiencing homelessness are more likely to use opioids (Yamamoto et al., 2019). In Ireland, a HRB study of homeless deaths in 2019 (Lynn et al., 2023) found that there were 84 deaths of people experiencing homelessness, 55% of which deaths were poisonings (overdose). Over half (52%) of poisoning deaths had methadone implicated and 41% had heroin implicated as a cause of overdose. These high levels of mortality for opioid overdose highlight the importance of access to treatment, and the need for treatment services to be sufficiently resourced to meet current levels of demand. As such, it is important to monitor treatment levels to help plan services and determine resource requirements.

Currently data on OAT patterns for people experiencing homelessness lacks detail or is somewhat dated. Our third Insights Report did examine drug treatment patterns of people experiencing homelessness (Evans & Keenan, 2023), but this provided an overview of overall treatment patterns, and did not provide disaggregated data for opioids. Similarly, a study by Glynn (2017) reported on total numbers registered on the Central Treatment List (CTL) for OAT from 2008-2014. It was felt that a detailed up to date analysis of patterns for OAT was warranted. It is within this context that the study was undertaken.

## 1.2 Aims and Objectives

This Insights Report will provide an overview of OAT patterns in Ireland from 2014-2023 for people experiencing homelessness. More specifically, the objectives are to examine:

1. Overall patterns from 2014-2023
2. Patterns by age and gender
3. Patterns by service provider
4. Patterns by medication administered and type of treatment

# METHOD

## 2.1 Central Treatment List (CTL) Data

OAT cases (treated with methadone or buprenorphine containing products) for individuals classified as 'no fixed abode' from 2014-2023 was provided by the National Drug Treatment Centre. Data was disaggregated for:

1. New and previously treated cases
2. Age and gender (male and female)
3. Service provider
4. Medication administered and type of treatment

CTL data could not be disaggregated by ethnicity and has been previously highlighted as an issue (Evans & Keenan, 2023).

## 2.2 Analysis

The data was analysed in SPSS (v28). Pearson's Chi square and Independent T tests were undertaken to determine the statistical significance of patterns within the data.

## 2.3 Impact of COVID-19

In 2020, treatment services were affected by the COVID-19 pandemic. Temporary closures of services and measures introduced to comply with COVID-19 may have had an impact on treatment figures. It is therefore important to interpret 2020 data in the context of COVID-19.

