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Treated Drug Misuse in Ireland



National Report 1996

by
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Petrina Duff



THE HEALTH RESEARCH BOARD

**National Drug Treatment
Reporting System**

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COVER ILLUSTRATION: The Turnstone *Arenaria interpres*. A wading bird distinguished by its habit of turning over small stones in search of food. From a plaque – symbolising research – at the Health Research Board, it was sculpted by staff at the Office of Public Works from a drawing by the late Gerrit van Gelderen.



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Drugs Research Division of the Health Research Board

The Drugs Research Division of the Health Research Board was established in 1989 to provide information on the growing problem of drug misuse in Ireland.

The core activities centre around the maintenance and development of the National Drug Treatment Reporting System, drug misuse research and the dissemination of information on drug misuse.

The Drugs Research Division is the designated Irish Focal Point for the European Monitoring Centre for Drugs and Drug Addiction. In addition, it participates in the Epidemiology Committee of the Pompidou Group in the Council of Europe.

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Summary of Main Findings

The report addresses treated drug misuse in Ireland. The findings are based on information gained from the National Drug Treatment Reporting System. All contacts receiving treatment from participating centres for their problem drug taking in 1996 are reported to the System. Treatment was provided by a range of statutory and voluntary agencies. This database is maintained by the Drugs Research Division of the Health Research Board.

The main findings were:

- * The total number of contacts receiving treatment for drug misuse during 1996 was 4865, most of these were resident in the Eastern Health Board area
- * The number who entered treatment for drug misuse for the first time in 1996 was 2041 persons
- * Almost three-quarters of clients were male
- * Most clients, 96%, were between 15 and 39 years old; almost two thirds were under 25 years of age
- * Almost seven out of ten lived with their parental family and proportionately more women than men were living with a drug misusing partner
- * Almost a quarter of contacts treated for drug misuse lived in the inner city of Dublin
- * Fifty-eight percent had left school on or before the official school leaving age of 15
- * Eighty-three percent of contacts treated for drug misuse were unemployed
- * Two out of five had taken a drug, other than alcohol, before the age of 15 years
- * Heroin was the main drug of misuse in the Eastern Health Board area; cannabis and ecstasy featured more commonly in other health board areas
- * The percentage of those treated for heroin use has doubled in the period 1990 to 1996
- * In Dublin there is a trend towards more smoking and less injecting of the misusers' main drug

Chapter 1

Introduction

This report provides information regarding *treated* drug misuse in the Republic of Ireland. Drug misuse which occurs outside the treatment context is not included and its extent is unknown. Centres where drug misuse is treated throughout the country return information to the Drugs Research Division of the Health Research Board, on all contacts treated by them on an ongoing basis. The present report is based on this data.

The National Drug Treatment Reporting System grew from a Reporting System which addressed drug misuse in Dublin only [see O'Hare and O'Brien 1992 for historical background to the development of the system]. Annual reports on data from the Dublin area are available since 1990. As a response to the growing concern relating to drug misuse and its societal and personal consequences the Reporting System was expanded to cover the entire country in 1995. The first national report published, referred to 1995 data [O'Higgins and Duff 1997]. The present report is the second national report.

The primary objective or rationale for this report, is to provide policy makers and the treatment centres which return data to the Drugs Research Division with composite information on treated drug misuse, thus to contribute to an understanding of the epidemiology of such drug misuse in Ireland. Another objective is to provide information relevant to the healthcare and social implications of drug misuse and over time to examine trends in problematic drug use.

In addition, the report provides valuable input to work carried out by the Drugs Research Division of the Health Research Board in a collaborative European context. Of particular note here is the Drugs Research Division's participation in the Council of Europe Tompidou Group' which examines from a multidisciplinary point of view the problems of drug misuse and exchanges information on measures to combat drug misuse at a city and a national level. The Drugs Research Division has also been designated as the 'National Focal Point' for drug related comparative European wide research and information gathering, carried out under the auspices of the European Union's *European Monitoring Centre for Drugs and Drug Addiction* [EMCDDA] which is based in Lisbon.

Coverage of Treated Drug Misuse

This report is concerned with persons who received treatment during 1996 at any one of the centres participating in the reporting system. The Centres cover a range of services and facilities including both medical and non-medical care. Some of these centres are operated by statutory bodies and some are voluntary agencies. Although in 1996, a total of eighty six centres were identified as pertinent agencies to participate in the National Drug Treatment Reporting System, not all of them did so. Amongst the reasons for Centres not returning data were - clients may not have presented for treatment or Centres may not have been in a position to make returns, due for example, to lack of resources.

Table 1.1. Number of Treatment Centres Providing/Not Providing Returns in 1996 in Health Board Areas.

	Returns	No Returns	Total - Centres Participating
Eastern Health Board	25	13	38
Southern Health Board	2	6	8
North-Western Health Board	2	2	4
Midland Health Board	6	4	10
Western Health Board	1	3	4
Mid-Western Health Board	5	6	11
North-Eastern Health Board	0	2	2
South-Eastern Health Board	5	4	9
Total	46	40	86

The table above outlines the total number of centres in each Health Board Area, along with details of whether returns were made or not. It is important to bear in mind that no direct comparisons can be made here. The potential numbers which could have been returned by any one centre can vary from one return to several hundred. Accordingly the numerical significance to the National Drug Treatment Reporting System of a centre not returning information will vary. Nevertheless the table does provide some indication of the level of participation by treatment centres in the different health board areas in the Reporting System. Appendix D lists the centres which returned data for 1996 and briefly describes the services they provide. Centres which are in the System but which did not return information for 1996 are excluded from this list.

There are two major gaps in the Reporting System as it exists at present. Firstly data from the prison services is not included and secondly drug misuse treated by General Practitioners is excluded. It is estimated that inclusion of these groups would increase the figures considerably and give a more accurate picture of treated drug misuse in Ireland. It is hoped to launch a Feasibility Study which should afford the possibility of including these sources within the Reporting System in 1999. In conclusion, it is felt that the centres which have returned data, represent reasonable coverage of treated drug misuse in Ireland.

Data Collection

The data included in this report is gathered on the basis of a form completed by each of the treatment centres for each of their clients (see Appendix E for a copy of the form). In obtaining the co-operation of treatment centres, the objectives and the value of assembling and reporting the data are discussed with the staff and assurances regarding the confidential nature of the data are given. No names appear on the questionnaires and no information from an individual participating centre is divulged to third parties. The data collected falls into two main categories as follows:

- (a) Total Treatment Contacts - refers to the reporting of all clients receiving treatment at any time during the calendar year of 1996 and is often referred to as 'All Contacts';
- (b) First Treatment Contacts - refers to a subset of clients who, during the year in question, entered treatment for the first time, never having had previous treatment anywhere for problem drug use.

The Total Treatment Contacts, or All Contacts, referred to in this report signify cases, and not individuals. In contrast, the First Treatment Contacts or one-year Treated Incidence, refers to persons who received treatment for the first time ever during 1996 - this data refers to individuals. Over time first treatment data can point to trends and changing patterns of problematic drug use.

Definitions Used in the Report

Drug Misuse: Drug misuse can be defined in a number of ways and can include the misuse of for example alcohol and tobacco. The working definition of drug misuse used in this Report is more narrow - the taking of a legal and/or illegal drug or drugs (excluding alcohol other than as a secondary drug of misuse and tobacco) which harms the physical, mental or social well-being of the individual, the group or society.

Drug Treatment: any activity which is targeted directly at people who have problems with their drug use and which aims to ameliorate the psychological, and medical or social state of individuals who seek help for their drug problems. This activity will often take place at specialised facilities for drug users, but may also take place in general services offering medical/psychological help to people with drug problems.

Various therapies are used in the treatment of clients at the centres. These range from medical treatments, such as detoxification, methadone programmes or drug-free programmes to non-medical therapies which can include addiction counselling, group therapy and psychotherapy. Therapies are generally provided by professionally qualified personnel. Apart from specialised centres, drug treatment may be provided in hospitals, therapeutic communities, residential centres, out-patient clinics, community facilities, street agencies, prisons and by general practitioners. Under the definition of treatment used in this report, information given over the telephone, or information solely concerned with queries about social welfare entitlements or benefits are not included as treatment.

Total Treatment: The operational definition is the number of cases, as distinct from persons, who received treatment as defined above from any of the drug treatment centres listed in Appendix D.

First Treatment: The definition used here is that of persons who receive treatment for the first time ever and who had not been treated anywhere else for their problem drug use.

Primary Drug: The primary drug is defined as the drug which, at the time of the current treatment contact, the client alleges is causing most problems and for which he or she has sought treatment.

Frequency of Use: This term refers to how often a person has used their primary drug within the 30 days prior to contact with the centre.

Sharing: The term refers to whether a person has shared injecting equipment. As noted in previous reports, 'sharing' is a difficult concept to define since its practice is understood differently by different people. Sharing injecting equipment with a partner is often not regarded as 'sharing'. Therefore it will be difficult to assess accurately the level of sharing of equipment as treatment centres must take clients' accounts of their practices.

Parental Family: This term is used for people who are living with their family of origin, whether with parents and siblings or with their more extended family of grandparents, aunts and uncles.

Opiates: The term 'opiates' when used in the text refers to opiates and opioids, both natural and synthetic. A classification of drugs can be found in Appendix F.

Area of Residence: The area of residence of clients was classified according to the Street Index (Johnson et al 1987) used by personnel in the Eastern Health Board.

Contents of the Report

This report provides a *descriptive* account of data gathered through the National Drug Treatment Reporting System on treated drug misuse for 1996. For the most part, the report deals with the 'Total Treatment' or 'All Contacts' group. 'First Treatment' data are discussed only when considered to be particularly relevant. Since the latter comprised 43% of the total treatment group, in many cases overall conclusions emerging were identical.

Chapter 2 provides an overview of the numbers involved in treated drug misuse on a national basis. Socio-demographic characteristics, living arrangements, aspects of drug misuse and risk behaviour are discussed.

Chapter 3 examines regional variation in numbers involved in treated drug misuse in Ireland, characteristics of misusers and aspects of problem drug misuse. The unit of analysis here is the Health Board Area.

Chapter 4 explores trends in treated drug misuse over a seven year period from 1990 to 1996 in the Greater Dublin Area.

Chapter 5 - the final chapter, provides pen pictures of different categories of drug misusers.

A summary is provided at the end of those chapters where results of data analyses are presented. A number of tables and figures are presented in text. Tables with letter and number designation refer to tables which can be found in the Appendices; thus table A6 can be found in appendix A and is numbered '6'. For the most part, figures appearing on tables are rounded.

References

Johnson, Z.; Johnson, H. and V. Lambe (1987). Epidemiological Information System Street Index, Dublin City and County. 1st Edition. Dublin. Eastern Health Board.

O'Hare, A. and M. O'Brien (1992). Treated Drug Misuse in the Greater Dublin Area 1990. Dublin. The Health Research Board.

O' Higgins, K. and P. Duff (1997). Treated Drug Misuse in Ireland. First National Report 1995. Dublin. The Health Research Board.

Chapter 2

National Overview - Total Treatment Contacts

Treated Drug Misuse - Numbers Involved and the Meaning of these Numbers

There were 4,865 cases treated for drug misuse in 1996 by treatment services throughout the country which reported to the National Drug Treatment Reporting System maintained by the Health Research Board. In order to understand the meaning and significance of the figures discussed in the report a few words of explanation are presented here.

It was stressed in Chapter 1 that the National Drug Treatment Reporting System deals with *treated* drug misuse and not with drug use which is not reported to the treatment services. Chapter 1 also shows that the National Drug Treatment Reporting System provides good, but not complete coverage of centres providing treatment for problem drug use in Ireland. Some centres do not provide returns due to resource problems, inter alia. In addition, missing from the system are those treated for drug misuse in the prisons and by GPs in the community. In addition it should be borne in mind that numbers treated depend to an extent on the provision of services. These factors would lead to underestimation of treated drug misuse. Conversely, figures based on the total treatment group involve some double counting since in Ireland, in contrast to a number of other countries, a system of unique identifiers for each client is not in operation. Double counting can occur amongst the total treatment group since a client can be attending more than one centre at any time and be returned as a contact for all such centres. Precautions are taken to avoid duplicate reporting of clients *within* treatment centres and it can confidently be stated that there is little or no duplication of individuals to the National Drug Treatment Reporting System from this source. An element of double counting can occur *between* centres in the Reporting System. This is less likely to apply to clients receiving methadone treatment since the introduction of the Central Treatment List at the Drug Treatment Centre in 1994. Since that date clinicians in treatment centres are expected to return information on clients for whom methadone is being prescribed. Thus it is unlikely that clients will receive methadone treatment at more than one centre.

The inclusion of a question on the data collection form relating to 'currently in treatment at other centre' (Q.7a, see Appendix D) helps to estimate the extent of double counting.

Table 2.1 shows that 57% of the total treatment group [n=2728] have been treated previously [i.e. 'at any time, any place' or 'ever treated']. Of particular relevance to the present discussion is the 13% [n=614] figure, which is the percentage currently in

Table 2.1. National Data 1996 Total Treatment Group. Previously Treated, Currently in Treatment Elsewhere, Name of other Centre Coded. Numbers & Percentages.		
Number of Clients in Total Treatment Group	Number	%
	4865	100%
Ever Previously Treated Anywhere/Anytime	Number	Valid %
Never Treated i.e. First Treatment	2041	43%
Previously Treated	2728	57%
Not Known	96	–
Currently In Treatment at Other Centre	Number	Valid %
Yes	614	13%
No	4083	87%
Not Known	168	–
Name of Other Centre Coded	Number	Valid %
Not Applicable	4083	89%
Centre in NDTRS	359	8%
Centre not in NDTRS	137	3%
Not Known	286	–

treatment *in another centre*. Current being defined as ‘in the 30 days prior to the contact date’. Eight percent [n=359] are attending other centres which report to the National Drug Treatment Reporting System. Thus these are double counted. Three percent [n=137] are being treated in centres not in the National Drug Treatment Reporting System so these do not impact on the double counting issue. It should be noted however that of those 614 cases currently in treatment at another centre and the 168 ‘not known’ cases, information is missing on *where* 286 of these were treated i.e. on whether these were treated in centres included or outside the Reporting System. Thus the percentage of double counted contacts could be larger. We could expect the extent of double counting to be further augmented if the definition of ‘currently in treatment’ extended beyond the 30 previous days.

Appendix H outlines a method which provides a crude estimation of the number of persons in the Reporting System. The method incorporates some of the above considerations. The calculation results in an estimated number of 4613 individuals [versus contacts] for the 1996 dataset. This is only slightly less than the number of cases in the total treatment group [all contacts] referred to throughout this report, which is 4865. We can conclude that the figure for the number of individuals treated is likely to approximate closely the ‘all contacts’ figures used throughout this report.

The issue of double counting does not arise of course, in relation to the First Treatment Group - these are defined as contacts who have never been treated previously - anytime/anywhere and as such when rated, are a measure of incidence. Forty three percent [n=2,041] of the 1996 clients were treated for the first time [see Table 2.1].

Bearing the discussion above in mind, we look now at the National data on treated drug misuse using the following headings -

- a] Socio-Demographic Characteristics
- b] Living Arrangements
- c] Aspects of Drug Misuse
- d] Risk Behaviour

a] Socio-Demographic Characteristics

Nationality and Area of Residence: Almost all [99%] of the total treatment group using the drug treatment services in Ireland are of Irish nationality [see Table A 13]. These are not distributed equally throughout the country however, 86% of all misusers came from the Eastern Health Board area. Even more remarkably, 24% of all clients came from Dublin's inner city [see Table A12]. We shall return to the geographic spread of drug misuse in Chapter 3.

Gender and Age: Seventy two percent of all contacts were made by males - only 28% by females [Table A7]. The majority [65%] were under 25 years of age [Table A8]. Mean age for males was 24 years and for females, 23 years.

