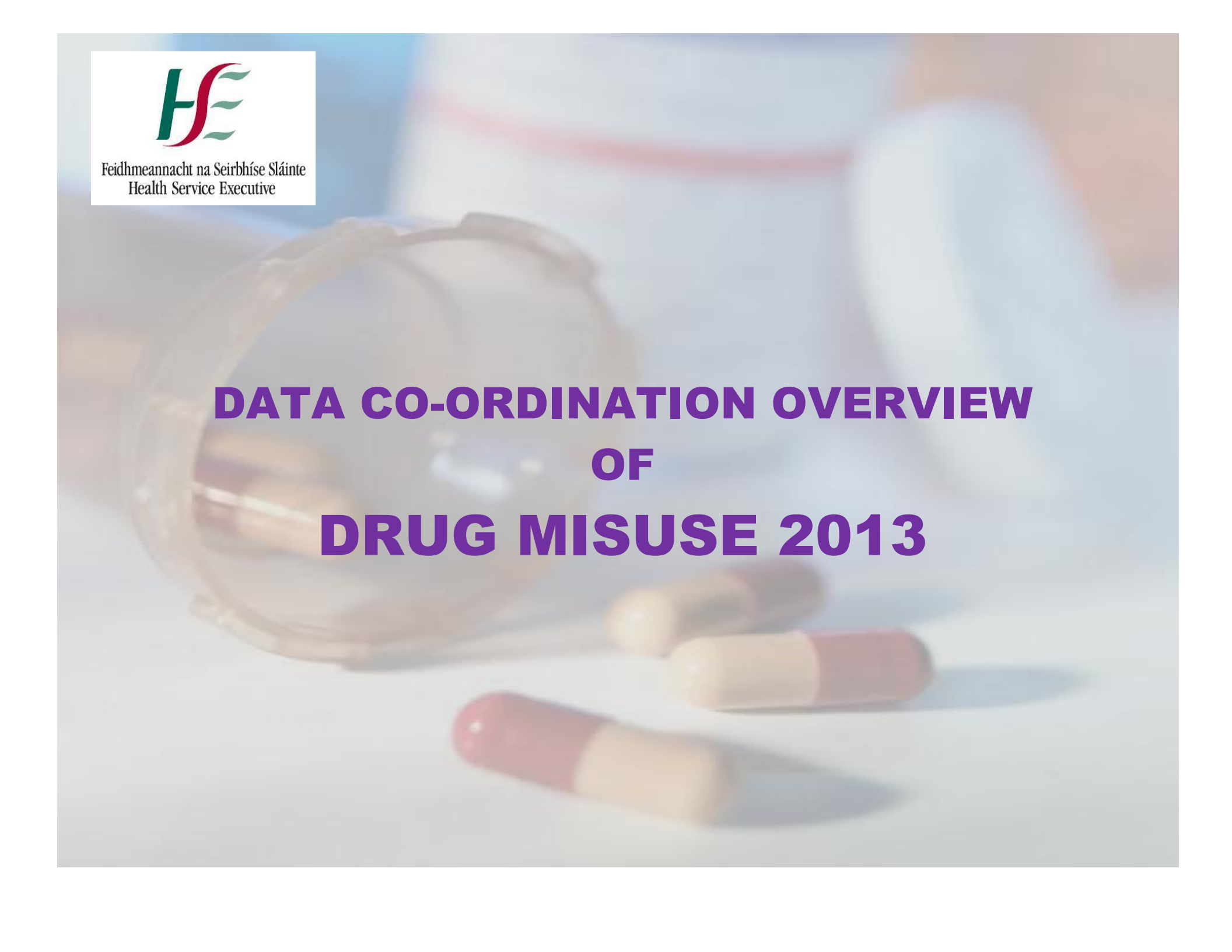




Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

The background of the slide is a blurred photograph of a white pill container with a red band, lying on its side. Several capsules, some white and some red, are scattered on the surface in front of the container. The overall tone is light and clinical.

# **DATA CO-ORDINATION OVERVIEW OF DRUG MISUSE 2013**

## **FOREWORD**

I am delighted to present this 14<sup>th</sup> edition of the Data Co-ordination Overview of Drug Misuse in the South East region. The South East covers the counties of Wexford, Waterford, Carlow, Kilkenny and South Tipperary.

Similar to previous years, this data report provides a comprehensive overview of the activity and outcomes that have been achieved by statutory and voluntary agencies working in the area of substance misuse. It shows that in 2013, a total of 3,818 individuals made contact with our services. Of these, 3,447 engaged in a treatment intervention, 3,094 of whom were from the South East region.

As with other years, alcohol continues to be the main reason for presentation to our services with 51% citing it as their primary problematic substance. Although it is still the primary substance of misuse in 2013, it represents a smaller proportion to previous years with an increase in the percentage of individuals who presented due to heroin and cannabis use, both at 19% in 2013.

In 2013, 48 staff within the region trained in the Community Reinforcement Approach (C.R.A.), 29 of which were working towards their C.R.A. accreditation. The C.R.A. provides an evidence based model of working positively with individuals, their families and community to encourage and support recovery. Seven staff were trained in functional family therapy.

This report was developed to be of assistance to planners, managers and staff working to support people who are engaged in substance misuse or concerned persons in the South East area. I hope you will find it of use and relevant.

I would like to particularly thank Martina Kidd, HSE Substance Misuse Data Co-ordinator Services for her hard work and dedication in compiling the Data Report.

Thanks are also due to all of the HSE and voluntary agencies who have fed their data into Martina without which this report would not have been possible and for the tremendous work they are doing day in and out to support individuals and their families affected by substance misuse.

Dr Derval Howley  
Regional Co-ordinator for Social Inclusion and Substance Misuse, HSE South

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# **SECTION 1**

# **INTRODUCTION**

## **1. INTRODUCTION**

The 2013 Data Co-ordination Overview of Drug Misuse reports on treated substance misuse in the South East region. The South East region covers the counties of Carlow, Kilkenny, South Tipperary, Waterford and Wexford. This is the 14<sup>th</sup> edition of the report.

The report contains data collected, collated and analysed from statutory, voluntary and community services in the South East.

The data contained in the report is based on the analysis of a number of different data systems:

- National Drug Treatment Reporting System (NDTRS)
- Hospital In-patient Enquiry System (HIPE Scheme)
- National Psychiatric In-patient Reporting System (NPIRS)

The report is broken down into eight sections. Sections 2 through 6 present an overview of data using the different data systems mentioned above, firstly on a regional level and then on a county basis, with the exception of the NPIRS, which gives a regional overview only. These sections of the report also include information on harm reduction services in the South East.

The HIPE and NPIRS report on 2012 data in order to ensure a complete data set.

Since 2007, the Garda Siobhan section of the report is taken from the Garda Recorded Crime Statistics, published by the Central Statistics Office. The full reports can be seen at [www.cso.ie](http://www.cso.ie).

Section 7 relates to acknowledgements.

Section 8 contains the appendices.

## 1.1 Definitions for Reporting Purposes

<b>Continuous care clients:</b>	Clients who continued their treatment from one year into the next without any break in their care.
<b>New referrals treated:</b>	Clients who were new to a service and commenced treatment in the current reporting year.
<b>New referrals assessed only:</b>	Clients who were new to a service, were assessed for treatment but who did not commence treatment for whatever reason in the current reporting year.
<b>Discharged only:</b>	Clients who received their last treatment intervention in the previous reporting year but were not formally discharged from their service provider until the current reporting year.
<b>Treatment episodes:</b>	A treatment episode is the duration of continuous treatment the client has with the service provider before being discharged.
<b>Concerned persons:</b>	A person, usually a family member, who is concerned about another's substance misuse, gambling or other problem and who received a one-to-one treatment intervention.
<b>All clients/contacts:</b>	Refers to clients assessed and/or treated by services in the South East regardless of their normal place of residence.
<b>South East clients/contacts:</b>	Refers to clients assessed and/or treated whose normal place of residence is within the South East.



**SECTION 2**  
**REGIONAL OVERVIEW**

## **2. REGIONAL OVERVIEW**

### **2.1 Regional Addiction Treatment Services 2013**

#### **2.1.1 Data Source**

The data provided in this section forms part of the National Drug Treatment Reporting System (NDTRS). The National Drug Treatment Reporting System was established by the Health Research Board as a data recording system for the Greater Dublin Area in 1990. It was extended to cover all of Ireland in 1995. It was initially developed as part of a European Pompidou Group, hence the NDTRS forms are sometimes referred to as the Pompidou forms. The data fields within the reporting system have been refined in accordance with the European Monitoring Centre for Drugs and Drug Addiction Treatment Demand Indicator Protocol.

Information on the NDTRS is collected and collated from a form supplied by the Drug and Alcohol Unit of the Health Research Board. The forms are used to collate and analyse data in relation to treated drug and alcohol use. The Health Research Board defines treatment broadly in this context as “any activity which aims to ameliorate the psychological, medical or social state of individuals who seek help for their substance misuse problems”.

The treatment options that are included in the returns include the following: medication (detoxification, methadone substitution programmes, psychiatric treatment), brief intervention, counselling, family therapy, psychotherapy and complementary therapy.

The treatment sites that returned the data to the NDTRS included both residential and community-based services.

One form is completed for every treatment episode (including assessments only) of a client between 1<sup>st</sup> January and 31<sup>st</sup> December each year.

There are some additional points to note about the data:

- Information in this section refers to data collected and collated for the NDTRS for the year 2013.
- The data is based on those presenting to the various statutory, voluntary and community services in the South East region and is representative of the reported cases of treated substance misuse rather than being representative of the actual prevalence of general drug or alcohol use in the region. This means that individuals who engaged in drug or alcohol misuse but who did not present to support services were not included in this data report.
- The data presented is based on information supplied by the various services and is only as accurate as the data provided.
- The data in this section is based on individuals, not treatment episodes. Although the individual has been cross-checked using the referring centre, date of birth and gender, there may still be some degree of over-counting due to the absence of a unique identifier



### 2.1.2 Reporting Services

Table 1 gives a breakdown of the reporting services in the South East that provided data using the NDTRS in 2013. It does not include the number of individuals attending each specific service or the number of treatment episodes, as a number of services provide treatment out of the same centre or provide support as part of a share care arrangement.

<b>Reporting Centres</b>	
HSE Community Mental Health Services	
HSE Acute Hospital/Unit Mental Health	These relate to clients treated in an acute setting by the community-based mental health counsellors.
HSE Substance Misuse Teams	Needle exchange programmes are operating in each of the counties.
HSE Drug Treatment Clinics	Methadone treatment clinics now operate in each of the counties.
HSE Liaison Officer University Hospital Waterford	
HSE Community Alcohol Detoxification Services Mental Health	Alcohol detoxification was previously only reported by Mental Health in Wexford. Detoxification is now provided in the community through GPs supported by the HSE substance misuse liaison nurses based in the substance misuse teams. Since 2010, residential detoxification beds are available in St. Francis Farm (Merchant's Quay Ireland), Tullow, Co. Carlow, and in Aislinn, Ballyragget, Co. Kilkenny.
Outreach Workers	
Saor Programme	
The Cornmarket Project	
St Francis Farm (MQI)	Residential and detoxification
Aislinn Adolescent Addiction Treatment Service	Residential and detoxification
Aiseiri Treatment Service Cahir and Wexford	Residential
Céim Eile Halfway House (Aiseiri/Aislinn Service)	Residential and outreach service
Community-Based Drug Initiatives	Carlow, Kilkenny and Wexford have two community-based drug initiative project workers per county. Tipperary South has three and Waterford has five.
Frontline Projects	
Tipperary Rural Travellers Project	Forms part of the South Tipperary substance misuse team.

Table 1: NDTRS Reporting Centres South East, 2013

### 2.1.3 Treatment Contact Type

This section and section 2.1.4 include data for all contacts for substance misuse and other problems from the South East Reporting Centres in 2013.

Excluding forms received for more than one treatment episode per service, where it was known that a client had been treated at more than one centre or where a client was discharged only in 2013, 3,818 individuals accessed the services in 2013. These individual contacts generated 4,198 treatment episodes. (The treatment episodes exclude clients who were discharged only and clients who were assessed only.)

The individual contacts figure is broken down as follows.

<b>Treatment Contact Type</b>	<b>Number</b>	<b>Percentage</b>
Continuous care	852	22%
New referrals: treated once during year	2,458	64%
Referrals: treated twice during year	128	3%
Referrals: treated more than twice during year	9	<1%
New referrals: assessed only	371	10%
<b>Total</b>	<b>3,818</b>	<b>100%</b>

Table 2: Treatment Contact Type: All Contacts, 2013

The number of clients continuing care from one year to the next increased by 174 individuals (26%), with more people staying longer in treatment rather than in and out of services. This may partly be due to the increased capacity at the drug treatment clinics over the past number of years and because the nature of methadone substitution treatment is on average a medium to long-term treatment plan.

The number of clients treated once decreased between 2012 and 2013 by 39 individuals (2%). Clients treated twice and those treated more than twice also decreased between the two years, by 23 individuals (15%) and two individuals (18%) respectively.

### 2.1.4 Main Reason for Referral

**Including** clients who were assessed only, the main reason for referrals to the services in 2013 is provided in Table 3.

Main Reason for Referral	Number	Percentage
Alcohol	1,717	45%
Illicit drugs	1,513	40%
Licit drugs	233	6%
Concerned persons	253	7%
Gambling	62	2%
Other problems	40	1%
<b>Total</b>	<b>3,818</b>	<b>100%</b>

Table 3: Main Reason for Referral: All Contacts, 2013

Alcohol and illicit drugs were the main reasons clients were referred to Substance Misuse Services in 2013 at 1,717 individuals (45%) and 1,513 individuals (40%) respectively.

### 2.1.5 Substance Misuse Treatment Data

**Excluding** clients who were assessed only and those who were treated for addictions other than substance misuse, 3,114 individuals were treated for substance misuse problems in the South East in 2013. Of these clients, 2,770 individuals had an address in the South East and 336 individuals had an address nationally, i.e. within the Republic of Ireland. In addition, seven individuals had an address outside of the Republic and the client's address was not known for two individuals. *The latter two will not be included in the tables and figures in the rest of this section because they number less than 10.*

The number of clients treated for a substance misuse problem in the South East increased by 102 individuals (3%) between 2012 and 2013. The number of clients with an address in the South East also increased between the two years by 19 individuals (1%).

The data in the following sections relates to the clients treated for a substance misuse problem only and is based on the client's county of residence.

**Demographic Data**

**Age Profile**

The following table and figure provide an overview of the age profile of substance misuse clients treated in the South East in 2013.

Age Group	Total South East	National	Total Region
Less than 18 years	191	33	225
18–24 years	569	83	653
25–29 years	432	40	474
30–34 years	378	54	432
35–39 years	316	31	347
40–44 years	235	32	267
45–49 years	184	19	204
50–54 years	155	21	178
55–59 years	118	7	126
60 years and over	186	15	201
Not known*	6	1	7
<b>Total</b>	<b>2,770</b>	<b>336</b>	<b>3,114</b>

Table 4: Age Profile of Treated Substance Misuse Clients, 2013

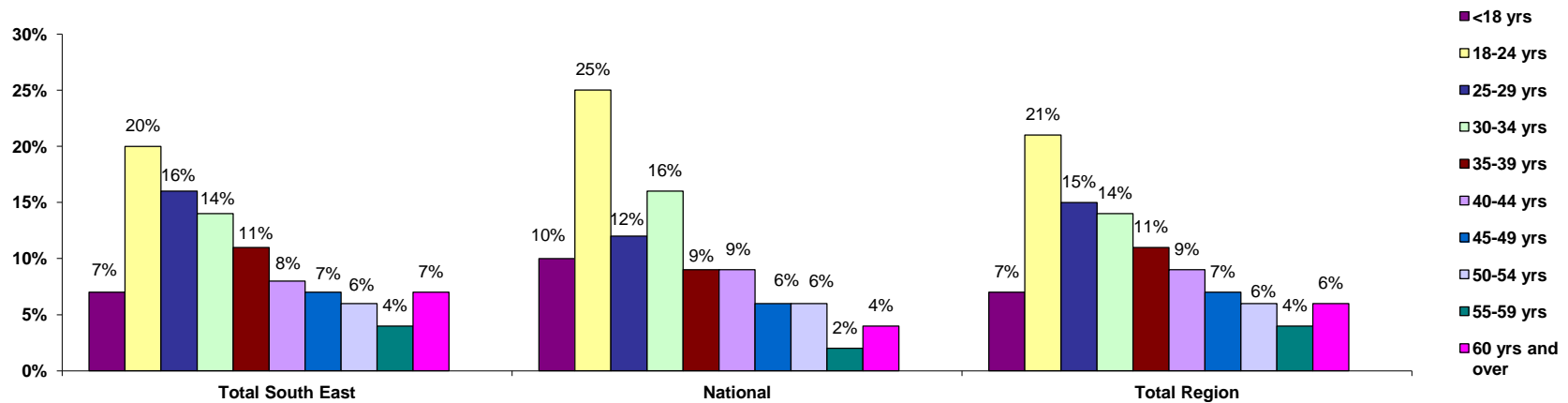


Figure 1: Age Profile of Treated Substance Misuse Clients, 2013

## Data Co-ordination Overview of Drug Misuse 2013

\* The percentage rate for 'Not known' is not included in Figure 1 as it has a value of less than 1%.

In 2013, the majority of clients treated in the South East were aged between 18 and 24 years (653 individuals, 21%). This age group has accounted for the majority of treated substance misuse clients over the past number of years even though numbers have been decreasing during this time. The number of treated substance misuse clients in the region aged 18- to 24- years decreased again between 2012 and 2013 by 24 individuals (3%).

The second highest age profile of treated substance misuse clients in 2013 was those in the 25- to 29- year age group, accounting for 474 individuals (15%). The number of clients treated in the region in this age group increased between 2012 and 2013 by 50 individuals (12%).

### Gender Profile

Table 5 and Figure 2 give an overview of the gender profile of treated substance misuse clients in the region for 2013.

Gender	Total South East	National	Total Region
Male	1,866	226	2,095
Female	904	110	1,019
<b>Total</b>	<b>2,770</b>	<b>336</b>	<b>3,114</b>

Table 5: Gender Profile of Treated Substance Misuse Clients, 2013

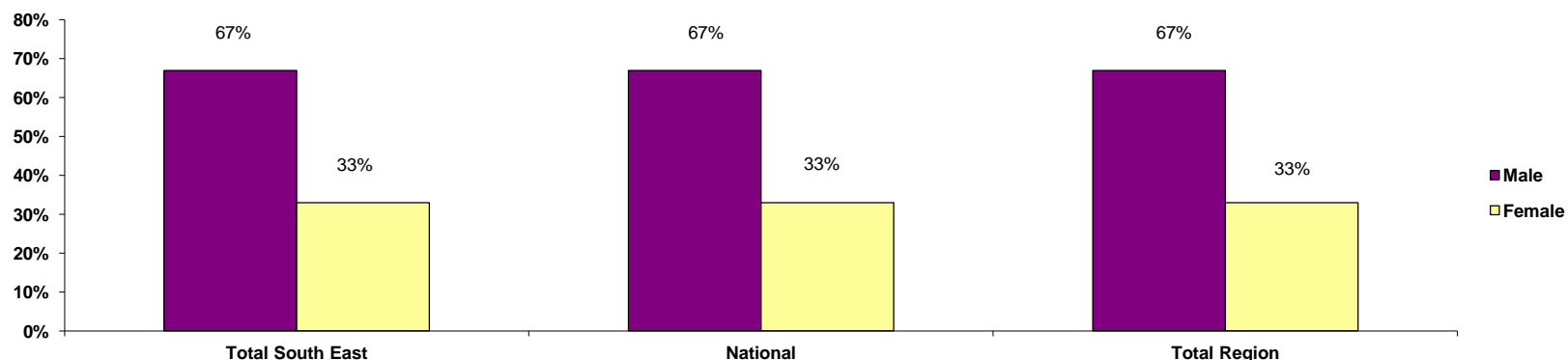


Figure 2: Gender Profile of Treated Substance Misuse Clients, 2013

## Data Co-ordination Overview of Drug Misuse 2013

Similar to previous years, the majority of treated substance misuse clients in the region were male at 2,095 individuals (67%). Again, similar to previous years, the ratio is two-thirds treated males to one-third treated females.

The number of treated substance misuse females in the region increased in the past number of years and increased again between 2012 and 2013 by 30 individuals (3%). The number of males treated in the region for a substance misuse problem increased between 2012 and 2013 by 72 individuals (4%).

### Living Status

The following table and figure show the living status (where the client lived) of the treated substance misuse clients in 2013. The data relates to the stability of the client's living situation a month prior to treatment starting.

Accommodation Type	Total South East	National	Total Region
Stable accommodation	2,595	289	2,889
Institution (prison, residential care or halfway house)	51	31	83
Homeless <sup>1</sup>	84	13	99
Other unstable accommodation <sup>2</sup>	31	1	32
Not known	9	2	11
<b>Total</b>	<b>2,770</b>	<b>336</b>	<b>3,114</b>

Table 6: Living Status of Treated Substance Misuse Clients, 2013

<sup>1</sup> 'Homeless' can include sleeping rough, living in a guesthouse or hostel, etc.

<sup>2</sup> 'Other unstable accommodation' includes temporary living arrangements, e.g. staying with a friend on a temporary basis without paying rent.

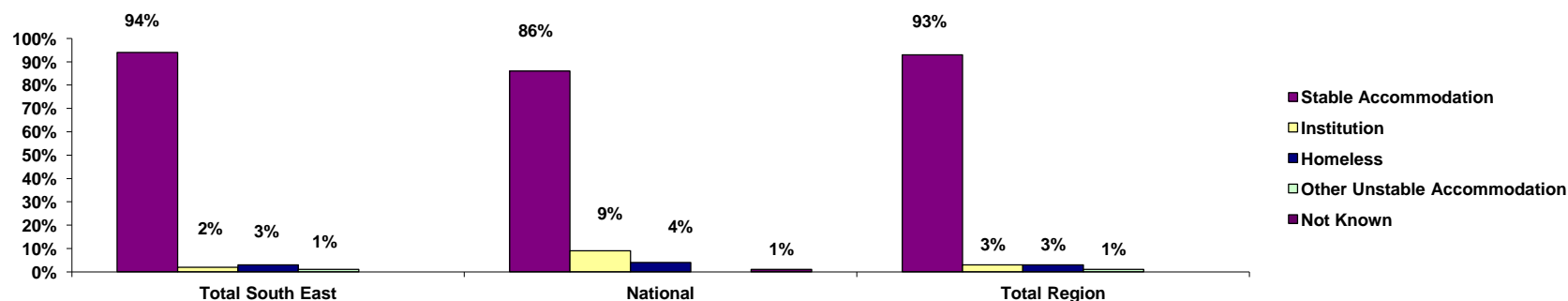


Figure 3: Living Status of Treated Substance Misuse Clients, 2013

## Data Co-ordination Overview of Drug Misuse 2013

The percentage rate of 'Other unstable accommodation' for clients with a national address is not included in Figure 3 as it has a value of less than 1%. The 'Not known' percentage rate is also not included in Figure 3 as it too has a value of less than 1%.

A total of 2,889 individuals (93%) treated in the region in 2013 were living in stable accommodation.

There was an increase in the number of treated clients in the region who were living in stable accommodation between 2012 and 2013 of 106 individuals (4%). The number of clients living in an institution decreased between the two years by two individuals (2%). The number of clients who were homeless in the month prior to their treatment starting increased between 2012 and 2013 by five individuals (5%), while the number of clients living in other unstable accommodation decreased between the two years by eight individuals (20%).

### *Employment Status*

Table 7 and Figure 4 outline the employment status of treated substance misuse clients in 2013.

<b>Employment Status</b>	<b>Total South East</b>	<b>National</b>	<b>Total Region</b>
Unemployed	1,679	193	1,877
In paid employment	384	71	457
Retired or unable to work	229	27	256
Student	202	20	222
SOLAS (FÁS)/training course	160	9	169
Housewife/husband	103	11	115
Other*	8	0	8
Not known*	5	5	10
<b>Total</b>	<b>2,770</b>	<b>336</b>	<b>3,114</b>

Table 7: Employment Status of Treated Substance Misuse Clients, 2013

\* 'Other' and 'Not known' count for less than 1% and thus are not shown in Figure 4.

## Data Co-ordination Overview of Drug Misuse 2013

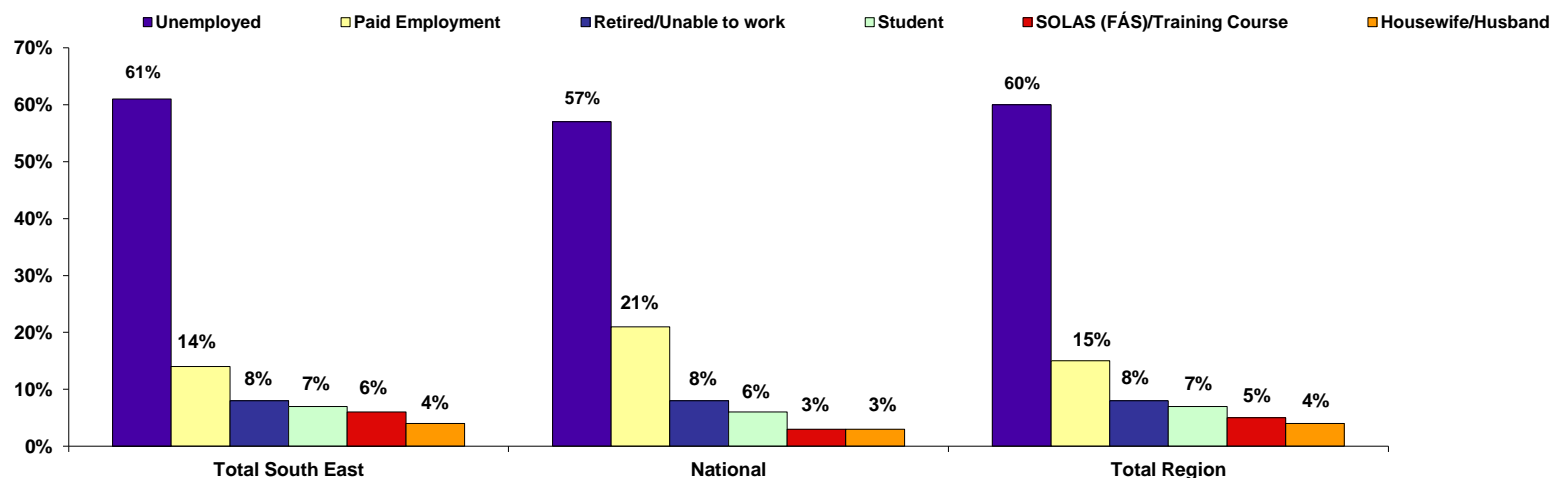


Figure 4: Employment Status of Treated Substance Misuse Clients, 2013

The 2013 data follows a similar pattern to previous years in that the three main employment categories for clients treated in the region were unemployed, in paid employment and those who were retired or unable to work.

Clients who were unemployed at the time of treatment accounted for 1,877 individuals (60%), followed by clients who were in paid employment at 457 individuals (15%). The third highest employment status for clients treated in the region in 2013 was those who were retired or unable to work at 256 individuals (8%).

The number of clients who were unemployed and treated in the region in 2013 increased between 2012 and 2013 by 45 individuals (2%). The number of clients who were in paid employment also increased between 2012 and 2013 by 19 individuals (4%). There was a decrease in the number of clients recorded as being retired or unable to work between 2012 and 2013 of 10 individuals (4%).



**Referral Data**

*Source of Referral*

Table 8 and Figure 5 illustrate the different referral sources to services in the South East in 2013.

<b>Referral Source</b>	<b>Total South East</b>	<b>National</b>	<b>Total Region</b>
Self referral	987	115	1,102
Mental health facility (including psychiatrist)	311	4	315
Court, probation or police	246	37	283
General practitioner	188	14	202
Social services or community services	194	26	221
Acute hospital service (excluding A&E)	198	8	206
Family	156	57	216
Other drug treatment centre	167	47	217
A&E other	107	4	112
Outreach worker	103	3	106
Mental health liaison nurse at A&E	52	0	52
Friends	29	7	36
School*	10	0	10
Prison	10	9	19
Other*	12	5	17
<b>Total</b>	<b>2,770</b>	<b>336</b>	<b>3,114</b>

Table 8: Source of Referral for Substance Misuse Treated Clients, 2013

\* School referrals are not included in Figure 5 as the value is less than 1%. ‘Other’ refers to referrals from an employer and not known.

## Data Co-ordination Overview of Drug Misuse 2013

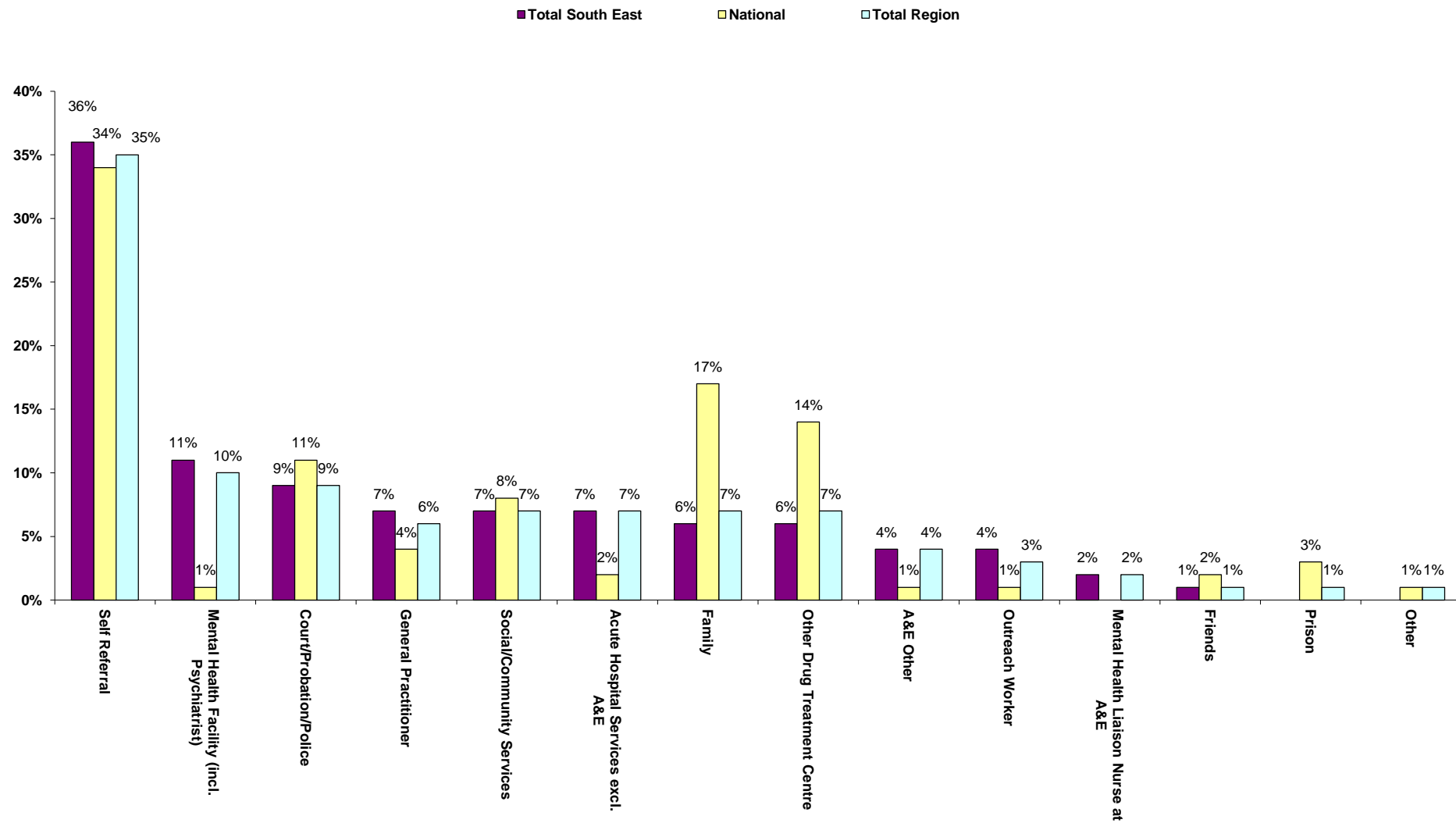


Figure 5: Source of Referral for Substance Misuse Treated Clients, 2013

Similar to previous years, the main source of referrals to services in the South East came from clients who self referred. Self referrals accounted for 1,102 individuals (35%). The number of self referrals increased between 2012 and 2013 for clients treated in the region by 94 individuals (9%).

## Data Co-ordination Overview of Drug Misuse 2013

The next highest referral source in 2013 came from a mental health facility (including psychiatrist), accounting for 315 individuals (10%). These figures also increased between 2012 and 2013 by 45 individuals (17%).

### Treatment Data

#### *Main Substance Misuse Problem*

The following table and figure give a breakdown of the main substances for which clients were treated in the region in 2013. It does not include clients who presented as concerned persons or those treated with gambling as the main problem.

<b>Main Problem Substance</b>	<b>Total South East</b>	<b>National</b>	<b>Total Region</b>
Alcohol	1,428	156	1,588
Cannabis	540	63	604
Heroin	501	82	583
Benzodiazepines	124	16	141
Cocaine	66	13	81
Other opiate-type drug	51	3	54
Other*	42	3	45
Amphetamines	18	0	18
<b>Totals</b>	<b>2,770</b>	<b>336</b>	<b>3,114</b>

Table 9: Main Substance Misuse Problem of Treated Clients, 2013

\* 'Other' records numbers of 10 or less and/or a rate of less than 1%. These are not included separately in Table 9 or Figure 6.

