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National Social Inclusion Office

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4<sup>th</sup> September, 2018

Deputy John Curran, TD Dáil Eireann Kildare Street Dublin 2.

## Re PQ: 31777/18

To ask the Minister for Health the number of persons on methadone treatment; the number on treatment for periods (details supplied); and if he will make a statement on the matter.

Dear Deputy Curran,

Please refer to my reply dated 25<sup>th</sup> July 2018 in response to your above Parliamentary Question. There was an error in relation to the years in treatment heading which read 3 to 10 years which should of course have read 5 to 10 years. Please therefore disregard my previous reply. The correct response is as follows:

The most recent available data for length of time in treatment is as of 31st of December 2017. At this time there were 10,316 patients receiving Methadone Treatment (including prisons) of which the below table sets out length of time these patients were in treatment:

Years in Treatment	Number of Patients
10yrs plus	4,069
5yrs/ <10yr	2,193
3yrs/ <5yr	1,257
2yrs/ <3yr	880
1yr/ <2yr	1,049
<1yr	868

Since the introduction of methadone, there has been a significant longitudinal research study, the ROSIE (Research Outcome Study in Ireland) study. This demonstrated clear evidence that Methadone treatment works. This was a National prospective longitudinal drug treatment outcome study and the outcomes from the ROSIE study showed both that drug treatment works and that investment in drug treatment pays dividends. Significant reductions were shown in the key outcome areas of drug use, involvement in crime and injecting drug use. In addition improvements were seen in employment and training. Thus the ROSIE results are comparable with the positive outcomes reported by similar studies in the US (DARP & DATOS) the UK (NTORS) & Australia (ATOS).



There is international research evidence that increased length of time in OST is associated with improved treatment outcomes (including reduced use of other opioids and reduced criminal activity) and short-term methadone maintenance treatment is associated with poorer outcomes (Ward J, Mattick RP and Hall W (1998))

Evidence strongly suggests that time limiting Opioid Substitute Treatment may have significant unintended consequences including increasing drug-driven crime (and national crime statistics), increasing heroin overdose death rates and increasing the spread of blood-borne viruses including hepatitis and HIV. Those implementing this approach could also face medico-legal challenges.

I apologise for this error and should you have any further queries please contact me.

Yours sincerely,

Joseph Doyle

National Planning Specialist