Education: As found in previous years, the educational attainment of drug misusers is low. Of the total treatment group, 58% had left school at or before the age of 15 years; 15 years being the statutory minimum age for leaving school in Ireland since 1972. Only 5% of cases were still at school [see Table A16]. Thus treated drug users have little formal education.

Employment: In addition to low educational participation and presumably not unrelated, is the finding that 83% of all cases were unemployed. Table B1 shows that percentages were similar for males and females. The high rate of unemployment amongst drug misusers combined with the findings regarding low levels of educational participation suggest reduced access to societal resources amongst this group.

b] Living Arrangements

Living Situation: Table B2 shows that 'living with the parental family' was the most common living arrangement for both males [73%] and females [61%] in the total treatment group. In all, 16% of cases lived with a partner and this living arrangement was more common amongst females than males i.e. a slightly larger proportion of females [20%] than males [15%] lived with a partner.

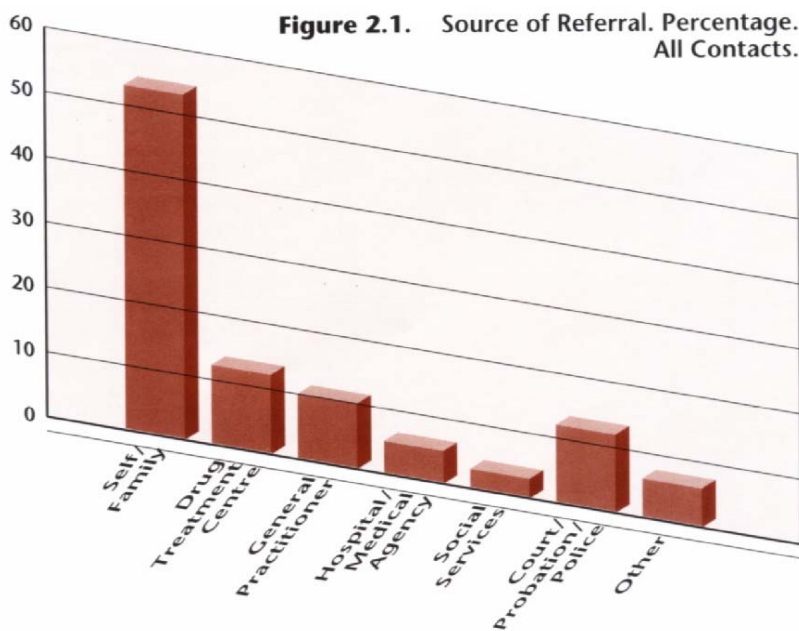
Eight percent of female cases [n=106] were lone parents, while less than 1% [n=27] of male cases could be so described. Only 4% of the total treatment group lived alone. These findings indicate that problem drug misuse is likely to have an effect upon those with whom drug misusers share their accommodation in particular and their lives more generally.

Living with a drug misuser: Table B3 indicates that as many as 21% of the total treatment group were living with a drug misuser. Females rather than males were more likely to live with a misuser [28% were females and 18% males]. Shared living arrangements were more likely to be with the parental family [48%] or with a partner [39%]; see Table B4.

c] Aspects of Problem Drug Misuse

We shall continue to examine the findings related to the total treatment group which we have noted numbered 4865 contacts for 1996. This section details the manner in which the drug misuser made contact with the services and different aspects of their drug taking behaviour.

Source of Referral: Figure 2.1 below shows that most referrals to the treatment centres occur on the basis of the drug misuser's own initiative or that of their families [53%] and not on the basis of interventions by authorities or outside agencies. Twelve percent of referrals to treatment were made by courts, the probation service or by the Gardai. A further 12% were instigated by other drug treatment centres and 10% by general practitioners. This suggests that the planned expansion of the National Drug Treatment

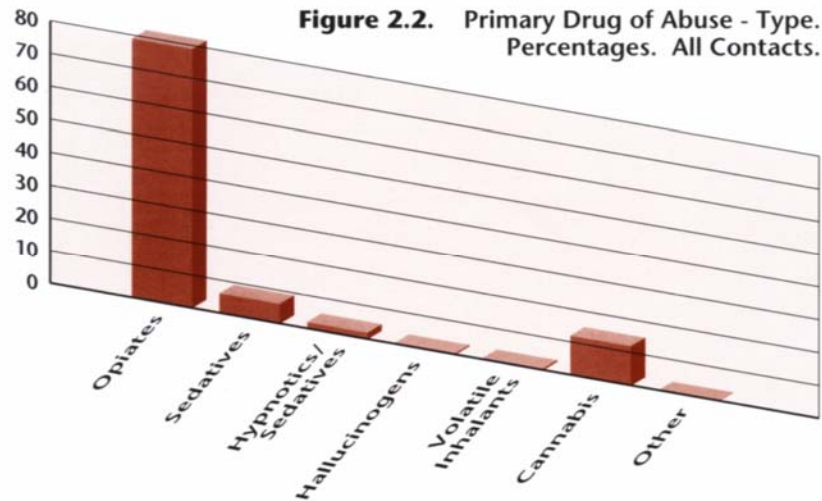


	Self/ Family	Other Drug Treatment Centre	General Practitioner	Hospital /Medical Agency	Social Services	Court /Probation /Police	Other
Numbers	2500	539	466	225	144	551	268
Percent	53	12	10	5	3	12	6
<i>Missing, n=172</i>							

Reporting System to include GPs inter alia would increase the validity of the system and increase its utility as an aid to service planning and policy framing. Primary Drug of Misuse - Type: Figure 2.2 [Table A17] shows that 79% of cases treated for drug misuse involve some type of opiate as the primary drug of misuse. This is followed by cannabis, accounting for 12% of cases. All others, which include stimulants [6%], hypnotics/sedatives [2%], hallucinogens [0.4%] and volatile inhalants [0.5%], together account for only 9% of cases. Thus the national reported drug misuse *problem* is largely associated with opiate misuse. This is similar to other member states of the European Union where, although the prevalence of heroin use is usually among the lowest of drugs surveyed [1% or less of the general population] ‘heroin is often the main problem drug, seen as driving drug related crime or implicated in health indicators such as treatment admissions, physical complications, and drug related deaths’ (EMCDDA 1996).

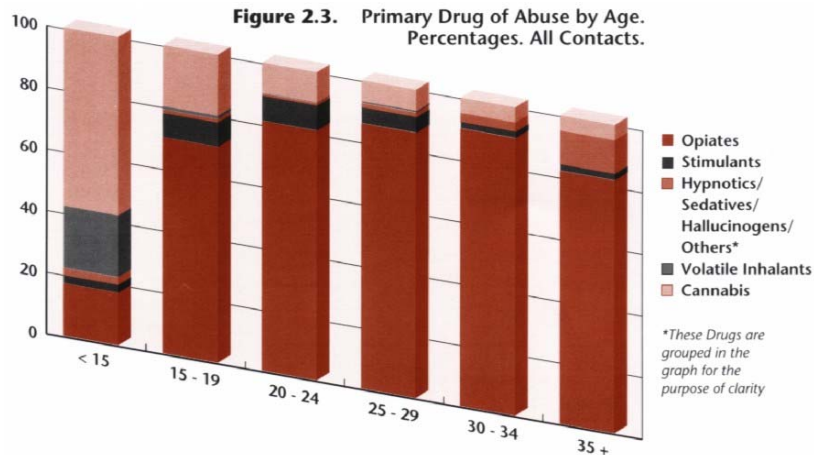
Primary Drug of Misuse and Age: Figure 2.3 shows the most common primary drug of misuse for different age groups. There is a marked difference between the drugs misused by those under 15 years and all older treated misusers. For those under 15 years, cannabis is the primary drug of misuse [58%] followed by volatile inhalants [20%] which is closely followed by opiates [17%]. Thus the youngest users in treatment are not using the more problematic drugs. After the age of 15 however, the primary drug of misuse for all groups are the more problematic opiates with relatively fewer reporting stimulants and cannabis as their primary drug of misuse. This points to a role for drug prevention initiatives aimed at people as early as primary school level.

Primary Drug of Misuse and Gender: Bearing in mind that three times as many males present to the treatment services, table B5 shows that gender differences are small as far



	Percentages	Numbers	Percentages	Numbers	
Opiates	79.0	3839	Volatile Inhalants	0.5	25
Stimulants	6.0	305	Cannabis	12.0	584
Hypnotics/Sedatives	2.0	81	Others	0.1	3
Hallucinogens	0.4	21			

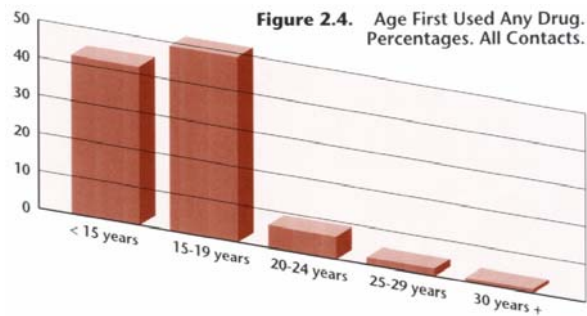
N=4858; Missing, n=7



	<15		15-19		20-24		25-29		30-34		35+		Total	
Opiates	17.0	(7)	70.0	(1009)	81.0	(1341)	86.0	(681)	90.0	(499)	82.0	(290)	79.0	(3827)
Stimulants	2.0	(1)	8.0	(110)	8.0	(139)	5.0	(37)	2.0	(10)	2.0	(6)	6.0	(303)
Hypnotics/Sedatives	2.0	(1)	0.3	(5)	0.4	(7)	1.0	(11)	3.0	(16)	11.0	(40)	2.0	(80)
Hallucinogens	0.0		0.8	(11)	0.3	(5)	0.5	(4)	0.0		0.3	(1)	0.4	(21)
Other	0.0		0.1	(1)	0.1	(1)	0.0		0.0		0.3	(1)	0.1	(3)
Volatile Inhalants	20.0	(8)	1.0	(14)	0.1	(1)	0.3	(2)	0.0		0.0		0.5	(25)
Cannabis	58.0	(24)	20.0	(295)	10.0	(160)	7.0	(59)	5.0	(28)	5.0	(17)	12.0	(583)
Total	1.0	(41)	30.0	(1445)	34.0	(1654)	16.0	(794)	12.0	(553)	7.0	(355)	100.0	(4842)

as type of drug misused is concerned. Proportionately more females were in treatment for opiates misuse than males [85% versus 77%], while a higher proportion of males used cannabis as the primary drug than females [14% versus 6%].

Age First Used Any Drug: Figure 2.4 shows that when asked the age at which they first used any drug, 42% indicated that they were under 15 years, while 49% said they were between 15 and 19 years of age. Thus 91% of the total treatment group had commenced drug use while in their teens. This suggests that the key groups to target for health promotion and prevention activities are those in their teens and younger children.



	< 15 years	15-19 years	20-24 years	25-29 years	30 years +
Number	1787	2107	277	65	38
Percent	42	49	6	2	1
<i>Missing, n=591</i>					

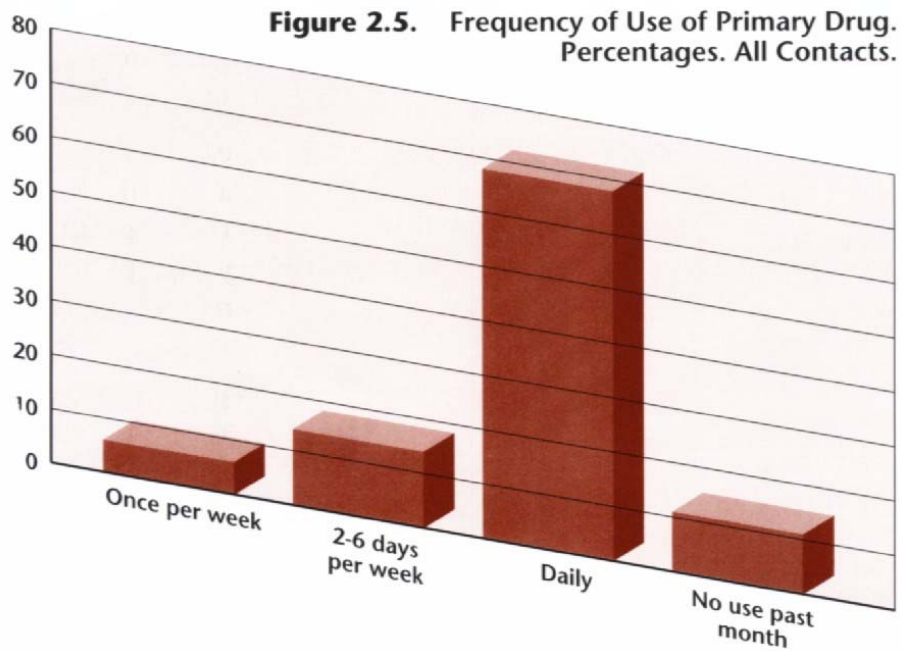
Frequency of Use of Primary Drug: Figure 2.5 shows that the majority - 68% of cases were using their primary drug on a daily basis. Fourteen percent used 2 to 6 days a week, and 6% used once a week. Table B6 shows that those under 15 years of age rarely used on a daily basis i.e. only 10% [n=4] of cases so used. Eleven percent of all cases [n=518] had not used in the past month prior to contact with the centre [Table A 19].

Duration of Regular Use of Primary Drug: Figure 2.6 shows that there was considerable variation amongst the total treatment group in the length of time for which they were taking their stated primary drug. Twenty four percent were using for one year or less and 36% for 2 to 3 years. Overall, smaller percentages were using for longer durations - 11% for 6 to 9 years and 13% for 10 years or more. There were little differences by gender here -mean duration of use for males was 5 years, for females - 4 years.

Table 2.2 shows the duration of use for different types of drug. Those misusing a hypnotic or sedative tended to have longer histories of use which might perhaps be explained by a small number of older benzodiazepine users. For all other categories of drugs the most frequent or common duration of use was one to two years.

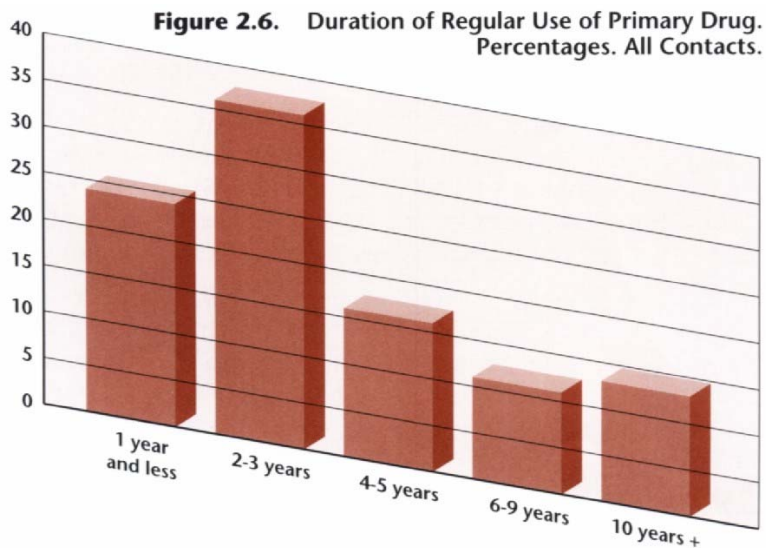
Secondary Drug: Clients were asked to identify any other drugs, apart from their primary drug, which they were using. Such drugs were recorded as secondary drugs and up to two could be recorded. Alcohol could be included here.