# OAT PATTERNS 2014-2023

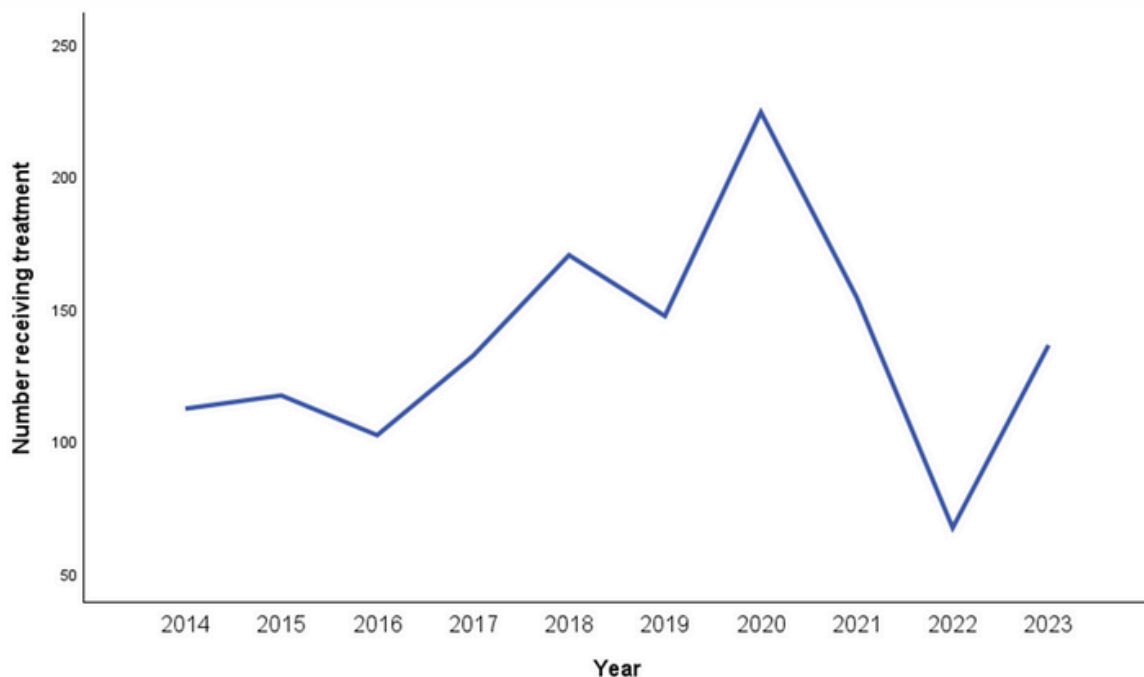
## 3.1 Introduction

The following represents OAT patterns for people experiencing homelessness from 2014-2023 using data obtained from CTL.

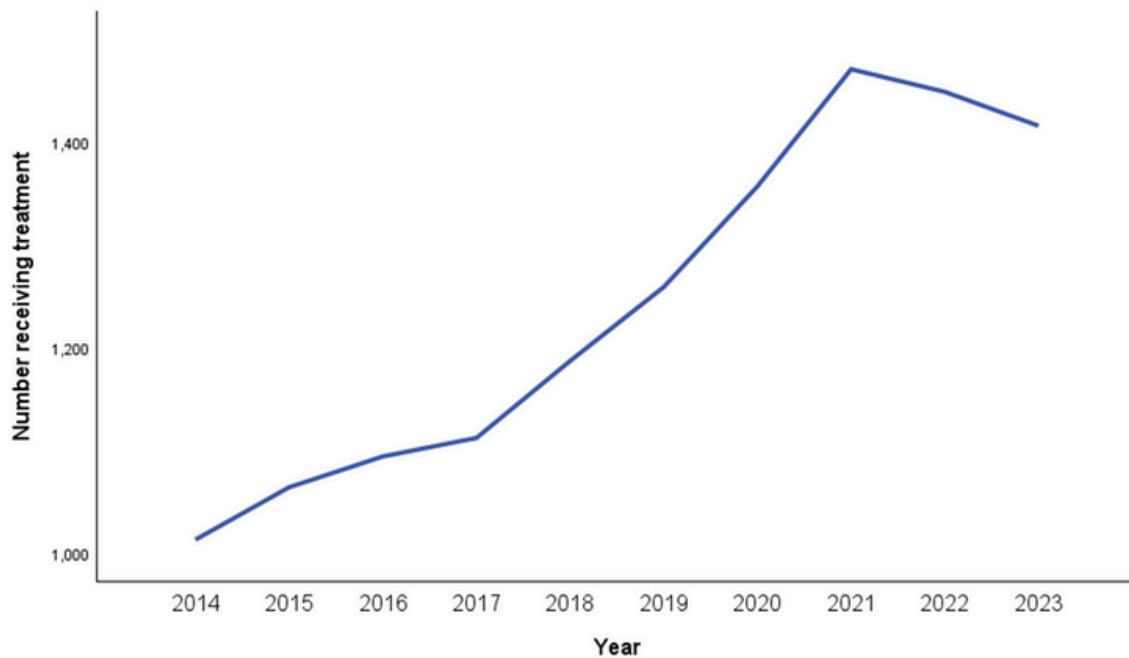
## 3.2 Overall Patterns

In 2023 there were 1552 people experiencing homelessness receiving OAT, which represents a 38% increase compared to 2014 (1125 cases). Over nine out of ten people were previously treated with 136 new users. Figures 3.1 and 3.2 show patterns of new and previously treated cases. Treatment patterns for new cases have fluctuated, with an overall increase up to 2020, followed by a sharp decline up to 2022, with the numbers increasing in 2023. Overall, there has been a 21% increase in new case between 2014 and 2023. There has been less fluctuation in the number of previously treated cases, with the numbers increasing every year up to 2021, with a decline experienced in 2022 and 2023. There has been an overall 39% increase in previously treated cases between 2014 and 2023.