## Data Co-ordination Overview of Drug Misuse 2013

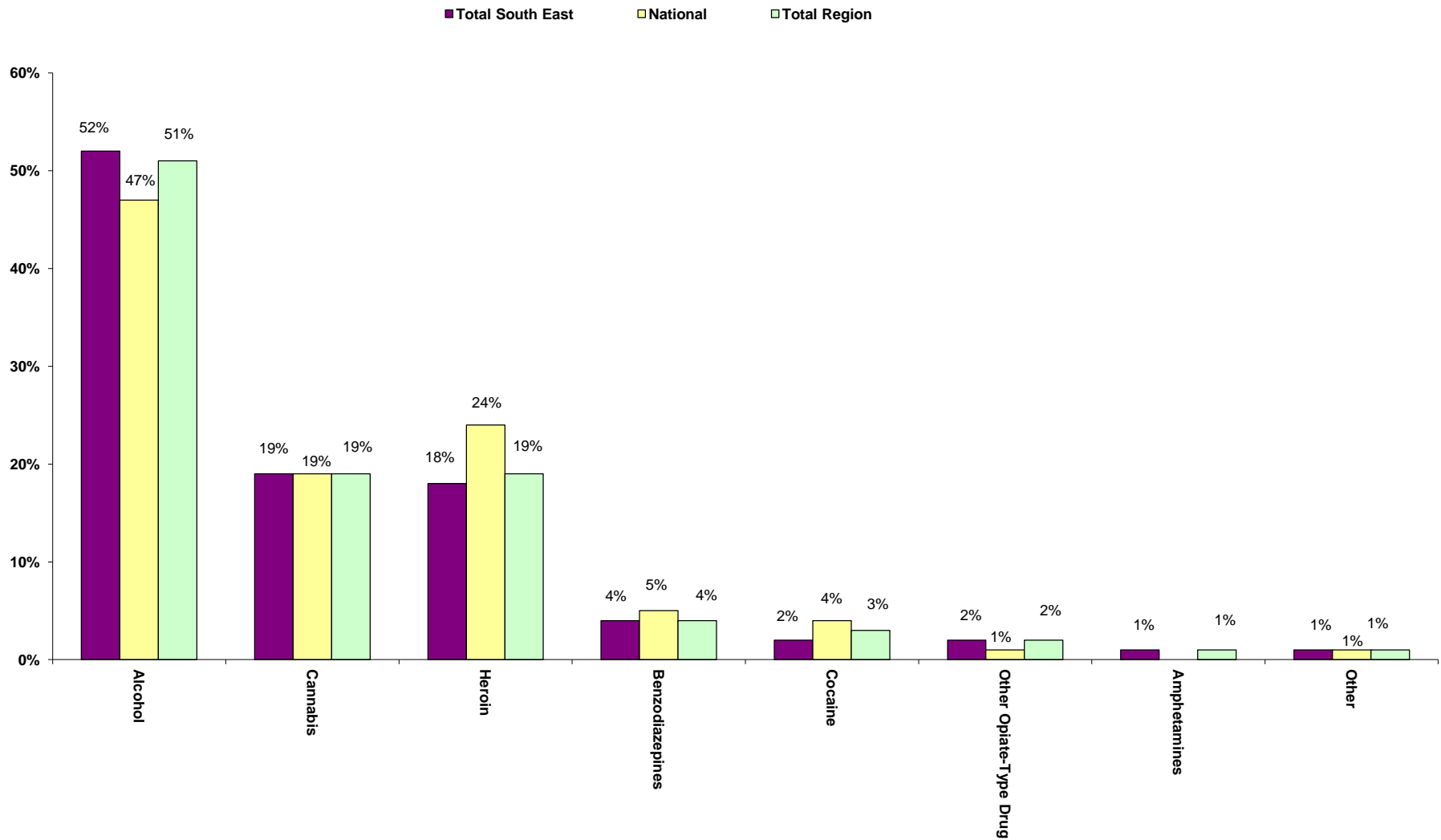


Figure 6: Main Substance Misuse Problem of Treated Clients, 2013

### ***Alcohol***

Alcohol continued to be the main problematic substance treated in the South East in 2013. A total of 1,588 individuals (51%) presented with alcohol as their main problematic substance. Similar to previous years, the number of clients treated with alcohol as their main problematic substance continued to decrease. Between 2012 and 2013, all clients treated in the region with alcohol as their main problem substance decreased by 117 individuals (7%).

### ***Cannabis***

Cannabis was the third most treated problematic substance in 2012 but was the second most treated problematic substance in 2013. A total of 604 individuals (19%) treated in the region in 2013 had cannabis as their main problematic substance. The number of individuals treated with cannabis as their main problematic substance increased between 2012 and 2013 by 82 individuals (16%).

### ***Heroin***

In 2012 the second most treated problematic substance was heroin, but in 2013 heroin was the third main problematic substance for which clients in the region sought treatment. In 2013, clients treated with heroin as their main problematic substance accounted for 583 individuals (19%). The number of clients treated with heroin as their main problematic substance increased between 2012 and 2013 by 54 individuals (10%).

In addition, at the end of December 2013, 26 GPs in the South East were providing level 1 community GP treatment services for 103 clients addicted to opiates and services were supported by 68 pharmacies. Between 2012 and 2013 an additional nine GPs were providing level 1 community GP treatment services to an additional 42 clients, supported by an additional 14 pharmacies engaged in the Methadone Treatment Protocols.

### ***Benzodiazepines***

There were 141 individuals (4%) treated in the region with benzodiazepines as their main problematic substance. Over the last number of years there has been an increase in the number of clients seeking treatment for problematic benzodiazepine use and the number increased again between 2012 and 2013. The number of clients treated in the region with benzodiazepines as their main problematic substance increased by 44 individuals (45%).

**Cocaine**

A total of 81 individuals (3%) presented with cocaine as their main problematic substance. In recent years cocaine as a main problematic substance has been decreasing, but in 2013 there was an increase in the number of clients presenting with cocaine as their main problematic substance. Between 2012 and 2013, the number of clients treated in the region with cocaine as their main problematic substance increased by 16 individuals (25%).

**Risk Behaviour Data**

***Extent of Drinking Problem***

The severity of a drinking problem has been categorised as follows:

- Hazardous drinking is defined as a pattern of alcohol use that increases the risk of harmful consequences for the user. The term describes drinking over the recommended limits by a person with no apparent alcohol-related health problems. This includes experimental drinking.
- Harmful drinking can be described as a pattern of use that is already causing damage to health. This damage may be physical or mental.
- Dependent drinking refers to physical and psychological dependence on alcohol resulting from the habitual use of alcohol, where negative physical withdrawal symptoms result from abrupt discontinuation.

Table 10 and Figure 7 provide an overview of the extent of the problem associated with alcohol consumption for clients treated in the South East in 2013. The data is based on all clients treated for an alcohol problem, i.e. clients treated for alcohol as both a main and secondary substance of misuse.

<b>Categorise Extent of Drinking Problem</b>	<b>Total South East</b>	<b>National</b>	<b>Total Region</b>
Dependent	814	169	988
Harmful	545	33	578
Hazardous	368	31	401
Not known*	3	1	4
<b>Total</b>	<b>1,730</b>	<b>234</b>	<b>1,971</b>

Table 10: Extent of Drinking Problem of Treated Alcohol Clients, 2013

\* Figure 7 does not include rates for the ‘Not known’ group as it has a value of less than 1%.

## Data Co-ordination Overview of Drug Misuse 2013

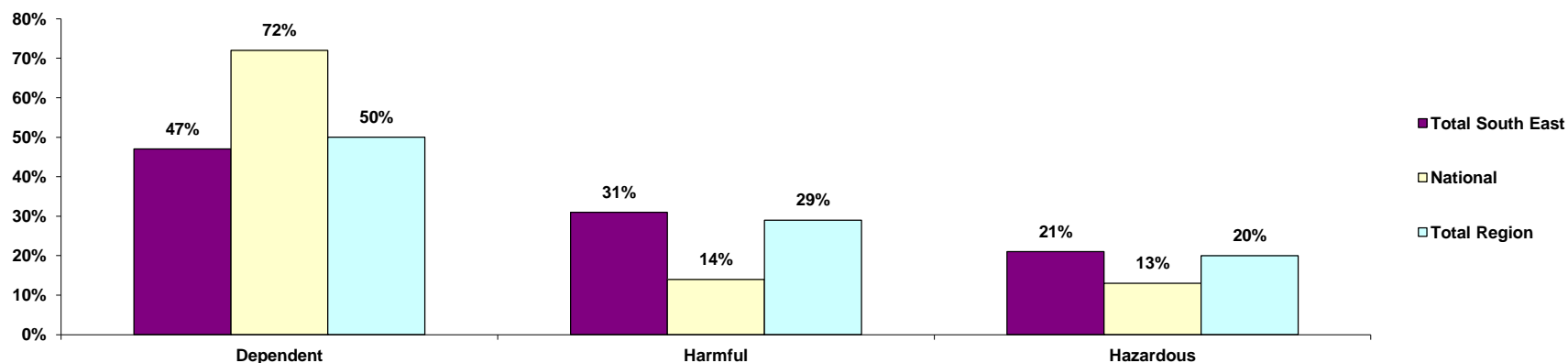


Figure 7: Extent of Drinking Problem of Treated Alcohol Clients, 2013

Similar to 2012, in 2013 the majority of treated alcohol clients in the region were categorised as dependent drinkers, followed by those categorised as harmful drinkers and then by those categorised as hazardous drinkers.

In 2013, 989 individuals (50%) of clients treated for alcohol problems in the region were categorised as dependent drinkers. Harmful drinkers accounted for 578 individuals (29%) and 401 individuals (20%) were categorised as hazardous drinkers.

Clients treated for an alcohol problem decreased between 2012 and 2013 by 117 individuals (7%), as did each of the categories in the extent of the drinking problem. The number of clients categorised as dependent drinkers decreased by 28 individuals (3%). The number of clients categorised as harmful drinkers decreased by 21 individuals (3%) between the two years. The number of clients categorised as hazardous showed the biggest decrease between the two years for clients treated in the region, with a decrease of 39 individuals (9%).

### *Intravenous Drug Use*

#### **Ever Injected**

The following tables and figures give an overview of clients who had engaged in risk behaviour associated with their IV drug use. Table 11 and Figure 8 show the number of clients who had injected at some point in their lives (ever injected). Table 12 and Figure 9 show the number of clients who had injected in the month prior to their treatment commencing.

## Data Co-ordination Overview of Drug Misuse 2013

Ever Injected	Total South East	National	Total Region
Yes	434	72	508
No	2,325	262	2,593
Not known*	11	2	13
<b>Total</b>	<b>2,770</b>	<b>336</b>	<b>3,114</b>

Table 11: Treated Clients Who Had Ever Injected, 2013

\* Rates for 'Not known' are excluded from Figure 8 as they have a value of less than 1%.

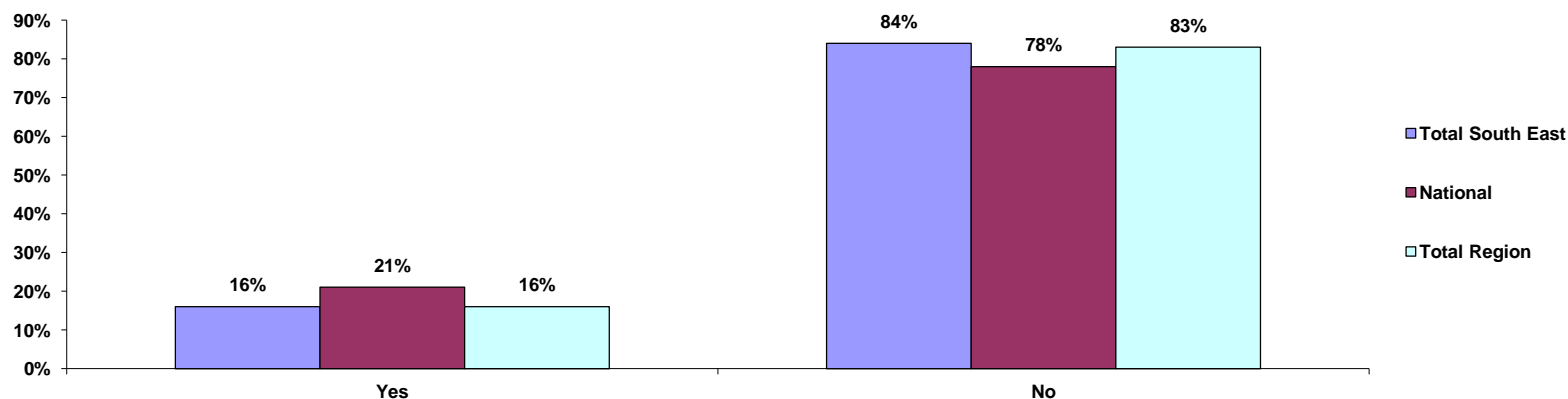


Figure 8: Treated Clients Who Had Ever Injected, 2013

As with previous years, the majority of clients had never injected at 2,593 individuals (83% of clients treated for drug use in the region). The number of clients who had never injected has fallen in the last number of years and decreased again between 2012 and 2013 by 24 individuals (1%).

At the same time, the figures for clients who had injected at some point in their lives increased between the two years. In 2013, 508 individuals (16% of clients treated for drug use in the region) had injected at some time in their lives. This is an increase between 2012 and 2013 of 52 individuals (11%).



**Injected in the Past Month**

Table 12 and Figure 9 show the number and rate of treated clients who had injected in the month prior to commencing their treatment.

<b>Injected in Past Month</b>	<b>Total South East</b>	<b>National</b>	<b>Total Region</b>
Yes	177	13	190
No	255	58	314
Not known*	2	1	4
<b>Totals</b>	<b>434</b>	<b>72</b>	<b>508</b>

Table 12: Treated Clients Who Had Injected in the Past Month, 2013

\* Rates for ‘Not known’ are excluded from Figure 9 as they have a value of less than 1%.

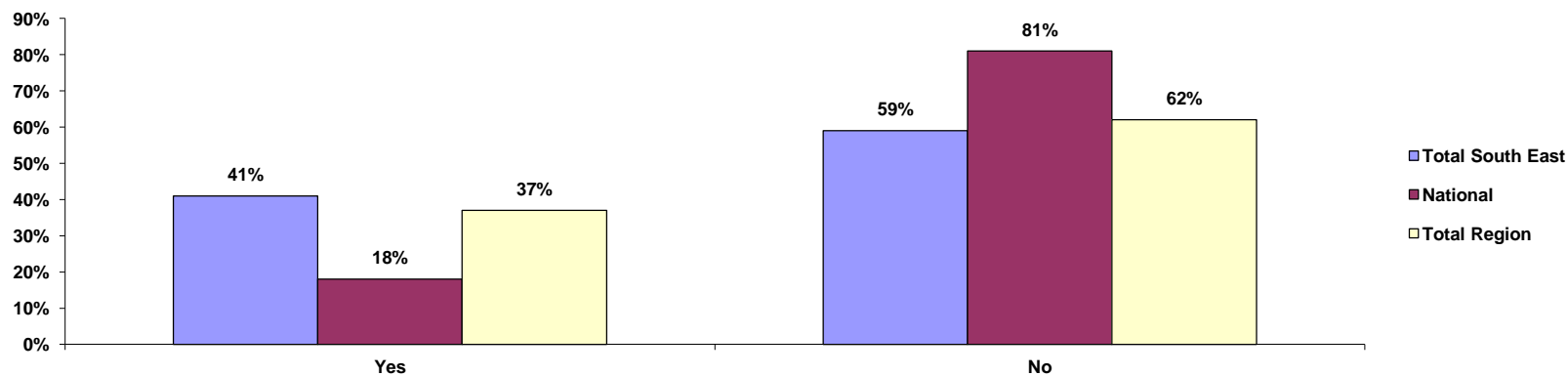


Figure 9: Treated Clients Who Had Injected in the Past Month, 2013

Of the clients who had injected at some time in their lives, 314 individuals (62% of clients treated for drug use in the region) had not injected in the month prior to their treatment starting. These figures increased between 2012 and 2013 by 25 individuals (9%).

A total of 190 individuals (37% of clients treated for drug use in the region) who had injected at some time in their lives had also injected in the month prior to treatment starting. These figures increased between 2012 and 2013 for clients treated in the region by 25 individuals (15%).

**Ever Shared Any Injecting Equipment**

Table 13 and Figure 10 show the number and rate of treated clients who, having injected at some time in their lives, had shared injecting equipment.

Shared Injecting Equipment	Total South East	National	Total Region
Yes	234	28	264
No	179	31	210
Not known	21	13	34
<b>Totals</b>	<b>434</b>	<b>72</b>	<b>508</b>

Table 13: Treated Clients Who Had Shared Injecting Equipment, 2013

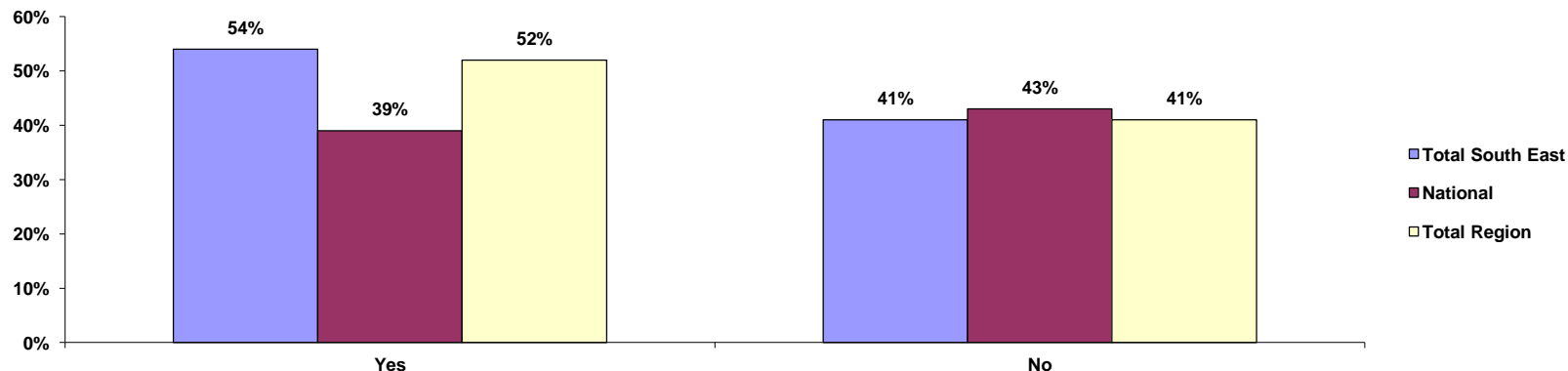


Figure 10: Treated Clients Who Had Shared Injecting Equipment, 2013

Just over half of all clients treated in the South East region who had ever injected had also shared injecting equipment. This accounted for 264 individuals (52% of clients treated for drug use).

**Exit Data**

***Discharges***

Each year there are a number of clients who leave the services in the reporting year but who were last treated in the previous reporting year. This delay in discharge reporting is mainly due to the fact that the majority of community-based services (statutory, voluntary and community) have a 90-day discharge procedure whereby a client is only formally reported as discharged from the service (unless treatment

## Data Co-ordination Overview of Drug Misuse 2013

has been completed) if 90 days have elapsed since their last visit to the service and no contact has been made with the service in the meantime. However, not all community-based services have a 90-day discharge procedure. For example, the drug treatment clinics have a 30-day discharge procedure.

These “discharged” clients were not included in the treatment section of the report as treatment was not given to them in the 2013 reporting year.

A total of 2,142 clients treated for substance misuse problems were discharged from the services in the region in 2013.

### *Treatment Outcomes*

Clients treated in the South East normally receive more than one treatment intervention during their treatment episode. Table 14 and Figure 11 provide a breakdown of the treatment outcomes based on the main treatment intervention given to clients in 2013.

<b>Treatment Outcomes</b>	<b>Total South East</b>	<b>National</b>	<b>Total Region</b>
Treatment completed	594	204	800
Client transferred stable	155	9	164
Client transferred unstable	72	3	75
Client refused further treatment as they considered themselves stable	304	38	345
Client refused further treatment or did not return for subsequent appointments	583	14	598
Premature exit from treatment for non-compliance*	28	36	64
Client died	10	0	10
Client sentenced to prison	35	0	35
Client no longer lived in area	25	0	25
Mental health transfer	17	0	17
Other	8	1	9
<b>Total</b>	<b>1,831</b>	<b>305</b>	<b>2,142</b>

Table 14: Treatment Outcomes of Substance Misuse Clients, 2013

\* There are five reasons for non-compliance: drug taking, violent behaviour, illegal activities, alcohol taking and not observing other rules.

Of those who exited treatment prematurely, the main reasons for non-compliance in 2013 were not observing other rules and drug taking. Clients treated in the region whose non-compliance was for not observing other rules accounted for 39 individuals (61% of premature exit clients) and 20 individuals (31%) were discharged for drug taking. In relation to premature exit for drug taking, in the majority of cases

## Data Co-ordination Overview of Drug Misuse 2013

this is where an individual was engaged in a detoxification and/or rehab project and relapsed. In these instances clients exited from the drug free treatment setting may engage in other treatment interventions.

Between 2012 and 2013, there was a decrease of nine individuals (12%) who exited prematurely from treatment for non-compliance. The number of clients who were discharged for not observing other rules remained the same between the two years for clients treated in the region. Drug taking as a reason for non-compliance increased by three individuals (18%) between the two years.

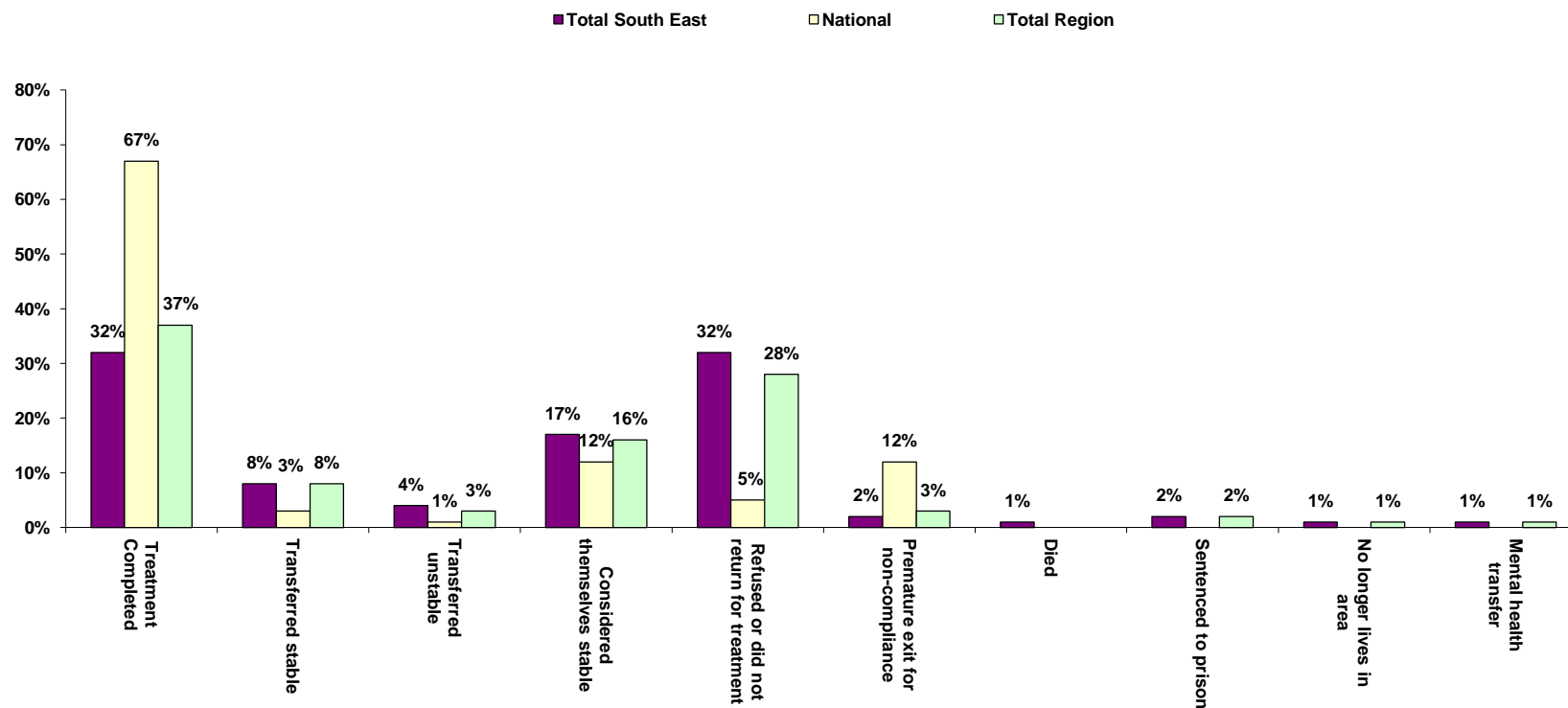


Figure 11: Treatment Outcomes of Substance Misuse Clients, 2013

The majority of clients treated in the region completed their treatment prior to discharge in 2013. This accounted for 800 individuals (37% of clients treated in the region). There was an increase in the number of clients who completed their treatment between 2012 and 2013 of 81 individuals (11%).

The second highest group of clients discharged were those who refused further sessions or did not return for subsequent appointments at 598 individuals (28% of clients treated in the region). This discharge group increased between 2012 and 2013 by 61 individuals (11%).

## Data Co-ordination Overview of Drug Misuse 2013

The next highest group of clients discharged in 2013 were those who did not wish to attend further treatment sessions because they considered themselves stable at 345 individuals (16% of clients treated in the region). There was a decrease in the number of clients discharged as a result of this outcome between 2012 and 2013 by 28 individuals (8%).

The majority of clients were considered stable by their service provider upon exit from treatment in 2013. This accounted for 1,482 individuals (69% of clients treated in the region). Of the clients discharged in 2013, 650 individuals (30%) were considered unstable at the time of their discharge.

### **2.1.6 Harm Reduction**

#### **Needle Exchange Services**

Needle exchange services were first provided in the South East region in December 2011 with the development of the first service in Waterford.

Needle exchange services provide clients with the equipment to inject, smoke and dispose of drug paraphernalia as well as safer sex protection. They also provide harm reduction information on safer injecting, safer sex, overdose awareness and steroid information. Needle exchange services refer clients on to other relevant services, e.g. methadone programmes, STI clinics, BBV testing, GPs, detoxification services and counselling.

The needle exchange programmes in the South East are operated as joint ventures between the HSE and voluntary organisations. All services are provided to the client free of charge.

There are five needle exchange services in the South East operating fixed site services based in each of the counties of the South East.

Pharmacies in the region also provided needle exchange services. During 2013, a total of 22 pharmacies provided needle exchange services. 10 pharmacies were located in the Carlow/Kilkenny/South Tipperary area, while the Waterford/Wexford area had 12 pharmacies providing this service.

In 2013, 132 individuals contacted the HSE needle exchange services. This is probably an underestimation of the number of clients who attended the services in 2013 because there was some under-recording of client details. The following sections give a brief overview of these clients by age, gender, etc.

**Age Group**

Table 15 and Figure 12 provide an overview of the age profile of clients who attended the needle exchange services in 2013.

Age Group	Number
18–24 years	16
25–29 years	40
30–34 years	26
35–39 years	18
Other*	14
Not known	18
<b>Total</b>	<b>132</b>

Table 15: Age Profile of South East Needle Exchange Clients, 2013

\* ‘Other’ refers to age groups with counts of less than 10, which are therefore not included separately in Table 15 or Figure 12.

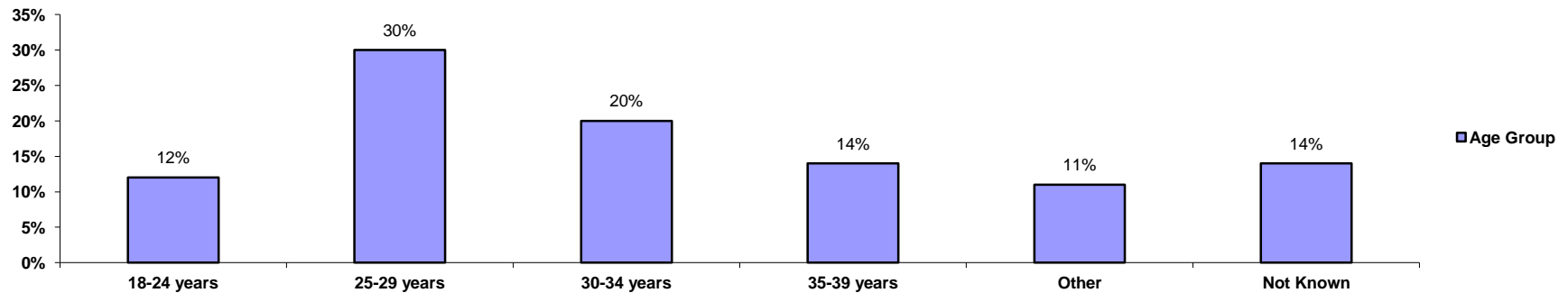


Figure 12: Age Profile of South East Needle Exchange Clients, 2013

The majority of clients were between the ages of 25 and 29 years (40 individuals, 30%), followed by clients in the 30- to 34-year age group (26 individuals, 20%).

**Gender**

Table 16 and Figure 13 outline the gender profile of South East needle exchange clients in 2013.

<b>Gender</b>	<b>Number</b>
Male	88
Female	39
Not known	5
<b>Total</b>	<b>132</b>

Table 16: Gender of South East Needle Exchange Clients, 2013

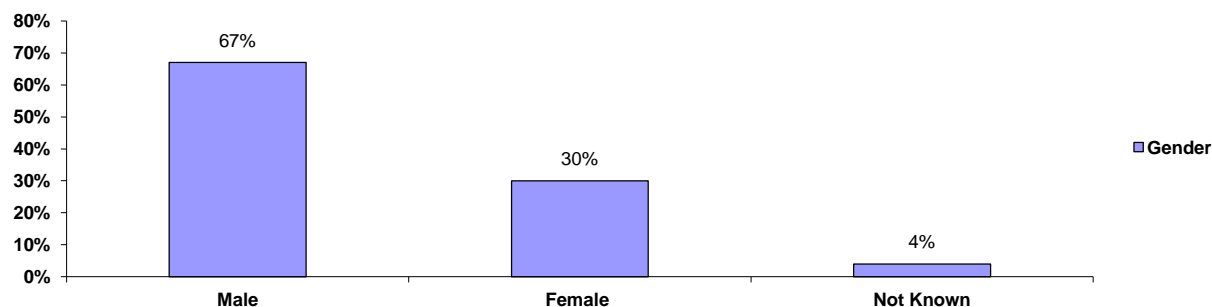


Figure 13: Gender of South East Needle Exchange Clients, 2013

Similar to other services, the majority of clients who attended the needle exchange services were male (88 individuals, 67%). Females accounted for 39 individuals (30%).

***Main Substance***

Table 17 and Figure 14 give a breakdown of the main substances used by clients who accessed the needle exchange services during 2013.

<b>Main Substance</b>	<b>Number</b>
Heroin	122
Other*	10
<b>Total</b>	<b>132</b>

Table 17: Main Substances Used by South East Needle Exchange Clients, 2013

\* ‘Other’ relates to substances that have counts of less than 10 such as steroids, which are therefore not included separately in Table 17 or Figure 14.

## Data Co-ordination Overview of Drug Misuse 2013

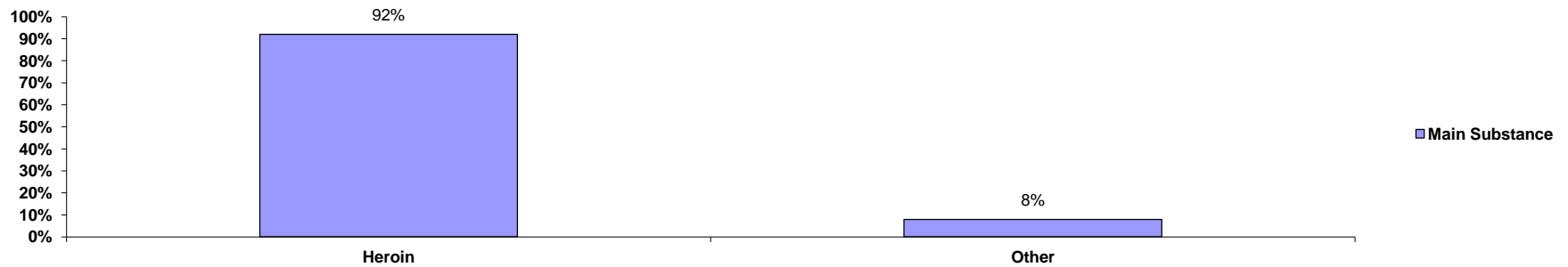


Figure 14: Main Substances Used by South East Needle Exchange Clients, 2013

As can be seen from the above table and figure, the vast majority of clients listed heroin as their main substance of use. This accounted for 122 individuals (92% of clients).

### *Referral Source*

Table 18 and Figure 15 provide an overview of the types of referral received by the needle exchange services.

<b>Referral Source</b>	<b>Number</b>
Self	70
Clinical liaison nurse	36
Other*	26
<b>Total</b>	<b>132</b>

Table 18: Referral Source for South East Needle Exchange Clients, 2013

\* 'Other' relates to referrals with counts of less than 10, which are therefore not included separately in Table 18 or Figure 15.



## Data Co-ordination Overview of Drug Misuse 2013

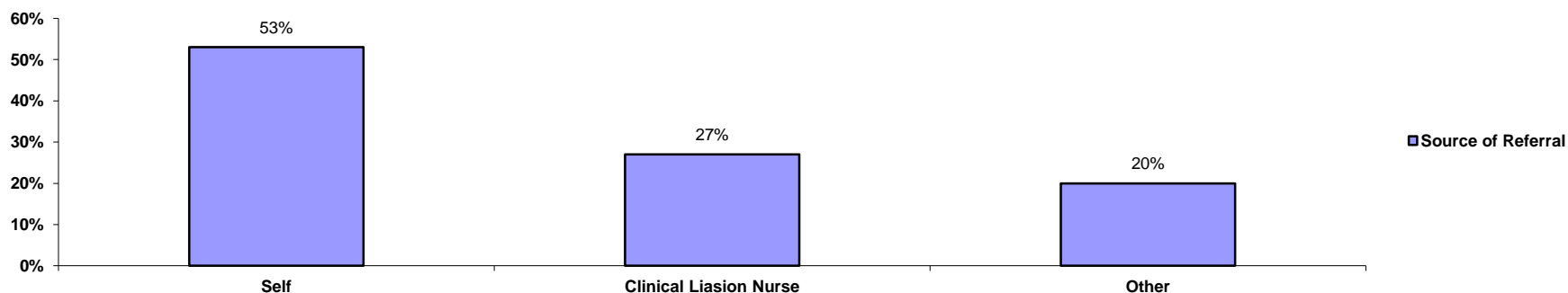


Figure 15: Referral Source for South East Needle Exchange Clients, 2013

The main sources of referrals to the needle exchange services in 2013 were self referrals and referrals from a clinical liaison nurse at 70 individuals (54%) and 36 individuals (27%) respectively.

### *Term of Intravenous Drug Use (IVDU)*

Table 19 and Figure 16 provide a breakdown of the length of time the needle exchange clients had been injecting.

Length of IVDU	Number
Less than 1 year	13
1–4 years	58
5–9 years	20
10 years and over	13
Other*	6
Not known	22
<b>Total</b>	<b>132</b>

Table 19: Term of IVDU of South East Needle Exchange Clients, 2013

\* ‘Other’ relates to lengths of time with counts of less than 10, which are therefore not included separately in Table 19 or Figure 16.