Less than a quarter [24%, n=1102] indicated that they were not using a secondary drug leaving 3,565 contacts who were [see Table A22]. Thus the majority of drug misusers in



Frequency of Use	Once per Week or less	2-6 Days per Week	Daily	No Use in Past Month
Numbers	292	664	3134	518
Percent	6	14	68	11

Missing, n=257



Duration of Regular Use of Primary Drug	1 years & less	2-3 years	4-5 years	6-9 years	10 years +
Number	1070	1627	715	484	571
Percent	24	36	16	11	13

Missing, n=398

	Mean	Median	Mode	Number	Missing Value
Heroin	4	3	2	3549	290
Stimulants	2	2	1	277	28
Hypnotic/Sedative	10	10	6	62	19
Hallucinogens	4	3	2	20	1
Volatile Inhalants	2	1	1	21	4
Cannabis	4	3	2	534	50
Other	7	1	0	3	0

treatment were using a second drug and 434 of them injected this secondary drug. Further analysis of the data to explore poly drug usage, showed that 42% [n=1, 925] were using a third drug [Table A24]. The number of these cases injecting was 93 [Table A25]. Table A22 shows that the most frequently used secondary drugs were cannabis, and benzodiazepines [17% and 16% respectively] followed by physeptone [11%]. Again cannabis and benzodiazepines proved to be the most frequently used third drug [both 10% of total] Table A24.

d] Route of Administration and Risk Behaviour - Injecting and Needle Sharing Practices

As previously stated a high percentage [79%] used opiates as the primary drug of misuse. Consequently it is important to examine the route of administration of the drug, particularly injecting and sharing practices. Sharing injecting equipment is one of the main causes of HIV and Hepatitis C infection. Statistics from the Department of Health show that intravenous drug users make up the highest proportion of confirmed cases of AIDS in Ireland [42% in 1996]. A study to quantify the sero-prevalence of antibody to Hepatitis C virus was carried out among 272 injecting drug users at the National Drug Treatment Centre, Trinity Court, over a one year period [Smyth et al., 1995]. The overall sero-prevalence was found to be 84% and a significantly greater proportion of females tested positive than males.

Route of Administration of Primary Drug: The manner in which drug misusers take their drugs has important implications for public health. Table B7 shows that 44% of cases smoked their primary drug while 43% of cases injected. Twelve percent ate or drank the substance and 1% sniffed their primary drug. Looking at this data by type of drug, route of administration is on the whole, as expected for the different drug types [Table B7].

Table B8 shows little difference in route of administration for males and females while Table B9 shows that the majority of cases over 25 years of age injected their primary drug while comparatively younger drug users tended to smoke rather than inject. In 1995, 54% of those aged 15 to 19 years smoked their primary drug of misuse, compared to 28% [n=369] who injected. In 1996, there was a further increase in smoking as the primary route of administration - 65% of 15 to 19 year olds. Thus, there appears to be a shift towards smoking as the most preferred route of administration amongst this younger age group. These findings are encouraging indicating a shift amongst drug users towards reducing the risks associated with intravenous drug use. It would be interesting to explore the other factors related to this changing pattern of behaviour particularly the role of health education initiatives.

Currently Injecting: Table B10 shows that almost one third of users are currently injecting and that gender differences are very slight. Table B11 supports the finding above that younger drug misusers were less likely to inject than older users.

Ever Injected: Table A29 shows that just over half [n=2551, 55%] injected at some stage in their drug taking career. The mean age at which intravenous drug users started to inject was 19 years, the most common age of beginning to inject was 18 years.

Currently Sharing Injecting Equipment: It is difficult to be assured of the validity of this measure since peoples' definition of sharing differs. For example, a person sharing equipment with a *partner* may not consider such behaviour as 'sharing'. However clients reports were routed through the staff of the treatment centres who completed the forms. This provides added assurance regarding the validity of the data.

Taking the group who were currently injecting [n=1492], we find that 26% of these [n=386] shared equipment in the course of the previous month. Table B12 shows that women were more likely to share equipment than men.

Summary

- A majority (86%) of all treated drug misusers were resident in the Eastern Health Board area, while nearly a quarter came from the inner city of Dublin
- Seventy two percent of clients were male
- Almost two-thirds were under 25 years of age
- 58% had left school on or before the official school leaving age of 15 years
- The percentage unemployed was very high at 83%.
- A high proportion (69%) lived with their parental family, men more so than women. On the other hand women were more likely than men to be living with a drug misusing partner
- Most clients (53%) presented to treatment centres on their own initiative or that of their family rather than referral from other sources
- The reported drug misuse problem is largely associated with opiate misuse
- Cannabis is the main drug of misuse for very young clients
- The vast majority (91%) started using drugs in their teens
- Nearly a quarter were misusing their primary drug for over 5 years
- Comparatively, younger drug users tended to smoke rather than inject

References

Central Statistics Office (1993). Census of Population 1991. Dublin. The Stationery Office.

Smyth, R., Keenan, E., Dorman, A. and J. O' Connor (1995). Hepatitis C infection among injecting drug users attending the National Drug Treatment Centre. *Irish Journal of Medical Science*, 164, 6, 267-268.

EMCDDA (1996). Annual Report on the State of the Drugs Problem in the European Union 1995. European Monitoring Centre for Drugs and Drug Addiction, Eisbon. European Community 1996.

Footnotes

¹ Figures discussed in text are rounded for ease of presentation.

² Only 6 of the 2,036 cases injecting, inject drugs other than opiates.

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Geographical Overview Based on Health Board Areas

Introduction

It was noted in Chapter 1 that in 1995 the Drug Treatment Reporting System run by the Drugs Research Division of the Health Research Board was expanded to cover the entire country and from that date the system is referred to as the National Drug Treatment Reporting System. Thus, completed forms for all cases contacting the services within the calendar year are returned to the Health Research Board by treatment centres in each Health Board area. The treatment centres returning information to the National Drug Treatment Reporting System are listed in Appendix D. It is known that patterns of drug misuse and drug subcultures vary from place to place in most other countries, the present chapter will elucidate the regional variation in the Irish context.

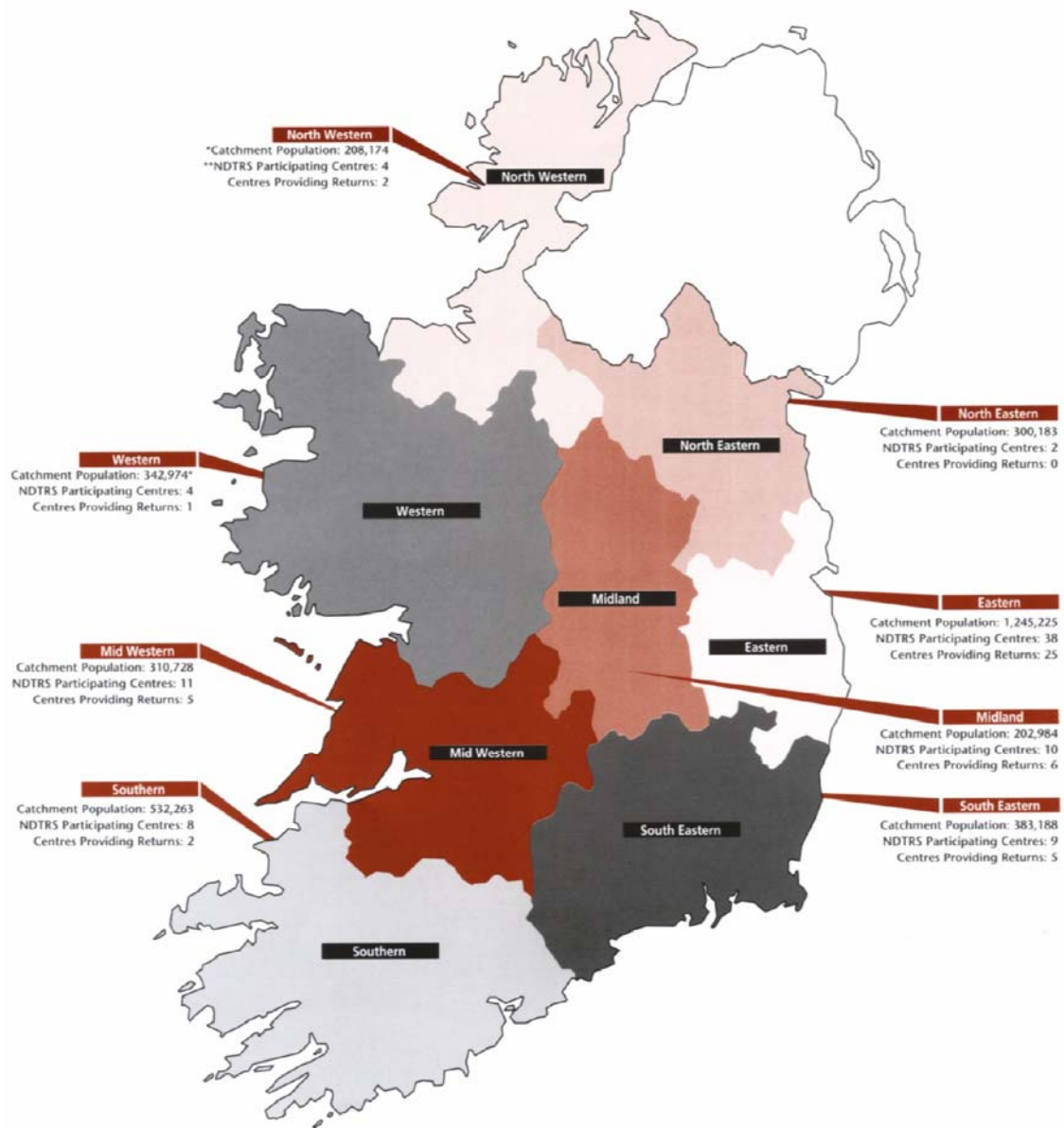
There are eight Health Boards in the country which provide health services within defined geographical areas [see Map I]. The discussion below relates to the Health Board Area where the drug treatment service was delivered. No reports of treatment for problem drug misuse were made to the Reporting System by the North Eastern Health Board. In viewing the analyses of the data by Health Board Area this needs to be borne in mind. The 'all contacts' data set is the main focus of analysis in this chapter. Thus the cautions outlined in Chapter 1 apply and in addition we must bear in mind here that the numbers involved in the case of some Health Boards are very small.

Health Board Areas - All Contacts and First Contact Data

Figure 3.1 below shows that there is a great disparity between health boards in the *numbers* of drug misusers treated. The Eastern Health Board treats many more cases than the other health boards. As noted above there are no reported cases treated in the North Eastern Health Board while the Western and North Western Health Boards treated only 0.2% and 0.3% of the total cases respectively i.e. 11 and 13 cases respectively.

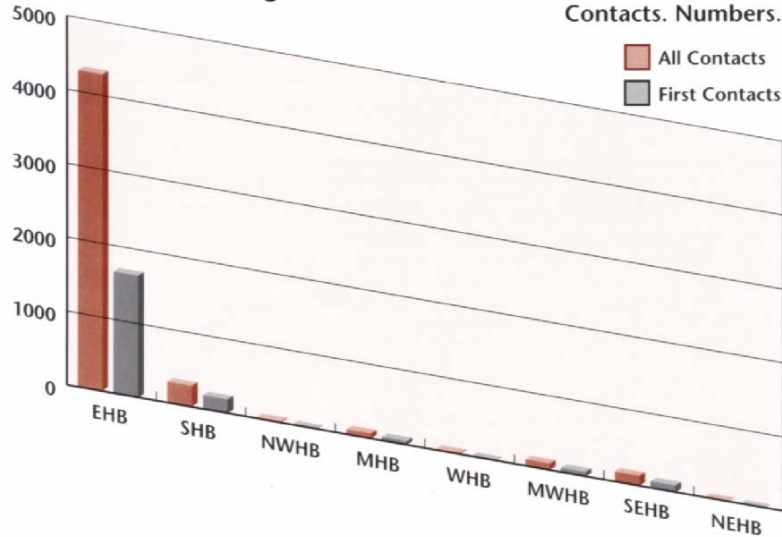
The table shows that 43% of those treated, were contacting the services for the first time. Percentages of first contacts *within* health board areas were far higher for the following - Midland Health Board 79%, Mid Western Health Board 72%, South Eastern Health Board 70% and Southern Health Board 66%. It can be hypothesised that these findings are due, to some extent, to the start up of services in these areas or to the relative newness of the drug misuse problem in these health board areas.

Figure 3.2 below focuses on the Eastern Health Board Area showing numbers and rated data relating to First Contacts for the 10 Community Care Areas of the Board. Rates have been compiled for the 15-39 age group [based on 1991 Census data] as the majority of drug misusers in the treatment reporting system were in that age range.



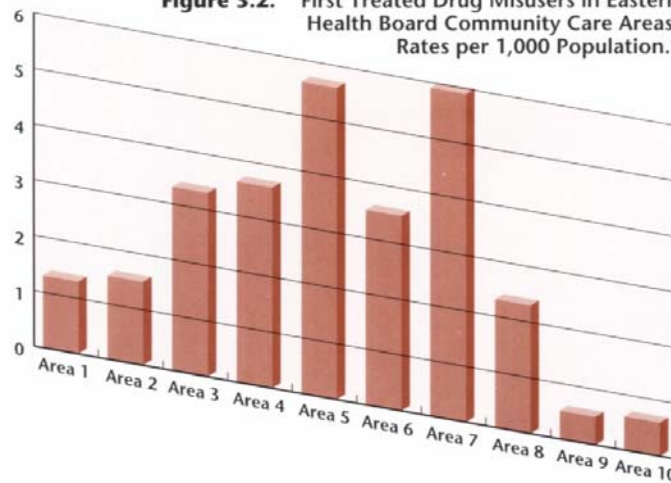
* Irish Census of Population 1991.
 ** National Drug Treatment Reporting System.

Figure 3.1. Health Board Areas. First and Total Contacts. Numbers.



	EHB	SHB	NWHB	MHB	WHB	MWHB	SEHB	NEHB	TOTAL
All Contacts N	4283	281	13	63	11	83	131	0	4865
Valid % Column	88	6	0.3	1	0.2	2	3	0	100
First Contacts N	1648	185	6	49	4	59	90	0	2041
Valid % Row	39	66	55	79	40	72	70	0	43

Figure 3.2. First Treated Drug Misusers in Eastern Health Board Community Care Areas. Rates per 1,000 Population.*



Area of Residence	Number	Rate per 1,000	Area of Residence	Number	Rate per 1,000
Community Care Area 1	67	1.3	Community Care Area 7	280	5.9
Community Care Area 2	86	1.5	Community Care Area 8	180	2.3
Community Care Area 3	127	3.3	Community Care Area 9	24	0.5
Community Care Area 4	207	3.6	Community Care Area 10	21	0.6
Community Care Area 5	244	5.6			
Community Care Area 6	195	3.5	Total	131	100

* Rates are per 1,000 population, aged between 15 and 39 years, based on the 1991 Census of Population.

Community Care Area 7 has the highest rate of first contacts for treated drug misuse at 5.9 per 1,000 population. This treatment catchment area includes the following high incidence areas - Ballybough, North Dock, Mountjoy and Ballymun.

Community Care Area 5 also has a high rate of 5.6 per 1,000 population. This treatment catchment area includes the following high incidence electoral areas - Cherry Orchard, Clondalkin and Palmerstown.

Community Care Area 1, an area that covers many of the more affluent southside suburban areas of Dublin, has a comparatively low rate of 1.3 per 1,000. The District Electoral Divisions - DEDs, in this catchment area are Ballybrack, Blackrock, Cabinteely, Dalkey, Killiney, Foxrock, Dun Laoghaire, Shankill and Stillorgan.

This analysis reinforces previous findings from the Drug Treatment Reporting System and other studies indicating higher concentrations of drug misuse - particularly opiate use, amongst areas of socio-economic disadvantage.

Health Board Area Providing Treatment Compared to Area of Residence of Contact

When we look at the area of residence of cases and examine these in the context of where these cases were treated, we see in Table 3.1 below that in 1996 the majority of cases resident in a particular Health Board area, were treated in that Health Board area. The notable exception is the North Eastern Health Board which we already noted, reported no cases being treated in their area. Ninety eight percent [98%, n=48] of cases resident here were treated in the Eastern Health Board and one case was treated in the Midland Health Board. Thus it would appear that close geographical proximity to established services may have impacted on service use.