**Figure 3.1: People experiencing homelessness receiving OAT 2014-2023 (new cases)**



**Figure 3.2: People experiencing homelessness receiving OAT 2014-2023 (previously treated)**

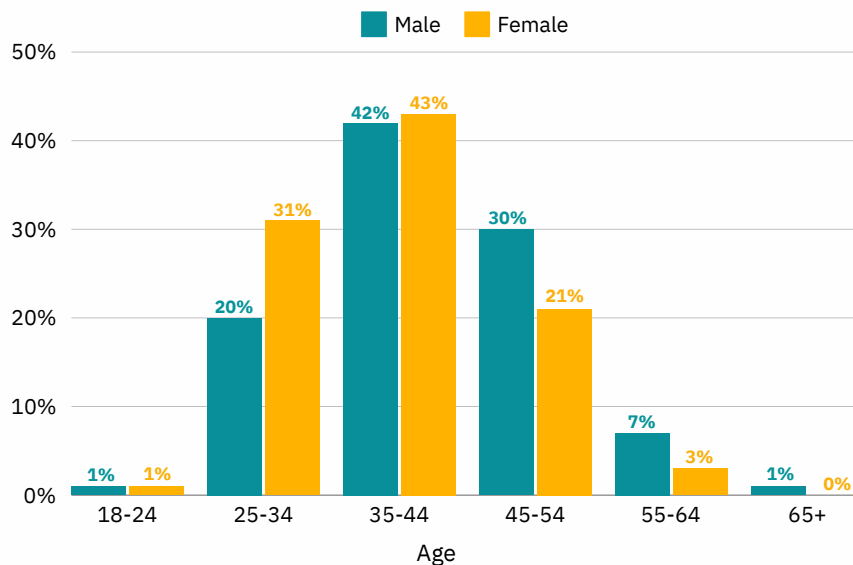


### 3.3 Age and gender

Almost three quarters (74%) of people experiencing homelessness treated with OAT between 2014 and 2023 are male and this pattern was relatively consistent during this period ( $\chi^2 = 1.479$ ,  $df = 9$ ,  $p > 0.05$ ). In addition, 66% are over 35 years of age, with the average age being 41.1 years (median = 41 years).

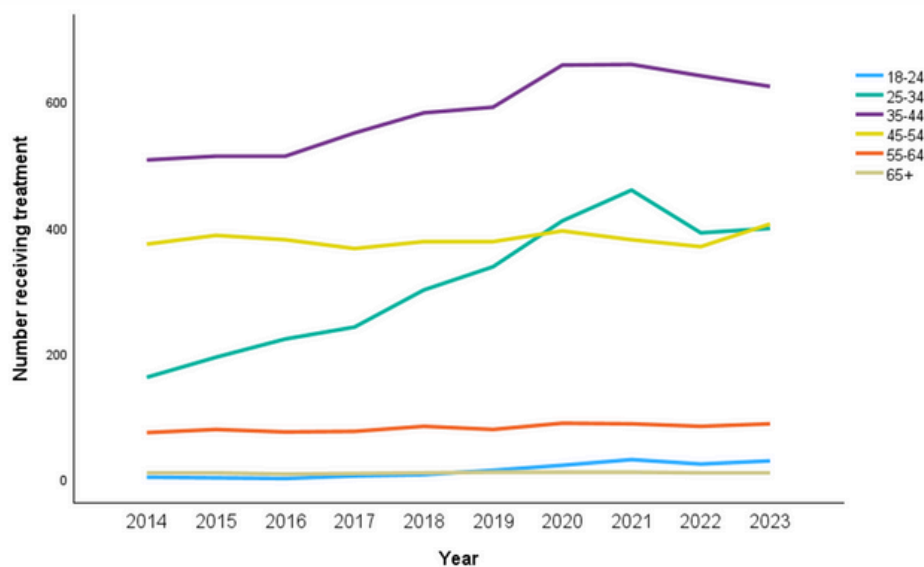
Figure 3.3 gives the proportion of males and females by age. It can be seen that a larger proportion of females treated are under 35 years of age (31% compared to 20% while a larger proportion of males are over 44 years (37% compared to 25%). The average age of males being treated is 41.8 years (median = 42 years) with the average age for females being 38.9 years (median = 38 years). This pattern is statistically significant (independent t test,  $t = 18.3$ ,  $df = 6538$ ,  $p < 0.001$ ).