## Data Co-ordination Overview of Drug Misuse 2013

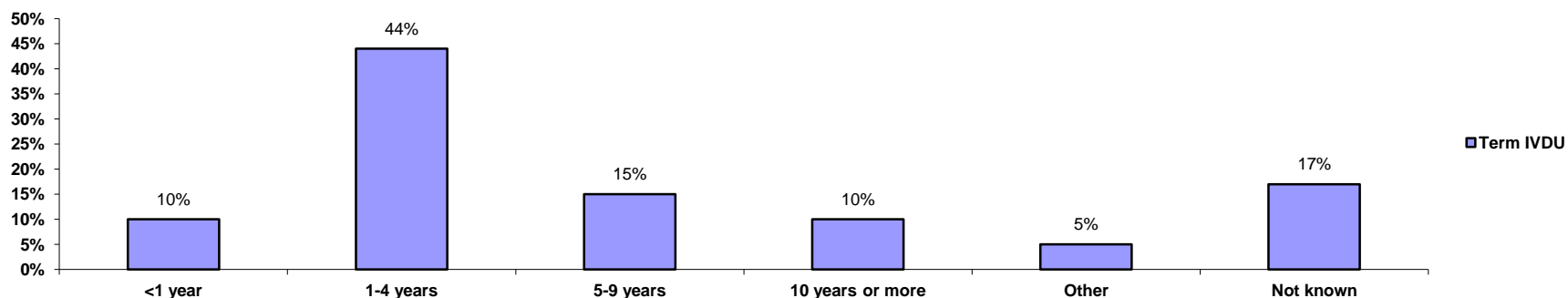


Figure 16: Term of IVDU of South East Needle Exchange Clients, 2013

The majority of clients had been injecting between one and four years at the time they attended the needle exchange services in 2013, accounting for 58 individuals (44% of clients). This was followed by clients who had been injecting between five and nine years at 20 individuals (15%) and then those who had either been injecting for less than a year or injecting for 10 or more years, both of which accounted for 13 individuals (10%).

### *Paraphernalia Sharing in the Past Year*

The following table and figure provide an overview on whether or not the needle exchange clients had shared any injecting paraphernalia in the year prior to attending the needle exchange services.

Paraphernalia Sharing in the Past Year	Number
Yes	27
No	46
Not known	59
<b>Total</b>	<b>132</b>

Table 20: Paraphernalia Sharing in the Past Year by South East Needle Exchange Clients, 2013

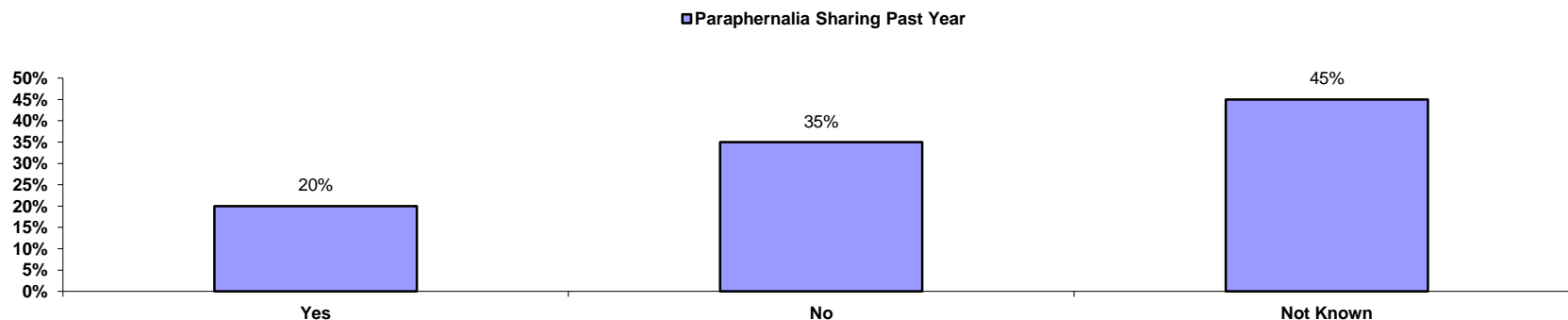


Figure 17: Paraphernalia Sharing in the Past Year by South East Needle Exchange Clients, 2013

***Detoxifications Undertaken***

Table 21 and Figure 18 show the number of detoxifications ever undertaken by clients who attended the needle exchange services in 2013.

<b>Detoxifications Undertaken</b>	<b>Number</b>
1-3	29
4-6	16
7-10	13
None	12
Not known	55
Other*	7
<b>Total</b>	<b>132</b>

Table 21: Number of Detoxifications Ever Received by South East Needle Exchange Clients, 2013

\* 'Other' relates to counts of less than 10, which are therefore not included separately in Table 21 or Figure 18.

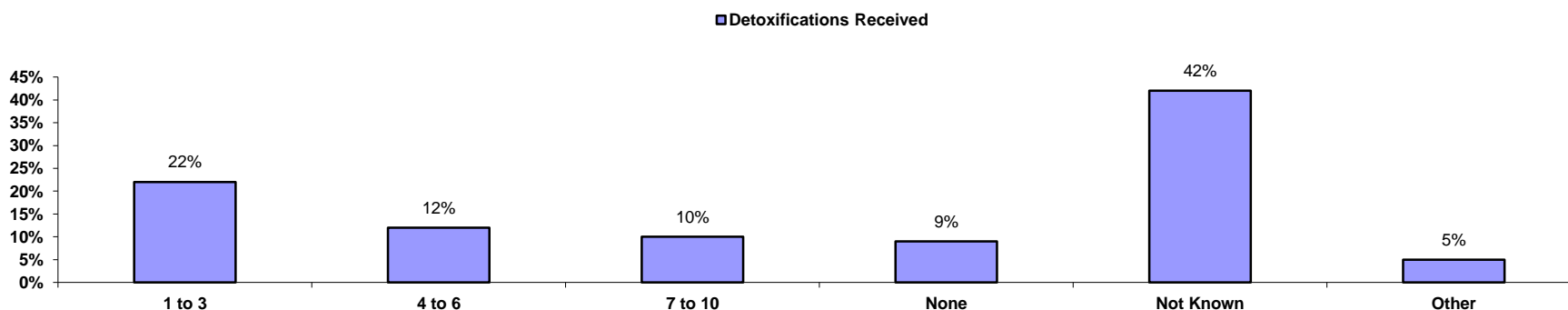


Figure 18: Number of Detoxifications Ever Received by South East Needle Exchange Clients, 2013

Where it was known that a client had received a detoxification, the majority of clients had received between one and three detoxifications, accounting for 29 individuals (22%).

***Number of Times Attended Needle Exchange Service***

The following table and figure provide an overview of the number of times a client attended their needle exchange service in 2013.

<b>Number of Times Attended This Needle Exchange Service This Year</b>	<b>Number</b>
First ever attendance	43
Twice	24
Three times	15
Four times	10
Other*	40
<b>Total</b>	<b>132</b>

Table 22: Number of Times South East Needle Exchange Clients Attended Needle Exchange Service in 2013

\* ‘Other’ has counts of less than 10 and is not shown separately in Table 22 or Figure 19.

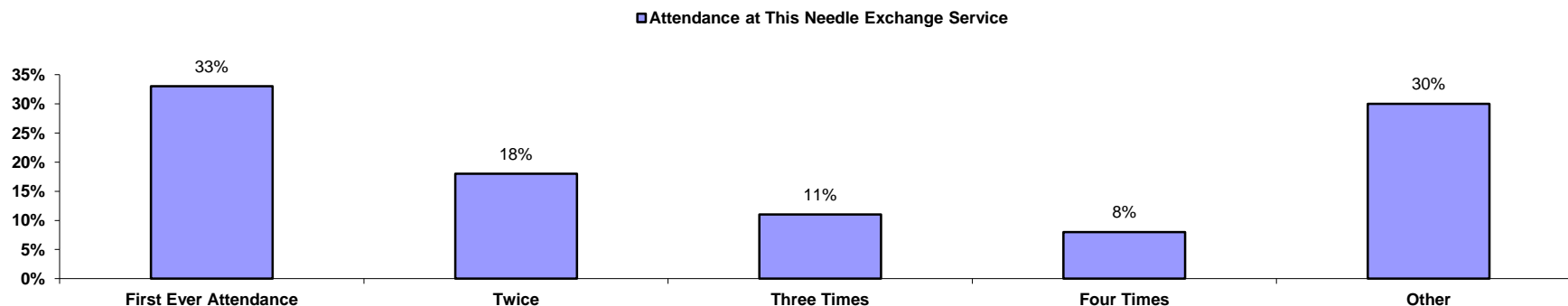


Figure 19: Number of Times South East Needle Exchange Clients Attended Needle Exchange Service in 2013

It was the first time attending their respective needle exchange service for the majority of clients in 2013, accounting for 43 individuals (33%). This was followed by clients who attended their service twice at 24 individuals (18%) and then those who had attended three times at 15 individuals (11%).

### Lúb Project

In early 2003, a group of people concerned with marginalised, homeless and at risk groups in Waterford City began meeting to try to address some of the above issues. The group included the HSE Homelessness Programme, Suicide Programme and Substance Misuse Programme, Waterford City Council, St Vincent de Paul and Waterford Regional Youth Services.

The group proposed that an outreach pilot project be established to contact and work with marginalised people. Interviews for the job of Lúb Project Worker took place in early December 2003 and a worker started in January 2004.

The aim of the Lúb Project Worker is to proactively engage and work with marginalised people, in particular people who are experiencing substance misuse difficulties and those who are experiencing homelessness. This is achieved mainly through street work and by working with individuals on meeting their needs and by engaging with existing services.

The following section provides a brief overview of the 70 clients who engaged with the Lúb Project in 2013. A number of clients engaged with the project on more than one occasion during the year, but for the purposes of this report their engagement with the project is only counted once.

**Referrals**

Of the clients who engaged with the Lúb Project in 2013, 52 individuals (74%) were first-time users of the service and 18 individuals (26%) had disengaged and were then re-referred to the project.

**Gender**

Table 23 and Figure 20 provide an overview of the gender of the clients who engaged with the Lúb Project during 2013.

Gender	Number
Male	46
Female	24
<b>Total</b>	<b>70</b>

Table 23: Gender of Lúb Clients, 2013

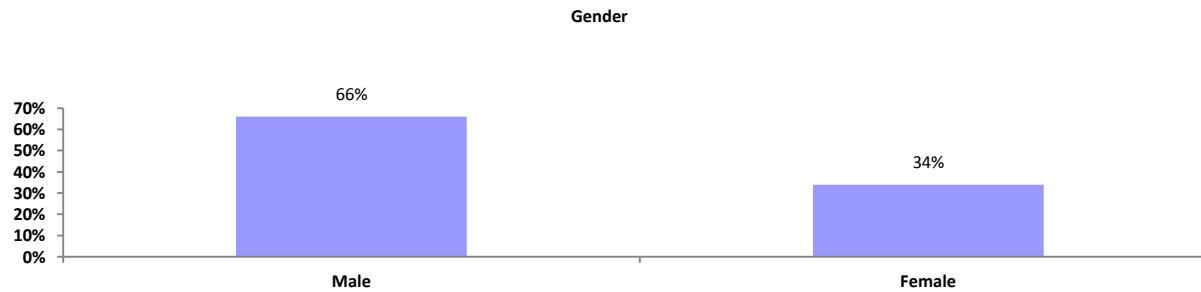


Figure 20: Gender of Lúb Clients, 2013

The majority of clients were male at 46 individuals (66%) and 24 individuals (34%) were female.

**Age Profile**

The age profile of Lúb clients is provided in Table 24 and Figure 21. Please note that age groups with counts of less than 10 are not provided in the following table and figure.

Age Profile	Number
18–24 years	12
30–34 years	13
Not known	12
Other*	33
<b>Total</b>	<b>70</b>

Table 24: Age Profile of Lúb Clients, 2013

\* ‘Other’ includes the following age groups: 25- to 29- years, 35- to 39-years, 40- to 44- years, 45- to 49- years, 50- to 54- years, 55- to 59- years and 60 years and over.

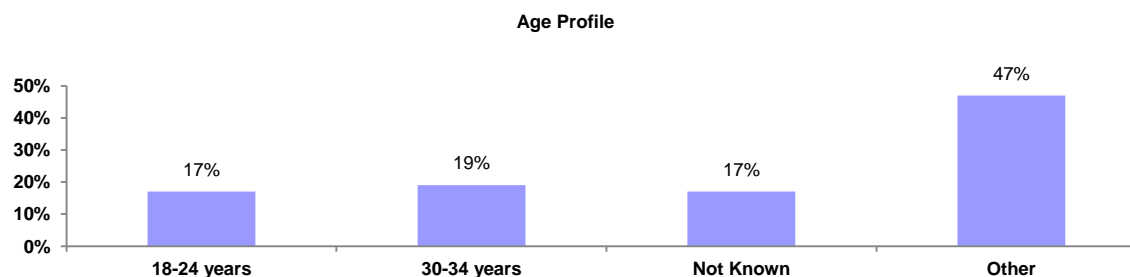


Figure 21: Age Profile of Lúb Clients, 2013

The main age profile of Lúb clients was those in the 30- to 34- year age group at 13 individuals (19%), followed by those in the 18- to 24- year age group at 12 individuals (17%). The age of the Lúb client was not known for 12 individuals (17%).

**Main Priority**

Lúb Project clients may have a number of issues that require attention and are prioritised based on their current needs. In 2013, the main priority for Lúb clients was that they were homeless and accommodation needed to be sourced. This accounted for 47 individuals (67% of clients).

**Substance Misuse**

The majority of Lúb clients had a substance misuse problem, accounting for 64 individuals (91% of the clients) in 2013. Of these clients, Table 25 and Figure 22 give a breakdown of whether the client’s substance misuse problem was alcohol and/or drug related.

Substance Misuse	Number
Alcohol use only	15
Illicit or licit drug use only	26
Both alcohol and illicit/licit drug use	21
Substance not known	2
<b>Total</b>	<b>64</b>

Table 25: Substance Misuse Problem of Lúb Clients, 2013

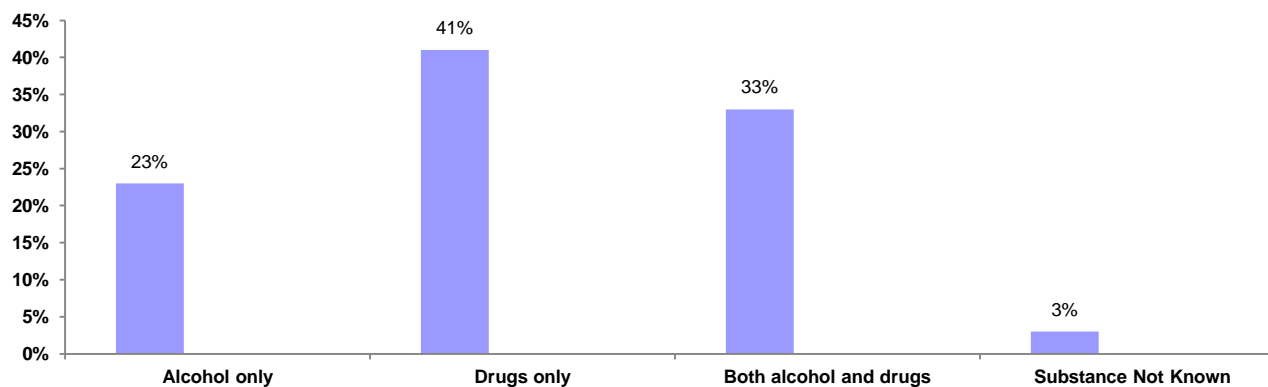


Figure 22: Substance Misuse Problem of Lúb Clients, 2013

Clients with illicit or licit drug use only accounted for the majority of Lúb clients with a substance misuse problem at 26 individuals (41%), followed by clients with both alcohol and drug use (21 individuals, 33%) and then those with an alcohol problem only (15 individuals, 23%).

**Link with Other Services**

In 2013, the majority of clients who engaged with the Lúb Project also linked in with other services. This accounted for 57 individuals (81% of clients), while 13 individuals (19%) did not engage with other services.



## Data Co-ordination Overview of Drug Misuse 2013

Of the clients who did engage with a service in addition to the Lúb Project, they mainly engaged with the HSE Substance Misuse Service (27 individuals, 47%), followed by engaging with other outreach or project workers (11 individuals, 19%).

### ***Duration with Lúb Project***

The majority of Lúb clients engaged with the project between two and six months. This accounted for 22 individuals (31%). This was followed by clients who remained with the project for one month (14 individuals, 20%) and then those who engaged for one week (11 individuals, 16%).

### ***Reason for Discharge***

57 individuals were discharged from the project by the end of 2013, giving a total of 64 discharges for 2013, as some clients had engaged with the project more than once. The main reason clients were discharged from the project was because their support finished, i.e. their priorities had been met. This accounted for 31 individuals (48% of discharges). This was followed by clients who had moved to accommodation, including securing emergency accommodation, moving to Focus Ireland, Simon housing, etc. (17 individuals, 27% of discharges).

## 2.2 Psychiatric Hospitals/Units 2012

The following data is based on 2012 in-patient psychiatric figures for HSE South and was provided by the Mental Health Information Systems (MHIS) Unit of the Health Research Board. This data is reported through the National Psychiatric In-patient Reporting System (NPIRS).

Data is presented on admissions for an alcoholic disorder and other drug disorders for patients with an address in the South East. As NPIRS is event based rather than individual based, admissions and discharges represent episodes or events rather than individuals. Thus, one individual may have several admissions during the course of a year and each admission is recorded separately.

### 2.2.1 Admissions

The following table and figure illustrate admissions to hospitals in 2012 for patients with an address in the South East for alcohol disorders and other drug disorders.

<b>Hospital</b>	<b>Alcoholic Disorders</b>	<b>Other Drug Disorders</b>	<b>Total Admissions</b>
St Luke's Hospital, Kilkenny	42	28	70
Waterford Regional Hospital	42	19	61
St Patrick's Hospital, Dublin	28	1	29
South Tipperary General Hospital, Clonmel	8	11	19
St John of God Hospital, Dublin	10	3	13
Newcastle Hospital, Greystones, Wicklow	3	1	4
St Otteran's Hospital, Waterford	4	0	4
St Edmundsbury Hospital, Dublin	2	1	3
Midland Regional Hospital, Portlaoise	1	0	1
St Luke's Hospital, Clonmel	0	1	1
<b>Total</b>	<b>140</b>	<b>65</b>	<b>205</b>

Table 26: Admissions for Alcoholic Disorders and Other Drug Disorders with an Address in the South East by Hospital, 2012

## Data Co-ordination Overview of Drug Misuse 2013

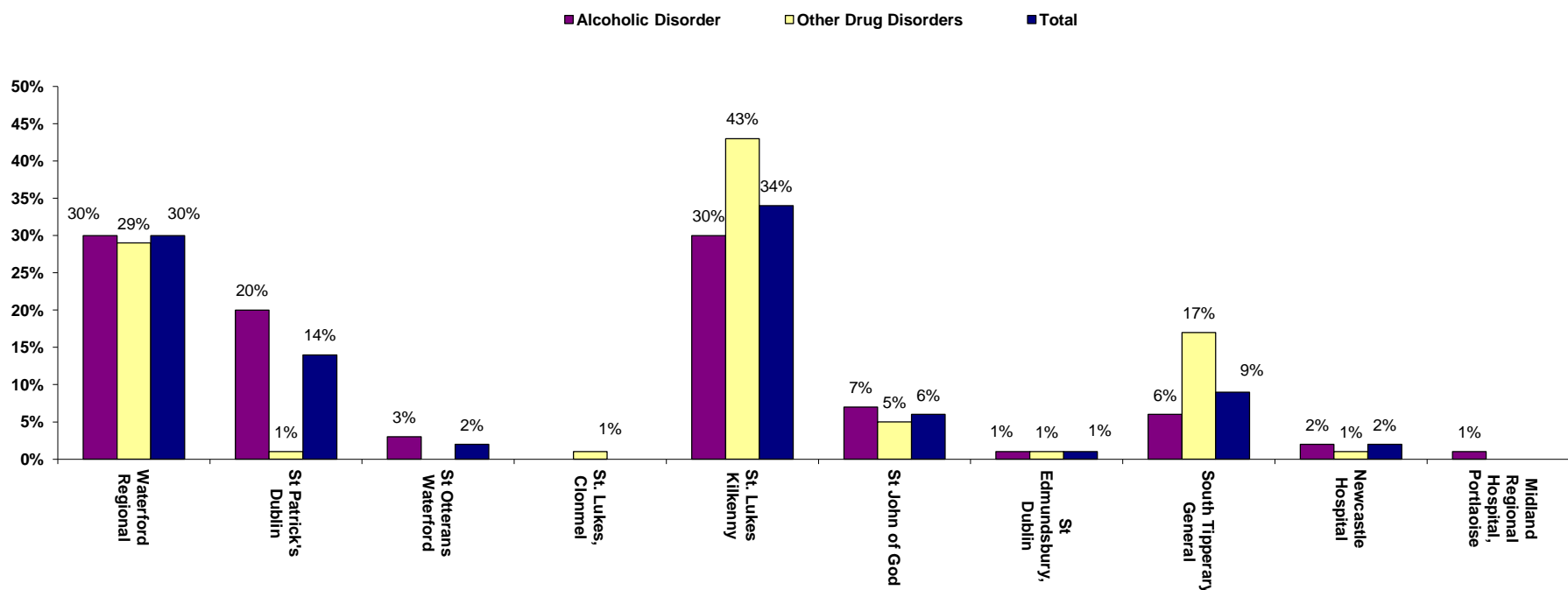


Figure 23: Admissions for Alcoholic Disorders and Other Drug Disorders with an Address in the South East by Hospital, 2012\*

\* Rates of less than 1% are not included in Figure 23.

There were 205 admissions with an address in the South East to psychiatric hospitals or units in 2012 for alcoholic and other drug disorders. Of these, 140 (68% of admissions) were treated for an alcoholic disorder and 65 (32%) were admitted with other drug disorders. There was a decrease in all admissions between 2011 and 2012 of 11 (5%), a decrease of five (3%) in admissions for alcoholic disorders and a decrease of six (8%) in admissions for other drug disorders.

Waterford Regional Hospital had the highest increase in admissions between 2011 and 2012. The number of admissions increased from 22 to 61 between the two years, with the main increase being for alcoholic disorders, which increased by 29 admissions. South Tipperary General Hospital had the biggest decrease in admissions between the two years, with a decrease of 38 (67%).

### 2.2.2 Gender

Table 27 and Figure 24 provide a breakdown of gender by alcoholic disorder and other drug disorder.

Gender	Alcoholic Disorders	Other Drug Disorders	Total Admissions
Male	86	53	139
Female	54	12	66
<b>Total</b>	<b>140</b>	<b>65</b>	<b>205</b>

Table 27: Admissions for Alcoholic Disorder and Other Drug Disorders with an Address in the South East by Gender, 2012

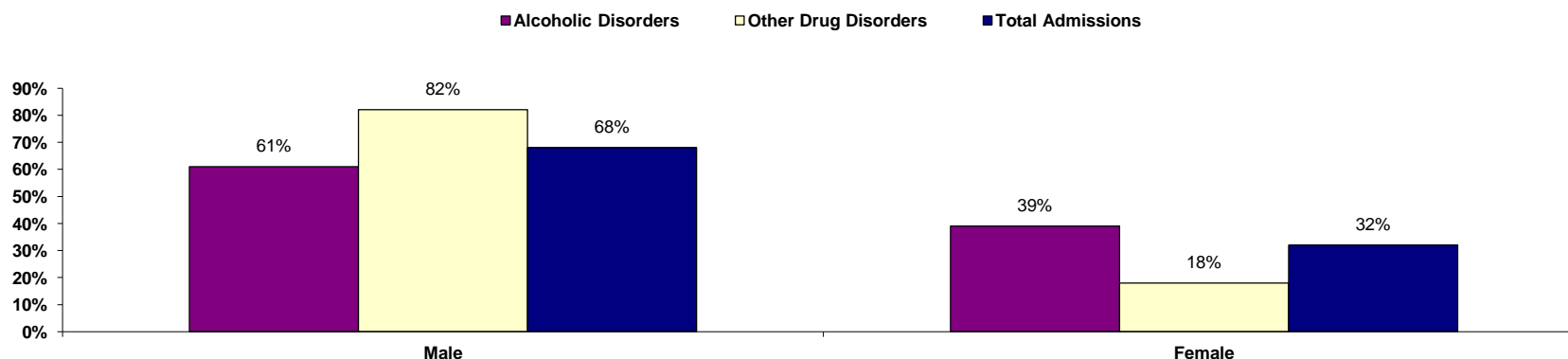


Figure 24: Admissions for Alcoholic Disorder and Other Drug Disorders with an Address in the South East by Gender, 2012

The majority of admissions for 2012 were male at 139 (68%) and females accounted for 66 admissions (32%). The majority of alcoholic disorder and other drug disorder admissions were also male at 86 (61%) and 53 (82%) respectively. There were 54 female admissions (39%) for an alcoholic disorder and 12 admissions (18%) for other drug disorders.

The total number of male admissions with an address in the South East decreased by 13 (9%) between 2011 and 2012. The total number of female admissions increased slightly between the two years by two (3%). Male admissions for an alcoholic disorder and other drug disorders both decreased between 2011 and 2012 by 10 (10%) and three (5%) respectively. Female admissions for an alcoholic disorder increased by five (10%) between 2011 and 2012, but decreased by three (18%) for other drug disorders.

### 2.2.3 County of Residence

The following table and figure illustrate the admissions of clients with an address in the South East for an alcoholic disorder and other drug disorders by the client’s county of residence.

County of Residence	Alcoholic Disorder	Other Drug Disorders	Total Admissions
Waterford	44	8	52
Tipperary South	27	22	49
Kilkenny	28	16	44
Wexford	26	13	39
Carlow	15	6	21
<b>Total</b>	<b>140</b>	<b>65</b>	<b>205</b>

Table 28: Admissions for Alcoholic Disorder and Other Drug Disorders by Client’s County of Residence, 2012

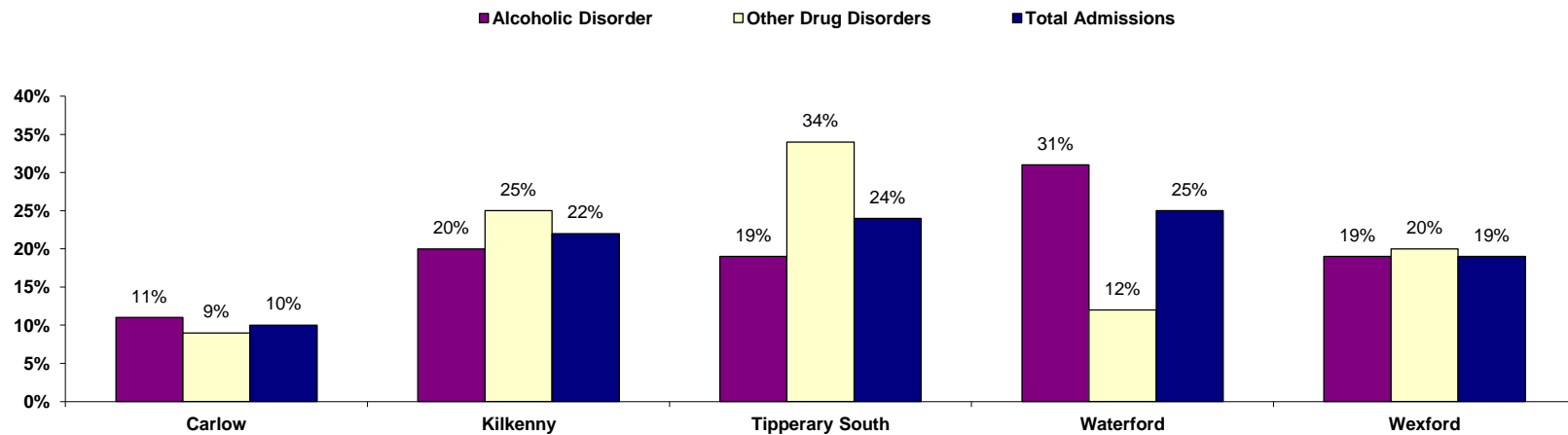


Figure 25: Admissions for Alcoholic Disorder and Other Drug Disorders by Client’s County of Residence, 2012

Waterford had the highest overall admissions for the treatment of alcoholic/other drug disorders within a psychiatric setting in 2012 at 52 (25%). Carlow had the lowest overall admissions in 2012 at 21 (10%).

## Data Co-ordination Overview of Drug Misuse 2013

Waterford again had the highest number of alcoholic disorder admissions in 2012 at 44 (31%), and Carlow again had the lowest, with 15 (11%). However, South Tipperary had the highest admissions for other drugs disorders, with 22 (34%). Carlow also had the lowest number of other drug disorder admissions, with six (9%).

Between 2011 and 2012, overall admissions for Waterford and Wexford increased by 23 (79%) and three (8%) respectively. Overall admissions for the rest of the South East counties fell between the two years, with the biggest decrease in South Tipperary at 15 (23%).

### 2.2.4 Order of Admission

Table 29 and Figure 26 outline the order of admission for clients with an alcoholic disorder and other drug disorders.

Order of Admission	Alcoholic Disorder	Other Drug Disorders	Total Admissions
First ever admission	46	23	69
Readmission	94	42	136
<b>Total</b>	<b>140</b>	<b>65</b>	<b>205</b>

Table 29: Admissions for Alcoholic Disorder and Other Drug Disorders with an Address in the South East by Order of Admission, 2012

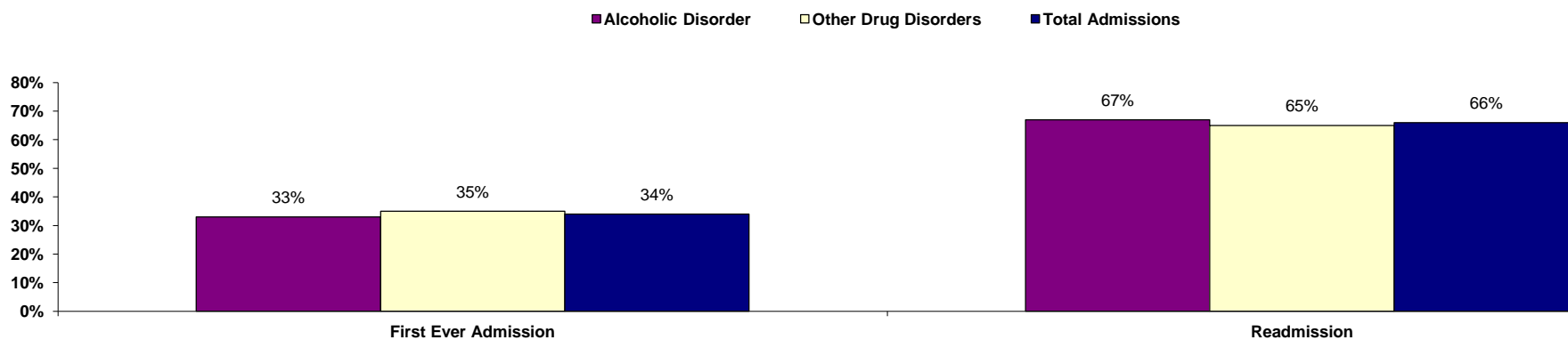


Figure 26: Admissions for Alcoholic Disorder and Other Drug Disorders with an Address in the South East by Order of Admission, 2012

The majority of 2012 admissions were readmissions at 136 (66%). This is true of admissions for both an alcoholic disorder and other drug disorders at 94 (67%) and 42 (65%) respectively.

## Data Co-ordination Overview of Drug Misuse 2013

There was a slight increase in the number of first ever admissions between 2011 and 2012 of one (1%). Readmissions fell between the two years by 12 (8%).

The number of first ever admissions for an alcoholic disorder increased between 2011 and 2012 by five (12%), but fell by four (15%) for other drug disorders.

Both alcoholic disorder and other drugs disorder readmissions decreased between 2011 and 2012, by 10 (10%) and two (5%) respectively.

### 2.2.5 Primary Admission Diagnosis

Primary Admission Diagnosis	Total Admissions	
	No.	%
Mental and behavioural disorders due to use of alcohol	52	25%
Mental and behavioural disorders due to use of alcohol, acute intoxication	32	16%
Mental and behavioural disorders due to use of alcohol, harmful use	18	9%
Mental and behavioural disorders due to use of alcohol, dependence syndrome	35	17%
Mental and behavioural disorders due to use of alcohol, psychotic disorder	2	1%
Mental and behavioural disorders due to use of alcohol, residual and late-onset psychotic disorder	1	<1%
Mental and behavioural disorders due to use of opioids	6	3%
Mental and behavioural disorders due to use of opioids, acute intoxication	2	1%
Mental and behavioural disorders due to use of opioids, harmful use	2	1%
Mental and behavioural disorders due to use of opioids, withdrawal state	1	<1%
Mental and behavioural disorders due to use of cannabinoids	3	1%
Mental and behavioural disorders due to use of cannabinoids, acute intoxication	1	<1%
Mental and behavioural disorders due to use of cannabinoids, harmful use	3	1%
Mental and behavioural disorders due to use of cannabinoids, dependence syndrome	1	<1%
Mental and behavioural disorders due to use of cannabinoids, psychotic disorder	2	1%
Mental and behavioural disorders due to use of sedatives and hypnotics	1	<1%
Mental and behavioural disorders due to use of sedatives and hypnotics, dependence syndrome	1	<1%
Mental and behavioural disorders due to use of multiple drug use and other psychoactive substances	37	18%
Mental and behavioural disorders due to use of multiple drug use and other psychoactive substances, acute intoxication	5	2%
<b>Total</b>	<b>205</b>	<b>100%</b>

Table 30: Primary Admission Diagnosis with an Address in the South East by Total Admission, 2012

## Data Co-ordination Overview of Drug Misuse 2013

Alcohol remained the highest of all admissions in 2012 at 140 (68%). This was followed by multiple drug use and other psychoactive substances at 42 (20%), then opioids at 11 (5%), cannabinoids at 10 (5%) and sedatives and hypnotics at two (1%).

Admissions for opioids and cannabinoids increased between 2011 and 2012. Opioid admissions doubled between the two years and cannabinoids admissions trebled, though the numbers are relatively low in comparison to the alcohol admissions. The number of admissions for sedative and hypnotics remained the same between 2011 and 2012, while there was a slight decrease in the number of admissions for multiple drug use and other psychoactive substances by one (2%). Alcohol admissions also fell between the two years by five (3%).