This table shows that the Eastern Health Board provided services to contacts coming from every health board area. The Eastern Health Board provided treatment to 110 cases not residing in their catchment area; Table 3.1 shows that 48 of these contacts come from the North Eastern Health Board, 29 from South Eastern Health Board. Apart from the *Eastern Health Board*, only the *Mid Western Health Board* [n=46] and *South Eastern Health Board* [n= 13] provided treatment to clients resident in other areas to any notable extent.

Just under half of the cases treated by the Mid Western Health Board are resident there, 28 come from the Eastern Health Board area and 13 from the Southern Health Board. The South Eastern Health Board provided treatment to 8 cases who were resident in the Eastern Health Board. These figures [though small] are important in the context of service provision and planning.

Health Board Area - Socio-Demographics and Problem Drug Misuse

Health Board Area and Source of Referral: Table C1 provides information on Health Board Area and Source of Referral. The table shows that the most frequent source of referral *within* each Health Board differs from area to area. The most frequent source within the North Western Health Board was a hospital or other medical agency. General practitioners were the major sources of referral for the Western and Mid Western Health Boards. In all other Health Boards referrals tended to be initiated more frequently by the client, family or friend.

Health Board Area - Gender and Age: Chapter 2 revealed that overall 72% of contacts to the National Drug Treatment Reporting System were male. Table C2 shows that when the data is analysed by Health Board Area, the ratio of males to females is even greater in a number of the health boards - particularly those serving a more rural population. For example, in the Midland, Mid-Western, North Western and South Eastern Health

Table 3.1. Health Board Area of Treatment/Area of Residence. All Contacts. Numbers and Percentages.

Health Board Treated		Area of Residence								
		EHB	SHB	NWHB	MHB	WHB	MWHB	NEHB	SEHB	OUTSIDE IRELAND
EHB	N	4167	15	4	8	2	4	48	29	0
	%		5	25	11	11	9	98	19	0
SHB	N	0	276	0	0	0	2	0	1	2
	%	0	90	0	0	0	4	0	1	100
NWHB	N	0	0	12	0	1	0	0	0	0
	%	0	0	75	0	6	0	0	0	0
MHB	N	0	0	0	62	0	0	1	0	0
	%	0	0	0	89	0	0	2	0	0
WHB	N	0	0	0	0	11	0	0	0	0
	%	0	0	0	0	61	0	0	0	0
MWHB	N	28	13	0	0	3	37	0	2	0
	%	1	4	0	0	17	82	0	1	0
SEHB	N	8	2	0	0	1	2	0	118	0
	%	.2	1	0	0	6	4	0	79	0
TOTAL	N	4203	306	16	70	18	45	49	150	2
TOTAL	%	100	100	100	100	100	100	100	100	100

Area of Residence "Outside Ireland" n=2 in SHB. "No Fixed Abode" n=6 in EHB

Board areas, more than four out of five reported cases were male. Table C3 shows broadly similar age profiles for treated drug misusers in the different health boards.

Health Board Area and Education: We see from Table C4 that in each Health Board the majority of drug misusers had attended [but not necessarily completed] secondary school. More drug misusers from the Mid Western Health Board had only reached primary education than in any other Health Board. Twenty two percent [n=49] of those in the Southern Health Board were still in school.

Health Board Area and Still at School: Nationally there are 223 school goers amongst the total treated drug misuse group. When this data was crosstabulated with drug type, two of these school goers could not be assigned to a health board area. Table C5 shows that the majority of school goers are treated in the Eastern Health Board [67%; n=149]. Of the 149 Eastern Health Board school-going contacts 58% [n=87] are using cannabis and 26% [n=39] opiates while 7% [n=10] are using ecstasy. The actual numbers of school going users in the other health boards were as follows - 49 in Southern Health Board [35 using cannabis, 9 using ecstasy, 4 volatile inhalants]; 12 in South Eastern Health Board [11 using cannabis, 1 volatile inhalants], 8 in Midland Health Board [3 using cannabis, 3 volatile inhalants and 2 ecstasy] and 3 in the North Western Health Board [1 using ecstasy, 1 using hallucinogens and 1 cannabis].

Health Board Area and Employment: Table C6 shows that there was some differences in employment status of clients from the different health boards. While the majority of cases receiving treatment for problem drug misuse were unemployed [83%], comparisons between health boards show some differences. Those health boards with higher percentages of drug misusers in employment were - the Southern Health Board [21%, n=58], South Eastern Health Board [22% n=28] and the North Western Health Board [23%, n=3]. Only 9% of cases within the

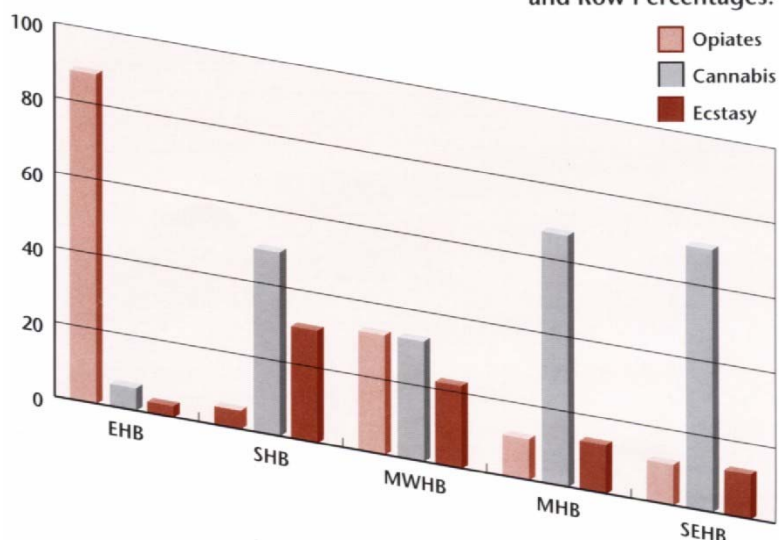
Eastern Health Board treatment services were in regular employment suggesting different patterns and perhaps severity of drug problems in the different areas.

Health Board Area and Living Arrangements: We know from analysis of national data in Chapter 2 that 69% of misusers live with the parental family and that 16% live with a partner. When the data is looked at by health board [see Table C7], living within the parent home is the most frequent arrangement in all Health Boards. The Mid Western Health Board has 18% [n=14] of its clients living alone [the equivalent figure for the Eastern Health Board was 3%, n=140] and the North Western Health Board has 25% [n=3] in the ‘homeless’/temporary accommodation’ category.

Health Board Area and Living with a Drug Misuser: Table C8 shows that while most contacts [79%] did not live with a drug misuser, the percentage of clients living with a drug misuser was higher in the Eastern Health Board than in any of the other health board area.

Health Board Area and Primary Drug of Misuse: Table C9 and Figure 3.3 show that the pattern of drug misuse is different in the different health board areas. The Eastern Health Board has primarily an opiate problem - 88% of the contacts treated have an opiate problem. There is a greater spread of type of drug misused and the numbers involved in such use within the other health board areas. Outside the Eastern Health Board the most common drug of abuse within each health board is cannabis while the Mid Western Health Board has an equal percentage of opiate and cannabis users.

Figure 3.3. Most Frequent Drug Types Misused Within Selected Health Board Areas. All Contacts. Numbers and Row Percentages.



	Opiates		Cannabis		Ecstasy	
	n	Row %	n	Row %	n	Row %
Eastern Health Board	3773	88	275	6	125	3
Southern Health Board	14	5	138	49	85	30
Mid Western Health Board	27	32	27	32	18	22
Midland Health Board	7	11	42	67	8	13
South Eastern Health Board	14	11	92	70	16	12

Figure 3.3 shows that problem use of ecstasy is a feature within services provided by the Southern Health Board [30%], Mid Western Health Board [22%] and South Eastern Health Board [12%]. Other health boards are not commented on as the numbers involved are quite small.

Thus the picture emerging regarding pattern of type of drug misused by area would appear to be as follows -

- Eastern Health Board - largely an opiate problem
- Southern Health Board - cannabis problem followed closely by ecstasy
- South Eastern Health Board - largely a cannabis problem and ecstasy and opiates to a lesser extent
- Mid-Western Health Board - equal cannabis and opiate problem, ecstasy to a lesser extent
- Midland - largely cannabis

No general statement will be made regarding the North-Western and Western Health Boards as the numbers involved are too small and we have already noted that the North Eastern Health Board did not report any contacts to the National Drug Treatment Reporting System.

Summary

- There is great disparity between health boards in the *numbers* treated for problem drug misuser. The Eastern Health Board accounted for 88% of treated drug misuse while no returns were received from the North Eastern Health Board.
- Rates of first contacts for treated drug misuse per 1,000 population were calculated for Community Care Areas within the Eastern Health Board. These rates varied from 5.9 per 1,000 population in Area 7 to a rate of 0.5 in Area 9. In general higher concentrations of drug misuse are found in areas of socio-economic disadvantage.
- The majority of cases resident in a particular health board were treated in that health board. The data showed that the Eastern Health Board provided services to as many as 110 contacts coming from every health board area. Apart from the Eastern Health Board only the Mid Western Health Board and South Eastern Health Board provided treatment to clients resident in other areas to any notable extent.
- A number of differences between health boards were found in relation to the socio-demographic and other background information analysed.
- The ratio of males to females was somewhat greater in health boards serving a more rural population.
- Sixty seven percent [n=149] of school going drug misusers attending treatment were resident in the Eastern Health Board
- Type of drug misused differed in the different health board areas as follows:
 - * Eastern Health Board - largely an opiate problem
 - * Southern Health Board - cannabis problem followed closely by ecstasy
 - * South Eastern Health Board - largely a cannabis problem; ecstasy and opiate misuse to a lesser extent
 - * Mid-Western Health Board - equal cannabis and opiate problem, ecstasy to a lesser extent
 - * Midland Health Board - largely cannabis problem

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Chapter 4

Exploration of Trends in Drug Misuse from 1990 to 1996: Greater Dublin Area

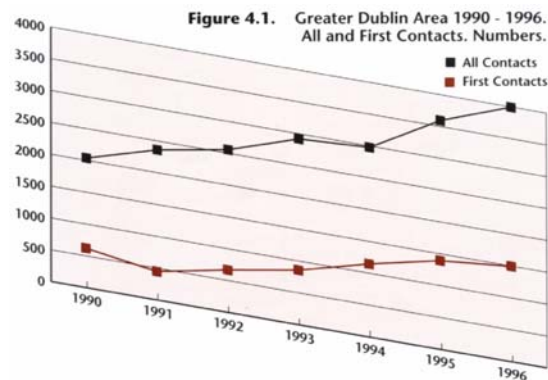
Since data on drug misuse at the National level has only been available since 1995, this analysis of trends will focus on the Greater Dublin Area where the Reporting System has been in operation since 1990. The Greater Dublin Area covers Dublin County Borough [City], its north and south suburbs together with Dun Laoghaire County Borough and its suburbs. It is thus not as extensive as the Eastern Health Board area, which in addition, includes County Dublin and counties Kildare and Wicklow. We noted in the previous chapter that in 1996 as many as 86% of drug misusers in the Reporting System were resident in the Eastern Health Board area [n=4203]. As expected a smaller percentage i.e. 82% of all contacts are resident¹ in the Greater Dublin Area [n= 3994].

Overview of Numbers of Treated Drug Misusers; Greater Dublin Area 1990-1996

Figure 4.1 shows the numbers treated for drug misuse over the 7 year period in the Greater Dublin Area. The graph shows that there has been a steady increase in numbers treated over the years [with the exception of a slight drop in the numbers of first contacts in 1991 relative to 1990]. These increases undoubtedly reflect an increase in overall prevalence of drug misuse over the 7 year period. They also, however, reflect the general increased availability of treatment services. The rated first contact information shown in the table below shows the general increase in annual treated incidence over the period in question. This is supported by much anecdotal evidence from people working in the area but also is likely to reflect greater service provision over the period in question.

Trends in Numbers of Treated Drug Misusers. A View by Electoral Area

Table 4.1 below shows the electoral area of residence of drug misusers, where the frequency of all contacts was greater than 50 in any of the 7 years under discussion. Bracketed figures show years where frequencies were less than 50. Of course caution is required in interpreting this data, since numbers of cases is related to the overall population of the area which is not taken into account here. In addition numbers are likely to be effected to some extent by the provision of services proximate to the area of residence, the dates when services commenced etc. It needs to be acknowledged also that some element of double counting can not be ruled out and for a number of years missing data in relation to area of residence is absent from the



	1990	1991	1992	1993	1994	1995	1996
All Contact	2037	2359	2555	2919	2978	3593	3994
First Contact	624	450	668	859	1150	1396	1499
First Contact Rated*	1.6	1.2	1.7	2.2	3.0	3.6	3.9

* Rated per 1000 population aged 15-39 years.

analysis. The latter could result in the underestimation of numbers reported e.g. missing cases from 1990 to 1996 are as follows - 112 [1990]; 62 [1991]; 81 [1992]; 168 [1993]; 214 [1994] and 229 [1996]. These reservations stated, the table below is likely to be of general interest to service providers.

Perusal of Table 4.1 shows a general trend for numbers to increase in the different areas over the years. However there are some exceptions and a number of cases occur where

Table 4.1. Greater Dublin Area. Electoral Areas of Residence of Drug Misusers where Frequency of All Contacts >50 Contacts per Annum.							
	Frequency						
	1990	1991	1992	1993	1994	1995	1996
Artane	(26)	54	(41)	65	115	156	199
Ballyfermot	256	282	330	266	277	374	344
Cabra	81	114	177	228	170	114	110
Clontarf	(44)	51	51	55	75	58	(48)
Crumlin	99	108	116	139	149	159	188
Donaghmede	(43)	83	129	125	128	87	99
Drumcondra	204	240	201	240	226	251	348
Finglas	99	101	209	218	213	173	188
North Inner City	271	275	281	480	412	599	642
Pembroke	(9)	(34)	(47)	(43)	(38)	71	78
Rathmines	59	80	62	65	57	77	83
South Inner City	330	419	426	395	386	423	517
Clondalkin	(44)	55	53	58	84	103	141
Greenhills	(14)	(25)	(26)	(23)	(7)	97	89
Lucan	(20)	(19)	(19)	(12)	(28)	119	164
Tallaght Oldbawn	(13)	(18)	(23)	(24)	(12)	89	89
Tallaght Rathcoole	113	119	96	103	136	93	107
Dun Laoghaire	64	58	(49)	58	53	53	64
Mullhuddart	(24)	(31)	(36)	(46)	60	77	89

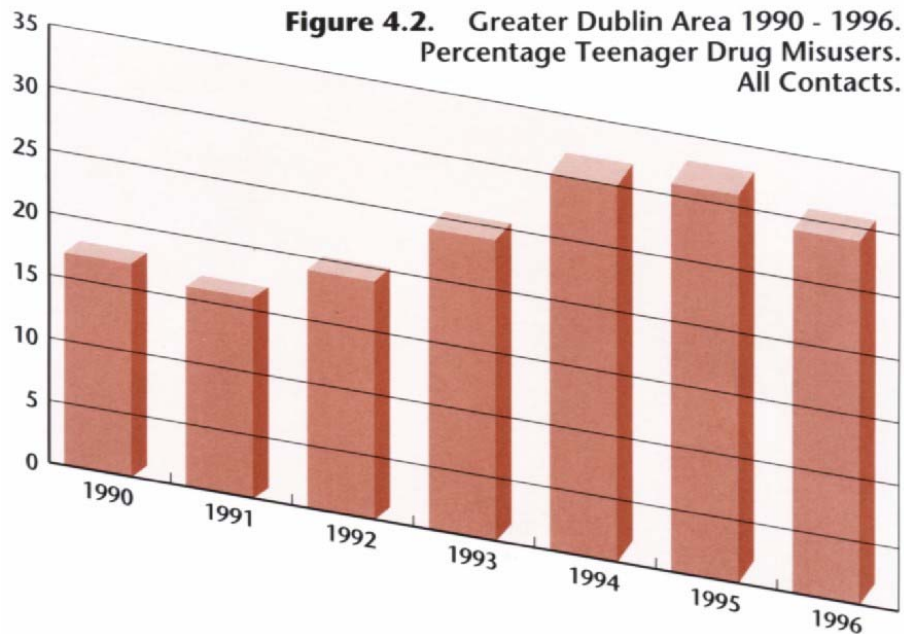
numbers increase and fall and visa versa, over the 7 year period. Those involved in the provision of services in these areas along with all other interested parties are invited to provide possible explanations for the patterns emerging in their areas. Interestingly 11 electoral areas showed less than 50 contacts over each of the 7 years. These are Rathfarnham, Terenure, Ballybrack, Blackrock, Clonskeagh, Dundrum, Glencullen, Stillorgan, Castleknock, Howth and Swords. Future work may relate this data to published social indicator data for these electoral areas.