**Figure 3.3: Proportion of people experiencing homelessness receiving OAT by age and gender (2014-2023)**



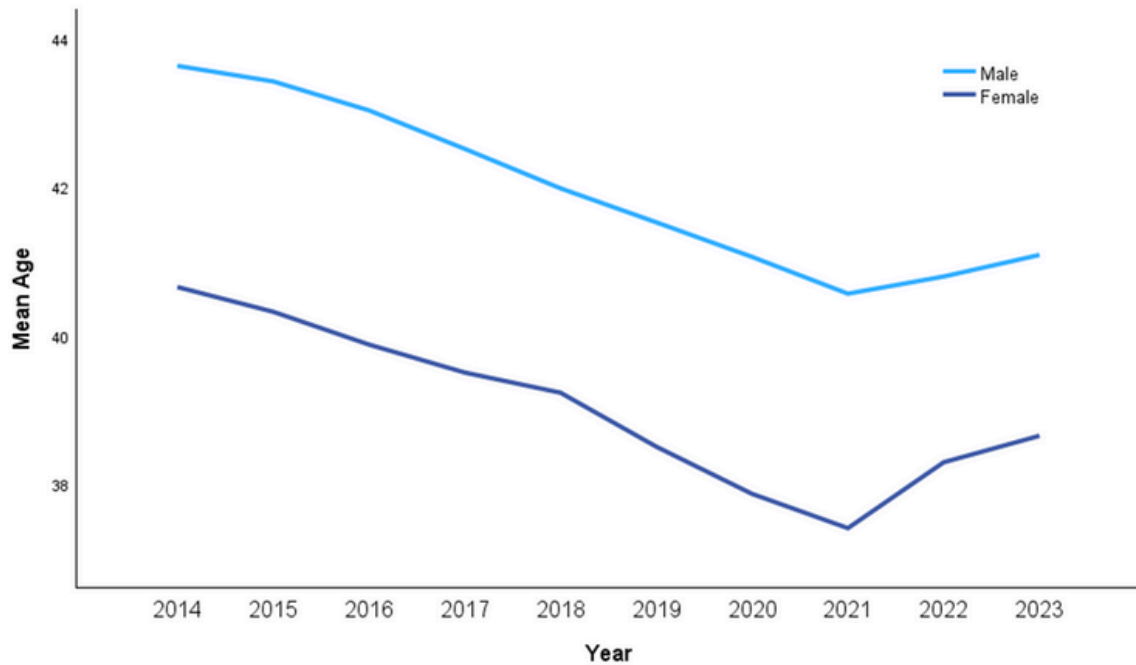
Since 2014, the number of people experiencing homelessness and receiving treatment under 44 years of age has increased by 57%, while there has been a 10% increase in the number over 44 years being treated. Figure 3.4 shows that the most notable change has been for those aged 25-34 years, which has increased by 147% and those aged 35-44 years, which has experienced a 23% increase. It is also worth noting that those aged 18-24 have increased from two in 2014 to 23 in 2022.

**Figure 3.4: Number of people experiencing homelessness receiving OAT by age (2014-2023)**



The increase in younger people being treated since 2014 is also shown in figure 3.5, which shows that there has been a decline in average age both for males and females. From 2014-2023 the average age for males has reduced by 6.2% from 43.6 years (median = 43 years) to 41.1 years (median = 41 years), whereas for females, the average age has reduced by 6.1%, from 40.7 years (median = 41 years) to 38.7 years (median = 38 years).

**Figure 3.5: Mean age when treated by gender among people experiencing homelessness that received treatment (2014-2023)**