### 2.3 Hospital In-patient Enquiry System (HIPE Scheme) 2012

The Hospital In-patient Enquiry System (HIPE Scheme) is a computer-based health information system designed to collect clinical and administrative data on discharges and deaths of patients from acute hospitals in Ireland. It is the principal source of national data on discharges from acute hospitals. The data collected by the HIPE system can be logically grouped into demographic, clinical and administrative data. Each HIPE discharge record represents one episode of care. This means that patients may have been admitted to hospital(s) more than once with the same or different diagnoses. Although information is received on episodes of care, the data in this section of the report is based on individual patients and not episodes of care, with the exception of Table 31 on coded discharges, which shows both episodes of care and patients. All of the data collected is coded in a standardised format for computer input and for subsequent analysis of the data. Taking into account the routine time lag in chart coding, the information as presented below is based on the year 2012, which ensures a complete data set.

Data was requested for the relevant HIPE codes that most directly relate to drugs and/or alcohol (see the appendix for codes). However, there may be higher instances of alcohol- or drug-related discharges not accounted for under the codes requested.

Data was requested and received for the following hospitals located in the South East:

- St Luke’s Hospital, Kilkenny
- South Tipperary General Hospital
- Waterford Regional Hospital
- Wexford General Hospital

The following section deals with totals for the region from the HIPE system. The breakdown by county is provided in later sections of the report.

There was 100% coding of all discharges under the HIPE system in 2012.

The following table and figure provide a breakdown of the total number of discharged cases, episodes of care for drug-related issues and drug coded patients in the region in 2012.

	<b>Total Discharged Cases</b>	<b>Drug Coded Episodes of Care</b>	<b>Drug Coded Patients</b>
<b>Total 2012</b>	127,032	1,837	1,352

Table 31: Drug-related Episodes and Patients in South East Hospitals, 2012

## Data Co-ordination Overview of Drug Misuse 2013

A total of 1,837 cases (1%) in general hospitals in the South East had a substance misuse diagnosis; this related to 1,352 patients (1%). There was an increase in the total number of discharged cases in the hospitals between 2011 and 2012 of 23,013 (22%). However, there was a decrease in the number of alcohol/drug coded episodes of care and coded patients between the two years of 218 individuals (11%) and 118 individuals (8%) respectively.

### 2.3.1 County of Residence

Table 32 and Figure 27 show the county of residence for patients coded with drug and/or alcohol issues in South East general hospitals in 2012.

County of Residence	Number
Total South East	1,228
National	112
Outside Ireland	11
No fixed address*	1
<b>Total for region</b>	<b>1,352</b>

Table 32: County of Residence of Coded Patients in South East Hospitals, 2012

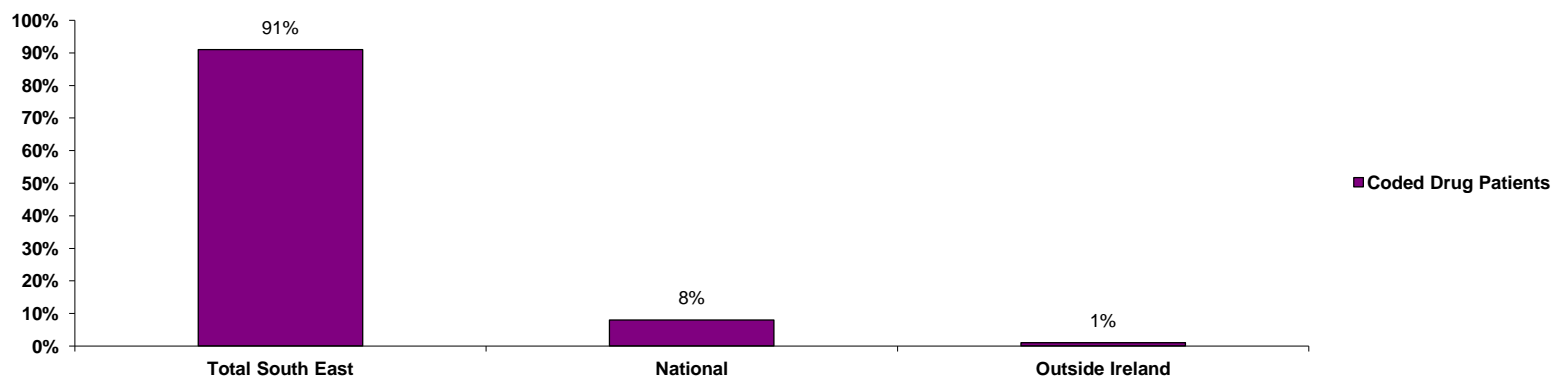


Figure 27: County of Residence of Coded Patients in South East Hospitals, 2012

\* The rate for no fixed address is not included in Figure 27 as it had a value of less than 1%.

## Data Co-ordination Overview of Drug Misuse 2013

There were 1,228 individuals (91%) with an address in the South East discharged from the general hospitals in the region in 2012. However, this was a decrease on 2011 figures of 137 individuals (10%). The number of patients with an address nationally increased between 2011 and 2012 by 22 individuals (24%). The number of patients with an address outside of Ireland increased slightly between the two years by two individuals (22%).

### 2.3.2 Gender

The majority of patients treated in the South East general hospitals were male at 905 individuals (67%). Females accounted for 447 individuals (33%).

Between 2011 and 2012, the number of male patients treated in the region decreased by 123 individuals (12%). The number of female patients treated in the region increased by five individuals (1%) between the two years.

### 2.3.3 Age Group

The following table and figure provide a breakdown of coded patients' age group for the South East region.

Age Group	Total South East	National	Outside Ireland	No Fixed Address*	Total Region
Less than 18 years	51	6	-	-	57
18–24 years	108	13	2	1	124
25–29 years	87	5	-	-	92
30–34 years	102	8	2	-	112
35–39 years	132	9	1	-	142
40–44 years	119	5	3	-	127
45–49 years	110	10	1	-	121
50–54 years	122	14	2	-	138
55–59 years	102	12	-	-	114
60 years and over	295	30	-	-	325
<b>Total</b>	<b>1,228</b>	<b>112</b>	<b>11</b>	<b>1</b>	<b>1,352</b>

Table 33: Age Group of Coded Patients in South East Hospitals, 2012

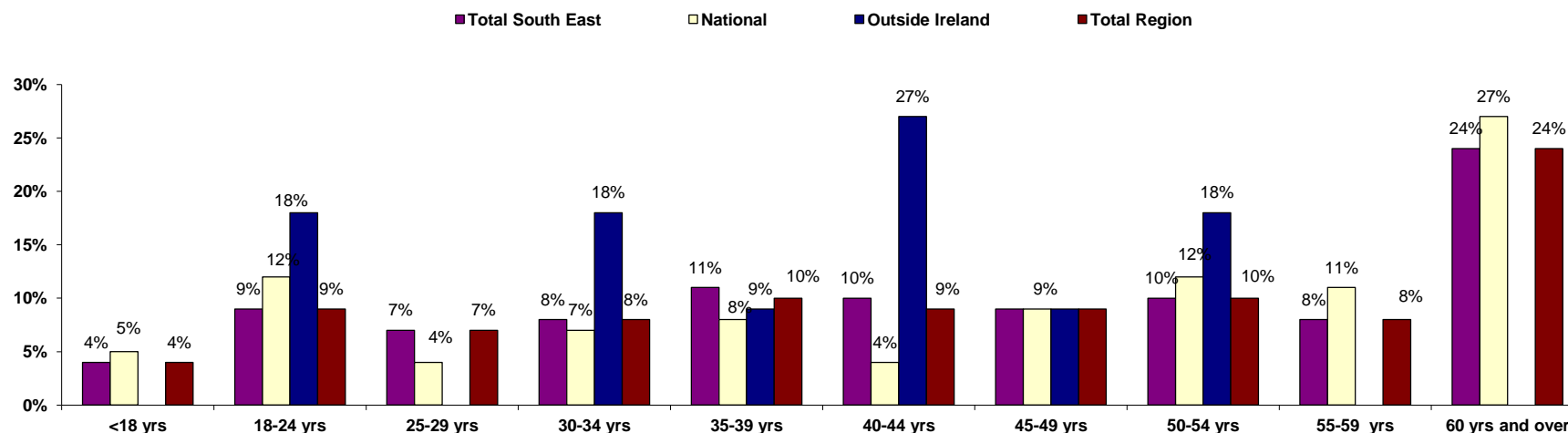


Figure 28: Age Group of Coded Patients in South East Hospitals, 2012

\* The figure for ‘No fixed address’ is not included in Figure 28 as it has a value of less than 1%.

As with previous years, the main age group of coded patients in South East hospitals in 2012 was those aged 60 years and over at 325 individuals (24%). The number of discharges in this age group for the region increased between 2011 and 2012 by 31 individuals (11%).

The next highest age group in 2012 was those aged between 35 and 39 years. This age group accounted for 142 individuals (10% of patients in the region). The number of discharges in this age group also increased between 2011 and 2012 for patients treated in the region by eight individuals (6%).

Patients in the 18- to 24-year age group showed the largest decrease between 2011 and 2012. The number of patients treated in the region in this age group decreased by 42 individuals (25%) between the two years.

### 2.3.4 Substance(s) Used

Table 34 and Figure 29 show the substance used in all diagnoses of coded patients who were discharged from the general hospitals in the South East in 2012.

	Total South East	National	Outside Ireland	No Fixed Address <sup>2</sup>	Total Region
Alcohol only	876	84	7	-	967
Illicit or licit drugs only	230	23	3	1	257
Both alcohol and drugs	117	5	1	-	123
<b>Total</b>	<b>1,223<sup>1</sup></b>	<b>112</b>	<b>11</b>	<b>1</b>	<b>1,347<sup>1</sup></b>

Table 34: Substance Used: All Diagnoses for Coded Patients in South East Hospitals, 2012

<sup>1</sup> Five patients received either an alcohol or drug detoxification only and did not have a diagnosis under any of the codes requested.

<sup>2</sup> The number for ‘No fixed address’ is not included in Figure 29 as it has a value of less than 1%.

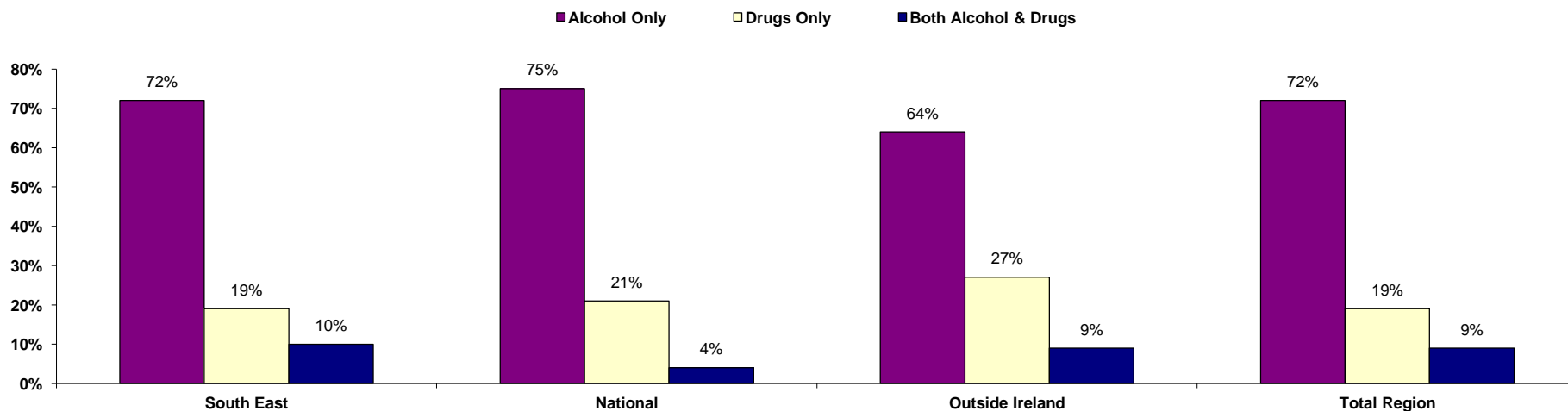


Figure 29: Substance Used: All Diagnoses for Coded Patients in South East Hospitals, 2012

Similar to previous years, the majority of patients discharged in the region had a diagnosis of alcohol only (967 individuals, 72%), followed by drugs only (257 individuals, 19%) and then by diagnoses that included both alcohol and drugs (123 individuals, 9%).

Diagnoses that included alcohol only decreased by 97 individuals (9%) between 2011 and 2012 for patients treated in the region. Diagnoses with both alcohol and drugs also decreased between the two years by 33 individuals (21%), while the number of drugs only diagnoses increased by 18 individuals (8%).

## Data Co-ordination Overview of Drug Misuse 2013

There were too many instances of substances being used by a small number of people to show all substances used or where there were counts of less than 10, but the main illicit/licit drugs used by patients treated in the region were opioids, benzodiazepines, and alcohol and benzodiazepines at 38 individuals (3%), 23 individuals (2%) and 17 individuals (1%) respectively.

### **2.3.5 Detoxification**

In 2012, 1,352 patients were discharged from the South East hospitals under one of the requested HIPE codes. Of these patients, 136 individuals (10%) received either an alcohol detoxification and/or a drug detoxification.

The majority of the clients treated in the region who received a detoxification received an alcohol detoxification. This accounted for 129 individuals (95%) of patients.

There was a slight increase in the number of patients in the region recorded as having an alcohol detoxification between 2011 and 2012 of three individuals (2%).

Of the patients who received a detoxification in the region, six individuals (4%) received a drug detoxification and one individual (1%) received both an alcohol and a drug detoxification. Again, 27 individuals (20% of patients in the region) who received a detoxification received multiple detoxifications during the year.

### **2.3.6 Discharges**

The following table and figure show the discharge plans of coded patients in the South East in 2012.

	<b>Total South East</b>	<b>National</b>	<b>Outside Ireland</b>	<b>No Fixed Address*</b>	<b>Total Region</b>
Discharged home	943	94	7	-	1,044
Unplanned self discharge	111	8	1	-	120
Nursing home, convalescent home or long-stay accommodation	50	1	-	-	51
Died	33	2	-	-	35
Transfer to psychiatric hospital/unit	33	-	-	-	33
Emergency transfer to hospital in HIPE listings	24	2	2	-	28
Absconded	10	1	-	-	11
Non-emergency transfer to hospital <i>not</i> in HIPE listings	7	3	-	-	10
Transfer to rehab facility	8	1	-	-	9
Transfer to temporary place of residence	5	-	-	1	6
Non-emergency transfer to hospital in HIPE listings	4	-	-	-	4
Other	-	-	1	-	1
<b>Total</b>	<b>1,228</b>	<b>112</b>	<b>11</b>	<b>1</b>	<b>1,352</b>

Table 35: Discharges for Coded Patients in South East Hospitals, 2012

\* ‘No fixed address’ is not included in Figure 30 as it has a value of less than 1%.

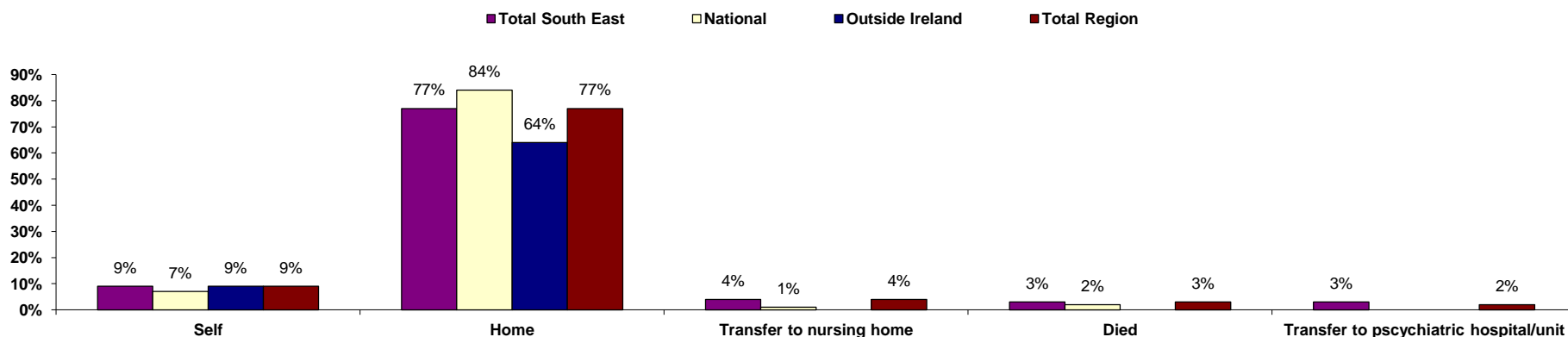


Figure 30: Main Discharges for Coded Patients in South East Hospitals, 2012

## Data Co-ordination Overview of Drug Misuse 2013

The main discharges from the South East general hospitals in 2012 were those who were discharged home at 1,044 individuals (77% of all those treated in the South East), followed by unplanned self discharges at 120 individuals (9%).

There was a decrease in both of the main discharges between 2011 and 2012 for all patients treated in the region. Home discharges decreased by 107 individuals (9%) and the number of unplanned self discharges decreased by 20 individuals (14%) between the two years.

The highest increase in the region came from patients who were transferred to a nursing home, convalescent home or long-stay accommodation, which increased by 22 individuals (76%)

### **2.3.7 Length of Stay**

Under the requested HIPE codes, the average length of stay for coded patients treated in the South East hospitals was eight days for all patients treated in the region.



## 2.4 An Garda Síochána 2012

The following data is taken from the Garda Recorded Crime Statistics 2008–2012, published by the Central Statistics Office. This section should be read in conjunction with CSO definitions, background information, interpretation, etc. The full report is available from [www.cso.ie](http://www.cso.ie).

### 2.4.1 Drug Offences

The following tables present an overview of the number of recorded and detected drug offences recorded by the CSO for 2012.

	<b>Recorded</b>	<b>Per 100,000 Population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
State	547	11.9	540	98.7	361
South Eastern region	101	17.7	100	99.0	72

Table 36: Incidents Recorded of Importation/Manufacture of Drugs (ICCS 101), Incidents per 100,000 Population, Detection and Proceedings, 2012<sup>1</sup>

	<b>Recorded</b>	<b>Per 100,000 Population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
State	10,575	15,326	15,115	98.6	9,662
South Eastern region	1,649	289.2	1,624	98.5	1,129

Table 37: Incidents Recorded for Possession of Drugs (ICCS 102), Incidents per 100,000 Population, Detection and Proceedings, 2012<sup>2</sup>

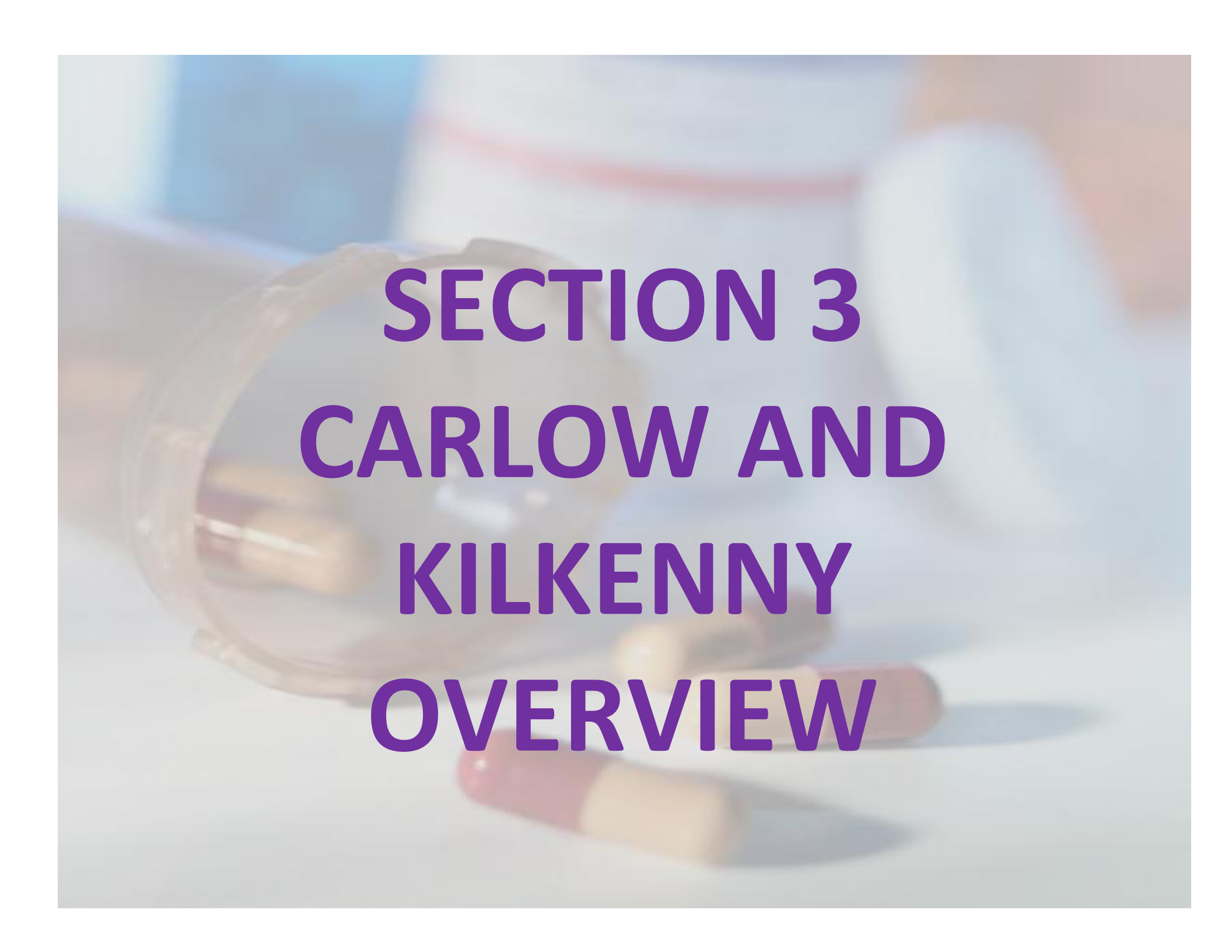
	<b>Recorded</b>	<b>Per 100,000 Population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
State	580	12.6	573	98.8	363
South Eastern region	59	10.3	58	98.3	27

Table 38: Incidents Recorded of Other Drug Offences (ICCS 103), Incidents per 100,000 Population, Detection and Proceedings, 2012<sup>3</sup>

<sup>1</sup> Relates to the importation of drugs and the cultivation or manufacture of drugs.

<sup>2</sup> Relates to possession of drugs for sale or supply and possession of drugs for personal use.

<sup>3</sup> Relates to forged or altered prescription offences and obstruction under the Drugs Act.



**SECTION 3  
CARLOW AND  
KILKENNY  
OVERVIEW**

### 3. CARLOW AND KILKENNY OVERVIEW

#### 3.1 Addiction Treatment Services 2013

This section provides data on treated substance misuse in the Carlow/Kilkenny area. The data is broken down into the Carlow area, Kilkenny area and combined areas to give a total for both the Carlow and Kilkenny areas.

##### 3.1.1 Treatment Contact

Please note that the following paragraphs in this section of the report pertain to the client’s county of residence.

Excluding forms received for more than one treatment episode per service, where it was known that a client had been treated at more than one centre or where a client was discharged only during 2013, 293 clients with a Carlow address and 418 with a Kilkenny address accessed services in 2013. These figures are broken down as follows.

<b>Treatment Contact</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Continuous care clients	70	132	202
New referrals: treated once during the year	203	241	444
Referrals: treated twice during the year	10	15	25
New referrals: assessed only	10	30	40
<b>Total</b>	<b>293</b>	<b>418</b>	<b>711</b>

Table 39: Treatment Contact for Carlow, Kilkenny and Carlow/Kilkenny Area: All Contacts, 2013

There was a decrease in the number of Carlow and Kilkenny clients between 2012 and 2013 of 31 individuals (10%) and 18 individuals (4%) respectively.

The biggest decrease for both clients with a Carlow address and those with a Kilkenny address were clients who were new referrals treated once during the year. Carlow clients in this category decreased by 23 individuals (10%) between 2012 and 2013, while Kilkenny clients in this category decreased by 39 individuals (14%). This decrease may be a result of the introduction of new screening tools, which meant clients were referred on to the most appropriate service for their needs.

The number of treatment contacts who were continuous care clients and new referrals: assessed only increased between 2012 and 2013 for Kilkenny clients by 20 individuals (18%) and nine individuals (43%) respectively, which may indicate that clients are remaining in treatment as they are getting the most appropriate service for their needs.

### 3.1.2 Main Reason for Referral

**Including** clients who were assessed only, the main reason for referral to the services in 2013 is provided in Table 40.

Main Reason for Referral	Carlow	Kilkenny	Carlow/Kilkenny Area
Alcohol	112	206	318
Illicit drugs	162	134	296
Licit drugs	13	24	37
Other*	6	54	60
<b>Total</b>	<b>293</b>	<b>418</b>	<b>711</b>

Table 40: Main Reason for Referral in Carlow, Kilkenny and Carlow/Kilkenny Area: All Contacts, 2013

\* ‘Other’ relates to concerned persons and gamblers but is not recorded separately, as Carlow counts are less than 10.

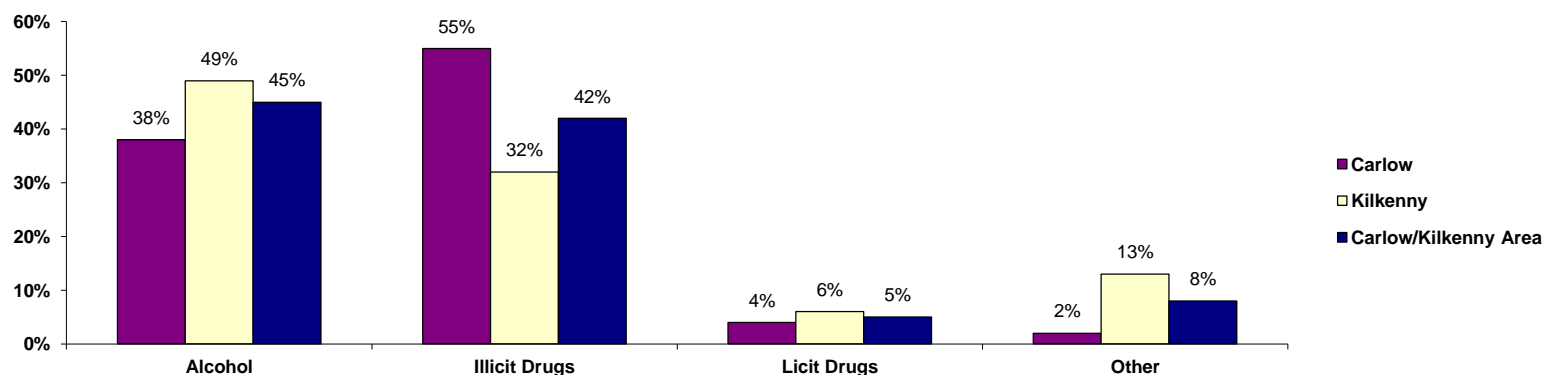


Figure 31: Main Reason for Referral in Carlow, Kilkenny and Carlow/Kilkenny Area: All Contacts, 2013

Similar to 2012, Carlow is the only area where the number of illicit drug referrals was higher than those for alcohol. There were 162 individuals (55%) referred with illicit drug use and 112 (38%) referred with alcohol use. The main reason for referral for clients with a Kilkenny address in 2013 was alcohol at 206 individuals (49%), followed by illicit drug use at 134 individuals (32%).

The number of alcohol referrals decreased between 2012 and 2013 for both Carlow and Kilkenny clients by 37 individuals (25%) and 30 individuals (13%) respectively. The number of illicit drug referrals increased for both Carlow and Kilkenny clients between the two years. Illicit drug referrals increased by 12 individuals (8%) for Carlow clients and by five individuals (4%) for Kilkenny clients. This may partly

## Data Co-ordination Overview of Drug Misuse 2013

be due to the fact that in recent years, Carlow has increased its capacity in opioid substitution treatment while having the same resources. Kilkenny opened an opioid substitution clinic in 2011, which may account for an increase in those presenting with illicit drug use. The number of Carlow clients referred with licit drug use decreased between the two years by one individual (7%), but increased for Kilkenny clients by five individuals (26%).

### 3.1.3 Substance Misuse Treatment Data

**Excluding** clients who were assessed only and those who were treated for other problems, 277 individuals with a Carlow address were treated for a substance misuse problem in 2013 and 336 individuals with an address in Kilkenny.

There were fewer Carlow and Kilkenny clients treated for a substance misuse problem in 2013 than in 2012. The number of treated Carlow clients decreased by 50 individuals (14%) between 2011 and 2012 and decreased again in 2013 by 25 individuals (8%). There had been an increase in the number of treated Kilkenny clients in 2012, but the number of treated Kilkenny clients fell between 2012 and 2013 by 27 individuals (7%). This may be due to clients remaining in the service longer, which supports better outcomes.

### Demographic Data

#### *Age Profile*

The following table and figure provide an overview of the age profile of treated Carlow, Kilkenny and Carlow/Kilkenny area clients in 2013.

Age Group	Carlow	Kilkenny	Carlow/Kilkenny Area
Less than 18 years	24	38	62
18–24 years	41	63	104
25–29 years	45	58	103
30–34 years	45	38	83
35–39 years	42	43	85
40–44 years	18	22	40
45–49 years	19	16	35
50–54 years	15	18	33
55–59 years	14	15	29
60 years and over	12	25	37
Not known	2	-	2
<b>Total</b>	<b>277</b>	<b>336</b>	<b>613</b>

Table 41: Age Profile of Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

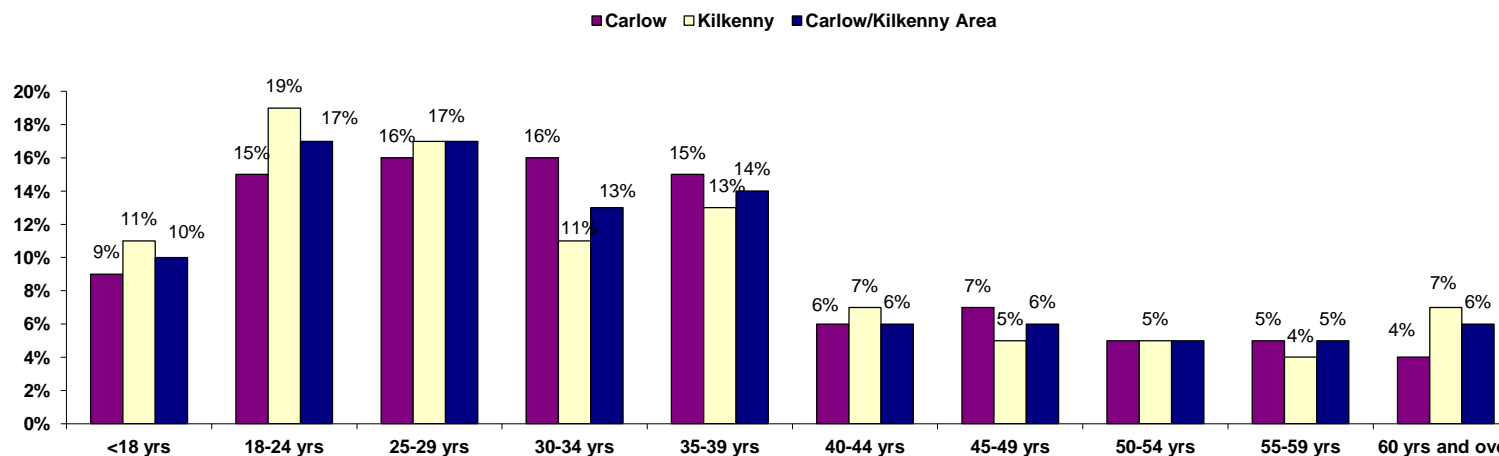


Figure 32: Age Profile of Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

The majority of Carlow clients were between the ages of 25 and 34 years in 2013. Each of the age groups 25- to 29-years and 30- to 34-years accounted for 45 individuals (16%), followed by clients in the 18- to 24-year age group (41 individuals, 15%) and then those aged less than 18 years (24 individuals, 9%).

## Data Co-ordination Overview of Drug Misuse 2013

The three main age groups of Kilkenny clients in 2013 were those between the ages of 18 and 24 years, 25 and 29 years, and 35 and 39 years at 63 individuals (19%), 58 individuals (17%) and 43 individuals (13%) respectively.

Treated Carlow clients in the 18- to 24-year age group showed the biggest decrease between 2012 and 2013 of 33 individuals (45%). The age group with the largest increase was treated Carlow clients who were aged 18 years or less, which showed an increase of 13 individuals between the two years.

Three age groups showed an increase between 2012 and 2013 for treated Kilkenny clients: 35 to 39 years, 50 to 54 years and 60 years and over, with increases of seven individuals (36%), one individual (6%) and three individuals (14%) respectively. Treated clients in the 30- to 34-year age group showed the largest decrease between the two years of 10 individuals (21%).

### *Gender*

In 2013 the majority of treated Carlow clients were male (191 individuals, 69%), while 86 individuals (31% of Carlow clients) were female. The number of both males and females decreased between 2012 and 2013, though there was a smaller decrease in the number of females than males. The number of males decreased by 20 individuals (9%) and the number of females decreased by five individuals (5%).

In Kilkenny, 211 individuals (63%) were male and 125 individuals (37%) were female. Similar to Carlow clients, the number of both males and females decreased between 2012 and 2013. The number of males decreased by 17 individuals (7%) and the number of females decreased by 10 individuals (7%).

### *Living Status*

The living status (where the client lived) of treated clients relates to the stability of the client's living situation a month prior to treatment commencing. In Carlow, 249 individuals (90%) were living in stable accommodation, followed by clients who were homeless (19 individuals, 7%).

Similarly, the majority of Kilkenny clients (333 individuals, 92%) were also in stable accommodation prior to their treatment starting. Ten individuals (3%) were homeless and the same number and rate were living in an institution (prison, residential care or halfway house). There was an increase in the number of Kilkenny clients living in stable accommodation between 2011 and 2012 of 32 individuals (11%). The number of homeless clients decreased between the two years by three individuals (23%) and the number and rate of those living in an institution (prison, residential care or halfway house) remained the same between the two years at 10 individuals (3%).

**Employment Status**

Table 42 and Figure 33 give a breakdown of the employment status of treated substance misuse clients with a Carlow and Kilkenny address in 2013.

<b>Employment Status</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Unemployed	194	174	368
In paid employment	24	60	84
Student	28	35	63
Retired or unable to work	19	32	51
Other*	12	35	47
<b>Total</b>	<b>277</b>	<b>336</b>	<b>613</b>

Table 42: Employment Status of Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

\* ‘Other’ refers to SOLAS (FÁS)/training course, housewife/husband and early school leaver, which have values of less than 10 for Carlow clients.