Trends 1990 - 1996. Socio-Demographics and Problem Drug Misuse

The mode, median and mean age of drug misusers over the years can be seen in Table 4.2. For the most part it can be said that the age profile of the drug misuser is getting somewhat younger over the years, such that the mode age of total treatment contacts for the Greater Dublin Area was 24 years in 1990 and 20 years in 1996.

Table 4.2. Greater Dublin Area 1990 - 1996. Mean, Median and Mode Age. Total Numbers. All Contacts.							
	1990	1991	1992	1993	1994	1995	1996
Mean	25	25	25	24	24	24	24
Median	25	25	25	23	22	22	22
Mode	24	25	20	20	19	19	20
Numbers	2037	2359	2555	2919	2978	3593	3994

As seen from Figure 4.2 below the percentage of teenagers amongst those treated for drug misuse has increased over the years 1990 - 1995 with a slight fall in 1996. The *numbers* however show a continuous rise in teenagers treated.



	1990	1991	1992	1993	1994	1995	1996
% Teens	17	16	19	24	30	31	29
n Teens	336	366	473	686	878	1095	1170

Table 4.3. Greater Dublin Area 1990 - 1996. Treated Drug Misusers Still at School. All Contacts.

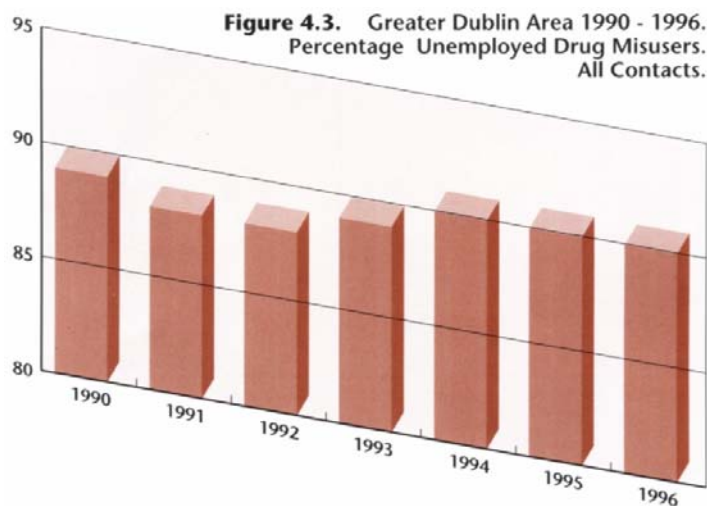
	1990	1991	1992	1993	1994	1995	1996
% at School	1990	1991	1992	1993	1994	1995	1996
n at School	3 49	4 75	4 99	4 119	5 138	3 97	4 133

Trends in Percentage of Treated Drug Misusers Still at School: Table 4.3 above shows that over the 7 year period - 1990 to 1996, little difference in the percentages of treated drug misusers who were still at school was observed. The range was 3 to 5 percent of drug misusers.

Trends in Percentage Unemployed - Treated Drug Misusers: Figure 4.3 shows consistently over the years that a very high percentage of treated drug misuse contacts are classified as unemployed. In the last three years as many as 90% of those treated in the Greater Dublin Area were unemployed.

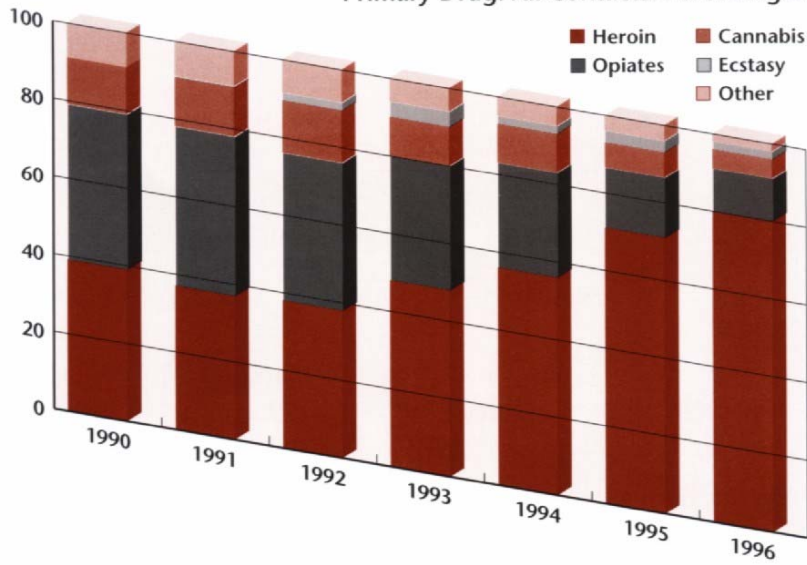
Trends in Type of Drug Misuse : Figure 4.4 shows the dramatic rise in the use of heroin over the seven year period 1990- 1996 in the Greater Dublin Area and a concurrent fall in the misuse of other opiates. It is clear from the graph that treatment for other types of drugs such as cannabis and ecstasy is far less a phenomenon in Dublin. It has to be acknowledged, of course, that clients misusing these drugs are less likely to present to the treatment services.

Trends in Injecting and Smoking of Primary Drug: Figure 4.5 shows a clear trend in the total treatment data in the Greater Dublin Area - namely that the percentage of people injecting over the years 1990 to 1996 has been decreasing while the percentage smoking their primary drug has been increasing. This could be explained by an increase in the practice of smoking heroin among an increasing young treated population. In 1996, 64% of those presenting for treatment in Dublin were less than twenty - five years old, compared to 48% in 1990. This trend is of major importance in the public health context



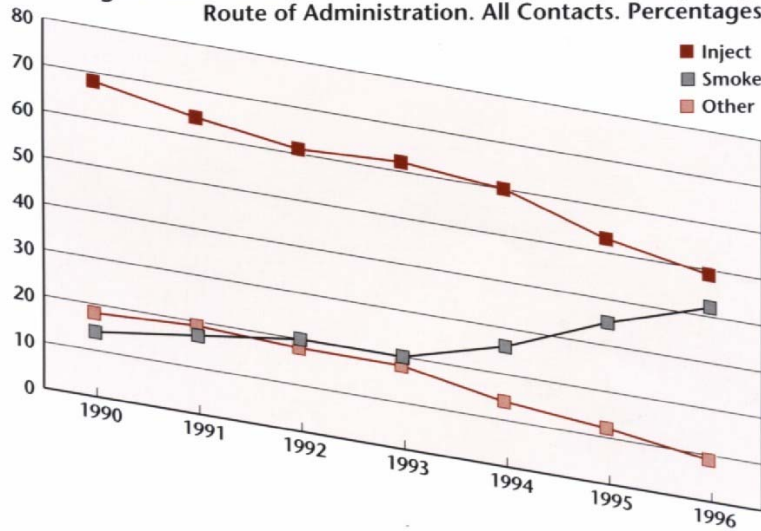
	1990	1991	1992	1993	1994	1995	1996
% Unemployed	89	88	88	89	90	90	90
n Unemployed	1640	1890	2049	2384	2474	3082	3400
Missing	198	220	226	246	216	165	233

Figure 4.4. Greater Dublin Area 1990 - 1996. Type of Primary Drug. All Contacts. Percentages.



	1990	1991	1992	1993	1994	1995	1996
Heroin	39	37	38	48	56	71	80
Opiates	40	41	38	31	27	16	11
Cannabis	12	13	14	10	10	7	5
Ecstasy	0	2	4	3		3	2
Other	9	9	9	6	5	4	2

Figure 4.5. Greater Dublin Area 1990 - 1996. Primary Drug. Route of Administration. All Contacts. Percentages.



	1990	1991	1992	1993	1994	1995	1996
Inject	68	64	61	62	60	53	49
Smoke	14	17	20	20	26	35	42
Other	18	19	18	18	14	12	9

given the close association between HIV and other infectious diseases e.g. Hepatitis C with intravenous drug use.

Summary

- There has been a steady increase in the numbers presenting for treatment for drug misuse in the Greater Dublin Area during the seven year period -1990 to 1996
- The scale of the increase is particularly remarkable in the North Inner City area.
- Clients presenting for treatment over the seven year period are getting younger.
- The percentage of teenagers remained relatively constant over the years – between 3 and 5%.
- Consistently over the seven year period, levels of unemployment amongst drug misusers have remained very high [ranging from 88% to 90%].
- The proportion of those treated for heroin use has doubled.
- Intravenous drug use has become less common while smoking is increasing.

Footnote

¹ 82% resident and treated in Greater Dublin Area.

Chapter 5

Pen Pictures of Selected Drug Misusers

Pen pictures of selected drug misusers are presented below. Key features of the drug and social profiles of - heroin, cannabis and ecstasy misusers and school-going drug misusers; are outlined. The results are based on the 'all contacts' dataset from the National Drug Treatment Reporting System for 1996. The general picture emerging does not differ very much when the 'all contacts' and 'first treatment' data sets are compared. This is not surprising since almost three quarters of cannabis, ecstasy and school going misusers were treated for the first time in 1996, while 39% of heroin users were new to the services.

Heroin Misusers

- In 1996 there were 3,373 reported cases treated for heroin misuse in the National Drug Treatment Reporting System
- Most of these heroin misusers had been in contact with the treatment services previously. For only 39% [n=1,293], was this their first contact with the drug treatment services
- 54% were referred to treatment by self, friend or family, 14% by another drug treatment centre, 10% by court, probation or police
- 69% of heroin misusers were male
- The mean age of heroin misusers was 24 years, the most common age - 20 years
- 1% [n=38] of heroin misusers were still at school
- Of those heroin users who had left school, the mean and mode age at which they had done so was 15 years
- 98% were resident in the Eastern Health Board area
- Most [78%] heroin misusers were using this drug on a daily basis; 10% used 2 to 6 days per week; 4% once a week or less
- 39% of heroin misusers had been using for 2 to 3 years and 24% for one year or less
- 63% started using heroin between the ages of 15 and 19 years

Cannabis Misusers

- In 1996 there were 584 reported cases treated for cannabis as the primary drug of misuse in the National Drug Treatment Reporting System
- For as many as 73% [n=420] of these, it was their first contact with the drug treatment services

- 43% of cannabis users were referred to the treatment services by self or family, 27% by court, probation or police
- 86% of treated cannabis misusers were male
- Mean age of cannabis users was 20 years and mode age was 17 years
- 25% [n=137] of treated cannabis users were still at school
- The mean age at which cannabis users left school was 16 years, the mode 15 years
- 41% of cannabis misusers were resident in the Eastern Health Board; 25% in the Southern Health Board and 19% in South Eastern Health Board area
- 37% of the contacts being treated for cannabis misuse were using on a daily basis; 29% used 2-6 days a week; 15% once a week or less
- 33% had been using for 2 to 3 years and 26% for one year or less
- 55% started to use cannabis between the ages of 15 and 19 years, 37% started under the age of 15 years

Ecstasy Misusers

- In 1996 there were 256 reported cases treated for ecstasy misuse in the National Drug Treatment Reporting System
- For 76% [n=192] of these, this was their first contact with the drug treatment services
- 45% were referred to the treatment services by self or family, 19% by the court, probation or police, 14% by a general practitioner
- 77% of treated ecstasy users were male
- Mean and mode age of ecstasy users was 21 years
- The mean age at which ecstasy users left school was 16 years the mode 15 years
- 10% [n=22] were still at school
- 38% [n=98] were resident in the Eastern Health Board, 39% [n=99] were resident in Southern Health Board
- Generally use was infrequent - only 8% used on a daily basis; 56% used 2 to 6 days per week; 14% once a week or less
- 46% had been using for 2 to 3 years and 37% for one year or less
- 70% [n=164] started using ecstasy between the ages of 15 and 19 years, 6% [n=14] under the age of 15 years

School Going Drug Misusers

- In 1996 there were 223 school goers amongst all cases treated for drug misuse in the National Drug Treatment Reporting System
- For 77% [n=167] of these, this was their first contact with the drug misuse services
- 57% were referred by self or family, 8% by social services, 8% by the court, probation police, 8% by general practitioners
- 65% of school going, treated drug misusers, were male
- 83% were aged between 15 and 19, 16% less than 15 years, mean and mode age was 16 years
- 62% [n=137] of treated school goers were misusing cannabis, 17% [n=38] heroin, 10% [n=22] ecstasy

- 66% [n=146] were resident in the Eastern Health Board [i.e. 31%, n=69 from Dublin City North and 27%, n=60 from Dublin City South]; 22% from Southern Health Board [n=49] and 5% from South Eastern Health Board [n=12]
- Generally use was infrequent - 20% used their primary drug daily; 37% - 2 to 6 days per week and 24% once a week or less
- 34% had been using their primary drug for 2 to 3 years and 62% for one year or less
- 50% started using their primary drug before the age of 15 years; 50% between the ages of 15 and 19 years

Summary

Comparing the pen pictures above the following main points emerge.

- Heroin misusers are far more numerous amongst reported cases to the National Drug Treatment Reporting System than are the other categories considered above
- Cannabis and ecstasy misusers are relatively less likely to be referred to the treatment services by self or family than are heroin misusers and school going misusers
- Although the majority of misusers in all categories were male, relatively more cannabis and ecstasy users were male than were heroin and school going misusers
- The mean age of treated heroin misusers was 24 years which contrasts with the mean age of cannabis and ecstasy users which was 20 and 21 years respectively. Mean age of school going drug misusers was 16 years
- There was little difference in the age at which heroin, cannabis and ecstasy users left school - the mode for all three groups was 15 years
- While only 1% of heroin users were still at school, 25% of cases treated for cannabis misuse and 10% for ecstasy misuse were still at school
- The area of residence of these categories of drug misusers was quite different - 98% of treated heroin misusers were resident in the Eastern Health Board area and 66% of school goers were so resident. Thirty nine percent of all ecstasy users were resident in the Southern Health Board [versus 38% in Eastern Health Board]. After the Eastern Health Board [at 41%], xxxxxxxx 25% of all cannabis misusers were resident in the Southern Health Board and 19% in the South Eastern Health Board
- Only amongst heroin misusers was daily usage the norm. Only 8% of ecstasy users used on a daily basis
- For all categories, the majority started drug taking in their teens.

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Appendix **A**

National Data. Frequency Tables for All Variables. All and First Contacts. Numbers and Valid Percentages.