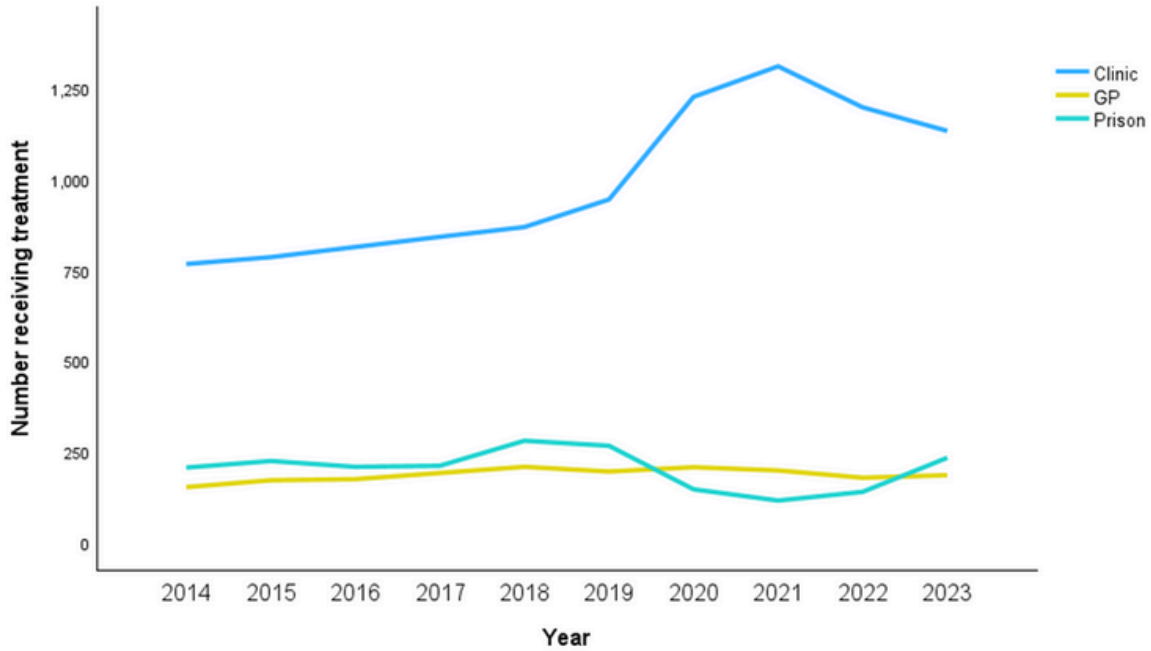


### 3.4 Service provider

The main service provider that people experiencing homelessness received OAT between 2014 and 2023 was a clinic (72%), followed by prison (15%) and GP (14%). For those being treated by GPs, 42% were treated by a Level 1 GP, and 58% by a Level 2 GP.

Since 2014, the numbers attending clinics has increased, particularly since 2020, with a slight decline in 2022 and 2023. This has given an overall 48% increase in 2023 compared to 2014. Treatment at prisons has fluctuated, with a decrease in 2020 and 2021, followed by an increase in 2022 and 2023. This has given an overall 13% increase in 2023 compared to 2014. Treatment from GPs has remained relatively stable, with a 22% increase since 2014 (figure 3.6).