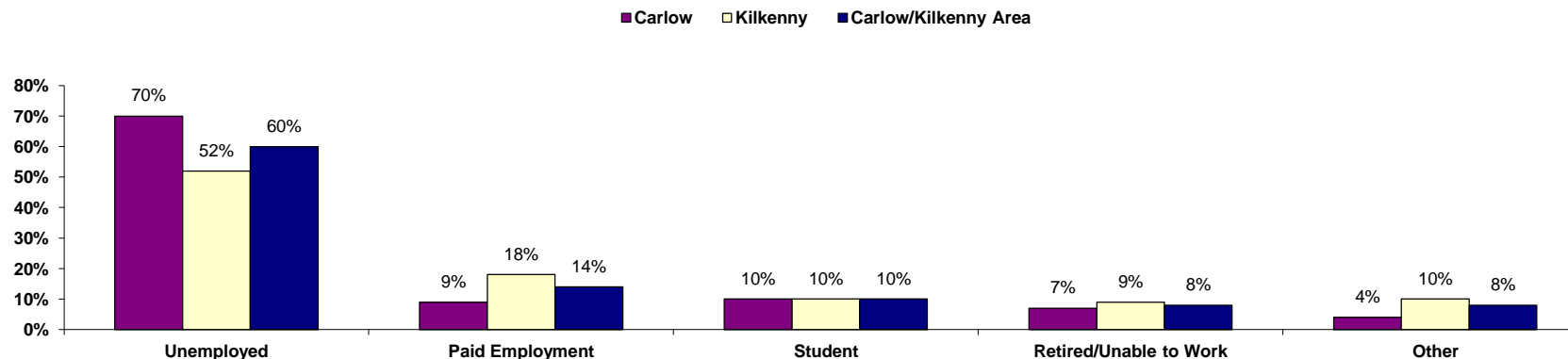


Figure 33: Employment Status of Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

The majority of both Carlow and Kilkenny clients were unemployed at the time of their treatment in 2013 at 194 individuals (70%) and 174 individuals (52%) respectively. The next highest employment status for Carlow clients was students (28 individuals, 10%), followed closely by clients who were in paid employment at the time of their treatment (24 individuals, 9%) and then by clients who were retired or



## Data Co-ordination Overview of Drug Misuse 2013

unable to work (19 individuals, 7%). In Kilkenny, 60 individuals (18%) were in paid employment at the time of their treatment, followed by students (35 individuals, 10%) and then by clients who were retired or unable to work (32 individuals, 9%).

There was a decrease in the number of Carlow and Kilkenny clients who were unemployed between 2012 and 2013. Carlow clients who were unemployed decreased by 41 individuals (17%) and Kilkenny clients who were unemployed decreased by 25 individuals (13%). The number of Carlow clients who were students increased between the two years by 16 individuals, but the number of Kilkenny clients who were students decreased by five individuals (12%). Similarly, the number of Carlow clients who were in paid employment showed a slight increase between the two years of four individuals (20%), while the number of Kilkenny clients in paid employment decreased by three individuals (5%). Both Carlow and Kilkenny clients showed a decrease in the numbers who were retired or unable to work between 2012 and 2013, of four individuals (17%) and one individual (3%) respectively.

### Referral Data

#### *Source of Referral*

The following table and figure provide an overview of the different referral sources for Carlow, Kilkenny and Carlow/Kilkenny area clients in 2013.

<b>Referral Source</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Self	106	158	264
Other*	17	42	59
Social services or community services	34	20	54
Family	32	19	51
Mental health facility (including psychiatrist)	23	24	47
General practitioner	29	17	46
Outreach worker	14	20	34
Acute hospital service (excluding A&E)	10	19	29
Court, probation or police	12	15	27
Not known	-	2	2
<b>Total</b>	<b>277</b>	<b>336</b>	<b>613</b>

Table 43: Source of Referral for Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

\* 'Other' relates to referrals from friends, other drug treatment centre, prison, mental health liaison nurse at A&E and A&E other and has counts of less than 10 for Carlow clients. This also includes school referrals for Kilkenny clients.

## Data Co-ordination Overview of Drug Misuse 2013

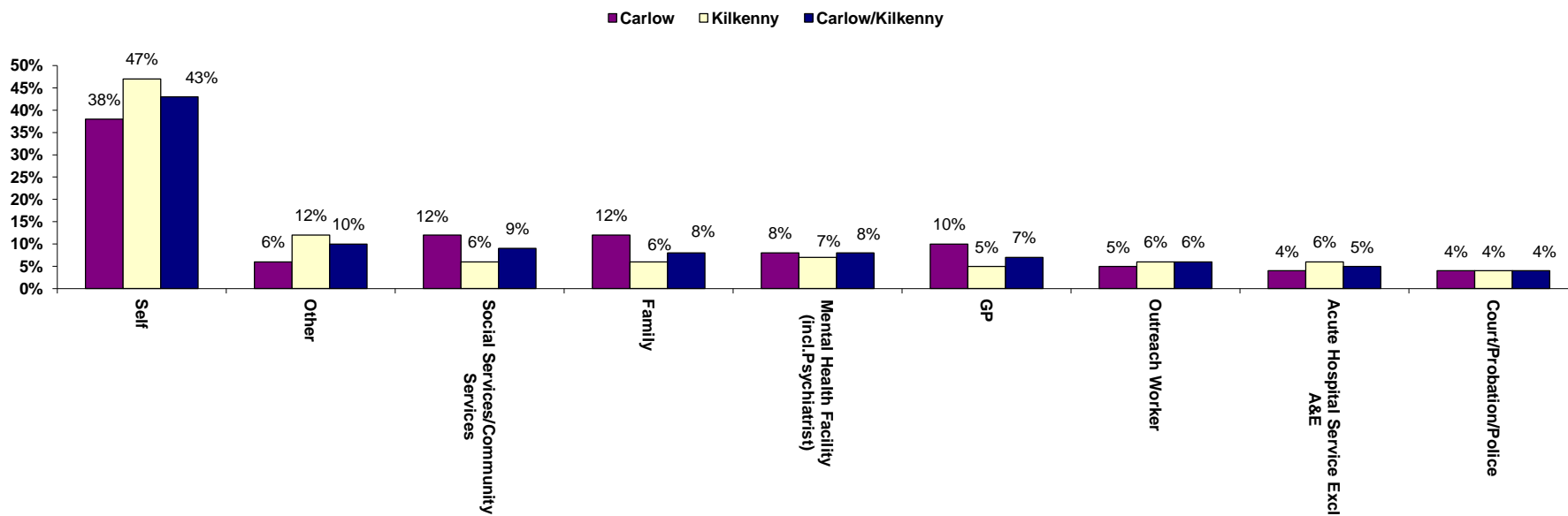


Figure 34: Source of Referral for Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

The main sources of referral in 2013 for Carlow clients were self referrals, referrals from social or community services and family referrals at 106 individuals (38%), 34 individuals (12%) and 32 individuals (12%) respectively. The majority of Kilkenny client referrals were also self referrals at 158 individuals (47%), followed by referrals from a mental health facility (including psychiatrist) at 24 individuals (7%) and then from social or community services and outreach worker, both at 20 individuals (6%). The higher number of self referrals may be because both counties' Substance Misuse Services have a drop-in service once a week where clients self present. All agencies are aware of this service and ask potential service users to self present. This also gives all potential service users access to the Carlow and Kilkenny Substance Misuse Services within one week.

The largest increase in referrals for Carlow clients between 2012 and 2013 came from family, which increased by 17 individuals (113%), while the largest decrease came from court, probation or police at 15 individuals (39%). With the exception of referrals from an outreach worker and mental health facility (including psychiatrist), both of which increased by one individual (5% and 4% respectively), the remaining referral sources for Kilkenny clients decreased between 2012 and 2013. The largest decrease between the two years was for general practitioner referrals, which fell by 11 individuals (39%).

**Treatment Data**

**Main Substance Misuse Problem**

Table 44 and Figure 35 provide a breakdown of the main substance misuse problems for which Carlow, Kilkenny and Carlow/Kilkenny area clients were treated in 2013.

Main Substance Misuse Problem	Carlow	Kilkenny	Carlow/Kilkenny Area
Alcohol	106	194	300
Heroin	83	64	147
Cannabis	65	45	110
Other*	23	33	56
<b>Totals</b>	<b>277</b>	<b>336</b>	<b>613</b>

Table 44: Main Substance Misuse Problem of Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

\* ‘Other’ refers to cocaine, benzodiazepines, other medicaments, other opiate-type drugs, amphetamines, head shop substances, MDMA and volatile inhalants, which have counts of less than 10 for either Carlow or Kilkenny clients.

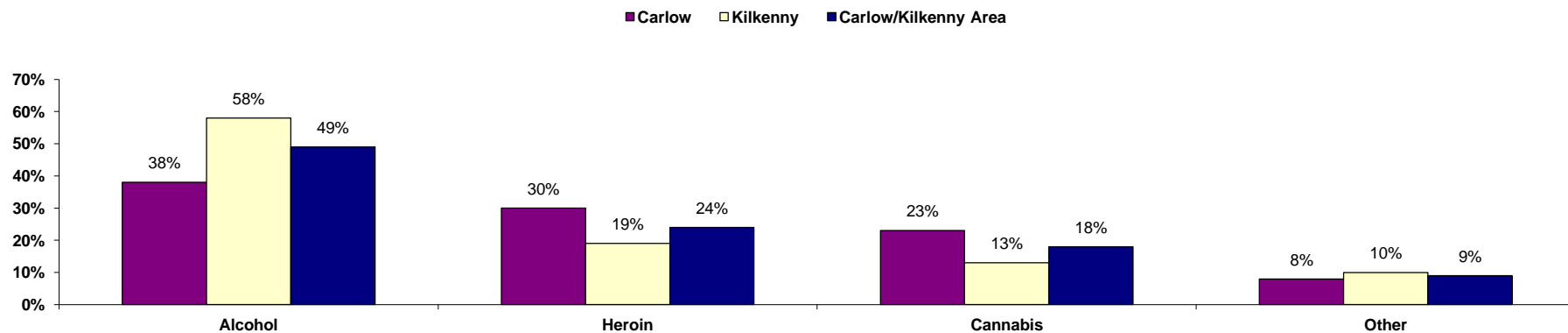


Figure 35: Main Substance Misuse Problem of Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

Alcohol, heroin and cannabis, in that order, were again the main problem substances for which both Carlow and Kilkenny clients were treated in 2013.

## Data Co-ordination Overview of Drug Misuse 2013

Carlow clients treated for alcohol misuse as a main problematic substance accounted for 106 individuals (38%), followed by heroin at 83 individuals (30%) and then cannabis at 65 individuals (23%).

Kilkenny clients treated for alcohol misuse as a main problematic substance accounted for 194 individuals (58%), followed by heroin at 64 individuals (19%) and then cannabis at 45 individuals (13%).

The number of Carlow clients treated for alcohol misuse decreased between 2011 and 2012 and continued to decrease in 2013, when it fell by 37 individuals (26%). The same is true for the number of Kilkenny clients treated for an alcohol problem, which decreased by 23 individuals (11%) in 2013.

The number of clients treated for heroin use increased slightly between 2012 and 2013 for both Carlow and Kilkenny clients, increasing by one individual (1%) and two individuals (3%) respectively.

The number of clients treated for cannabis misuse increased for Carlow clients but decreased for Kilkenny clients between 2012 and 2013. The number of clients with an address in Carlow who were treated for problematic cannabis use increased by 14 individuals (27%), while the number of Kilkenny clients treated for cannabis misuse decreased by 11 individuals (20%).

### **Risk Behaviour Data**

#### *Extent of Drinking Problem*

The severity of drinking problem has been categorised as follows:

- Hazardous drinking is defined as a pattern of alcohol use that increases the risk of harmful consequences for the user. The term describes drinking over the recommended limits by a person with no apparent alcohol-related health problems. This includes experimental drinking.
- Harmful drinking can be described as a pattern of use that is already causing damage to health. This damage may be physical or mental.
- Dependent drinking refers to physical and psychological dependence on alcohol resulting from the habitual use of alcohol, where negative physical withdrawal symptoms result from abrupt discontinuation.

Based on the Carlow clients who were treated for an alcohol problem, both as a main and secondary problem, 92 individuals (64%) were categorised as dependent drinkers, followed by those who were categorised as harmful drinkers (37 individuals, 26%) and then those categorised as hazardous drinkers (14 individuals, 10%).

Meanwhile, for Kilkenny clients, 78 individuals (34%) were categorised as hazardous drinkers, followed by those who were categorised as dependent drinkers (75 individuals, 33%) and then 73 individuals (32%) who were categorised as harmful drinkers.

## Data Co-ordination Overview of Drug Misuse 2013

The number of Carlow clients categorised as dependent, harmful and hazardous drinkers decreased between 2012 and 2013 by 20 individuals (18%), 13 individuals (26%) and four individuals (22%) respectively.

There was an increase in the number of Kilkenny clients who were categorised as harmful drinkers between 2012 and 2013 by four individuals (6%). The number and rate of Kilkenny clients categorised as dependent drinkers and hazardous drinkers decreased between the two years by 28 individuals (27%) and five individuals (6%) respectively.

### *Intravenous Drug Use*

#### Ever Injected

The following tables and figures give an overview of clients who had engaged in risk behaviour associated with their IV drugs use. Table 45 and Figure 36 show the number of treated Carlow, Kilkenny and Carlow/Kilkenny area clients who had ever injected. Table 46 and Figure 37 show the number of clients in these areas who had injected in the month prior to treatment commencing.

<b>Ever Injected</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Yes	57	57	114
No	218	271	489
Not known	2	8	10
<b>Total</b>	<b>277</b>	<b>336</b>	<b>613</b>

Table 45: Ever Injected: Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

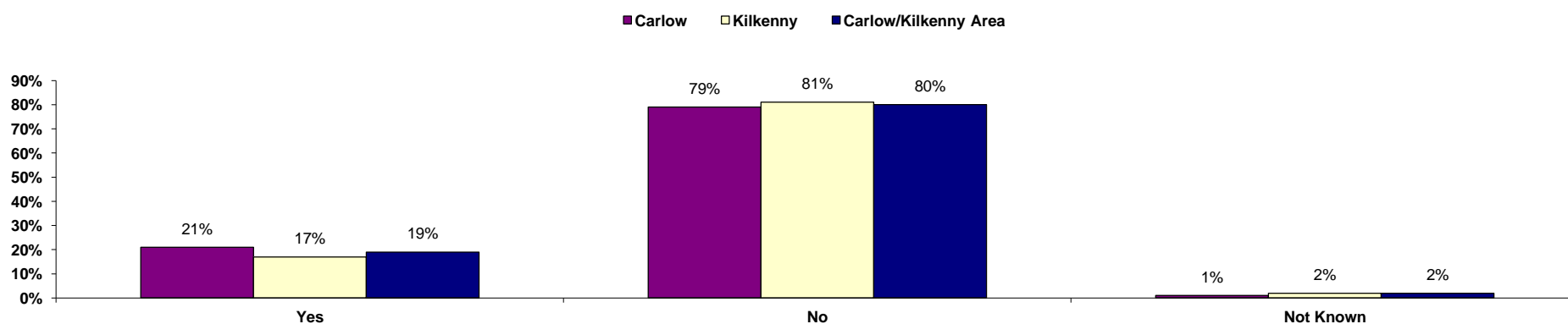


Figure 36: Ever Injected: Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

## Data Co-ordination Overview of Drug Misuse 2013

The majority of both Carlow and Kilkenny clients had never injected at 218 individuals (79% of Carlow clients) and 271 individuals (81% of Kilkenny clients). The same number of Carlow and Kilkenny clients had injected at some point in their lives and accounted for 57 individuals, with a rate of 21% and 17% respectively.

There was a decrease in the number of clients who had never injected between 2012 and 2013 of 23 individuals (9%) for Carlow clients and 46 individuals (14%) for Kilkenny clients.

The number of Carlow clients who had injected at some time in their lives decreased between 2012 and 2013 for Carlow clients by 10 individuals (15%), but increased between the two years for Kilkenny clients by four individuals (8%).

### Injected in the Past Month

Of the clients who had ever injected, the following table and figure provide a breakdown of the number and rate of those who had injected in the month prior to their treatment commencing in Carlow, Kilkenny and the Carlow/Kilkenny area.

<b>Injected in Past Month</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Yes	14	24	38
No	43	32	75
Not known	-	1	1
<b>Total</b>	<b>57</b>	<b>57</b>	<b>114</b>

Table 46: Injected in the Past Month: Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

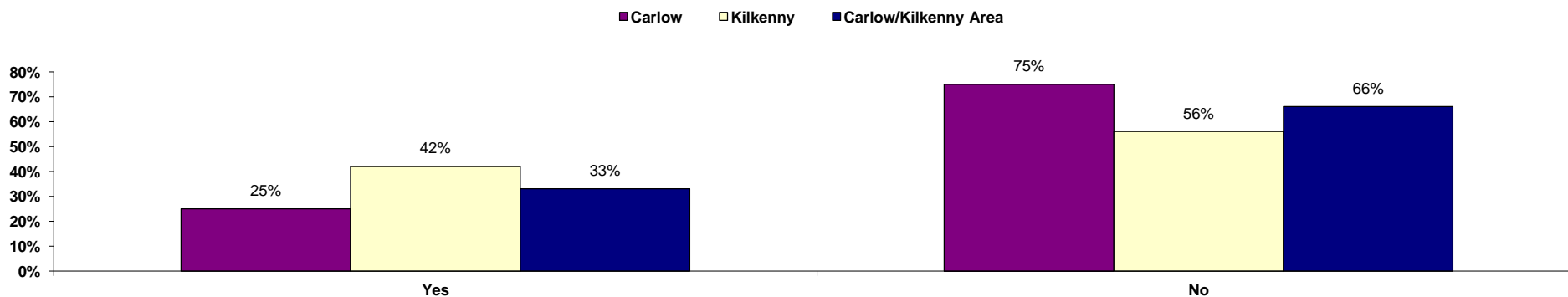


Figure 37: Injected in the Past Month: Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

## Data Co-ordination Overview of Drug Misuse 2013

Of the clients who had ever injected, the majority of both Carlow and Kilkenny clients had not injected in the month prior to commencing treatment at 43 individuals (75%) and 32 individuals (56%) respectively.

The number of Carlow clients who had injected in the month prior to commencing treatment decreased between 2012 and 2013 by four individuals (22%), but increased for Kilkenny clients by seven individuals (41%). The number of both Carlow and Kilkenny clients who had not injected in the month prior to commencing treatment decreased between the two years by six individuals (12%) and four individuals (11%) respectively.

### Ever Shared Any Injecting Equipment

Table 47 and Figure 38 show the number and rate of Carlow, Kilkenny and Carlow/Kilkenny area treated clients who, having injected at some time in their lives, had also shared injecting equipment.

<b>Ever Shared Any Injecting Equipment</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Yes	31	33	64
No	26	16	42
Not known	-	8	8
<b>Total</b>	<b>57</b>	<b>57</b>	<b>114</b>

Table 47: Ever Shared Any Injecting Equipment: Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

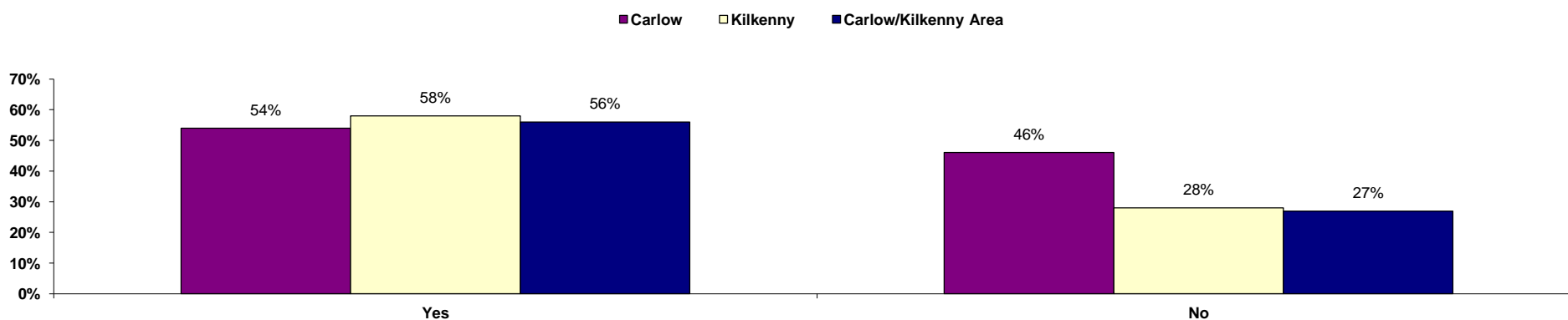


Figure 38: Ever Shared Any Injecting Equipment: Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

## Data Co-ordination Overview of Drug Misuse 2013

Of the clients who had ever injected, the majority of both Carlow and Kilkenny clients had shared injecting equipment. This accounted for 31 individuals (54% of Carlow clients) and 33 individuals (58% of Kilkenny clients).

### Exit Data

#### *Discharges*

A total of 199 Carlow clients and 214 Kilkenny clients treated for a substance misuse problem were discharged from services in 2013. These figures fell between 2012 and 2013 for both Carlow and Kilkenny clients. The number of clients discharged from services with a Carlow address decreased by 13 individuals (6%) in 2013 and the number of discharged clients with a Kilkenny address decreased by 17 individuals (7%).

#### *Treatment Outcomes*

The following table and figure give a breakdown of the treatment outcomes for clients discharged from services in 2013. Clients normally receive more than one treatment intervention during their treatment episode and the data is therefore based on the main treatment intervention provided.

<b>Treatment Outcomes</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Treatment completed	57	89	146
Client transferred stable	17	15	32
Client refused to have further sessions as they considered themselves to be stable	23	26	49
Client refused to have further sessions or did not return for subsequent appointments	76	70	146
Other*	26	14	40
<b>Totals</b>	<b>199</b>	<b>214</b>	<b>413</b>

Table 48: Treatment Outcomes of Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

\* 'Other' includes clients who had counts of less than 10 and relates to clients who were transferred unstable, had a premature exit from treatment for non-compliance, were sentenced to prison, clients who died during treatment, clients who were no longer living in the area, mental health transfers and general medical transfer or medical issue.



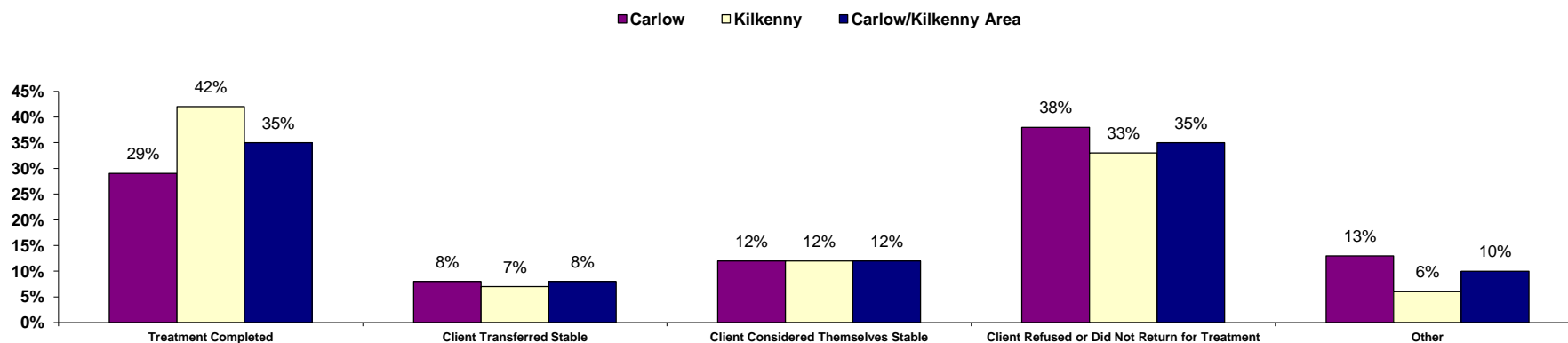


Figure 39: Treatment Outcomes of Carlow, Kilkenny and Carlow/Kilkenny Area Treated Substance Misuse Clients, 2013

57 individuals (29% of Carlow clients) completed their treatment prior to discharge in 2013. 23 individuals (12%) refused further treatment as they considered themselves stable. However, 76 individuals (38% of Carlow clients) refused to have further sessions or did not return for subsequent appointments. 17 individuals (8%) were transferred stable to another treatment service.

The main treatment outcomes for Kilkenny clients in 2013 were clients who completed their treatment before exiting the services (89 individuals, 42%). 26 individuals (12% of Kilkenny clients) refused further treatment as they considered themselves stable. 70 individuals (33%) refused to have further sessions or did not return for subsequent appointments while 15 individuals (7%) were transferred stable to another treatment service on discharge.

The number of Carlow clients who completed their treatment prior to discharge decreased between 2012 and 2013 by 20 individuals (26%), but increased by nine individuals (11%) for Kilkenny clients. The number of clients who were transferred stable increased for Carlow clients but decreased for Kilkenny clients by five individuals (42%) and two individuals (12%) respectively. Likewise, the number of Carlow clients who refused to have further sessions or did not return for subsequent appointments increased between the two years but decreased for Kilkenny clients by three individuals (4%) and 12 individuals (15%) respectively. The number of Carlow clients who refused treatment as they considered themselves stable remained the same between 2012 and 2013 but decreased slightly for Kilkenny clients by one individual (4%).

The majority of both Carlow and Kilkenny clients were considered stable upon their exit from treatment in 2013. This accounted for 121 individuals (61% of Carlow clients) and 157 individuals (73% of Kilkenny clients).

### **3.1.4 Harm Reduction**

The needle exchange service in Kilkenny recorded fewer than 10 exchanges in 2013 and is therefore combined with the Carlow needle exchange service for reporting purposes. A total of 21 clients attended the services in 2013.

#### ***Age Group***

There were too many counts of less than five to provide a breakdown of the age groups for the Carlow and Kilkenny needle exchange services. However, the main age group that attended these services in 2013 was those in the 25- to 29-year age group.

#### ***Gender***

The majority of clients were male at 19 individuals (90%).

#### ***Main Substance***

Heroin was the main substance of use for all clients who attended the Carlow and Kilkenny needle exchange service services in 2013.

#### ***Referral Source***

The main source of referral in 2013 was clients who self referred at 11 individuals (52%).

#### ***Term of IVDU***

The majority of the Carlow and Kilkenny needle exchange service clients were IV drug users between one and four years at the time of their contact with the services.

#### ***Detoxifications Undertaken***

The majority of clients had received between one and three detoxifications prior to attending the needle exchange service and accounted for 12 individuals (57%).

***Number of Times Attended Needle Exchange Service***

The majority of clients (12 individuals, 57%) had only ever attended the Carlow and Kilkenny needle exchange service for the first time in 2013.

### 3.2 Hospital In-patient Enquiry System (HIPE Scheme) 2012

#### 3.2.1 County of Residence

Patients with an address in Carlow accounted for 180 individuals (13% of all coded patients within the HIPE system in the region in 2012). This is a reduction of 15 individuals (8%) on 2011 figures. Meanwhile, 209 individuals (15% of all coded patients in the region) had an address in Kilkenny, a decrease of 30 individuals (13%) on 2011 figures.

#### 3.2.2 Age Group

Table 49 and Figure 40 give a breakdown of the age profile within the HIPE system of coded patients in 2012 with Carlow, Kilkenny and Carlow/Kilkenny area addresses.

<b>Age Group</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Less than 18 years	7	3	10
18–24 years	18	24	42
25–29 years	15	13	28
30–34 years	11	26	37
35–39 years	24	20	44
40–44 years	16	16	32
45–49 years	13	16	29
50–54 years	27	19	46
55–59 years	12	22	34
60 years and over	37	50	87
<b>Total</b>	<b>180</b>	<b>209</b>	<b>389</b>

Table 49: Age Profile of Carlow, Kilkenny and Carlow/Kilkenny Area Coded Patients, 2012

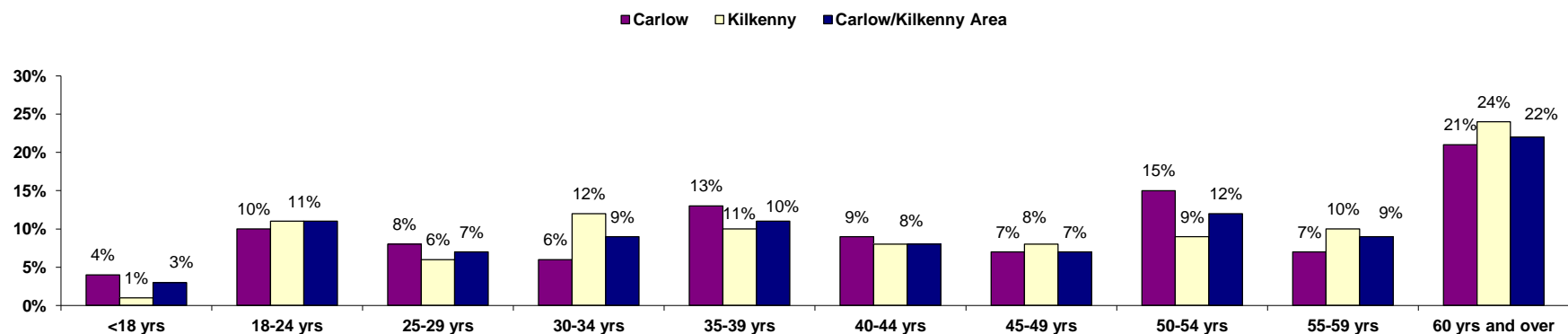


Figure 40: Age Profile of Carlow, Kilkenny and Carlow/Kilkenny Area Coded Patients, 2012

The majority of HIPE system coded Carlow patients were aged 60 years and over at 37 individuals (21%). This age group was followed by those aged between 50 and 54 years at 27 individuals (15%) and then those who were in the 35- to 39-year age bracket at 24 individuals (13%).

The main age groups of coded Kilkenny patients were those aged 60 years and over, those between the ages of 30 and 34 years and those in the 18- to 24-year age group at 50 individuals (24%), 26 individuals (12%) and 24 individuals (11%) respectively.

There was an increase in the main age group of coded Carlow patients (those aged 60 years and over) between 2011 and 2012 of 8 individuals (28%). The number of patients in the 50- to 54-year age group decreased slightly between the two years by two individuals (7%). The number of coded Carlow patients in the 35- to 39-year age group increased between 2011 and 2012 by three individuals (14%). The biggest decrease between the two years was coded patients in the 30- to 34-year age group, which decreased by 14 individuals (56%).

Similar to Carlow, the main age group of coded Kilkenny patients (those aged 60 years and over) increased between 2011 and 2012, though to a lesser extent, by two individuals (4%). The number of patients in the 30- to 34-year age group increased between the two years, by five individuals (24%), while the number of patients aged between 18 and 24 years decreased by 12 individuals (33%) between the two years.

### 3.2.3 Gender

The majority of both Carlow and Kilkenny coded patients in 2012 were male at 122 individuals (68%) and 155 individuals (74%) respectively, which accounted for 277 individuals (71%) for the Carlow/Kilkenny area. Coded female patients from Carlow accounted for 58 individuals (32%), while in Kilkenny there were 54 individuals (26% of Kilkenny coded patients).

### 3.2.4 Substance(s) Used

The following tables and figures show the substance used in all diagnoses by coded patients who were discharged from the South East general hospitals in 2012 with either a Carlow or Kilkenny address.

	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Alcohol only	111	145	256
Drugs only	45	38	83
Both alcohol and drugs	24	26	50
<b>Total</b>	<b>180</b>	<b>209</b>	<b>389</b>

Table 50: Substance Used: All Diagnoses for Carlow, Kilkenny and Carlow/Kilkenny Area Coded Patients, 2012

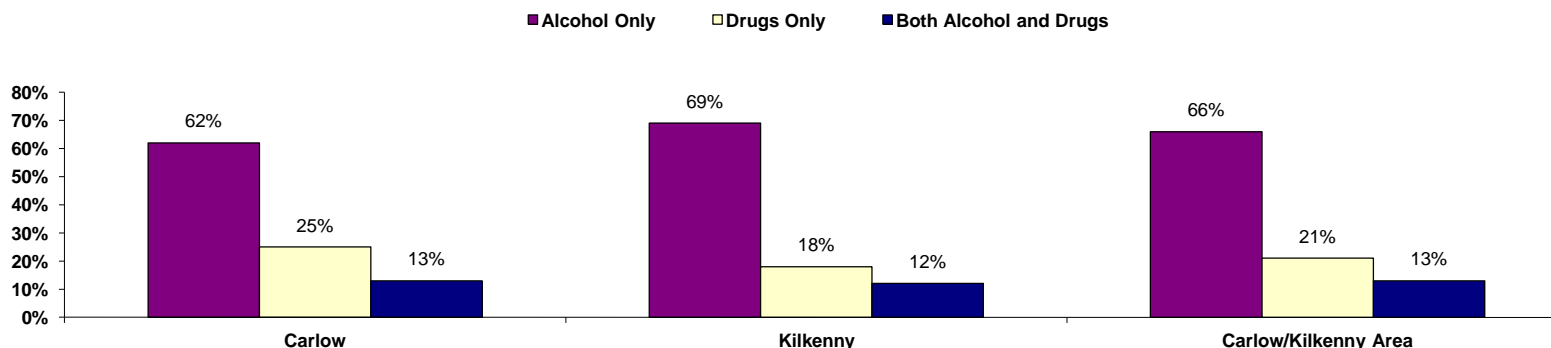


Figure 41: Substance Used: All Diagnoses for Carlow, Kilkenny and Carlow/Kilkenny Area Coded Patients, 2012

The majority of coded Carlow patients discharged in 2012 had a diagnosis that involved alcohol only at 111 individuals (62%), followed by patients with a diagnosis that involved drugs only at 45 individuals (25%) and then those that involved both alcohol and drugs at 24 individuals (13%).

## Data Co-ordination Overview of Drug Misuse 2013

Coded patients with a Kilkenny address in 2012 had the same pattern of use as coded Carlow patients. The majority of patients had a diagnosis that involved alcohol only, accounting for 145 individuals (69%), followed by patients with a diagnosis that involved drugs only at 38 individuals (18%) and then patients with a diagnosis that involved both alcohol and drugs at 26 individuals (12%).

Between 2011 and 2012 there was a decrease in the number of patients with a Carlow address who had a diagnosis that involved alcohol only and both alcohol and drugs of 10 individuals (8%) and 12 individuals (33%) respectively. However, there was an increase of seven individuals (18%) in the number of Carlow coded patients with a diagnosis that involved drugs only.