	All Contacts (n = 4865)		First Contacts (n = 2041)	
	n	%	n	%
Table A1. Type of Contact with Treatment Centre				
New Client	3096	64.0	2041	100.0
Old Client	1744	36.0	n/a	—
Total	4840	100.0	2041	100.0
(n/k)	25	—	0	—
Table A2. Ever Previously Treated at Any Centre				
Never treated	2041	42.8	2041	100.0
Previously treated	2728	57.2	n/a	—
Total	4769	100.0	2041	100.0
(n/k)	96	—	0	—
Table A3. If Treated - When Last Treated				
Ongoing	1124	28.1	n/a	—
2 years & less	738	18.5	n/a	—
3-4 years	59	1.5	n/a	—
over 4 years	37	0.9	n/a	—
never treated	2041	51.0	2041	100.0
Total	3999	100.0	2041	100.0
(n/k)	866	—	0	—
Table A4. In Treatment with Other Centre				
Yes	614	13.1	n/a	—
No	4083	86.9	2041	100.0
Total	4697	100.0	2041	100.0
(n/k)	168	—	0	—
Table A5. If in Contact with Other Centre, Name of Other Centre				
In the Reporting System	359	72.4	n/a	—
Not In the Reporting System	131	26.4	n/a	—
Outside Ireland	6	1.2	n/a	—
Total	496	100.0	2041	100.0
(n/a)	4083	—	0	—
(n/k)	286	—	0	—
Table A6. Source of Referral				
Self/Family/Friends	2500	53.3	966	51.2
Other Drug Treatment Centre	539	11.5	112	5.8
General Practitioners	466	9.9	230	11.8
Hospital/Other Medical Agency	225	4.8	96	4.9
Social Services	144	3.1	78	4.0
Court/Probation/Police	551	11.7	293	15.1
Other	268	5.7	140	7.2
Total	4693	100.0	1945	100.0
(n/k)	172	—	96	—

	All Contacts (n = 4865)		First Contacts (n = 2041)	
	n	%	n	%
Table A7. Gender				
Male	3455	72.0	1465	72.7
Female	1341	28.0	549	27.3
Total	4796	100.0	2014	100.0
(n/k)	69	—	27	—
Table A8. Age				
Less than 15 Years	43	0.9	34	1.7
15 to 19 Years	1446	29.8	898	44.0
20 to 24 Years	1655	34.1	709	34.8
25 to 29 Years	794	16.4	233	11.4
30 to 34 Years	553	11.4	93	4.6
35 to 39 Years	221	4.6	44	2.2
40 Years and Older	136	2.8	28	1.4
Total	4848	100.0	2039	100.0
(n/k)	17	—	2	—
Table A9. Living Status				
Alone	184	4.0	71	3.6
With Parental Family	3227	69.4	1513	76.5
With Friends	102	2.2	43	2.2
With Partner	767	16.5	202	10.2
Institution	51	1.1	22	1.1
Temporary / Homeless	114	2.5	49	2.5
Lone Parent	134	2.9	50	2.5
Other	72	1.5	28	1.4
Total	4651	100.0	1978	100.0
(n/k)	214	—	63	—
Table A10. Living with a Drug Misuser				
Yes	886	21.1	294	16.5
No	3310	78.9	1484	83.5
Total	4196	100.0	1778	100.0
(n/k)	669	—	263	—
Table A11. Resident of City/Area Where Treatment Took Place				
Yes	4509	92.7	1845	90.4
No	355	7.3	196	9.6
Total	4864	100.0	2041	100.0
(n/k)	1	—	0	—
Table A12. Area of Residence				
Dublin North Inner City	642	13.2	214	10.5
Dublin South Inner City	517	10.6	158	7.7
Dublin Remainder North City	1126	23.1	433	21.2
Dublin Remainder South City	1518	31.2	607	29.7
Greater Dublin Area Unspecified	185	3.8	84	4.1
Eastern Health Board Remainder	215	4.4	96	4.7
<i>Total Eastern Health Board</i>	<i>4203</i>	<i>86.3</i>	<i>7592</i>	<i>77.9</i>
Midland Health Board Area	70	1.4	54	2.6
Mid Western Health Board Area	45	0.9	36	1.8
North Eastern Health Board Area	49	1.0	35	1.7
North Western Health Board Area	16	0.3	9	0.4
South Eastern Health Board Area	150	3.1	104	5.2
Southern Health Board Area	306	6.3	198	9.7
Western Health Board Area	18	0.4	9	0.4
Other	8	0.2	4	0.2
Total	4865	100.0	2041	100.0
(n/k)	0	—	0	—

	All Contacts (n = 4865)		First Contacts (n = 2041)	
	n	%	n	%
Table A13. Nationality				
Irish	4818	99.2	2022	99.2
Other	37	0.8	16	0.8
Total	4855	100.0	2038	100.0
(n/k)	10	—	3	—
Table A14. Employment Status				
Regular Employment	504	10.5	276	13.8
Unemployed	3988	83.4	1520	75.8
Other	288	6.0	208	10.4
Total	4780	100.0	2004	100.0
(n/k)	85	—	37	—
Table A15. Educational Level Reached				
Primary Level	384	8.7	104	5.6
Secondary Level	3692	83.6	1535	82.0
Third Level	106	2.4	65	3.5
Never went to School	9	0.2	2	0.1
Still in School	225	5.1	167	8.9
Total	4416	100.0	1873	100.0
(n/k)	449	—	168	—
Table A16. Age Left School				
Never went to School	9	0.2	2	0.1
Less than 15 Years	1201	27.6	409	22.3
15 Years	1293	29.7	514	28.0
16 Years	889	20.4	384	20.9
17 Years	445	10.2	210	11.5
18 Years and Older	290	6.7	147	8.0
Still at School	225	5.2	167	9.1
Total	4352	100.0	1833	100.0
(n/k)	513	—	208	—
Table A17. Primary Drug of Misuse				
Heroin	3373	69.4	1293	63.4
Morphine Sulphate Tablets	214	4.4	11	0.5
Physeptone	152	3.1	24	1.2
Other Opiates	100	2.1	15	0.7
Cocaine	25	0.5	17	0.8
Ecstasy	256	5.3	192	9.4
Other Stimulants	24	0.5	16	0.8
Benzodiazepines	57	1.2	13	0.6
Other Hypnotic/Sedative	24	0.5	9	0.4
LSD	20	0.4	10	0.5
Other Hallucinogen	1	0.0	0	0.0
Solvents	18	0.4	12	0.6
Other Volatile Inhalants	7	0.1	6	0.3
Cannabis	584	12.0	420	20.6
Other Drugs	3	0.0	1	0.0
Total	4858	100.0	2039	100.0
(n/k)	7	—	2	—
Table A18. Route of Administration of Primary Drug				
Inject	2036	42.6	492	24.5
Smoke	2096	43.9	1192	59.4
Eat / Drink	588	12.3	283	14.1
Sniff	56	1.2	39	1.9
Total	4776	100.0	2006	100.0
(n/k)	89	—	35	—

	All Contacts (n = 4865)		First Contacts (n = 2041)	
	n	%	n	%
Table A19. Frequency of Use of Primary Drug				
Once per Week	292	6.3	141	7.2
2 to 6 Days per Week	664	14.4	403	20.5
Daily	3134	68.0	1247	63.4
Not Used in the Past Month	518	11.2	176	8.9
Total	4608	100.0	1967	100.0
(n/k)	257	—	74	—
Table A20. Age First Used Primary Drug				
Less than 15 Years	505	11.1	256	13.2
15 to 19 Years	2717	59.8	1171	60.5
20 to 24 Years	916	20.2	366	18.9
25 Years and Older	406	8.9	142	7.3
Total	4544	100.0	1935	100.0
(n/k)	321	—	106	—
Table A21. Duration of Regular Use of Primary Drug				
One Year and Less	1070	24.0	709	37.0
2 to 3 Years	1627	36.4	790	41.2
4 to 5 Years	715	16.0	214	11.2
6 to 9 Years	484	10.8	132	6.9
10 Years and More	571	12.8	71	3.7
Total	4467	100.0	1916	100.0
(n/k)	398	—	125	—
Table A22. Secondary Drug (1) of Misuse - Type				
No Secondary Drug (1)	1102	23.6	515	26.4
Heroin	232	5.0	39	2.0
Morphine Sulphate Tablets	215	4.6	42	2.2
Physeptone	529	11.3	180	9.2
Other Opiates	65	1.4	10	0.5
Cocaine	121	2.6	50	2.6
Ecstasy	380	8.1	215	11.0
Other Stimulants	78	1.7	59	3.1
Benzodiazepines	752	16.1	221	11.3
Other Hypnotic/Sedative	44	0.9	12	0.6
LSD	86	1.8	54	2.8
Other Hallucinogen	12	0.3	9	0.5
Solvents	8	0.2	7	0.4
Other Volatile Inhalants	3	0.1	2	0.1
Cannabis	776	16.6	392	20.1
Alcohol	246	5.3	141	7.2
Other Drugs	18	0.4	4	0.2
Total	4667	100.0	1952	100.0
(n/k)	198	—	89	—
Table A23. Route of Administration of Secondary Drug (1)				
Inject	434	12.8	64	4.6
Smoke	823	24.3	411	29.7
Eat/Drink	2040	60.2	853	61.8
Sniff	90	2.7	52	3.8
Total	3387	100.0	1380	100.0
(n/a)	1102	—	515	—
(n/k)	376	—	146	—

	All Contacts (n = 4865)		First Contacts (n = 2041)	
	n	%	n	%
Table A24. Secondary Drug (2) of Misuse -Type				
No Secondary Drug (2)	2644	57.9	1076	56.3
Heroin	29	0.6	12	0.6
Morphine Sulphate Tablets	52	1.1	11	0.6
Physeptone	141	3.1	47	2.5
Other Opiates	48	1.1	11	0.5
Cocaine	82	1.8	34	1.8
Ecstasy	183	4.0	92	4.8
Other Stimulants	88	1.9	56	2.9
Benzodiazepines	461	10.1	155	8.1
Other Hypnotic/Sedative	59	1.3	29	1.5
LSD	98	2.1	52	2.7
Other Hallucinogen	9	0.2	4	0.2
Solvents	3	0.1	1	0.1
Other Volatile Inhalants	1	0.0	1	0.1
Cannabis	471	10.3	209	11.0
Alcohol	177	3.9	114	6.0
Other Drugs	23	0.5	7	0.4
Total	4569	100.0	1911	100.0
(n/k)	296	—	130	—
Table A25. Route of Administration of Secondary Drug (2)				
Inject Smoke	93 462	5.2 25.7	17 207	2.1 26.3
Eat /Drink	1157	64.4	516	65.5
Sniff	84	4.7	48	6.1
Total	1796	100.0	788	100.0
(n/a)	2644	—	1076	—
(n/k)	425	—	177	—
Table A26. Age First Used Any Drug				
Less than 15 Years	1787	41.8	779	42.3
15 to 19 Years	2107	49.3	907	49.3
20 to 24 Years	277	6.5	113	6.1
25 to 29 Years	65	1.5	26	1.4
30 to 34 Years	25	0.6	13	0.7
35 Years and Older	13	0.3	2	0.1
Total	4274	100.0	1840	100.0
(n/k)	591	—	201	—
Table A27. Currently Injecting				
Yes	1492	32.3	421	21.2
No	3128	67.7	1564	78.8
Total	4620	100.0	1985	100.0
(n/k)	245	—	56	—
Table A28. If Injecting, Shared Past Month				
Yes	386	31.3	118	32.3
No	847	68.7	247	67.7
Total	1233	100.0	365	100.0
(n/a)	3128	—	1564	—
(n/k)	504	—	112	—
Table A29. Ever Injected				
Yes	2551	54.5	635	32.3
No	2128	45.5	1330	67.7
Total	4679	100.0	1965	100.0
(n/k)	186	—	76	—

	All Contacts (n = 4865)		First Contacts (n = 2041)	
	n	%	n	%
Table A30. If Injected, Age First Injected				
Less than 15 Years	115	5.1	17	3.0
15 to 19 Years	1283	56.4	305	54.0
20 to 24 Years	642	28.2	179	31.7
25 to 29 Years	181	8.0	49	8.7
30 to 34 Years	36	1.6	10	1.8
35 Years and Older	16	0.7	5	0.8
Total	2273	100.0	565	100.0
(n/a)	2128	—	1330	—
(n/k)	464	—	146	—
Table A31. If Injected, Ever Shared				
Yes	1532	68.6	282	50.6
No	701	31.4	275	49.4
Total	2233	100.0	557	100.0
(n/a)	2128	—	1330	—
(n/k)	504	—	154	—
<i>n/k = not known</i>				
<i>n/a = not applicable</i>				

Appendix **B**

National Data. Frequency Tables for All Variables. All and First Contacts. Numbers and Valid Percentages.

Table B1. Employment Status by Gender			
Employment Status	Male	Female	Total
Unemployed	82.6	86.0	83.5
Regular Employment	12.0	6.3	10.4
Other	5.4	7.6	6.0
Per cent	100.0	100.0	100.0
N=	3404	1310	4714
n/k=151			
Table B2. Living Status by Gender			
Living Status	Male	Female	Total
Alone	4.2	3.5	4.0
With Parental Family With Friends	72.7 2.3	60.6 2.0	69.4 2.2
With Partner	15.0	20.2	16.4
Institution	1.2	0.9	1.1
Temporary / Homeless Lone Parent	2.4 0.8	2.6 8.4	2.4 2.9
Other	1.4	1.9	1.6
Per cent	100.0	100.0	100.0
N=	3321	1263	4584
n/k = 281			
Table B3. Living with a Drug Misuser by Gender			
Living with a Drug Misuser	Male	Female	Total
Yes	18.1	28.2	20.9
No	81.9	71.8	79.1
Per cent	100.0	100.0	100.0
N=	2982	1157	4139
n/k = 726			
Table B4. Living Status by Living with a Drug Misuser			
Living Status	Yes	No	Total
Alone	0.0	5.6	4.4
With Parental Family With Friends	48.5 4.6	74.6 1.5	69.1 2.1
With Partner	38.7	11.1	16.9
Institution	2.4	0.9	1.2
Temporary / Homeless Lone Parent	2.7 1.1	1.4 3.6	1.7 3.1
Other	1.9	1.3	1.5
Per cent	100.0	100.0	100.0
N=	878	3287	4165
n/k = 700			

Employment Status	Male	Female	Total
Opiates	76.8	84.7	79.0
Stimulants	6.9	4.9	6.3
Hypnotics-Sedatives	1.2	3.0	1.7
Hallucinogens	0.4	0.4	0.4
Volatile Inhalants	0.5	0.7	0.5
Cannabis	14.3	6.1	12.0
Other	0.0	0.1	0.1
Per cent	100.0	100.0	100.0
N=	3452	1337	4789
n/k = 76			

Frequency of Use	<15	15-19	20-24	25-29	30-34	35 +	Total
Once per Week or Less	30.0	8.1	5.5	5.9	4.9	3.6	6.4
2-6 Days per Week	37.5	21.7	13.0	10.1	7.7	8.6	14.4
Daily	10.0	61.8	71.8	70.5	72.9	69.2	68.0
No Use Past Month	22.5	8.3	9.7	13.5	14.5	18.6	11.2
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N =	40	1378	1590	742	509	338	4597
n/k = 268							

Route of Administration	Opiates	Stim.	Hyp./Sed	Halluc.	Cannabis	Other	Total
Inject	53.8	1.0	2.6	4.8	0.0	0.0	42.6
Smoke	40.5	2.0	0.0	0.0	97.7	0.0	43.9
Eat/Drink	5.6	88.0	97.4	95.2	1.9	10.7	12.3
Sniff	0.1	9.0	0.0	0.0	0.3	89.3	1.2
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N =	3774	300	78	21	574	28	4775
n/k = 90							

Route of Administration	Male	Female	Total
Inject Smoke	42.1 44.5	43.8 42.3	42.6 43.9
Eat / Drink	12.2	13.0	12.4
Sniff	1.3	1.0	1.2
Per cent	100.0	100.0	100.0
N=	3397	1312	4709
n/k =156			

Route of Administration	<15	15-19	20-24	25-29	30-34	35 +	Total
Inject	2.5	22.7	42.2	59.5	65.7	57.3	42.7
Smoke	70.0	65.3	44.8	28.0	21.8	19.9	43.9
Eat / Drink	5.0	10.6	12.3	11.4	11.8	21.9	12.2
Sniff	22.5	1.4	0.7	1.2	0.7	0.9	1.2
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	40	1420	1626	782	542	351	4761
n/k = 104							