**Figure 3.6: Number of people experiencing homelessness receiving OAT by service provider (2014-2023)**

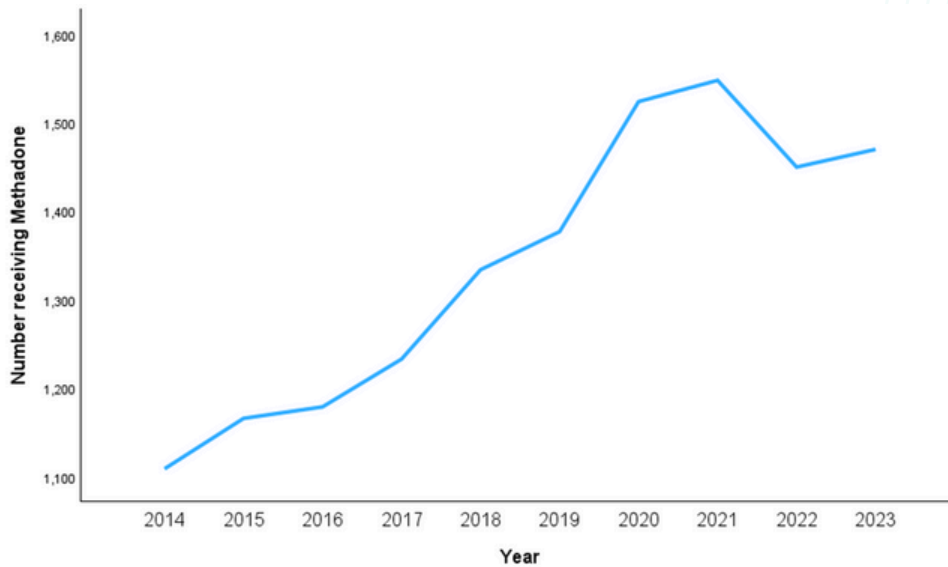


### 3.5 Medication administered and type of treatment

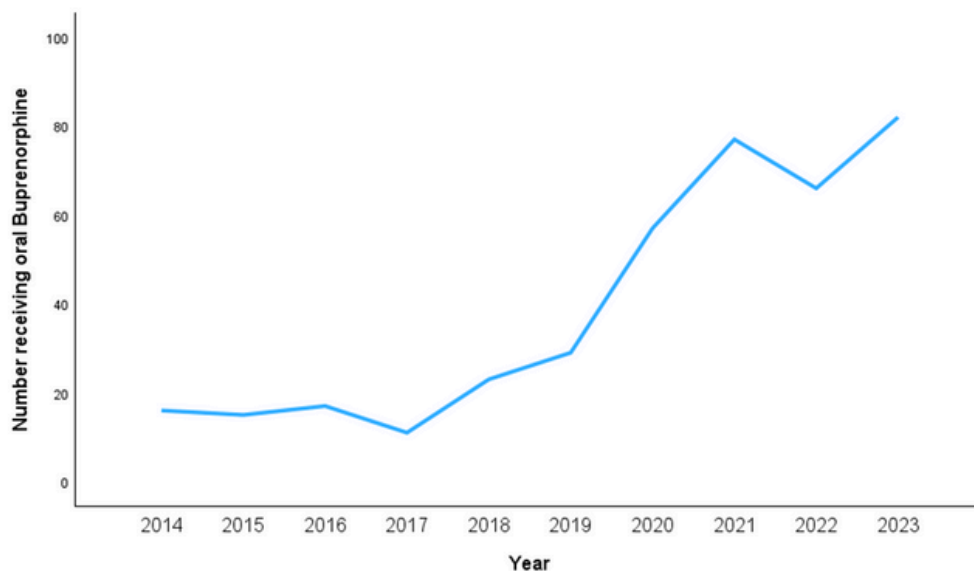
The main medication administered was methadone (97%) and oral buprenorphine (includes Suboxone and Subutex) (3%). Less than 0.5% of cases were administered Buvidol (n = 12) – an injectable form of buprenorphine used in some clinics on a pilot basis or Zubsolv (n=5) – another preparation of buprenorphine/naloxone recently available in Ireland. This pattern has remained relatively consistent since 2014. Buvidal has only been administered since 2020, while Zubsolv was only administered in 2023.

Administration of methadone has increased by a third since 2014. It sharply increased in 2020, with a slight decline in 2022 and 2023 (figure 3.7). Oral buprenorphine administration has increased sharply since 2020, giving a 356% increase (73 compared to 16) in 2023 compared to 2014 (figure 3.8).

**Figure 3.7: Number of people experiencing homelessness treated with methadone (2014-2023)**



**Figure 3.8: Number of people experiencing homelessness treated with oral buprenorphine (2014-2023)**



Nine out of ten (90%) people experiencing homelessness that were treated were receiving a maintenance programme, with 7% receiving detoxification and 3% stabilisation. A significantly larger proportion of new people receiving treatment were receiving detoxification (14% compared to 6% for those previously treated;  $\chi^2 = 112$ ,  $df = 2$ ,  $p < 0.001$ ). Between 2014 and 2023 there has been a 57% increase in those receiving maintenance while the numbers receiving detox and stabilisation have declined (227% and 73% respectively).



# DISCUSSION

## 4.1 Introduction

By providing an overview of OAT patterns among people experiencing homelessness, the study can be utilised to help identify potential areas that warrant consideration in terms of providing services to meet their needs. Key issues emerging from the data will now be outlined.

## 4.2 Overall patterns and trends

In 2023 there were 1552 people experiencing homelessness receiving OAT. This represents 14% of the total receiving treatment (11,442 cases). Over nine out of ten people were previously treated with 136 new users. From 2014-2023, the numbers of people experiencing homelessness that have been treated with OAT have increased from 1125 to 1516- an increase of 38%. During this period, the homeless population in Ireland has increased and this is reflected in the treatment numbers. Between 2021-2023, the number of people experiencing homelessness has experienced an increase of 43% (Department of Housing Local Government and Heritage, 2022, 2023) which has implications in terms of resource requirements for 2023 and beyond. It is important that treatment services are sufficiently resourced to meet this demand.