There was a decrease in the number of coded Kilkenny patients that involved all of the above categories between 2011 and 2012. An alcohol only diagnosis decreased by 20 individuals (12%), a drug only diagnosis decreased by seven individuals (16%) and a diagnosis that involved both alcohol and drugs decreased by three individuals (10%).

As above, alcohol only accounted for the majority of substances used by both Carlow and Kilkenny coded patients (over 60%). As with the regional figures, there were too many instances of substances being used by a small number of people to show all the illicit/licit substances used or there were counts of less than 10. However, the main illicit/licit drugs used by coded patients in the Carlow/Kilkenny area were benzodiazepines at 10 individuals (3%), alcohol and benzodiazepines at nine individuals (2%) and opioids at seven individuals (2%).

### 3.2.5 Discharges

Table 51 and Figure 42 show where the Carlow, Kilkenny and Carlow/Kilkenny area coded patients within the HIPE system went upon their discharge from the South East hospitals in 2012. The table and figure only represent the main discharges.

<b>Discharge</b>	<b>Carlow</b>	<b>Kilkenny</b>	<b>Carlow/Kilkenny Area</b>
Home	124	161	285
Unplanned self discharge	16	24	40
Transfer to psychiatric hospital or unit	12	9	21

Table 51: Main Discharge of Carlow, Kilkenny and Carlow/Kilkenny Area Coded Patients, 2012

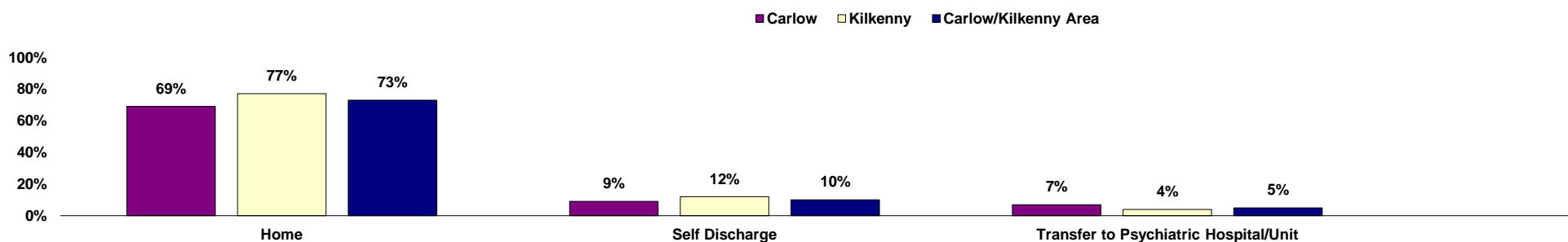


Figure 42: Main Discharge of Carlow, Kilkenny and Carlow/Kilkenny Area Coded Patients, 2012

Similar to previous years, the majority of both Carlow and Kilkenny coded patients were discharged home at 124 individuals (69%) and 161 individuals (77%) respectively, followed by those who had an unplanned self discharged at 16 individuals (9%) and 24 individuals (12%) respectively. These were followed by patients who were transferred to a psychiatric hospital or unit at 12 individuals (7% of coded Carlow patients) and nine individuals (4% of coded Kilkenny patients).

There were decreases in the number of Carlow coded patients who were discharged home and those who had unplanned self discharges between 2011 and 2012. The number of home discharges decreased by 31 individuals (20%) and unplanned self discharges decreased by six individuals (27%). The number of transfers to psychiatric hospital or units increased between the two years by five individuals (71%).

The three main discharges in Table 51 and Figure 42 above for Kilkenny coded patients decreased between 2011 and 2012 by nine individuals (6%), 10 individuals (29%) and one individual (10%) respectively.

### 3.2.6 Length of Stay

Not all Carlow and Kilkenny coded patients were treated in St Luke’s Hospital, though most were. The average length of stay for patients with a Carlow address treated in South East hospitals in 2012 was 10 days and it was seven days for patients with a Kilkenny address. This is an increase of seven days for Carlow patients between 2011 and 2012 and an increase of one day for Kilkenny patients between the two years.



### 3.3 An Garda Síochána 2012

The following data is taken from the Garda Recorded Crime Statistics 2008–2012, published by the Central Statistics Office. This section should be read in conjunction with CSO definitions, background information, interpretation, etc. The full report is available from [www.cso.ie](http://www.cso.ie).

#### 3.3.1 Drug Offences

The following tables present an overview of the number of recorded and detected drug offences recorded by the CSO for 2012.

	<b>Recorded</b>	<b>Per 100,000 Population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern region	101	17.7	100	99.0	72
Kilkenny/Carlow	22	14.9	22	100.0	14

Table 52: Incidents Recorded of Importation/Manufacture of Drugs (ICCS 101), Incidents per 100,000 Population, Detection and Proceedings, 2012<sup>1</sup>

	<b>Recorded</b>	<b>Per 100,000 Population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern region	1,649	289.2	1,624	98.5	1,129
Kilkenny/Carlow	422	285.7	418	99.1	315

Table 53: Incidents Recorded of Possession of Drugs (ICCS 102), Incidents per 100,000 Population, Detection and Proceedings, 2012<sup>2</sup>

	<b>Recorded</b>	<b>Per 100,000 Population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern region	59	10.3	58	98.3	27
Kilkenny/Carlow	10	6.8	10	100.0	4

Table 54: Incidents Recorded of Other Drug Offences (ICCS 103), Incidents per 100,000 Population, Detection and Proceedings, 2012<sup>3</sup>

<sup>1</sup>Relates to the importation of drugs and the cultivation or manufacture of drugs.

<sup>2</sup>Relates to possession of drugs for sale or supply and possession of drugs for personal use.

<sup>3</sup>Relates to forged or altered prescription offences and obstruction under the Drugs Act.

The background of the slide is a soft-focus photograph of medical supplies. In the foreground, a clear plastic pill container is tilted, with several capsules spilling out. Two capsules are in sharp focus in the lower foreground, showing their two-toned design (one end is reddish-pink, the other is light tan). In the background, a white pill bottle with a red band and a white cap is visible, along with other blurred containers. The overall lighting is bright and clinical.

**SECTION 4**  
**SOUTH TIPPERARY**  
**OVERVIEW**

## 4. SOUTH TIPPERARY OVERVIEW

### 4.1 Addiction Treatment Services 2013

This section reports on treated substance misuse in the South Tipperary area. The report contains data collected and collated from statutory, voluntary and community services.

#### 4.1.1 Treatment Contact

Please note that the following paragraphs in this section of the report pertain to the client's county of residence.

**Excluding** forms received for more than one treatment episode per service or where it was known that a client had been treated at more than one centre during the year, 689 individuals with a South Tipperary address accessed services in the South East in 2013. This figure is broken down as follows.

Treatment Type	South Tipperary
Continuous care clients	171
New referrals: treated once during the year	438
Referrals: treated twice during the year	29
New referrals: assessed only	51
<b>Total</b>	<b>689</b>

Table 55: Treatment Contact in South Tipperary: All Contacts, 2013

There was an increase of three individuals (<1%) in the number of clients with a South Tipperary address accessing services in the South East between 2012 and 2013.

The number of clients continuing their treatment from one year to the next increased by 46 individuals (37%) on 2012 figures, as did referrals treated twice during the year and referrals assessed only clients, by seven individuals (32%) and 12 individuals (31%) respectively. The figure for new referrals treated once during the year decreased by 61 individuals (12%) between 2012 and 2013.

### 4.1.2 Main Reason for Referral

**Including** clients who were assessed only, the main reason for referral to the services in 2013 is provided in Table 56 and Figure 43.

Main Reason for Referral	South Tipperary
Alcohol	308
Illicit drugs	227
Licit drugs	48
Concerned persons <sup>1</sup>	89
Gambling	14
Other <sup>2</sup>	3
<b>Total</b>	<b>689</b>

Table 56: Main Reason for Referral in South Tipperary: All Contacts, 2013

<sup>1</sup> Concerned persons are people concerned about another’s substance misuse, gambling or other problem.

<sup>2</sup> The rate for ‘Other’ is less than 1% and is therefore not included in Figure 43.

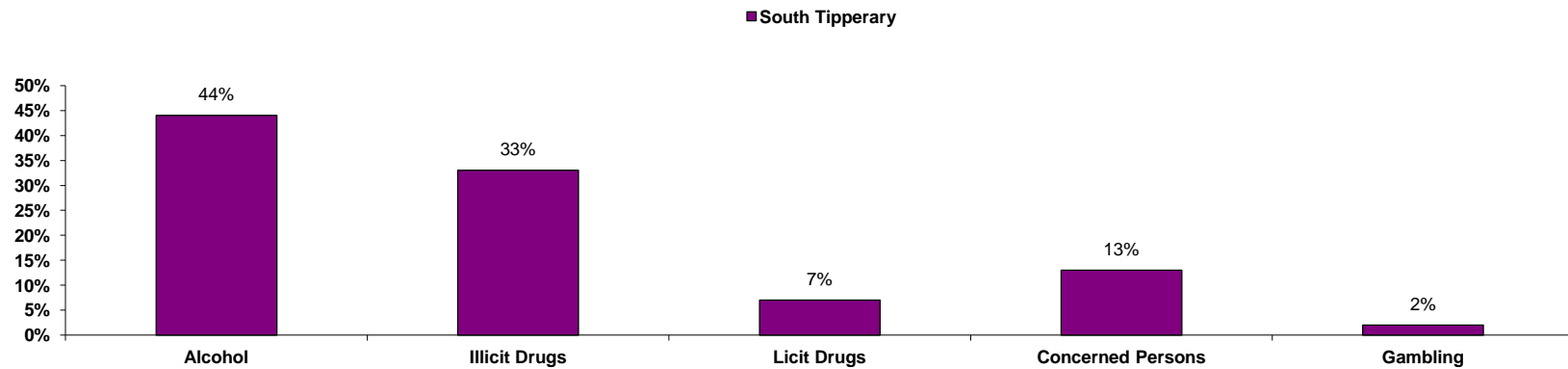


Figure 43: Main Reason for Referral in South Tipperary: All Contacts, 2013

## Data Co-ordination Overview of Drug Misuse 2013

The main reason for referral for clients with a South Tipperary address in 2013 was alcohol at 308 individuals (44%), followed by clients referred for illicit drugs at 227 individuals (33%) and then concerned persons at 89 individuals (13%). Clients referred for licit drug use accounted for 48 individuals (7%) and those referred with gambling issues accounted for 14 individuals (2%).

The number of referrals for licit drug use and concerned persons increased between 2012 and 2013 by 15 individuals (45%) and six individuals (7%) respectively. The number of alcohol, illicit drug and gambling referrals decreased between the two years. Alcohol referrals fell by 13 individuals (4%), illicit drug referrals fell by four individuals (2%) and gambling referrals decreased by three individuals (18%).

### 4.1.3 Substance Misuse Treatment Data

**Excluding** clients who were assessed only and those who were treated for other problems, 536 clients with a South Tipperary address were treated for a substance misuse problem in 2013. The number of clients treated for a substance misuse problem decreased between 2011 and 2012 by 29 individuals (5%) and decreased again in 2013 by 16 individuals (3%).

### Demographic Data

#### *Age Profile*

The following table and figure provide an overview of the age profile of treated South Tipperary clients in 2013.

<b>Age Group</b>	<b>South Tipperary</b>
Less than 18 years	47
18–24 years	114
25–29 years	87
30–34 years	85
35–39 years	46
40–44 years	48
45–49 years	37
50–54 years	36
55–59 years	13
60 years and over	23
<b>Total</b>	<b>536</b>

Table 57: Age Profile of South Tipperary Treated Substance Misuse Clients, 2013

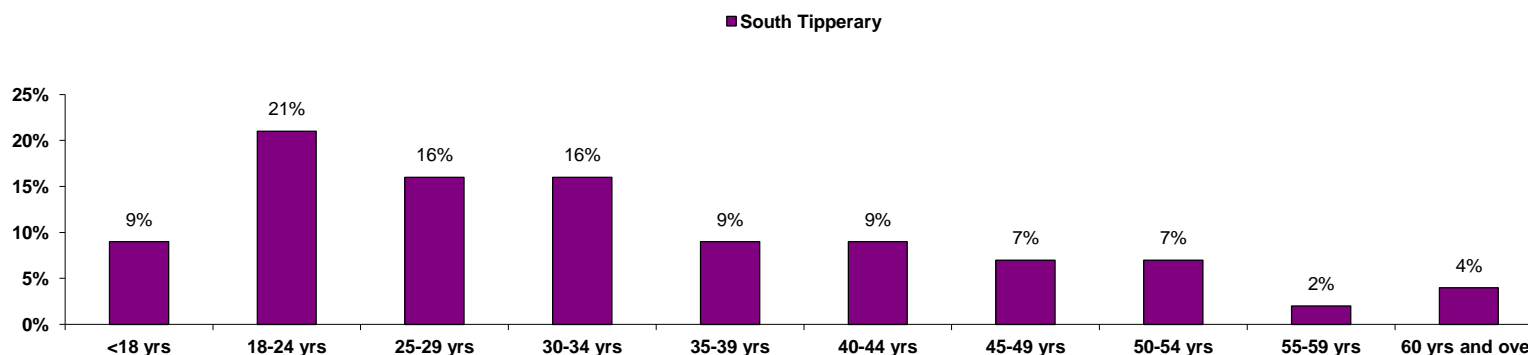


Figure 44: Age Profile of South Tipperary Treated Substance Misuse Clients, 2013

The main age group of South Tipperary clients treated with a substance misuse problem in 2013 was those aged between 18 and 24 years at 114 individuals (21%). This was followed by clients who were in the 25- to 29-year age group at 87 individuals (16%) and then clients who were aged between 30 and 34 years at 85 individuals (16%).

The number of clients in the 18- to 24-year age group fell by 29 individuals (20%) since 2012, while the number of treated clients in the 25- to 29-year and 30- to 34-year age groups increased by seven individuals (9%) and 15 individuals (21%) respectively.

### ***Gender***

The majority of treated substance misuse clients were male at 356 individuals (66%). Females accounted for 180 individuals (34% of treated substance misuse clients in 2013).

The number of both male and female clients decreased between 2012 and 2013. Treated females showed the biggest decrease (11 individuals, 6%) and treated males decreased by five individuals (1%).

### ***Living Status***

The living status (where the client lived) of treated clients relates to the stability of the client’s living situation a month prior to treatment starting. The majority of South Tipperary clients were living in stable accommodation (524 individuals, 98%). This number decreased slightly on 2012 figures by four individuals (1%).

**Employment Status**

Table 58 and Figure 45 give a breakdown of the employment status of treated substance misuse clients with a South Tipperary address in 2013.

<b>Employment Status</b>	<b>South Tipperary</b>
Unemployed	330
In paid employment	77
Retired or unable to work	39
SOLAS (FÁS)/training course	37
Student	33
Housewife/husband	18
Other*	2
<b>Total</b>	<b>536</b>

Table 58: Employment Status of South Tipperary Treated Substance Misuse Clients, 2013

\* The rate for ‘Other’ is not included in Figure 45 as it has a value of less than 1%.

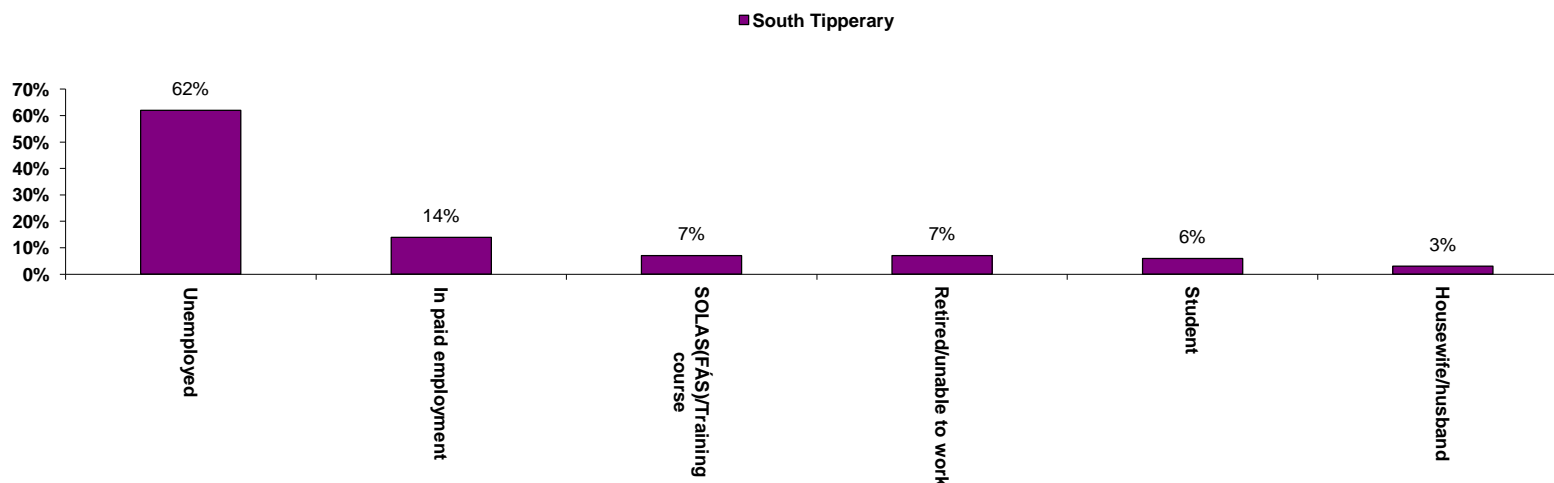


Figure 45: Employment Status of South Tipperary Treated Substance Misuse Clients, 2013

## Data Co-ordination Overview of Drug Misuse 2013

The main employment status for treated South Tipperary clients in 2013 was unemployed at 330 individuals (62%). This was followed by clients who were in paid employment at 77 individuals (14%) and then those who were retired or unable to work at 39 individuals (7%).

The number of clients who were unemployed at the time of their treatment decreased between 2012 and 2013 by seven individuals (2%), as did the number of clients who were retired or unable to work, which decreased by eight individuals (17%). The number of clients who were in paid employment increased between 2012 and 2013 by nine individuals (13%). Clients who were attending SOLAS (FÁS)/training course also increased between the two years by seven individuals (23%). Treated students showed the biggest decrease in 2013 – the numbers fell by 20 individuals (38%) since 2012.

### Referral Data

#### *Source of Referral*

The following table and figure provide a breakdown of the different referral sources to services by South Tipperary clients treated for a substance misuse problem in 2013.

<b>Referral Source</b>	<b>South Tipperary</b>
Self	218
Mental health facility (including psychiatrist)	72
GP	47
Other drug treatment centre	38
Family	37
Social services or community services	32
Court, probation or police	29
Other*	20
Acute hospital service (excluding A&E)	18
Friends	13
Outreach worker	12
<b>Total</b>	<b>536</b>

Table 59: Source of Referral for South Tipperary Substance Misuse Treated Clients, 2013

\* 'Other' source of referral had counts of less than 10 and relates to school, prison, employer, mental health liaison nurse at A&E and A&E other referrals.



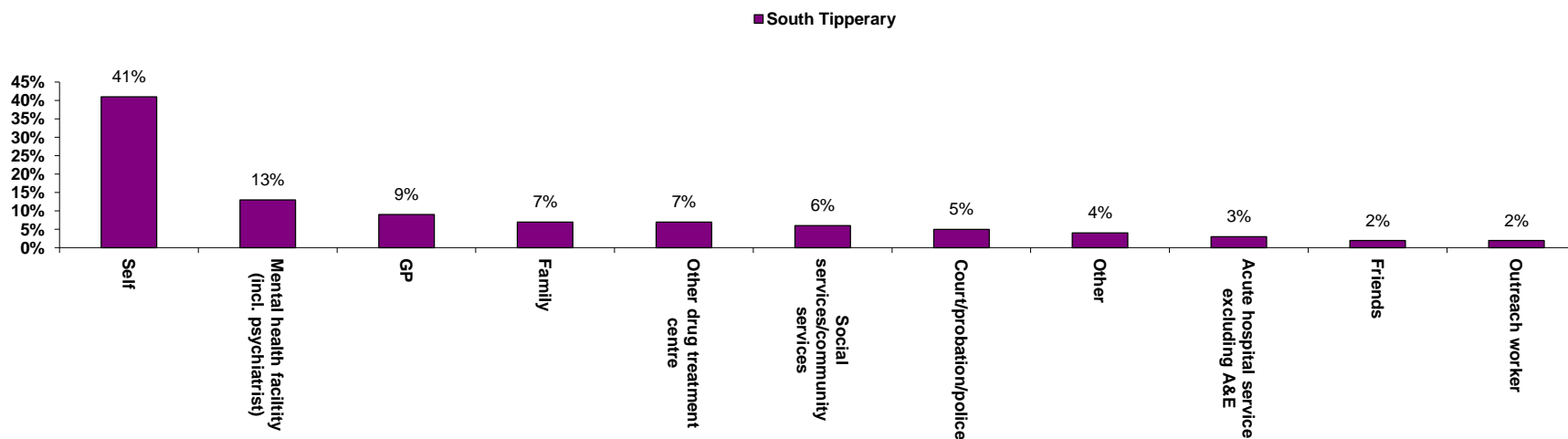


Figure 46: Source of Referral for South Tipperary Substance Misuse Treated Clients, 2013

The majority of referral sources in 2013 were clients who self referred to services, at 218 individuals (41%). This may be because in 2012–2013 the Substance Misuse Service facilitated a drop-in clinic every Thursday evening from 4 to 5pm for adolescents and from 5 to 8 pm for adults and concerned persons, with 20 people attending the clinics per night on average. The second highest referral source was clients who were referred from a mental health facility (including psychiatrist) at 72 individuals (13%), followed by referrals from a GP at 47 individuals (9%).

The number of South Tipperary clients who self referred increased by four individuals (2%) in 2013. Referrals from a mental health facility (including psychiatrist) also increased between 2012 and 2013 by 13 individuals (22%). GP referrals decreased between the two years by four individuals (8%). Family referrals and school referrals showed the biggest decreases between 2012 and 2013, falling by 15 individuals (29%) and 13 individuals (93%) respectively.

## Treatment Data

### *Main Substance Misuse Problem*

Table 60 and Figure 47 provide a breakdown of the main substance misuse problems for which South Tipperary clients were treated in 2013.

Main Substance Misuse Problem	South Tipperary
Alcohol	287
Cannabis	110
Heroin	78
Benzodiazepines	33
Other*	28
<b>Total</b>	<b>536</b>

Table 60: Main Substance Misuse Problem of South Tipperary Substance Misuse Treated Clients, 2013

\* ‘Other’ reflects counts of less than 10 and includes other opiate-type drugs, cocaine, amphetamines and MDMA.

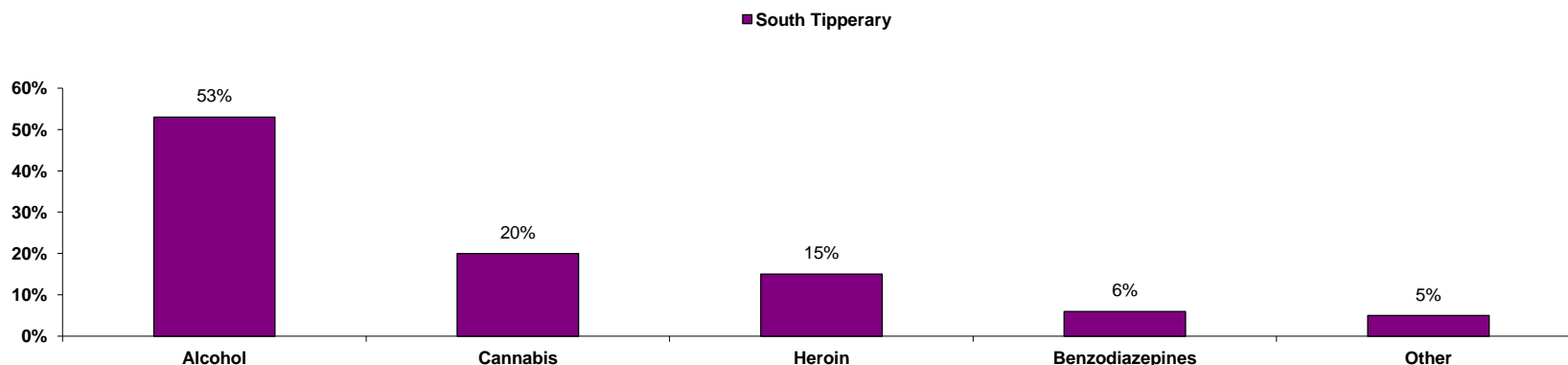


Figure 47: Main Substance Misuse Problem of South Tipperary Substance Misuse Treated Clients, 2013

Alcohol continued to be the main substance misuse problem for South Tipperary clients in 2013 at 287 individuals (53%). However, this is a decrease on the 2012 figures of 14 individuals (5%).

Cannabis was the second most problematic substance for treated South Tipperary clients in 2013 at 110 individuals (20%). Cannabis also decreased between 2012 and 2013 by 12 individuals (10%).

The third most problematic drug for treated South Tipperary clients was heroin at 78 individuals (15%). The number of treated heroin clients increased between 2012 and 2013 by four individuals (5%). In February 2013 the Substance Misuse Service commenced a methadone clinic. This may be the reason for a rise in the number of people attending with heroin-related issues. The number of treated benzodiazepines as one of the main problematic substances for South Tipperary clients also increased in 2013 by eight individuals (32%).

## Risk Behaviour Data

### *Extent of Drinking Problem*

The severity of a drinking problem can be categorised as follows:

- Hazardous drinking is defined as a pattern of alcohol use that increases the risk of harmful consequences for the user. The term describes drinking over the recommended limits by a person with no apparent alcohol-related health problems. This includes experimental drinking.
- Harmful drinking can be described as a pattern of use that is already causing damage to health. This damage may be physical or mental.
- Dependent drinking refers to physical and psychological dependence on alcohol resulting from the habitual use of alcohol, where negative physical withdrawal symptoms result from abrupt discontinuation.

There were 332 clients treated for an alcohol problem in 2013, both as a main and secondary problem. This is a decrease on 2012 figures of 11 individuals (3%).

Of the South Tipperary clients treated for an alcohol problem in 2013, 119 individuals (36%) were categorised as hazardous drinkers, 110 individuals (33%) were categorised as harmful drinkers and 103 individuals (31%) were categorised as dependent drinkers.

There was a decrease in the number of clients categorised as hazardous and harmful drinkers between 2012 and 2013 of 12 individuals (9%) and 11 individuals (9%) respectively. There was an increase in the number of clients categorised as dependent drinkers between the two years of 12 individuals (13%).

### *Intravenous Drug Use*

#### **Ever Injected**

The following tables and figures give an overview of clients who had engaged in risk behaviour associated with their IV drug use. Table 61 and Figure 48 show the number of treated South Tipperary clients who had ever injected.

<b>Ever Injected</b>	<b>South Tipperary</b>
Yes	67
No	468
Not known*	1
<b>Total</b>	<b>536</b>

Table 61: Clients Who Had Ever Injected: South Tipperary Substance Misuse Treated Clients, 2013

## Data Co-ordination Overview of Drug Misuse 2013

\* Figure 48 does not include the rate for 'Not known' as it has a value of less than 1%.

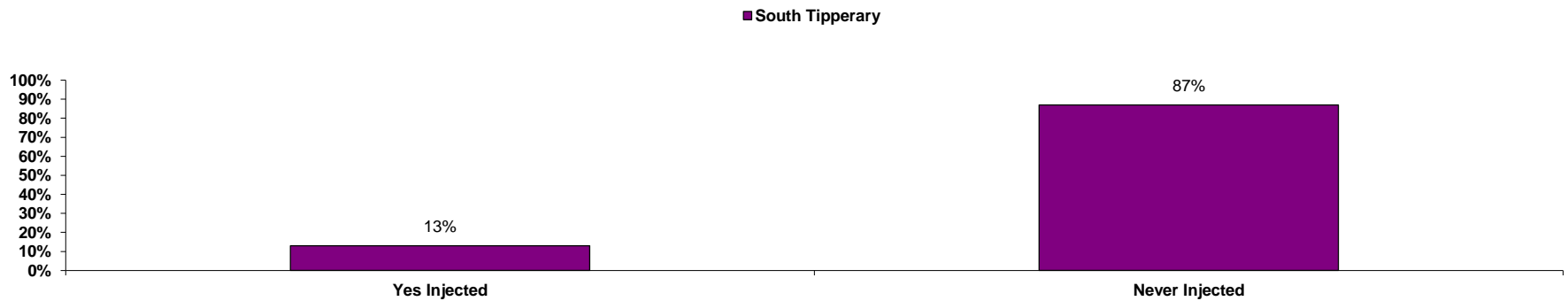


Figure 48: Clients Who Had Ever Injected: South Tipperary Substance Misuse Treated Clients, 2013

Similar to other counties and previous years, the majority of South Tipperary clients had never injected (468 individuals, 87%). However, there was an increase in the number and rate of clients who had injected at some time in their lives between 2012 and 2013 of 12 individuals (22%).

### Injected in the Past Month

Of the 67 individuals who had ever injected, Table 62 and Figure 49 provide a breakdown of the number and rate of those who had injected in the month prior to commencing their treatment.

Injected in the Past Month	South Tipperary
Yes	26
No	41
<b>Total</b>	<b>67</b>

Table 62: Injected in the Past Month: South Tipperary Substance Misuse Treated Clients, 2013

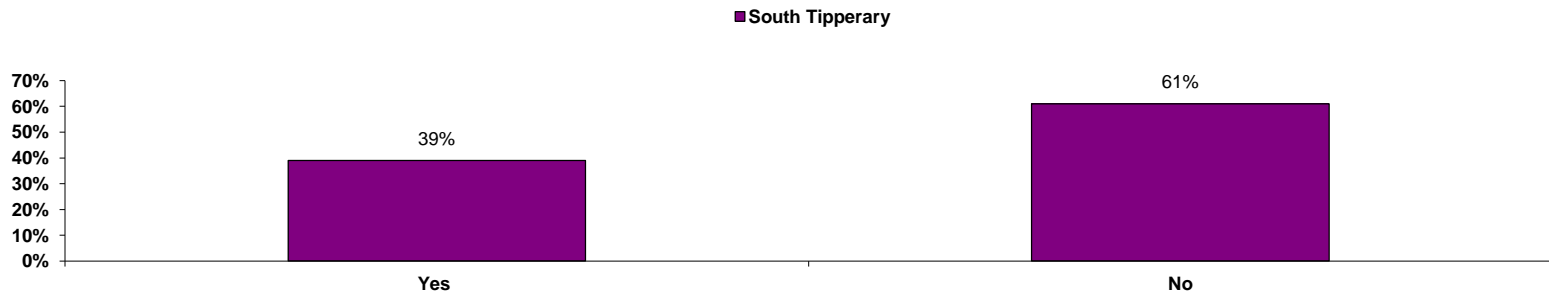


Figure 49: Injected in the Past Month: South Tipperary Substance Misuse Treated Clients, 2013

Of the clients who had ever injected, the majority had not injected in the month prior to commencing treatment (41 individuals, 61%). The remaining clients (26 individuals, 39%) had injected in the month prior to commencing treatment.

There was an increase in the number of South Tipperary clients who had not injected in the month prior to commencing treatment (nine individuals, 28%) as well as an increase in the number of clients who had injected (three individuals, 13%).

**Ever Shared Any Injecting Equipment**

Table 63 and Figure 50 show the number and rate of treated South Tipperary clients who, having injected at some time in their lives, had also shared injecting equipment.

<b>Ever Shared Any Injecting Equipment</b>	<b>South Tipperary</b>
Yes	35
No	31
Not known	1
<b>Total</b>	<b>67</b>

Table 63: Ever Shared Any Injecting Equipment: South Tipperary Substance Misuse Treated Clients, 2013

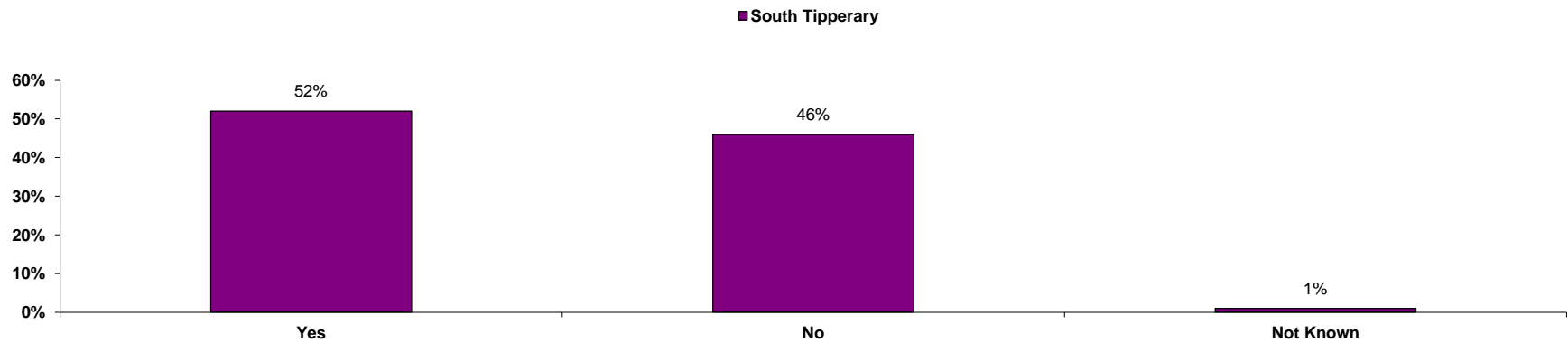


Figure 50: Ever Shared Any Injecting Equipment: South Tipperary Substance Misuse Treated Clients, 2013

Similar to the regional figures, just over half of the South Tipperary clients who had ever injected had shared injecting equipment at 35 individuals (52%).

### **Exit Data**

#### ***Discharges***

A total of 353 South Tipperary clients were discharged from services in 2013, which is a reduction of 24 individuals (6%) on 2012 figures.

#### ***Treatment Outcomes***

Table 64 and Figure 51 give a breakdown of the treatment outcomes of clients discharged from services in 2013. Clients normally receive more than one treatment intervention during their treatment episode and the data is therefore based on the main treatment intervention provided.

<b>Treatment Outcomes</b>	<b>South Tipperary</b>
Treatment completed	143
Client refused to have further sessions or did not return for subsequent appointments	92
Client refused to have further sessions as they considered themselves to be stable	55
Client transferred stable	22
Client transferred unstable	14
Other*	14
Sentenced to prison	13
<b>Total</b>	<b>353</b>

Table 64: Treatment Outcomes of South Tipperary Substance Misuse Treated Clients, 2013

\* ‘Other’ includes clients who no longer lived in the area, premature exit from treatment for non-compliance, client died and mental health transfer.