Table B10. Currently Injecting by Gender							
Currently Injecting	Male	Female	Total				
Yes	32.1	32.9	32.3				
No	67.9	67.1	67.7				
Per cent	100.0	100.0	100.0				
N=	3292	1265	4557				
n/k = 308							
Table B11. Currently Injecting by Age (Years)							
Currently Injecting	<1S	15-19	20-24	25-29	30-34	35 +	Total
Yes	2.3	18.6	35.4	45.4	44.8	31.5	32.4
No	97.7	81.4	64.6	54.6	55.2	68.5	67.6
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N =	43	1397	1589	742	504	333	4608
n/k =257							
Table B12. Currently Sharing by Gender							
Currently Sharing	Male	Female	Total				
Yes	28.7	37.3	31.0				
No	71.3	62.7	69.0				
Per cent	100.0	100.0	100.0				
N=	886	335	1221				
n/k = 12							
n/a = 3632=							
<i>n/k = not known</i>							
<i>n/a = not applicable</i>							

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Health Board Areas. Crosstabulations of Selected Variables. All Contacts. Valid Percentages and Total Numbers

Table C1. Health Board Area by Source of Referral

Health Board Area	Self/ Family	Other Treatment Centre	C.P.	Hospital/ Medical Agency	Social Services	Court/ Probation /Police	Other	Total %	Total N
EHB	54.7	12.7	8.6	4.1	2.8	11.3	5.8	100.0	4116
MHB	48.4	3.2	11.3	14.5	0.0	21.0	1.6	100.0	62
MWHB	15.7	3.6	45.8	10.8	13.3	7.2	3.6	100.0	83
NWHB	7.7	7.7	15.4	53.8	0.0	15.4	0.0	100.0	13
SEHB	42.2	3.9	9.4	7.0	6.3	28.9	2.3	100.0	128
SHB	52.5	1.8	17.1	6.4	3.2	10.4	8.6	100.0	280
WHB	18.2	0.0	45.5	27.3	9.1	0.0	0.0	100.0	11
Total %	53.3	11.5	9.9	4.8	3.1	11.7	5.7	100.0	4693

n/k = 172

Table C2. Health Board Area by Gender

Health Board Area	Male	Female	Total %	Total N
EHB	71.0	29.0	100.0	4224
MHB	90.2	9.8	100.0	61
MWHB	85.4	14.6	100.0	82
NWHB	83.3	16.7	100.0	12
SEHB	83.5	16.5	100.0	127
SHB	73.5	26.5	100.0	279
WHB	72.7	27.3	100.0	11
Total %	72.0	28.0	100.0	4796

n/k = 69

Table C3. Health Board Area by Age (Years)

Health Board Area	<15	15-19	20-24	25-29	30-34	35+	Total %	Total N
EHB	0.8	28.6	34.4	16.8	12.1	7.2	100.0	4267
MHB	0.0	42.9	33.3	7.9	11.1	4.8	100.0	63
MWHB	0.0	31.3	39.8	16.9	4.8	7.2	100.0	83
NWHB	0.0	30.8	30.8	15.4	7.7	15.4	100.0	13
SEHB	0.8	30.8	38.5	20.0	6.2	3.8	100.0	130
SHB	2.1	46.3	26.3	10.0	5.3	10.0	100.0	281
WHB	0.0	0.0	36.4	9.1	18.2	36.4	100.0	11
Total %	0.9	29.8	34.1	16.4	11.4	7.4	100.0	4848

n/k = 17

Table C4. Health Board Area by Level of Education Reached

Health Board Area	Never went to School	Primary	Secondary	Third	Still at School	Total %	Total N
EHB	0.2	8.8	85.8	1.4	3.9	100.0	3919
MHB	0.0	6.6	77.0	3.3	13.1	100.0	61
MWHB	1.4	26.4	59.7	12.5	0.1	100.0	72
NWHB	0.0	0.0	50.0	12.5	37.5	100.0	8
SEHB	0.0	12.3	68.9	9.0	9.8	100.0	122
SHB	0.4	0.0	64.4	12.4	21.8	100.0	225
WHB	0.0	11.1	77.8	11.1	0.0	100.0	9
Total %	0.2	8.7	83.6	2.4	5.0	100.0	4416

n/k = 449

Table C5. Clients Still At School. Health Board Area by Primary Drug of Misuse

Health Board Area	Opiates	Ecstasy	Benzo-diazepines	Halluc-inogens	Volatile Inhalants	Cannabis	Other Drugs	Total %	Total N
EHB	26.2	6.7	0.7	0.7	6.0	58.4	1.3	100.0	149
MHB	0.0	25.0	0.0	0.0	37.5	37.5	0.0	100.0	8
NWHB	0.0	33.3	0.0	33.3	0.0	33.3	0.0	100.0	3
SEHB	0.0	0.0	0.0	0.0	8.3	91.7	0.0	100.0	12
SHB	0.0	18.4	0.0	0.0	8.2	71.4	2.0	100.0	49
Total %	17.6	10.0	0.5	0.9	7.7	62.0	1.4	100.0	221

n/k = 2
n/a = 4642

Table C6. Health Board Area by Employment Status

Health Board Area	Unemployed	Regular Employment	Other	Total %	Total N
EHB	86.0	9.4	4.6	100.0	4217
MHB	68.3	12.7	19.0	100.0	63
MHWB	83.8	12.5	3.8	100.0	80
NWHB	46.2	23.1	30.8	100.0	13
SEHB	66.1	22.0	11.8	100.0	127
SHB	57.2	21.4	21.4	100.0	271
WHB	77.8	11.1	11.1	100.0	9
Total %	83.4	10.5	6.0	100.0	4780

n/k = 2
n/a = 4642

Table C7. Health Board Area by Living Status

Health Board Area	Alone	Parental Family	Friends	Partner	Institution	Temporary/ Homeless	Lone Parent	Other	Total %	Total N
EHB	3.4	70.1	1.9	16.9	0.8	2.6	2.9	1.4	100.0	4084
MHB	4.8	71.4	3.2	17.5	1.6	0.0	1.6	0.0	100.0	63
MHWB	17.5	46.3	8.8	16.3	3.8	2.5	3.8	1.3	100.0	80
NWHB	0.0	50.0	16.7	8.3	0.0	25.0	0.0	0.0	100.0	12
SEHB	7.0	63.3	3.9	13.3	4.7	1.6	2.3	3.9	100.0	128
SHB	6.5	67.8	2.9	12.3	3.3	0.7	3.3	3.3	100.0	276
WHB	0.0	87.5	0.0	12.5	0.0	0.0	0.0	0.0	100.0	8
Total %	4.0	69.4	2.2	16.5	1.1	2.5	2.9	1.5	100.0	4651

n/k = 214

Table C8. Health Board Area by Living with a Drug Misuser

Health Board Area	Yes	No	Total %	Total N
EHB	22.4	77.6	100.0	3645
MHB	5.1	94.9	100.0	59
MWHB	17.5	82.5	100.0	80
NWHB	18.2	81.8	100.0	11
SEHB	11.0	89.0	100.0	118
SHB	12.8	87.2	100.0	273
WHB	10.0	90.0	100.0	10
Total %	21.1	78.9	100.0	4196
n/k = 669				

Table C9. Health Board Area by Primary Drug of Misuse

Health Board Area	Opiates	Cocaine	Ecstasy	Benzo-diazepines	Halluc-inogens	Cannabis	Other Drugs	Total %	Total N
EHB	88.2	0.5	2.9	1.0	0.3	6.4	0.7	100.0	4276
MHB	11.1	0.0	12.7	0.0	1.6	66.7	7.9	100.0	63
MWHB	32.5	1.2	21.7	1.2	7.2	32.5	3.6	100.0	83
NWHB	7.7	7.7	23.1	7.7	7.7	46.2	0.0	100.0	13
SEHB	10.7	2.3	12.2	0.8	0.0	70.2	3.8	100.0	131
SHB	5.0	0.0	30.2	3.6	0.7	49.1	11.4	100.0	281
WHB	27.3	0.0	9.1	18.2	0.0	36.4	9.1	100.0	11
Total %	79.0	0.5	5.3	1.2	0.4	12.0	1.5	100.0	4858
n/k=7									

Total % = Total Column %

n/k = not known

n/a = not applicable

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Appendix **D**

National Drug Treatment Reporting System - Treatment Centres Providing Returns in 1996

Eastern Health Board Area

Drug Treatment Centre, Trinity Court

A statutory out-patient service providing detoxification, methadone maintenance, social, psychological and psychiatric assessment, urine screening, needle exchange, counselling and advisory service. Inpatient detoxification service attached to Beaumont Hospital.

Coalmine Therapeutic Community

A voluntary non-prescribing agency providing drug free programmes, day programme - family and groups, prevention programme, drug and HIV counselling and support at induction, residential and after care level.

Rutland Centre

A voluntary non-prescribing agency providing assessment, counselling and therapy at residential and day care level.

Mater Dei Counselling Centre

A voluntary specialised counselling unit for adolescents, providing services such as individual counselling, family therapy and drama group.

Teen Counselling, Clondalkin

A voluntary specialised counselling service for adolescents and their parents under the auspices of the Mater Dei Counselling Centre.

Teen Counselling, 'Shalom', Tallaght

A voluntary specialised counselling service for adolescents and their parents under the auspices of the Mater Dei Counselling Centre.

Ballymun Youth Action Project

A voluntary non-prescribing community based agency offering individual and family counselling, information on drug abuse, support for abusers and families, referral, community education, outreach and a range of social activities.

Rialto Community Drug Team

A partnership between the Eastern Health Board and the local community, providing a local drug service for drug users and their families and the general community. Services include drop-in, advice, information, counselling, referral, and the provision of personal development, assertiveness and social skills programmes to promote re-integration of drug users.

Talbot Day Centre

A statutory community-based programme for drug free youth providing individual and group counselling, family therapy, prevention education, group recreational activities and parent groups.

Castle Street Health Centre

A statutory non-prescribing community based agency offering individual counselling, group work, family counselling and a range of social activities.

Tallaght Health Centre

A statutory non-prescribing community based agency offering individual counselling, group work, family counselling and a range of social activities.

Roselawn Health Centre

A statutory non-prescribing community based agency offering individual counselling, group work, family counselling and a range of social activities.

Edenmore Health Centre

A statutory non-prescribing community based agency offering individual counselling, group work, family counselling and a range of social activities.

Baggot Street Clinic

A statutory community-based Addiction Centre providing information for parents, community groups, schools, education and HIV prevention services, primary care, addiction counselling, community welfare, methadone dispensing and aftercare rehabilitation.

City Clinic

A statutory community-based Addiction Centre providing information for parents, community groups, schools, education and HIV prevention services, primary care, addiction counselling, community welfare, methadone dispensing and aftercare rehabilitation.

Aisling Clinic

A statutory community-based Addiction Centre providing information for parents, community groups, schools, education and HIV prevention services, primary care, addiction counselling, community welfare, methadone dispensing and aftercare rehabilitation.

Domville House

A statutory community-based Addiction Centre providing information for parents, community groups, schools, education and HIV prevention services, primary care, addiction counselling, community welfare, methadone dispensing and aftercare rehabilitation.

Trinity Court, Third Floor

A statutory community-based Addiction Centre providing information for parents, community groups, schools, education and HIV prevention services, primary care, addiction counselling, community welfare, methadone dispensing and aftercare rehabilitation.

Patrick Street, Dun Laoghaire

A statutory community-based Addiction Centre providing information for parents, community groups, schools, education and HIV prevention services, primary care,

addiction counselling, community welfare, methadone dispensing and aftercare rehabilitation.

Kildare Addiction Services

A statutory non-prescribing addiction counselling service.

Cuon Dara

A statutory inpatient service offering a specialised detoxification programme, counselling, psychotherapy and rehabilitation.

Clondalkin Addiction Support Programme (CASP)

A voluntary Satellite Clinic with statutory support, operated by a general practitioner who has access to the specialist medical and counselling staff at an Addiction Centre. Services include methadone prescription which is dispensed by retail pharmacists, urine screening and counselling.

Young Persons Programme

A statutory programme for young persons operated by a general practitioner and supported by local community. Services include medical stabilisation and detoxification, counselling, group meetings and workshops for clients and parents facilitated by outreach workers and peer workers.

St. Patrick's Institution

A detoxification, counselling and support service.

Southern Health Board area

Arbour House Treatment Centre

A statutory service providing drug free programmes for teenagers, adolescents and adults. Treatment provided in form of therapy and one to one counselling backed by multi-disciplined professional team.

Tabor Lodge Treatment Centre

A voluntary service providing individual and family counselling, education and employee assistance programmes and other specialist models.

North Western Health Board area

Substance Abuse Centre, Sligo

A statutory non-prescribing service providing counselling, prevention and education.

Mental Health Unit, Dungloe District Hospital

A statutory psychiatric service at in- or out-patient level.

Community Nursing Unit, Buncrana

A statutory non-prescribing service providing counselling, prevention and education.

Midland Health Board area

Community Alcohol and Drugs Services

A statutory non-prescribing service operated by professional addiction counsellors at a number of local area centres.

Western Health Board area

St. Theresa's Unit, Castlebar

A statutory non-prescribing service providing counselling, prevention and education.

Mid Western Health Board area

Our Lady's Hospital, Ennis

A statutory outpatient psychiatric service providing counselling and support.

Tevere Day Hospital

A statutory outpatient psychiatric service providing counselling and support.

Willowdale Day Hospital

A statutory outpatient psychiatric service providing counselling and support.

Bushy Park, Ennis

A voluntary service providing one to one counselling, peer education, family programmes, after care, relapse groups and a residential family programme.

Cuon Mhuire, Bruree

A voluntary specialised residential detoxification centre, aftercare, individual counselling, group therapy and various rehabilitation programmes.

South Eastern Health Board area

ACCEPT Addiction Treatment Service

A statutory service providing education, prevention, assessment, advice, information, individual counselling, group therapy, and family support.

Aiseiri, Tipperary

A voluntary organisation providing a professional twelve-step drug free programme, group therapy, individual counselling, peer and relapse groups and family support programme.

Aiseiri, Wexford

A voluntary organisation providing a professional twelve-step drug free programme, group therapy, individual counselling, peer and relapse groups and family support programme.

Addiction Service, St. Dymphna's Hospital

A statutory service providing assessment, detoxification, treatment and aftercare, counselling, individual group and family therapy advice, information and education.

Psychiatric Unit, Regional Hospital, Waterford

A statutory psychiatric service.

CATS - Community Alcohol Treatment Service

A statutory service providing individual/family assessment and counselling, support group, education and community awareness programme.

Form for Data Collection and Instructions

IRELAND – DRUG TREATMENT REPORTING SYSTEM

First Name Address

Last Name

1. City/Area 2. Treatment Centre 3. Client No.

A. TREATMENT CONTACT DETAILS

4. Date of Treatment Contact

5. Type of Contact with This Centre *(circle)*

1. new client 2. old client 9. not known

6. (a) Ever Previously Treated, at Any Treatment Centre *(circle)*

1. never treated 2. previously treated 9. not known

(b) If Previously Treated, When Last?

