



15th June 2020

Deputy Gary Gannon
Dáil Eireann
Kildare Street
Dublin 2.

PQ: 9511/20

To ask the Minister for Health if the fast tracking-process of opioid substitution therapy implemented as part of the NPHE response to protect vulnerable groups deemed to have an increased risk of contracting Covid-19 will be maintained.

Dear Deputy Gannon,

The Health Service Executive has been requested to reply directly to your above Parliamentary Question which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position:

The HSE Addiction service recognised at an early stage of the Covid-19 crisis that individuals who were Opioid dependent were at increased risk of infection for a number of reasons. This included the possibility that individuals may have additional health comorbidities including respiratory and cardiovascular conditions and compromised immune function due both to viral illness and drug use itself. People from this cohort may also be homeless or living in temporary, crowded accommodation and they may be engaging in polydrug use therefore increasing the risk of overdose.

Therefore, there was a requirement to urgently identify opioid dependent people (including those who were homeless) and those who were on waiting lists for Opioid Substitution Treatment (OST) to ensure that they could be commenced on treatment as soon as possible in order to minimise risks to themselves and others in the Covid-19 crisis. To facilitate this, the HSE Addiction service through the National Social Inclusion Office produced a Guidance Document on contingency planning for people who use drugs. This included advice on OST initiation, OST provision for people in various settings, advice on managing concurrent benzodiazepine or alcohol use and advice for Community pharmacies and community General Practice. <https://www.hse.ie/eng/about/who/primarycare/socialinclusion/other-areas/health-inequalities/contingency-planning-for-people-who-use-drugs.pdf>

The advice on OST initiation included a rapid/emergency induction section in line with the existing HSE Clinical Guidelines for OST. There was a recognition that usual policies for managing waiting lists may have had to be adapted in order to ensure the safety of the individual and to fulfill the public health requirements for minimising Covid-19 transmission. This included advice for the clinician making a risk/benefit determination about the most appropriate medication to use for OST (methadone or




buprenorphine/naloxone) and support was available for the clinician at all times. It should also be noted that initiation of OST is complex and an at risk time for drug related poisoning. A recent article from Ireland published in the international journal Addiction in February this year highlighted the fact that all-cause mortality deaths for people who use drugs appear to be greatest during the first four weeks of treatment initiation/re-initiation and after treatment cessation.

As we emerge from the acute phase of the crisis, the National Social Inclusion office is carrying out a review of the response of the Addiction service during the crisis including the rapid induction process that was initiated. This review will inform service developments and a key factor will be the safety and outcomes of individuals who were commenced on OST during the crisis. There will likely be a streamlining of the process of initiation but this will be informed by the review.

A further consideration is that from the end of January 2020 until the end of May 2020, an additional 650 individuals were commenced on OST treatment. This has resource implications as these are a complex group of individuals requiring interventions at many levels. The capacity of the service to cope with this sudden increase in numbers will also have to be considered and this may have implications on further developments.

I trust this information is of assistance to you but should you have any further queries please contact me.

Yours sincerely,



Dr. Eamon Keenan
National Clinical Lead – Addiction Services