Opioid Use Disorder (OUD) requires long-term treatment (World Health Organization, Department of Mental Health et al., 2009) which explains why nine out of ten people had previously been treated. Although this is similar to the general population (Evans & Keenan, 2023), studies have shown that treatment retention is poorer among people experiencing homelessness seeking treatment for OUD. Although our study did not include information on length of time in treatment, this issue is something that should be considered in future development plans for the service.

2

In terms of new treatment cases, the numbers increased up to 2020, but decreased in 2021 and 2022, giving an overall 40% decline. There was a notable increase in treatment in 2020 (when opioid dependent people were prioritised into treatment during the COVID-19 pandemic), but it is not clear why new treatment cases have declined thereafter. This drop after 2020 also occurred for opioid treatment overall (Evans & Keenan, 2023). This could indicate a movement to pre COVID-19 levels (which rose during that period due to a targeted approach), or alternatively it may reflect an inability of people experiencing homelessness to access treatment. This pattern warrants further monitoring and investigation to determine the root cause.

### 4.3 Age and gender

Almost three quarters of people experiencing homelessness receiving treatment are male. This is broadly similar to a study of overall patterns for Ireland using the National Drug Treatment Reporting System (NDTRS) (Kelleher et al., 2022), while across Europe, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) report that the proportion of males is similar, but slightly greater at 82% (EMCDDA, 2022). The age profile of people experiencing homelessness receiving OAT are older than the overall treatment population (using NDTRS data), with a median age of 41 years during the period, compared to 30-32 years for the overall treatment population (Kelleher et al., 2022). This pattern is reflected in a number of studies of treatment for opioid use (Carew & Comiskey, 2018; EMCDDA, 2020). However, a key difference is that the age of people experiencing homelessness receiving treatment has shown a decline, whereas reviews of treatment for opioid use have shown an increase in age which is expected to increase (Carew & Comiskey, 2018; EMCDDA, 2020). With increasing age additional chronic health issues can emerge due to long term drug use, which can be exacerbated due to the impact of being homeless (Fazel et al., 2014). This may explain why the proportion of those over 44 years that are treated has remained relatively stable since 2014. There have also been increases in people experiencing homelessness treated aged 25-34 and 35- 44 years. In Ireland, 45% of people experiencing homelessness are under the age of 35, which may also help to explain these patterns.

### 4.4 Service provider

The main service providers of OAT are clinics (72%), prisons (15%) and GPs (14%). Since 2014, there has been an increase in the numbers treated in clinics while treatment from prison has experienced a decline, and treatment by GPs has been relatively stable with a marginal increase. It is important that OAT should be provided at the lowest level of care, and is close to where people live (Health Service Executive, 2016). As such, it might be that the role of primary care could be expanded, given the level of co-morbidity among people receiving OAT, and the fact that GP locations may be more accessible. People experiencing homelessness may no longer be registered with a GP, or experience difficulties registering. A UK study for example has shown that some people experiencing homeless have experienced challenges registering with a GP (Gunner et al., 2019). Some may be temporarily residing some distance from their GP due to experiencing homelessness. Some GPs may not have undertaken the training required to administer OAT. These patients may be perceived as having a greater level of complexity compared to the housed population. Such factors may result in the clinic being chosen for treatment. The feasibility of transferring homeless service users from clinics to a GP warrants investigation. In addition, alternative models of delivering GP services to homeless services should be considered. In the UK, GP outreach services to hostels, day centres and 'the streets' have been found to improve access for people experiencing homelessness (Hirst & Cuthill, 2021). In terms of treatment from prison, it is not clear why a decline has been experienced, but it may be explained by a declining prison population up to 2021 (Irish Prison Service, 2023). Treatment patterns among the prison population should be monitored to ensure that needs are being met.

## 4.5 Medication administered

The main medication administered was methadone (98%) and oral buprenorphine (2%) which are recommended in HSE Clinical Guidelines (Health Service Executive, 2016). Both methadone and oral buprenorphine have been shown to have a significant impact in terms of reducing mortality rates for those dependent on opioids (Sordo et al., 2017). Although the main medication is primarily methadone, the use of oral buprenorphine has increased, particularly since 2020. The Misuse of Drugs Regulations were amended in 2017 to allow for the use of buprenorphine containing products licensed for OAT to be made available (Irish Statute Book, 2017). These regulations have made buprenorphine more accessible for treatment. In addition, at the start of the COVID-19 pandemic the National Social Inclusion Office released clinical guidance on OST prescribing which encouraged the use of buprenorphine due to its easier induction process (National Social Inclusion Office, 2020). This may help explain the steep rise in its use during 2020.