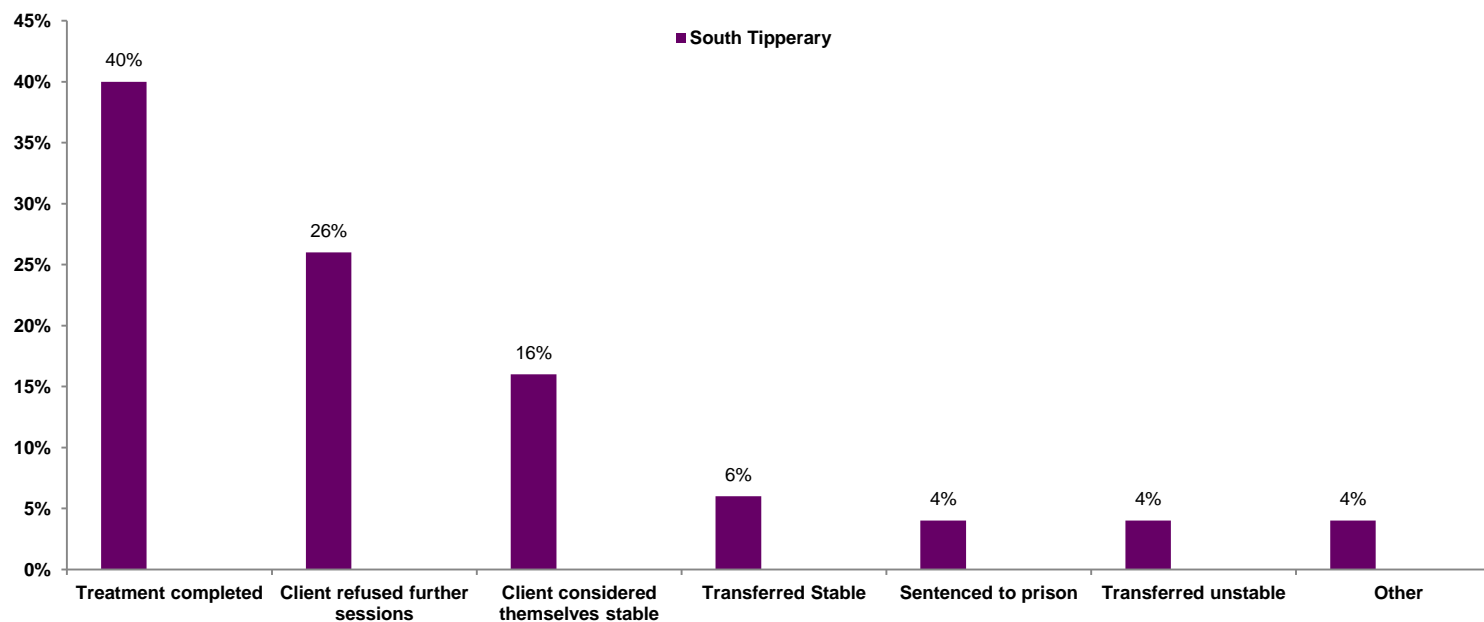


Figure 51: Treatment Outcomes of South Tipperary Substance Misuse Treated Clients, 2013

## Data Co-ordination Overview of Drug Misuse 2013

To summarise, 143 individuals (40% of discharged clients) completed treatment before exiting the services, 92 individuals (26%) refused to have further sessions or did not return for subsequent appointments and 55 individuals (16%) refused to have further sessions as they considered themselves stable. Meanwhile, 22 individuals (6% of South Tipperary clients) were transferred to another treatment service, 13 individuals were sentenced to prison and 14 individuals were transferred unstable to another service.

There was an increase in the number of South Tipperary clients who had completed their treatment prior to discharge between 2012 and 2013 of 28 individuals (24%). There was a slight increase in the number of clients transferred stable to another site of one individual (5%) between the two years. The number of clients who refused to have further sessions because they considered themselves to be stable decreased between 2012 and 2013 by 46 individuals (46%). There was also a decrease in the number of clients who refused to have further sessions or did not return for subsequent appointments of 27 individuals (23%). The number of clients who were sentenced to prison increased from 2012 by 10 individuals.

The majority of South Tipperary clients were considered stable upon exit from treatment in 2013, accounting for 247 individuals (70%), while 105 individuals (30%) were considered unstable at the time of their discharge.

### **4.1.4 Harm Reduction**

The needle exchange services were expanded within the Substance Misuse Service in 2012–2013. The service developed from a fixed-day dispensing system to a five-day-a-week dispensing system during office hours. This gave established clients and potential clients the flexibility to attend any time during the working week.

There were 38 clients who attended the South Tipperary needle exchange service in 2013.

#### ***Age Group***

The main age groups of the clients who attended the service in 2013 were those between the ages of 25 and 29 years and 35 and 39 years. The groups have counts of less than 10 and therefore cannot be given separately.

#### ***Gender***

The majority of the needle exchange service clients were male at 26 individuals (68%) and 12 individuals (32%) were female.



## Data Co-ordination Overview of Drug Misuse 2013

### ***Main Substance***

All of the clients presented with heroin as their substance of use.

### ***Referral Source***

The main source of referral to the South Tipperary needle exchange service was clients who self referred at 31 individuals (82%).

### ***Term of IVDU***

The majority of clients had been injecting between one and four years at the time they attended the service in 2013. This accounted for 21 individuals (55%).

### ***Paraphernalia Sharing in the Past Year***

It was not known if half of the clients had shared any injecting equipment in the past year prior to attending the South Tipperary service, which accounted for 19 individuals (50%). This may be due to how the information was recorded. It was known, however, that 10 individuals (26%) of the clients had not shared any paraphernalia in the past year.

### ***Detoxifications Undertaken***

Again, it was not known whether or not 33 individuals (87% of the clients) had ever undertaken any detoxifications.

### ***Number of Times Attended Needle Exchange Service***

Similar to other services in the South East, 17 individuals (45%) were attending the service for the first time and 10 individuals (26%) had attended twice. The rest of the clients had attended between three and nine times but the counts are too small to break down separately.

## 4.2 Hospital In-patient Enquiry System (HIPE Scheme) 2012

### 4.2.1 County of Residence

A total of 275 individuals (20% of all HIPE coded patients in the region) had an address in South Tipperary, a decrease of 15 individuals (5%) on 2012 figures.

### 4.2.2 Age Group

The following table and figure give a breakdown of the age profile of coded patients in 2011 with a South Tipperary address.

<b>Age Group</b>	<b>South Tipperary</b>
Less than 18 years	14
18–24 years	23
25–29 years	25
30–34 years	25
35–39 years	20
40–44 years	27
45–49 years	30
50–54 years	25
55–59 years	19
60 years and over	67
<b>Total</b>	<b>275</b>

Table 65: Age Group of South Tipperary Coded Patients, 2012

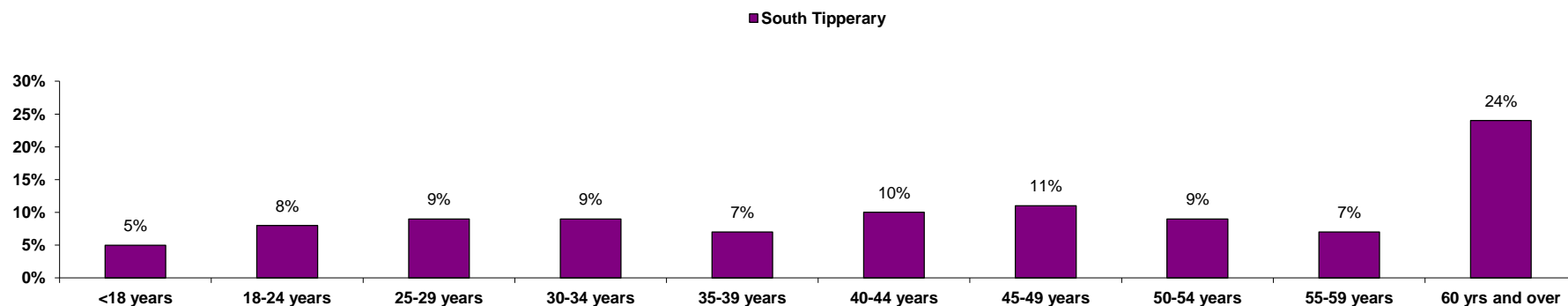


Figure 52: Age Group of South Tipperary Coded Patients, 2012

The majority of South Tipperary coded patients were aged 60 years and over (67 individuals, 24%), followed by those in the 45- to 49-year age group (30 individuals, 11%) and then those aged between 40 and 44 years (27 individuals, 10%).

The number of HIPE coded patients aged 60 years and over increased between 2011 and 2012 by 11 individuals (20%). The number of patients in the 45- to 49-year age group increased by eight individuals (36%). Between 2011 and 2012 the number of patients in the 40- to 44-year age group decreased by four individuals (13%). The largest decrease between the two years was the number of patients aged between 18 and 24 years, which decreased by 22 individuals (49%).

#### 4.2.3 Gender

Similar to previous years, HIPE coded South Tipperary patients were mainly male, accounting for 200 individuals (73%). Females accounted for 75 individuals (27% of coded South Tipperary patients in 2013).

#### 4.2.4 Substance(s) Used

Table 66 and Figure 53 show the substance used in all diagnoses for which coded patients with a South Tipperary address were discharged from the South East general hospitals in 2012.

	<b>South Tipperary</b>
Alcohol only	202
Drugs only	56
Both alcohol and drugs	17
<b>Total</b>	<b>275</b>

Table 66: Type of Diagnosis of South Tipperary Coded Patients, 2012

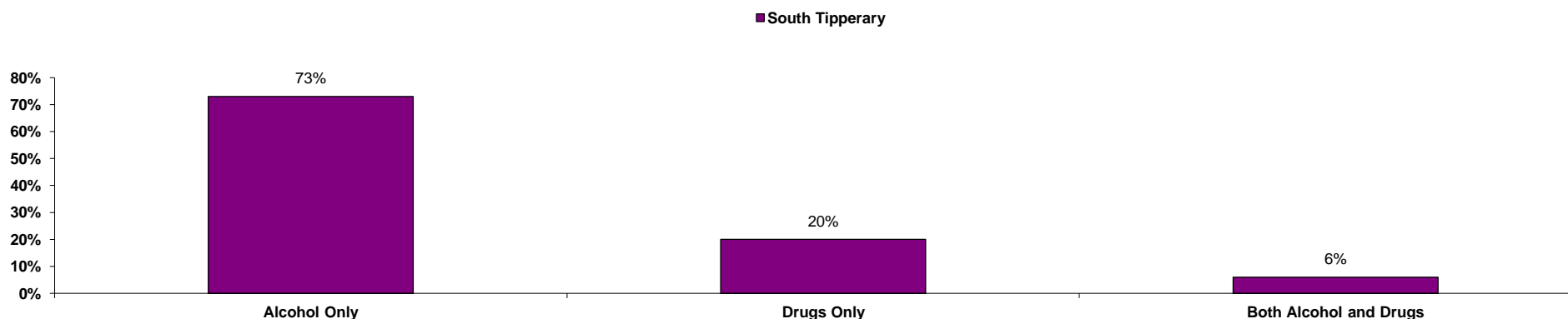


Figure 53: Type of Diagnosis of South Tipperary Coded Patients, 2012

Similar to previous years, the majority of HIPE coded South Tipperary patients had a diagnosis that involved alcohol only (202 individuals, 73%), followed by patients with a diagnosis that included drugs only (56 individuals, 20%) and then those who had a diagnosis that included both alcohol and drugs (17 individuals, 6%).

The number of coded patients with diagnoses that included alcohol only decreased between 2011 and 2012, as did coded patients with diagnoses that included both alcohol and drugs. The number of alcohol only coded patients fell by 15 individuals (7%) between 2011 and 2012 and the number of coded patients with diagnoses of both alcohol and drugs fell by seven individuals (29%). There was an increase in the number of coded patients with diagnoses that included drugs only between 2011 and 2012 of eight individuals (17%).

As stated above, alcohol accounted for the majority of substances used by the South Tipperary coded patients in 2012. With regard to illicit/licit substances, there were too many instances of substances being used by a small number of people to show all of the substances used. However, nine individuals (3% of the South Tipperary coded patients) had used opioids and the same number had used alcohol and unspecified drugs.

#### 4.2.5 Detoxification

A total of 41 individuals (15% of the South Tipperary HIPE coded patients) received either an alcohol or drug detoxification in 2012, with the majority being an alcohol detoxification. Meanwhile, six individuals (15%) received more than one detoxification during 2012.

#### 4.2.6 Discharges

The following table and figure show where the HIPE coded patients went upon their discharge from the South East general hospitals in 2012. The table and figure only represent the main discharges.

	South Tipperary
Home	223
Unplanned self discharge	15
Transfer to nursing home, convalescent home or long-stay accommodation	12

Table 67: Main Discharge of South Tipperary Coded Patients, 2012

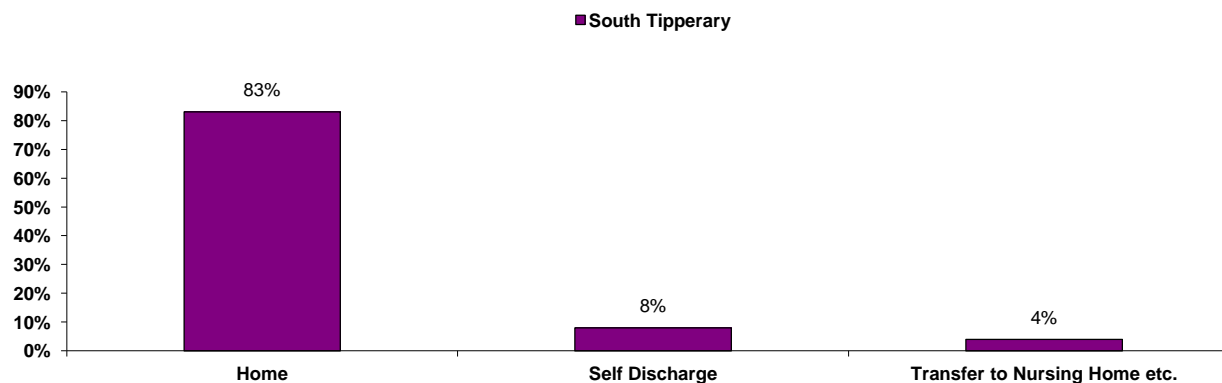


Figure 54: Main Discharges of South Tipperary Coded Patients, 2012

The majority of South Tipperary HIPE coded patients were discharged home in 2012 at 223 individuals (81%). The next highest discharges for coded patients in 2012 were those who self discharged, which accounted for 15 individuals (6%), followed by coded patients who were transferred to a nursing home, convalescent home or long-stay accommodation at 12 individuals (4%).

## Data Co-ordination Overview of Drug Misuse 2013

The number of home and self discharges decreased between 2011 and 2012 by 18 individuals (7%) and seven individuals (32%) respectively. The number of discharges to a nursing home, convalescent home or long-stay accommodation trebled between 2011 and 2012 and accounted for an increase of eight individuals.

### **4.2.7 Length of Stay**

Not all South Tipperary coded patients were treated at South Tipperary General Hospital, though the majority were. The average length of stay for patients with a South Tipperary address treated in the South East hospitals in 2012 was seven days, an increase of one day on 2011 figures.

### 4.3 An Garda Síochána 2012

The following data is taken from the Garda Recorded Crime Statistics 2008–2012, published by the Central Statistics Office. This section should be read in conjunction with CSO definitions, background information, interpretation, etc. The full report is available from [www.cso.ie](http://www.cso.ie).

#### 4.3.1 Drug Offences

The following tables present an overview of the number of recorded and detected drug offences recorded by the CSO for 2011. **Please note that Tipperary relates to both North and South Tipperary.**

	<b>Recorded</b>	<b>Per 100,000 Population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern region	101	17.7	100	99.0	72
Tipperary	28	17.7	28	100.0	21

Table 68: Incidents Recorded of Importation/Manufacture of Drugs (ICCS 101), Incidents per 100,000 Population, Detection and Proceedings, 2011<sup>1</sup>

	<b>Recorded</b>	<b>Per 100,000 Population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern region	1,649	289.2	1,624	98.5	1,129
Tipperary	395	249.4	388	98.2	282

Table 69: Incidents Recorded of Possession of Drugs (ICCS 102), Incidents per 100,000 Population, Detection and Proceedings, 2011<sup>2</sup>

	<b>Recorded</b>	<b>Per 100,000 Population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern region	59	10.3	58	98.3	27
Tipperary	21	13.3	21	100.0	14

Table 70: Incidents Recorded of Other Drug Offences (ICCS 103), Incidents per 100,000 Population, Detection and Proceedings, 2011<sup>3</sup>

<sup>1</sup> Relates to the importation of drugs and the cultivation or manufacture of drugs.

<sup>2</sup> Relates to possession of drugs for sale or supply and possession of drugs for personal use.

<sup>3</sup> Relates to forged or altered prescription offences and obstruction under the Drugs Act.



**SECTION 5**  
**WATERFORD OVERVIEW**



## 5. WATERFORD OVERVIEW

### 5.1 Addiction Treatment Services 2013

This section provides data on treated substance misuse in the Waterford area. The report contains data collected and collated from statutory, voluntary and community services.

#### 5.1.1 Treatment Contact Type

Please note that the following paragraphs in this section of the report pertain to the client's county of residence.

**Excluding** forms received for more than one treatment episode per service or where it was known that a client had been treated at more than one centre during the year, 933 clients with a Waterford address accessed services in the South East in 2013. This figure is broken down as follows.

<b>Treatment Contact Type</b>	<b>Waterford</b>
Continuous care clients	234
New referrals: treated once during the year	638
Referrals: treated twice during the year	41
Referrals: treated more than twice during the year	4
New referrals: assessed only	16
<b>Total</b>	<b>933</b>

Table 71: Treatment Contact Type in Waterford: All Contacts, 2013

The number of clients with a Waterford address accessing services in the South East remained the same between 2012 and 2013.

The number of clients continuing their treatment from one year to the next increased by 42 individuals (22%) between 2012 and 2013. The remainder of the treatment contact types decreased between the two years. The biggest decrease was new referrals treated once during the year, which decreased by 21 individuals (3%).

### 5.1.2 Main Reason for Referral

**Including** clients who were assessed only, the main reason for referral to the services in 2013 is provided in Table 72 and Figure 55.

Main Reason for Referral	Waterford
Alcohol	440
Illicit drugs	359
Licit drugs	61
Concerned persons*	64
Other	9
<b>Total</b>	<b>933</b>

Table 72: Main Reason for Referral in Waterford: All Contacts, 2013

\* Concerned persons are people concerned about another’s substance misuse, gambling or other problem.

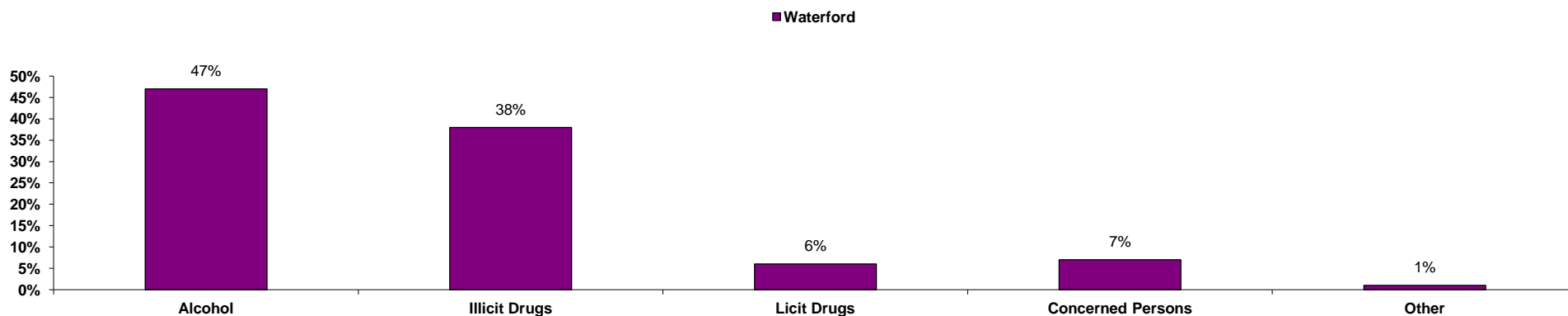


Figure 55: Main Reason for Referral in Waterford: All Contacts, 2013

The main reason for referral to services in the South East for clients with a Waterford address in 2013 was alcohol at 440 individuals (47%), followed by referral for illicit drug use at 359 individuals (38%) and then concerned persons at 64 individuals (7%). Clients referred for licit drug use accounted for 61 individuals (6%).

## Data Co-ordination Overview of Drug Misuse 2013

The number of alcohol referrals decreased between 2012 and 2013 by 53 individuals (11%), as did the number of concerned persons, by 10 individuals (13%). There was an increase in the number of both referrals for illicit and licit drugs between the two years of 50 individuals (16%) and 17 individuals (39%) respectively.

### 5.1.3 Substance Misuse Treatment Data

**Excluding** clients who were assessed only and those who were treated for other problems, 845 clients with a Waterford address were treated for a substance misuse problem in 2013. This is an increase of 19 individuals (2%) on 2012 figures.

#### Demographic Data

##### *Age Profile*

Table 73 and Figure 56 provide an overview of the age profile of treated Waterford clients in 2013.

<b>Age Group</b>	<b>Waterford</b>
Less than 18 years	44
18–24 years	172
25–29 years	118
30–34 years	119
35–39 years	96
40–44 years	70
45–49 years	60
50–54 years	47
55–59 years	42
60 years and over	73
Not known*	4
<b>Totals</b>	<b>845</b>

Table 73: Age Profile of Waterford Substance Misuse Treated Clients, 2013

\* The rate for 'Not known' is not included in Figure 56 as it has a value of less than 1%.

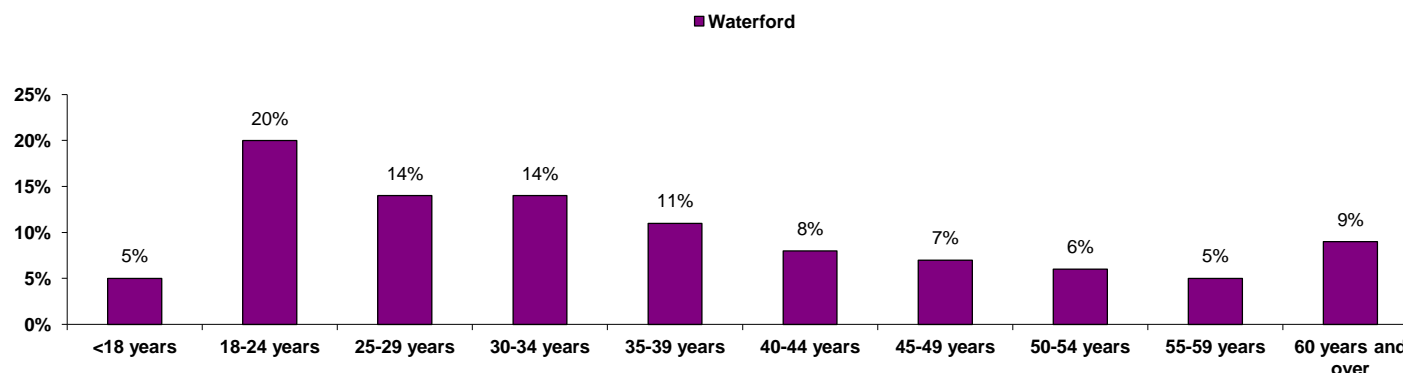


Figure 56: Age Profile of Waterford Substance Misuse Treated Clients, 2013

The majority of treated Waterford clients were between the ages of 18 and 34 years. The main ages of treated clients within that age group were those aged between 18 and 24 years at 172 individuals (20%). This was followed by those in the 30- to 34-year age group at 119 individuals (14%) and then those who were aged between 25 and 29 years at 118 individuals (14%).

There was an increase in the number of treated Waterford clients who were aged 18 years or less between 2012 and 2013 of 14 individuals (47%). The number of treated clients in the 18- to 24-year age group also increased between the two years by 17 individuals (11%). However, there was a decrease in the number of treated clients who were aged between 25 and 29 years of 12 individuals (9%) and the number of treated clients aged between 30 and 34 years decreased slightly by three individuals (2%). The biggest decrease since 2012 was of treated Waterford clients aged 60 years and over; this age group decreased by 26 individuals (26%).

### ***Gender***

As with the other counties, the majority of Waterford clients were male at 592 individuals (70%). Females accounted for 253 individuals (30% of the treated substance misuse clients in 2013).

The number of males treated for a substance misuse problem with a Waterford address increased between 2012 and 2013 by 16 individuals (3%). The number of treated females increased between the two years by three individuals (1%).

***Living Status***

The living status (where the client lived) of treated clients relates to the stability of the client’s living situation a month prior to commencing treatment. The majority of Waterford clients were living in stable accommodation, accounting for 790 individuals (93%). This group was followed by clients who were homeless (27 individuals, 3%) and then those who were living in other unstable accommodation (15 individuals, 2%), while 11 individuals (1% of treated Waterford clients) were living in an institution (prison, residential care or halfway house).

There was an increase in all types of living status categories for treated Waterford clients between 2012 and 2013, with the exception of clients who were living in an institution (prison, residential care or halfway house). The number of clients living in this type of accommodation decreased by five individuals (31%). The number of treated Waterford clients living in stable accommodation increased by 21 individuals (3%), clients living in other unstable accommodation increased by four individuals (36%) and the number of clients who were homeless increased slightly from 2012 by one individual (4%).

***Employment Status***

The following table and figure give a breakdown of the employment status of treated substance misuse clients with a Waterford address in 2013.

<b>Employment Status</b>	<b>Waterford</b>
Unemployed	491
In paid employment	116
Retired or unable to work	84
SOLAS (FÁS)/training course	70
Student	56
Housewife/husband	23
Not known	3
Other	2
<b>Totals</b>	<b>845</b>

Table 74: Employment Status of Waterford Substance Misuse Treated Clients, 2013

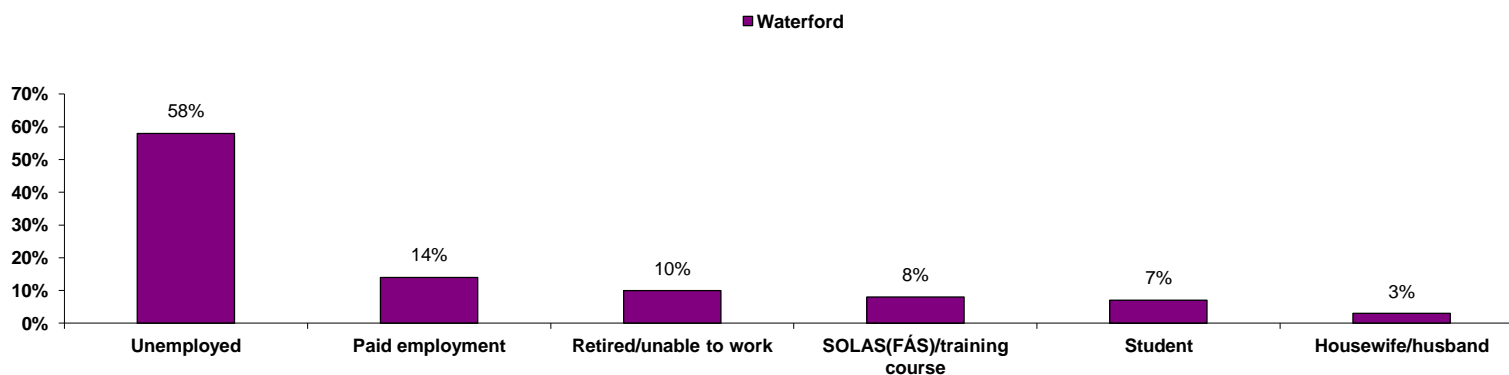


Figure 57: Employment Status of Waterford Substance Misuse Treated Clients, 2013

Waterford clients treated for substance misuse problems in 2013 were mainly unemployed at the time of their treatment, accounting for 491 individuals (58% of all treated Waterford clients), followed by clients who were in paid employment at 116 individuals (14%) and then those who were retired or unable to work at 84 individuals (10%).

Since 2012 there was an increase in the number of clients who were unemployed at the time of their treatment of 24 individuals (9%). The number of clients who were in paid employment and retired or unable to work decreased between 2012 and 2013 by three individuals (2%) and 24 individuals (22%) respectively.

### Referral Data

#### *Source of Referral*

The following table and figure provide an overview of the different referral sources for Waterford clients in 2013.

Referral Source	Waterford
Self referral	257
Acute hospital services (excluding A&E)	110
A&E department	69
Social services or community services	62
Court, probation or police	59
Mental health facility (including psychiatrist)	56
Other drug treatment centre	50
GP	49
Family	47
Outreach worker	36
Mental health liaison nurse at A&E	33
Friends	10
Other*	7
<b>Totals</b>	<b>845</b>

Table 75: Source of Referral for Waterford Substance Misuse Treated Clients, 2013

\* ‘Other’ referrals sources had counts of less than 10 and include school, prison, employer and not known. The number for ‘Other’ has a value of less than 1% and is therefore not included in Figure 58.



Figure 58: Source of Referral for Waterford Substance Misuse Treated Clients, 2013

## Data Co-ordination Overview of Drug Misuse 2013

The top three referral sources for Waterford clients in 2013 came from those who self referred, acute hospital service excluding A&E and the A&E department. Self referrals accounted for 257 individuals (30% of treated Waterford clients.) Acute hospital service excluding A&E referrals accounted for 110 individuals (13%) and A&E department referrals accounted for 69 individuals (8%). Similar to previous years, the higher number of referrals from a hospital setting in Waterford may be due in part to the volume of clients treated in a hospital setting by the Substance Misuse Liaison Officer based in University Hospital Waterford.

The number of self referrals increased by 28 individuals (12%) between 2012 and 2013. However, the number of referrals for both acute hospital services excluding A&E and the A&E department decreased between the two years by five individuals (4%) and 34 individuals (33%) respectively. The A&E department referrals accounted for the biggest decrease in referral sources between the two years. The biggest increase in referral sources between 2012 and 2013 came from social services/community services and a mental health facility (including psychiatrist), both of which increased by 16 individuals (35%) and (40%) respectively.

### Treatment Data

#### *Main Substance Misuse Problem*

Table 76 and Figure 59 provide a breakdown of the main substance misuse problem for which Waterford clients were treated in 2013.

<b>Main Substance Misuse Problem</b>	<b>Waterford</b>
Alcohol	429
Heroin	168
Cannabis	143
Benzodiazepines	45
Cocaine	31
Other opiate-type drug	13
Other*	16
<b>Total</b>	<b>845</b>

Table 76: Main Substance Misuse Problem of Waterford Substance Misuse Treated Clients, 2013

\* 'Other' reflects counts of less than 10 and includes amphetamines, hallucinogens, MDMA, head shop substances and other specified medicaments.



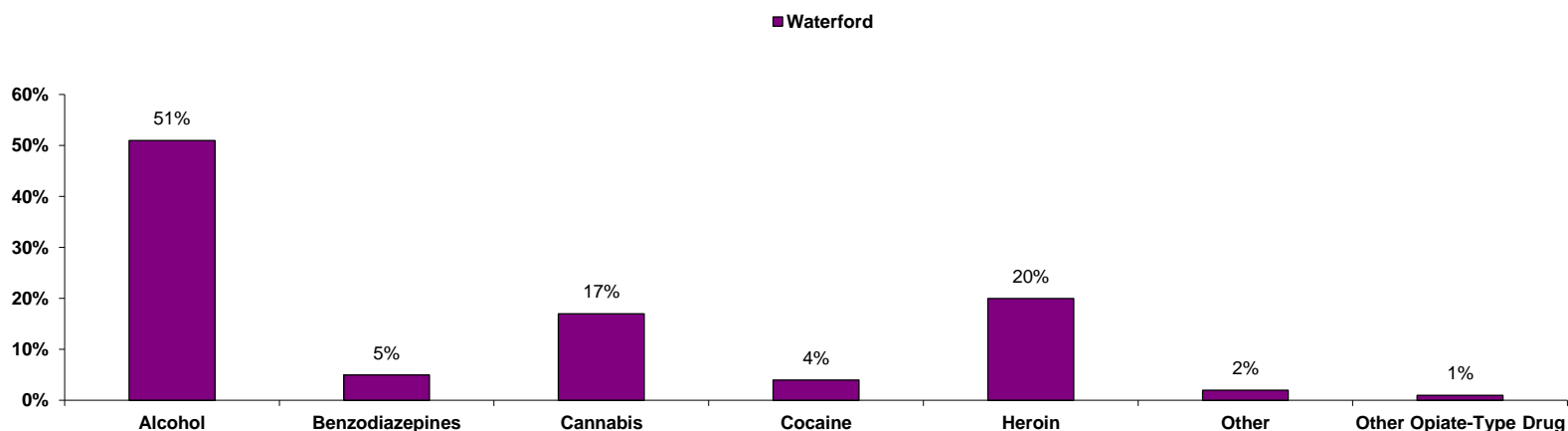


Figure 59: Main Substance Misuse Problem of Waterford Substance Misuse Treated Clients, 2013

Similar to previous years, the three main substances for which Waterford clients were treated in 2013 were alcohol, heroin and cannabis. In all, 429 individuals (51% of Waterford clients) were treated for misuse of alcohol. Clients who were treated for misuse of heroin accounted for 168 individuals (20%) and 143 individuals (17%) were treated for misuse of cannabis in 2013.

Between 2012 and 2013 the number of clients treated for both alcohol and heroin with a Waterford address decreased. The biggest decrease was the number of clients who were treated for alcohol misuse, which decreased by 50 individuals (10%). This decrease continues the trend over the past number of years of a reduction in the number of clients being treated for alcohol misuse. The number of clients treated for heroin as a main problematic substance decreased slightly by four individuals (2%) between the two years.

Clients treated with cannabis as a main problematic substance increased between 2012 and 2013 by 39 individuals (38%), as did those who were treated with benzodiazepine use, which increased by 17 individuals (61%). Treatment for cocaine as a main problematic substance also increased between 2012 and 2013 by 10 individuals (48%).

## Risk Behaviour Data

### *Extent of Drinking Problem*

The severity of a drinking problem can be categorised as follows:

## Data Co-ordination Overview of Drug Misuse 2013

- Hazardous drinking is defined as a pattern of alcohol use that increases the risk of harmful consequences for the user. The term describes drinking over the recommended limits by a person with no apparent alcohol-related health problems. This includes experimental drinking.
- Harmful drinking can be described as a pattern of use that is already causing damage to health. This damage may be physical or mental.
- Dependent drinking refers to physical and psychological dependence on alcohol resulting from the habitual use of alcohol, where negative physical withdrawal symptoms result from abrupt discontinuation.