Enter number of months since left last treatment

(or enter code) 888. never previously treated 999 not known

7. (a) Currently in Treatment at Other Centre *(specify & circle)*

1. yes 2. no 9. not known

(b) Source of Referral *(specify, and circle code)*

1. self/family/friends 5. social services
 2. other drug treatment centre 6. court/probation/police
 3. general practitioner 8. other
 4. hospital/other medical agency 9. not known

B. SOCIO-DEMOGRAPHIC INFORMATION

8. Gender *(circle)* 1. male 2. female 9. not known

9. (a) Age years

(b) Date of Birth

10. (a) Current Living Status *(circle)*

1. alone 5. institution
 2. with parental family 6. temporary/homeless
 3. with friends 7. lone parent
 4. with partner 8. other
 9. not known

(b) Living with Drug Misusers *(circle)*

1. yes 2. no 9. not known

11. (a) Resident of City/Area *(circle)* 1. yes 2. no 9. not known

(b) Area of Residence *(specify)*

12. Nationality *(specify & circle code)*

1. Irish
 2. Other
 9. not known

13. Employment Status *(circle code)*

1. regular employment
 2. unemployed/casual work
 8. other *(specify)*
 9. not known

14. (a) Highest Educational Level *(specify)*

(b) Age Left School years

(or enter code)

01. never went to school 88. still at school 99 not known

C. PROBLEM DRUG USE

	(a) Drug Name <i>(write in)</i>	(b) Route of Administration <i>(enter code)</i> <small>see below</small>	(c) Frequency Past Month <i>(enter code)</i> <small>see below</small>	(d) Age at Ist. Use <i>(years)</i>	(e) Duration of Regular Use <i>(years)</i>
15. Primary Drug					
16. Secondary (1)			XXXXXX	XXXXXX	XXXXXX
17. Secondary (2)			XXXXXX	XXXXXX	XXXXXX
18. Age First Used any Drug	<input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> years	(b) Route 1. inject 2. smoke 3. eat/drink 4. sniff 9. not known	(c) Frequency 1. 1 per week or less 2. 2-6 days per week 3. daily 4. not used past month 9. not known		

D. RISK BEHAVIOUR

19. (a) Currently Injecting *(circle)*

1. yes 2. no 9. not known

19. (b) If Injecting, Shared Past Month *(circle)*

1. yes 8. not applicable (not injecting)
 2. no 9. not known

20. (a) Ever Injected *(circle)* 1. yes 2. no 9. not known

20. (b) If Yes, Age First Injected years

20. (c) If Ever Injected, Ever Shared *(circle)*

1. yes 8. not applicable (never injected)
 2. no 9. not known

Section A. Treatment Contact Details

1 Area (Health Board Area)

Enter two digit code for Health Board Area.

2. Treatment Centre

Each treatment centre will be given its appropriate code.

3 Client Number

Each client should have a unique code number. The first two digits will be the treatment centre code, the remaining digits relate directly to the client.

4 Date of Treatment Contact

This refers to the date when the client was first seen by the treatment centre at the start of treatment It does not refer to the date when the from was completed. Remember that the client should be counted only once in a given year at any one treatment centre. Only the date of the start of the first treatment episode in the given year is to be recorded.

5 Type of Contact with this Centre

Circle the relevant code.

A “new client” is a client who is making contact for a drug problem with this particular treatment centre for the first time ever (i.e. has never at any time in the past been to this centre.)

An “old client” is one who has been to this particular treatment centre at some time in the past.

In the general services, if the person is already a patient or client, count only a demand for treatment for a drug problem.

It should in all cases be possible to distinguish between new and old clients.

However, if not known, code 9.

6(a) Ever previously Treated, at any Treatment Centre

Circle the relevant code.

“Never previously treated” refers to a client who has never received treatment for drug misuse at any centre anywhere. He/she is thus making a first ever treatment demand for a drug problem.

6(b) If Previously Treated, When Last 7

Enter number of months since end of last treatment.

If never treated, code 888 (not applicable).

At the beginning of the year if the client has been in continuous care (i.e. still in treatment from the previous year), enter 000.

7(a) Currently in Treatment at Other Centre

Circle relevant code.

If yes, write in specific centre.

“Currently in Treatment” refers to a client who is or has been in treatment at another treatment centre within the last 30 days prior to start of this treatment episode.

“No” refers to a client who is not now nor has been in contact with any centre in the past 30 days.

7(b) Source of Referral

Write in the source of referral and circle code.

Section B. Socio-Demographic Information

8 Gender

Circle appropriate code.

9(a) Age

Record client’s age in years at time of contact with centre.

If not known, code 99.

9(b) Date of Birth

Write in order; day/month/year (e.g. 07/12/62).

Check consistency with age.

10(a) Living Status

Circle appropriate code and specify where necessary.

“Living status” refers to current situation (past 30 days). If situation has changed within the last 30 days, enter client’s living status as it was immediately prior to treatment contact.

“Parental family” refers to client’s mother and/or father or to extended family such as grandparents, uncles, aunts, etc.

“Friends” - living with friends.

“Partner” - refers to sexual partner, i.e. spouse or cohabitee.

“Institution” includes prison, hospital, etc.

“Temporary/homeless” includes staying with someone temporarily, living in a hotel/guesthouse/hostel, sleeping rough, and so on. Use this code only if client’s living status is insecure. Do not use this code if client has just moved to a new but stable address.

10(b) Living with Drug Misusers

Circle appropriate code.

“Drug misusers” refers to regular/heavy users of illicit drugs.

“Living with” refers to people who share the same household.

People who are living alone or who are homeless should be coded 2 (not living with drug misusers).

11 (a) Resident of Area

Circle code. Resident means that they usually live in the area where treatment is given, as coded at Question 1.

11(b) Area of Residence

Write in code according to those established for each area. For residents of the Eastern Health Board Area the Epidemiological Information System Street Index is used. In the case of other Health Board Areas the *County* of residence is specified.

12. Nationality

Circle appropriate code.

If national of other country, specify the country.

13. Employment Status

Circle appropriate code, and specify if “Other” (e.g. ‘at school, ‘housewife’, etc.).

14(a) Highest Education Level

For clients who are no longer receiving education, write in the highest educational level achieved by the client.

If Primary level, code 1.

If Secondary level, code 2.

If Third level, code 3.

If the client is still receiving education at any level, code 8.

If not known, code 9.

14(b) Age Left School

Record age in years when the client left full-time education at secondary school level (or primary level if no secondary level education). Does not refer to post secondary further education (e.g. university or professional/technical training).

If never went to school, code 01.

If still at school, code 88.

If not known, code 99.

Section C. Problem Drug Use

15(a) Primary Drug

Record the name of drug that the client gives as the main drug for which he/she is seeking treatment.

If the client is using drugs at the point when he/she makes contact for treatment, then record current primary drug (in the 30 days up to the time of treatment).

However, if a client is drug free then record the primary drug he/she was last using.

Alcohol may *not* be recorded as the primary drug of misuse. Clients whose primary drug of misuse is alcohol should be excluded.

Distinguish clients who were using street methadone or other substitute from those who were using legitimately prescribed methadone or other substitutes.

15(b) Route of Administration of Primary Drug

Record usual route of administration from the codes provided.

As with the name of the primary drug, if the client is not using his/her primary drug or is drug free at the point of treatment contact, record the usual route of administration of the primary drug when he/she was last using it.

15(c) Frequency Past Month

Record the frequency of use of the primary drug during the past month from the codes provided.

The frequency of use refers strictly to the last 30 days before the treatment contact.

If the client is drug free, or has not used his/her primary drug in the past 30 days code 8 (not used past month).

15(d) Age at First Use

Record age in years when client first used the primary drug.

If not know, code 99.

15(e) Duration of Regular Use

Record the number of years the client has been using the primary drug on a regular and frequent basis. If not known, code 99.

16/17Secondary Drugs

(a)Name(s) of Secondary Drug(s)

Write in names of up to two drugs which are also part of the drug misuse problem presented by the client.

This item does not attempt to record all other drugs that have been used by the client in the past thirty days, but only those that are seen by the client and/or treatment staff as significant in the client's drug misuse problem. Thus occasional or moderate and controlled use of alcohol or cannabis would not be included, but bouts of heavy drinking or barbiturate intoxication, or episodes of compulsive cocaine use should be included.

(b)Route of Administration of Secondary Drug(s)

Record usual route of administration from the codes provided. If drug free or not used in past 30 days, code route when last used.

18. Age First Used Any Drug

Write in age of first use of drugs (excluding alcohol) for nonmedical purposes.

Section D. Risk Behaviour

19(a) Currently Injecting (past month)

Circle appropriate code.

“Currently injecting” refers to whether the person has injected any drug at least once in past 30 days.

“Injecting” includes intravenous, intramuscular or subcutaneous administration.

Excludes bona fide medical injection (e.g. diabetics, vaccinations etc.).

19(b) If Injecting, Shared in the Past Month

Circle code.

Refers to whether the person has shared injecting equipment on at least one occasion during the last 30 days.

If not currently injecting, code 8.

20(a) Ever Infected

Circle the relevant code.

Includes the injection of any drug for nonmedical purposes. Excludes medical injections (diabetes, vaccinations etc.).

20(b) *If Yes, Age First Injected*

Enter age when first injected

If never injected, enter 8.

If not known, enter 9.

20(c) *If Ever Injected, Ever Shared*

Circle appropriate code.

If never injected, enter 8.

Drug Classification

Heroin and Other Opiate Type Drugs

unspecified opiate-type drug

heroin (street/nonmedical use)

heroin, diamorphine (“smack”, “junk”, “horse”)

opium and morphine

(street/nonmedical use)

morphine (“Napps”, MST)

opium

home-made concoction from opium poppies or poppy straw (“Poppy tea”, “Kompot” etc.)

other (specified) form of opium or morphine or derivative

codeine (street/nonmedical use)

unspecified codeine or codeine

derivative

codeine linctus (cough mixture)

hydrocodeine

dihydrocodeine (DF118,

Paracodin)

other (specified) form of codeine or derivative

synthetic opiates (street/nonmedical use)

unspecified synthetic opiate

dextromoramide (Palfium)

dextropropoxyphene (Distalgesc)

dipipanone (Diconal, “dike”)

methadone (Physeptone, “phy”)

pethidine

other (specified) synthetic opiate

op la te agon is t-an tagon is ts

(street/nonmedical)

unspecified agonist-antagonist

buprenorphine (Buprex)

pentazoncine (Fortral)

other (specified) opiate agonist-antagonist

substitute opiates/opioids (used as part of drug treatment programme)

unspecified opiate substitute

methadone

codeine/dihydrocodeine etc.

buprenorphine

heroin

other

other (specified) opiate-type drug

Cocaine Amphetamine and Other Stimulants

unspecified stimulant

cocaine

unspecified cocaine (“coke”)

cocaine hydrochloride

freebase cocaine (includes “crack”)

other (specified) form of cocaine

(e.g. coca paste)

amphetamines

unspecified amphetamine

(“speed”, “uppers”)

amphetamine sulphate (“sulph”, “whizz”)

dexamphetamine

methylamphetamine

methylamphetamine (smokable - “ice”, “crystal meth”)

other (specified) form of

amphetamine

other central nervous system stimulants

unspecified other stimulants (not

cocaine/amphetamine)

methylphenidate (Ritalin, Rubifen)

phenmetrazine (Preludin)

ephedrine, norephedrine,
pseudoephedrine
other (specified) stimulants

MDMA

MethyleneDioxyMethAmpheta-
mine - MDMA (ecstasy)
*other (specified) central nervous system
stimulant*

Hypnotics and Sedatives

*unspecified hypnotic/sedative-type drug
barbiturates and other hypnotics*

unspecified hypnotic
barbiturates
methaqualone (Mandrax)
glutethimide (Doriden)
chlormethiazole (Heminevrin)
other (specified) hypnotic,
excluding benzodiazepines

benzodiazepines

unspecified benzodiazepine
("benzos")
diazepam (Valium, Anxicalm)
flurazepam (Dalmane)
flunitrazepam (Rohypnol)
lorazepam (Ativan)
oxazepam (Serenid)
nitrazepam (Mogadon)
temazepam (Euphygnos,
Normison)
other (specified) benzodiazepine

major tranquillisers

unspecified major tranquillisers
unspecified major tranquillisers

*other (specified) sedative/antiolytic,
excluding benzodiazepines*

Hallucinogens

*unspecified hallucinogenic substances
manufactured drugs*

unspecified manufactured drug
("designer drug")
lysergic acid (LSD, "acid")
phencyclidine (PCP, "angel dust")

other (specified) manufactured
hallucinogen or "designer" drug
mushrooms and other plants and derivatives

unspecified mushrooms ("liberty
caps", "magic mushrooms")

Amanita Muscaria
psilocybin
other (specified) hallucinogenic
plant

*other (specified) hallucinogenic substance
(mescaline)*

Volatile Inhalants

unspecified volatile inhalants

glue
butane
solvents
petrol
nitrites

other (specified) volatile inhalants

Cannabis

*unspecified cannabis ("pot", "joint", "dope",
"blow", "draw")*

cannabis

herbal (marijuana, "grass")
resin (hashish, "hash")
oil

other (specified) form of cannabis

Other Drugs

unspecified other drug/substances
unspecified medicaments
speedball (heroin and cocaine
cocktail)
antiparkinsonian drugs
antidepressant drugs (tricyclics)
other (specified) drug

Alcohol (as a secondary drug only)

Appendix **G**

Population of Ireland 1991. Health Board Area by Age. Numbers.

Age	EHB	SHB	NWHB	MHB	WHB	MWHB	NEHB	SEHB	Ireland
>15	316548	139553	57403	57879	92402	84136	86356	106297	940574
15-19	120339	49902	19118	19313	32182	29998	28208	35966	335026
20-24	112370	38765	12951	13231	21908	21516	19720	26111	266572
25-29	100330	36277	12043	12962	19574	19958	19396	25781	246321
30-34	94314	36579	13227	13856	22515	21342	20798	26440	249071
35-39	86265	35497	13201	13482	22471	20991	20600	25382	237889
40-44	80667	34176	13098	12370	21328	20402	19601	24041	225683
45+	334392	161514	67133	59891	110594	92385	85504	113170	1024583
Total	1245225	532263	208174	202984	342974	310728	300183	383188	3525719

Source: Ireland Census of Population 1991. Dublin: The Stationery Office

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Calculation of Number of Individuals Treated in 1996 and Rates per 1,000 Population

The calculation below endeavours to ‘correct’ the total number of contacts in the 1996 dataset for any ‘double counting’ which may have resulted from contacts reporting that they are Currently in treatment at other centre i.e. Question 7 [see Appendix D] on the form returned by treatment centres to the National Drug Treatment Reporting System. It thus estimates the number of individuals [not contacts] in the National Drug Treatment Reporting System. See O’Hare and O’Brien [1992]¹ for full discussion of the method of estimation.

The numbers and rates below are estimates of the individuals resident in each Health Board Area who presented to the treatment services during 1996 [not necessarily in the Health Board of residence] for treatment of a drug problem. These are based on calculations of responses to Question 7 - Currently in treatment at other centre. Rates are based on Census of Population 1991, ages 15-39.

Age	EHB	SHB	NWHB	MHB	WHB	MWHB	NEHB	SEHB	Ireland
Number	3960	301	13	70	17	45	48	146	4613
Rate	7.7	1.5	0.2	1.0	0.1	0.4	0.4	1.0	3.5

Example - Calculation of Ireland Figure

The following elements of the responses are summed -

A + B + C + D where

A = those not currently in contact with another centre

[n = 4083, see Table A4]

B = those currently in contact with a centre outside the Reporting System

[n=137, see Table A5]

C = those currently in contact with a centre in the Reporting System divided by 2

[n=359/2 = 179, see Table A5]

D = the ‘not known’ category [n=286, see Table A5] half of whom are assumed to be currently in contact with a centre outside the system [286/2 = 143] and the other half assumed to be currently in contact with a centre in the system - this number is halved [143/2=71]

[n= 143 + 71 =214]

Estimate of Number of Individuals, Ireland

$$=A+B+C+D \text{ or } 4083 + 137 + 179 + 214 = 4613$$

All Contacts, Ireland, Data 1996 Report

$$= 4865$$

Footnote: ¹ O’Hare, A. and M. O’Brien (1992). Treated Drug Misuse in the Greater Dublin Area 1990. Dublin. The Health Research Board.