HSE Clinical Guidelines (Health Service Executive, 2016) include five phases for the assessment and management of OAT:

1. Assessing dependence
2. Induction phase
3. Stabilisation
4. Maintenance
5. Detoxification (detox)

The study found that nine out of ten people were undertaking the maintenance phase of treatment, with the proportion receiving maintenance increasing since 2014, while the proportion on detox and stabilisation has decreased. HSE Clinical Guidelines state that detox should be a treatment option for those that have requested to become abstinent. (Health Service Executive, 2016). However, it is worth noting that the process of stabilisation and maintenance can take years to achieve (National Collaborating Centre for Mental Health, 2008). Studies have also shown that unstable housing has a negative impact on treatment retention and adherence (Damian et al., 2017; Velasquez et al., 2019). Experiencing homelessness and polydrug use are also negative factors in terms of achieving abstinence (National Collaborating Centre for Mental Health, 2008). Such factors may explain the low number undertaking detoxification.

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# CONCLUSIONS & RECOMMENDATIONS

This Insights Report provides an overview of OAT for those experiencing homelessness in Ireland from 2014 to 2023. This can be utilised to help plan and resource services.

The following recommendations are made:

1. The feasibility of transferring people experiencing homelessness from clinics to a GP in order to free up capacity in clinics should be investigated.
2. Alternative models of delivering GP services to homeless services such as community outreach services should be enhanced.
3. Treatment patterns among the prison population should be monitored and reported regularly to ensure that needs are being met.
4. Future monitoring should collect more detailed information (e.g. length of time in treatment, treatment retention, access to GP) to help identify areas of service delivery that may require improvement.

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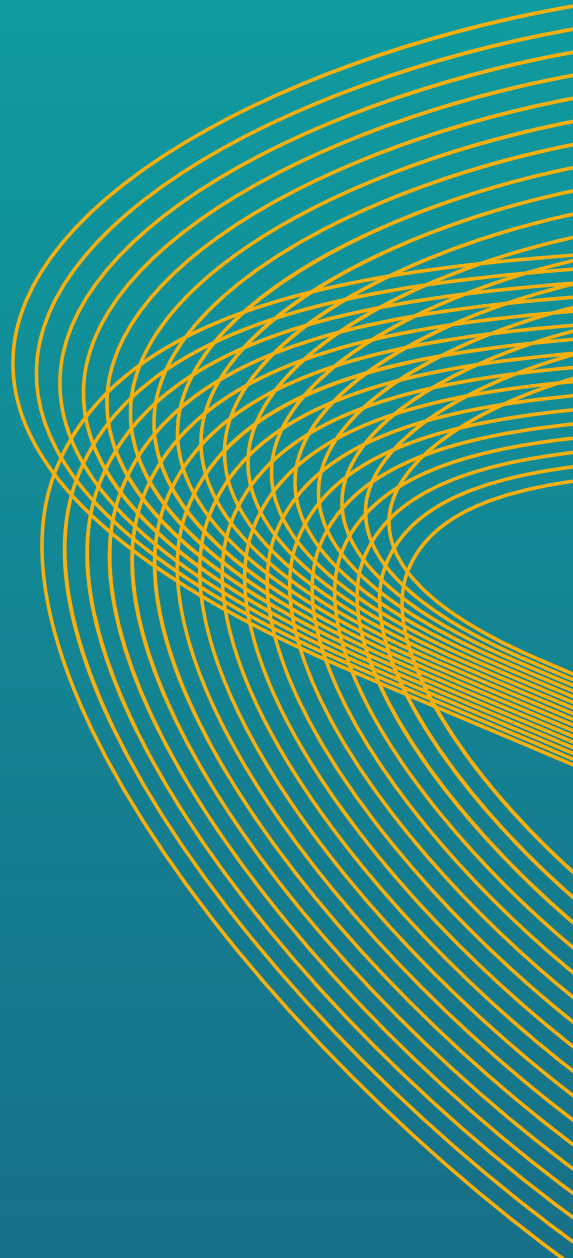
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