Based on the 510 Waterford clients treated for an alcohol problem in 2013, both as a main and secondary problem, 263 individuals (52%) were categorised as dependent drinkers, 168 individuals (33%) were categorised as harmful drinkers and 79 individuals (15%) were categorised as hazardous drinkers.

There was a decrease in all categories of drinking behaviour between 2012 and 2013. The number of clients categorised as dependent drinkers decreased slightly between the two years by one individual (<1%). The number of clients categorised as harmful drinkers decreased by 30 individuals (15%) and the number of clients categorised as hazardous drinkers decreased by 16 individuals (17%) between 2012 and 2013.

### *Intravenous Drug Use*

#### **Ever Injected**

The following tables and figures give an overview of clients who had engaged in risk behaviour associated with their IV drug use. Table 77 and Figure 60 show the number of treated Waterford clients who had ever injected.

<b>Ever Injected</b>	<b>Waterford</b>
Yes	148
No	697
<b>Total</b>	<b>845</b>

Table 77: Clients Who Had Ever Injected: Waterford Substance Misuse Treated Clients, 2013

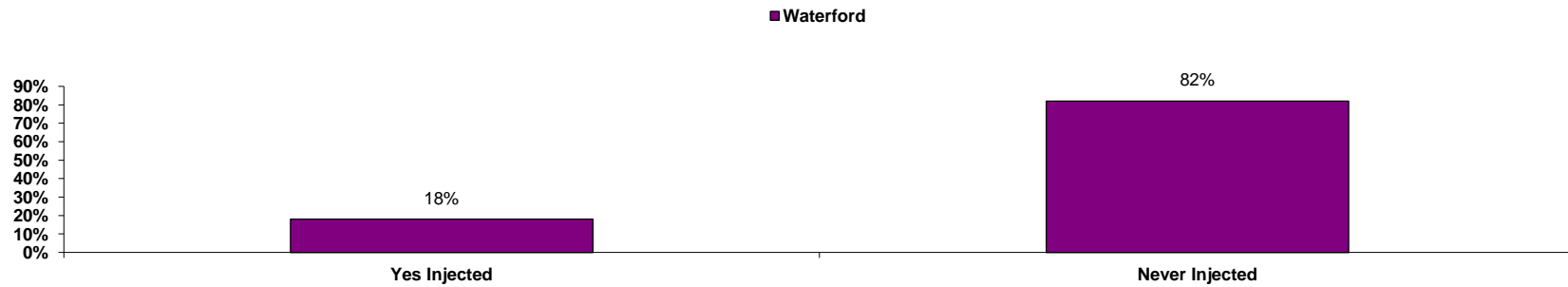


Figure 60: Clients Who Had Ever Injected: Waterford Substance Misuse Treated Clients, 2013

Similar to previous years, the majority of Waterford clients had never injected, accounting for 697 individuals (82%). Clients who had injected at some time in their lives accounted for 148 individuals (18% of treated substance misuse clients).

Unlike 2012, in 2013 the number of clients who had never injected increased since the previous year and the number of clients who had injected at some time in their lives decreased. The number of clients who had never injected increased by 18 individuals (3%) between 2012 and 2013, while the number of clients who had injected at some point in their lives decreased by 10 individuals (6%).

**Injected in the Past Month**

Of the Waterford clients who had ever injected (148 individuals), the following table and figure provide a breakdown of the number and rate of those who had injected in the month prior to their treatment commencing.

Injected in Past Month	Waterford
Yes	69
No	79
<b>Total</b>	<b>148</b>

Table 78: Injected in the Past Month: Waterford Substance Misuse Treated Clients, 2013

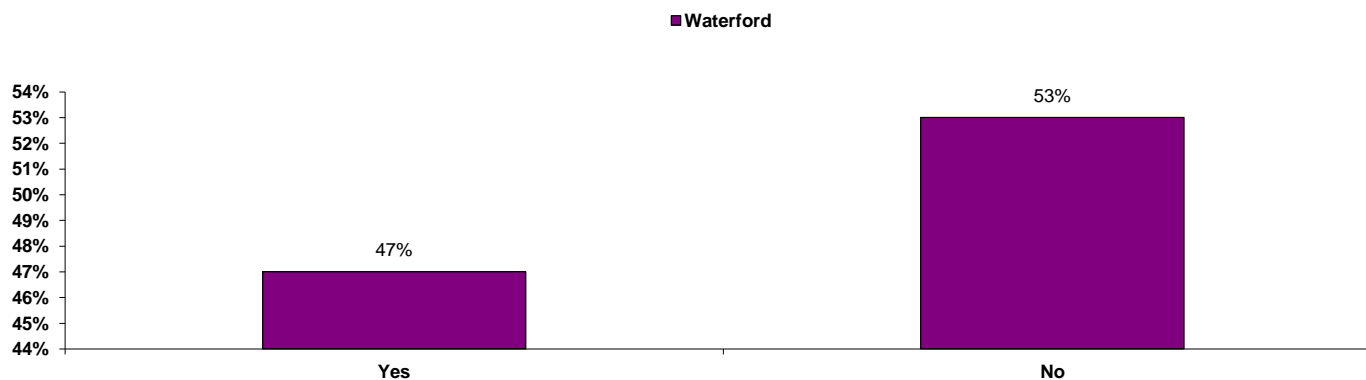


Figure 61: Injected in the Past Month: Waterford Substance Misuse Treated Clients, 2013

Of the clients who had ever injected, the majority of Waterford clients had not injected in the month prior to treatment commencing (79 individuals, 53%). This is a decrease of six individuals (7%) on 2012 figures. The number of clients who had injected in the month prior to treatment commencing accounted for 69 individuals (47%) in 2013. This is a decrease on 2012 figures of four individuals (5%).

**Ever Shared Any Injecting Equipment**

Table 79 and Figure 62 show the number and rate of treated Waterford clients who, having injected at some time in their lives, had also shared injecting equipment.

<b>Ever Shared Any Injecting Equipment</b>	<b>Waterford</b>
Yes	66
No	77
Not known	5
<b>Total</b>	<b>148</b>

Table 79: Ever Shared Any Injecting Equipment: Waterford Substance Misuse Treated Clients, 2013

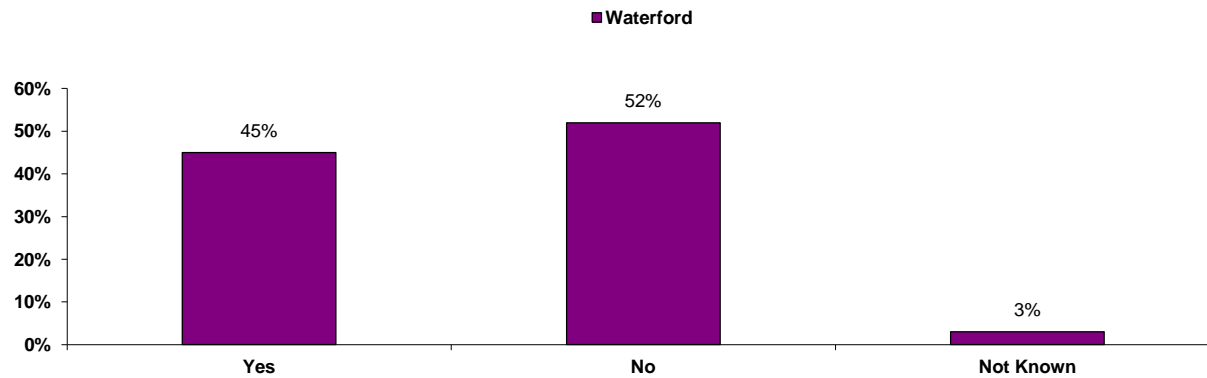


Figure 62: Ever Shared Any Injecting Equipment: Waterford Substance Misuse Treated Clients, 2013

Unlike the other counties in the South East, the majority of Waterford clients who had ever injected had not shared any injecting equipment (77 individuals, 52%).

### **Exit Data**

#### ***Discharges***

There were 535 Waterford clients discharged from services in 2013, a decrease of 15 individuals (3%) on 2012 figures.

#### ***Treatment Outcomes***

Table 80 and Figure 63 give a breakdown of the treatment outcomes of clients discharged from services with a Waterford address in 2013. Clients normally receive more than one treatment intervention during their treatment episode and the data is therefore based on the main treatment intervention provided.

Treatment Outcomes	Waterford
Client refused to have further sessions or did not return for subsequent appointments	168
Client refused to have further sessions as they considered themselves stable	126
Treatment completed	109
Client transferred stable	62
Client transferred unstable	33
Other <sup>1</sup>	24
Premature exit from treatment for non-compliance <sup>2</sup>	13
<b>Totals</b>	<b>535</b>

Table 80: Treatment Outcomes of Waterford Substance Misuse Treated Clients, 2013

<sup>1</sup> ‘Other’ reflects counts of less than 10 and includes general medical transfer, no longer lives in area, mental health transfer, sentenced to prison and clients who had died.

<sup>2</sup> The reasons for premature exit from treatment for non-compliance were drug taking and not observing other rules.

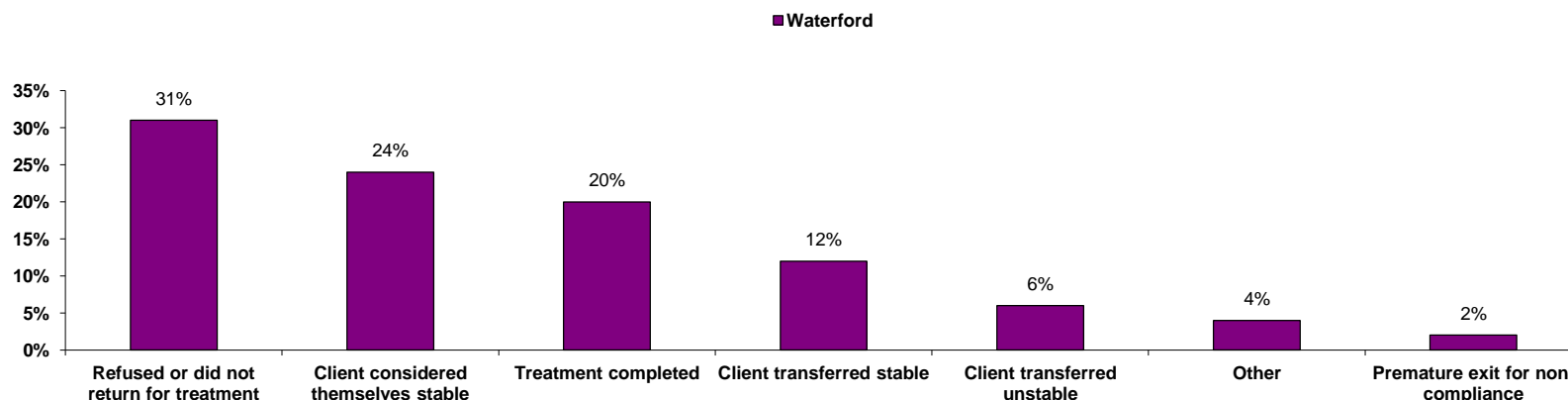


Figure 63: Treatment Outcomes of Waterford Substance Misuse Treated Clients, 2013

The main treatment outcomes for treated substance misuse clients with a Waterford address who were discharged in 2013 were clients who completed their treatment at 109 individuals (20%). 126 individuals (24%) refused to have further sessions because they considered themselves stable and 168 individuals (31%) refused to have further sessions or did not return for subsequent appointments.

## Data Co-ordination Overview of Drug Misuse 2013

There was an increase in the number of clients who had refused to have further sessions or did not return for subsequent appointments between 2012 and 2013 of 62 individuals (58%). The number of clients who refused to have further sessions because they considered themselves to be stable decreased between the two years by 28 individuals (18%), as did the number of clients who completed their treatment, which decreased by 23 individuals (17%).

Similar to other counties, the majority of treated Waterford clients were stable upon exit from treatment (320 individuals, 60%), while 214 individuals (40%) were considered unstable upon discharge from treatment.

### **5.1.4 Harm Reduction**

Needle exchange services were first provided in the South East region in December 2011, with the first regional service operating out of Substance Misuse Services in Waterford as a fixed-site service.

During 2013, 62 individuals availed of the needle exchange service in Waterford. This is an increase of five individuals (9%) on 2012 figures.

#### ***Age Group***

The main age group of the Waterford needle exchange service clients was those aged between 25 and 29 years (21 individuals, 34%), followed by clients in the 30- to 34-year age group (15 individuals, 24%) and then those aged between 20 and 24 years (10 individuals, 16%).

The number of clients in the 20- to 24-year age group decreased between 2012 and 2013 by eight individuals (44%), while the number of clients in the 25- to 29-year and 30- to 34-year age groups increased between the two years by five individuals (31%) and two individuals (15%) respectively.

#### ***Gender***

The majority of Waterford needle exchange service clients in 2013 were male (35 individuals, 56%) while females accounted for 22 individuals (35%). The gender of five individuals (8%) was not known and may be due to recording of information.

The number of males decreased by five individuals (13%) since 2012 and the number of females increased by five individuals (29%) between the two years.

***Main Substance***

Heroin was the main substance of use for clients of the Waterford needle exchange service in 2013 and accounted for 52 individuals (84%).

***Source of Referral***

The main source of referral was from a clinical liaison nurse at 31 individuals (50%), followed by clients who self referred at 20 individuals (32%). The other referral sources were friends, mental health liaison nurse at A&E and social services or community services.

The number of clinical liaison nurse referrals decreased between 2012 and 2013 by three individuals (9%), while the number of self referrals increased by four individuals (25%) between the two years.

***Term of IVDU***

The majority of Waterford clients who attended the needle exchange service in 2013 had been injecting between one and four months prior to attending the service (26 individuals, 42%), followed by clients who had been injecting five to nine months prior to attending the service (11 individuals, 18%). The length of time that the client was injecting was not known for 10 individuals (16%). The remainder of the clients had values of less than 10 and were either injecting less than a year or injecting for 10 or more years.

***Paraphernalia Sharing in the Past Year***

A total of 26 individuals (42% of Waterford needle exchange service clients) had not shared paraphernalia in the past year, while 17 individuals (27%) had shared paraphernalia in the past year. It was not known whether or not 19 individuals (31%) had shared equipment.

***Detoxifications Undertaken***

The information on this question was not known for 18 individuals (29%). Following that, 15 individuals (24%) had received between one and three detoxifications and 10 individuals (16%) had received between seven and 10.

***Number of Times Attended Needle Exchange Service***

Similar to other counties, it was the first attendance at the needle exchange service for the majority of Waterford clients (13 individuals, 21%). The remainder of the clients attended the needle exchange service between two and 44 times in the year but have counts of less than 10 or too many values of one to list here.



## 5.2 Hospital In-patient Enquiry System (HIPE Scheme) 2012

### 5.2.1 County of Residence

A total of 221 patients (16% of all HIPE coded patients in the region) had an address in Waterford, which is a decrease of 28 individuals (11%) on 2011 figures.

### 5.2.2 Age Profile

The following table and figure give a breakdown of the age profile of HIPE coded patients in 2012 with a Waterford address.

<b>Age Group</b>	<b>Waterford</b>
Less than 18 years	6
18–24 years	18
25–29 years	12
30–34 years	13
35–39 years	28
40–44 years	19
45–49 years	15
50–54 years	17
55–59 years	18
60 years and over	75
<b>Total</b>	<b>221</b>

Table 81: Age Profile of Waterford Coded Patients, 2012

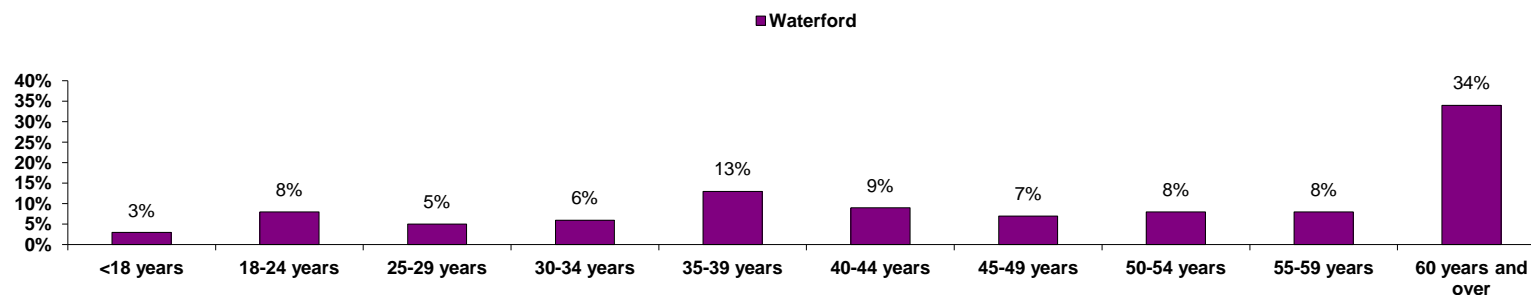


Figure 64: Age Profile of Waterford Coded Patients, 2012

The main age group for Waterford HIPE coded patients in 2012 was those aged 60 years and over at 75 individuals (34%), followed by those aged between 35 and 39 years at 28 individuals (13%) and then those aged between 40 and 44 years at 19 individuals (9%).

The majority age group (those aged 60 years and over) increased by four individuals (6%) between 2011 and 2012. The number of patients aged between 35 and 39 years increased by 14 individuals (100%) between the two years, while there was a decrease in the number of patients in the 40- to 44-year age group of four individuals (17%).

### 5.2.3 Gender

The majority of HIPE coded Waterford patients were male (141 individuals, 64%) and 80 individuals (36%) were female. The number of females increased between 2011 and 2012 by 18 individuals (29%), while the number of males decreased between the two years by 46 individuals (25%).

### 5.2.4 Substance(s) Used

Table 82 and Figure 65 give a breakdown of the substance used in all diagnoses for which coded patients with a Waterford address were discharged from the South East general hospitals in 2012.

	<b>Waterford</b>
Alcohol only	165
Drugs only	41
Both alcohol and drugs	15
<b>Total</b>	<b>221</b>

Table 82: Type of Diagnosis of Waterford Coded Patients, 2012

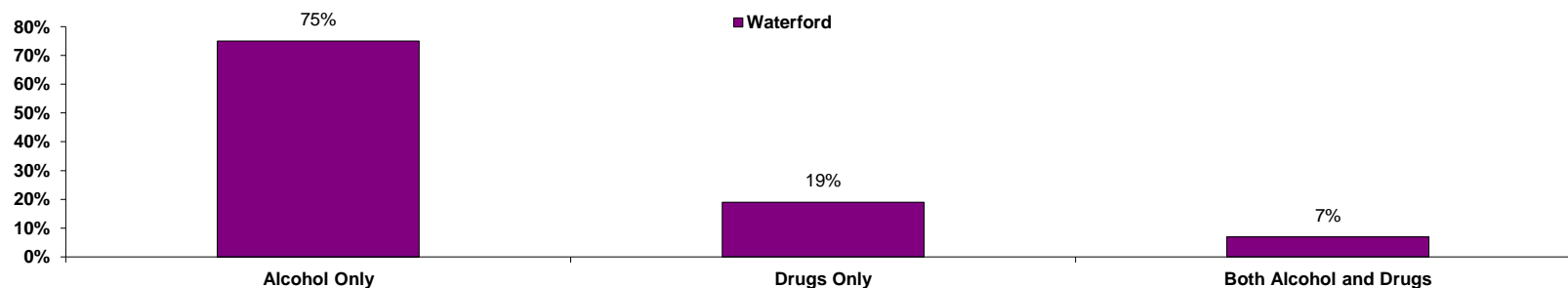


Figure 65: Type of Diagnosis of Waterford Coded Patients, 2012

The majority of Waterford coded patients were admitted with a diagnosis that included alcohol only (165 individuals, 75%), followed by coded patients with a diagnosis that included drugs only (41 individuals, 19%) and then those that included both alcohol and drugs (15 individuals, 7%).

There was a decrease in the number of HIPE coded patients with diagnoses that included alcohol only and both alcohol and drugs between 2011 and 2012 of 16 individuals (9%) and 14 individuals (48%) respectively. The number of patients with diagnoses that included drugs only increased between the two years by two individuals (5%).

Similar to other counties, alcohol accounted for the majority of substance(s) used by Waterford coded patients at 165 individuals (75%). This was followed by opioids at 14 individuals (6%). Again, similar to other counties there were too many instances of substances being used by a small number of people to show all that were used in 2013.

### 5.2.5 Discharges

Table 83 and Figure 66 show where Waterford coded patients in the HIPE system went upon their discharge from the South East general hospitals in 2012. The table and figure only represent the main discharges.

Discharges	Waterford
Home	174
Self discharge	18
Transfer to nursing home, convalescent home or long-stay accommodation	13

Table 83: Main Discharges of Waterford Coded Patients, 2012

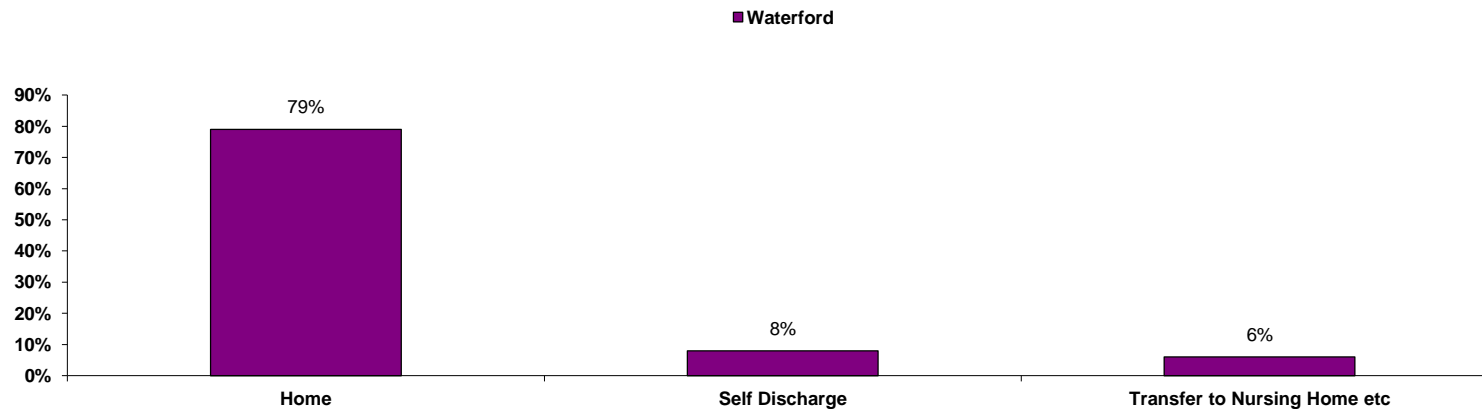


Figure 66: Main Discharges of Waterford Coded Patients, 2012

Similar to previous years, the majority of Waterford clients coded within the HIPE system were discharged home in 2012 at 174 individuals (79%), followed by those who self discharged at 18 individuals (8%) and then those who were transferred to a nursing home, convalescent home or long-stay accommodation at 13 individuals (6%).

Between 2011 and 2012 there was a decrease in the number of Waterford coded patients discharged home of 14 individuals (7%). The number of coded patients who self discharged also decreased between the two years by four individuals (18%). There was a slight increase in the number of coded patients who were transferred to a nursing home, convalescent home or long-stay accommodation between the two years of two individuals (18%).

### 5.2.6 Length of Stay

Not all Waterford coded patients were treated at University Hospital Waterford, though most were. The average length of stay for patients with a Waterford address in the South East hospitals in 2012 was 12 days, which remained the same as 2011 figures.

### 5.3 An Garda Síochána 2012

The following data is taken from the Garda Recorded Crime Statistics 2008–2012, published by the Central Statistics Office. This section should be read in conjunction with CSO definitions, background information, interpretation, etc. The full report is available from [www.cso.ie](http://www.cso.ie).

#### 5.3.1 Drug Offences

The following tables present an overview of the number of recorded and detected drug offences recorded by the CSO for 2012.

	<b>Recorded</b>	<b>Per 100,000 Population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern region	101	17.7	100	99.0	72
Waterford	21	17.7	21	100.0	16

Table 84: Incidents Recorded of Importation/Manufacture of Drugs (ICCS 101), Incidents per 100,000 Population, Detection and Proceedings, 2012<sup>1</sup>

	<b>Recorded</b>	<b>Per 100,000 Population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern region	1,649	289.2	1,624	98.5	1,129
Waterford	529	446.4	521	98.5	330

Table 85: Incidents Recorded of Possession of Drugs (ICCS 102), Incidents per 100,000 Population, Detection and Proceedings, 2012<sup>2</sup>

	<b>Recorded</b>	<b>Per 100,000 Population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern region	59	10.3	58	98.3	27
Waterford	17	14.3	17	100.0	4

Table 86: Incidents Recorded of Other Drug Offences (ICCS 103), Incidents per 100,000 Population, Detection and Proceedings, 2012<sup>3</sup>

<sup>1</sup> Relates to the importation of drugs and the cultivation or manufacture of drugs.

<sup>2</sup> Relates to possession of drugs for sale or supply and possession of drugs for personal use.

<sup>3</sup> Relates to forged or altered prescription offences and obstruction under the Drugs Act.



**SECTION 6**  
**WEXFORD OVERVIEW**

## 6. WEXFORD OVERVIEW

### 6.1 Addiction Treatment Services 2013

This section of the overview reports on treated substance misuse in the Wexford area. The report contains data collected and collated from statutory, voluntary and community services.

#### 6.1.1 Treatment Contact

Please note that the following paragraph in this section pertains to the client’s county of residence.

**Excluding** forms received for more than one treatment episode per service or where it was known that a client had been treated at more than one centre during the year, 953 clients with a Wexford address accessed services in the South East in 2013. These figures are broken down as follows.

<b>Treatment Contact</b>	<b>Wexford</b>
Continuous care clients	226
New referrals: treated once during the year	612
Referrals: treated twice during the year	25
Referrals: treated more than twice during the year	5
New referrals: assessed only	85
<b>Total</b>	<b>953</b>

Table 87: Treatment Type in Wexford: All Contacts, 2013

The number of clients with a Wexford address accessing services in the South East increased by 55 individuals (6%) between 2012 and 2013.

The number of continuous care clients and new referrals treated once during the year increased between 2012 and 2013 by 61 individuals (37%) and 33 individuals (6%) respectively. The number of referrals treated twice during the year decreased between the two years, as did clients who were assessed only and did not enter treatment. The number of referrals treated twice decreased by eight individuals (24%) and the number of assessed only clients decreased by 36 individuals (30%).

### 6.1.2 Main Reason for Referral

**Including** clients who were assessed only, the main reason for referral to the services in 2013 is provided in Table 88 and Figure 67.

Main Reason for Referral	Wexford
Alcohol	442
Illicit drugs	359
Licit drugs	48
Concerned persons <sup>1</sup>	58
Gambling	12
Other <sup>2</sup>	34
<b>Total</b>	<b>953</b>

Table 88: Main Reason for Referral in Wexford: All Contact,, 2013

<sup>1</sup> Concerned persons are people concerned about another’s substance misuse, gambling or other problem.

<sup>2</sup> ‘Other’ relates to an eating disorder, behavioural issues or relationship issues. The majority of these clients were treated in the Cornmarket Project in 2013.

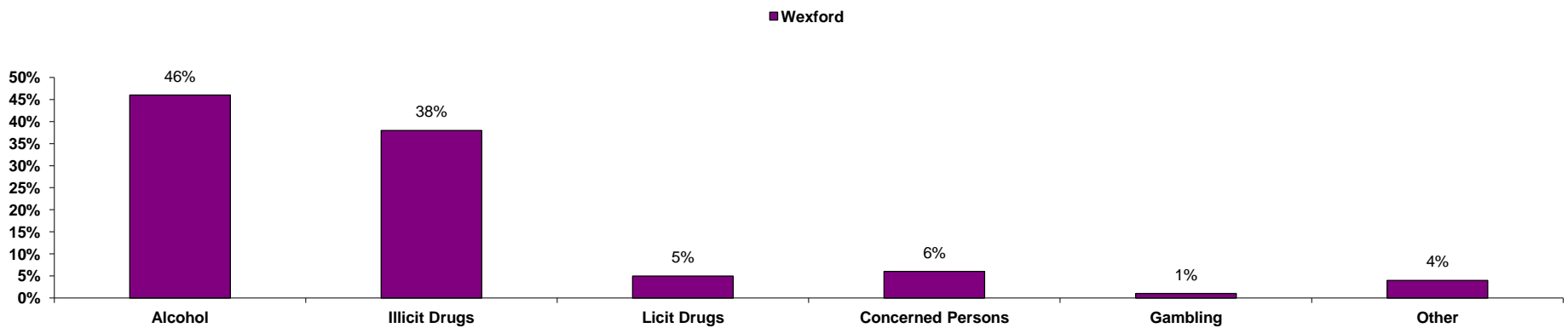


Figure 67: Main Reason for Referral in Wexford: All Contacts, 2013



## Data Co-ordination Overview of Drug Misuse 2013

The main reason Wexford clients were referred to services in the South East in 2013 was for alcohol, which accounted for 442 individuals (46%). This was followed by clients who were referred for illicit drug use (359 individuals, 38%), concerned persons (58 individuals, 6%) and licit drug use (48 individuals, 5%). Gambling referrals accounted for 12 individuals (1% of Wexford referrals in 2013). The number of alcohol referrals for all Wexford contacts decreased between 2012 and 2013 by 44 individuals (9%). There was an increase in the number of both illicit drug and licit drug referrals between the two years of 56 individuals (18%) and 17 individuals (55%) respectively. The number of referrals for concerned persons also increased between 2012 and 2013 by 25 individuals (76%). The number of gambling referrals decreased slightly between the two years by two individuals (14%).

### 6.1.3 Substance Misuse Treatment Data

**Excluding** clients who were assessed only and those who were treated for other problems, 776 clients with a Wexford address were treated for a substance misuse problem in 2013. This is an increase of 68 individuals (10%) on 2012 figures for Wexford.

#### Demographic Data

##### *Age Profile*

<b>Age Group</b>	<b>Wexford</b>
Less than 18 years	38
18–24 years	179
25–29 years	124
30–34 years	91
35–39 years	89
40–44 years	77
45–49 years	52
50–54 years	39
55–59 years	34
60 years and over	53
<b>Total</b>	<b>776</b>

Table 89: Age Profile of Wexford Substance Misuse Treated Clients, 2013

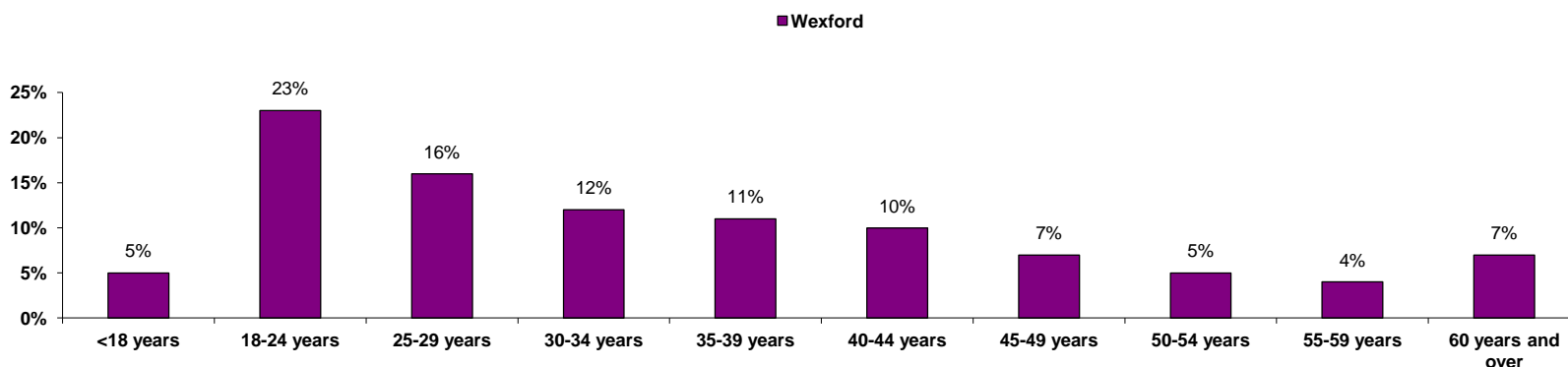


Figure 68: Age Profile of Wexford Substance Misuse Treated Clients, 2013

The main age group of clients with Wexford addresses who attended services in 2013 was those aged between 18 and 24 years, accounting for 179 individuals (23%). Clients in this age group were followed by clients who were between 25 and 29 years of age at 124 individuals (16%) and those in the 30- to 34-year age group at 91 individuals (12%).

There was an increase in the number of clients in the 18- to 24-year age group between 2012 and 2013 of 26 individuals (17%). The number of clients in the 25- to 29-year age group also increased between the two years by 33 individuals (36%). There was a decrease in the number of clients aged between 30 and 34 of five individuals (5%) between 2012 and 2013. The number of clients aged 60 years and over also increased between the two years, as did the number of clients who were aged less than 18 years, by 13 individuals (32%) and five individuals (15%) respectively.

**Gender**

The majority of treated Wexford clients in 2013 were male (516 individuals, 66%). Females accounted for 260 individuals (34% of treated Wexford clients).

There was an increase in the number of both males and females attending services with a Wexford address between 2012 and 2013. The number of males increased by 45 individuals (10%), while the number of females increased by 23 individuals (10%).

***Living Status***

The living status (where the client lived) of treated clients relates to the stability of the client’s living situation a month prior to treatment starting.

Similar to previous years, the majority of treated Wexford clients in 2013 were living in stable accommodation at the time of their treatment, accounting for 728 individuals (94%). Clients who were homeless accounted for 22 individuals (3% of treated Wexford clients), followed by clients who were living in an institution (prison, residential care or halfway house) at 18 individuals (2%).

The number of treated Wexford clients who were living in stable accommodation increased by 82 individuals (13%) between 2012 and 2013. There was also a slight increase in the number of individuals who were living in an institution (prison, residential care or halfway house) between the two years of one individual (6%). The number of homeless clients decreased between the two years by 10 individuals (31%).

***Employment Status***

The following table and figure give a breakdown of the employment status of treated substance misuse clients with a Wexford address in 2013.

<b>Employment Status</b>	<b>Wexford</b>
Unemployed	490
In paid employment	107
Retired or unable to work	55
Student	50
Housewife/husband	44
SOLAS (FÁS)/training course	28
Other*	1
Not known*	1
<b>Total</b>	<b>776</b>

Table 90: Employment Status of Wexford Substance Misuse Treated Clients, 2013

\* ‘Other’ and ‘Not known’ figures have a rate of less than 1% and thus were not included in Figure 69.

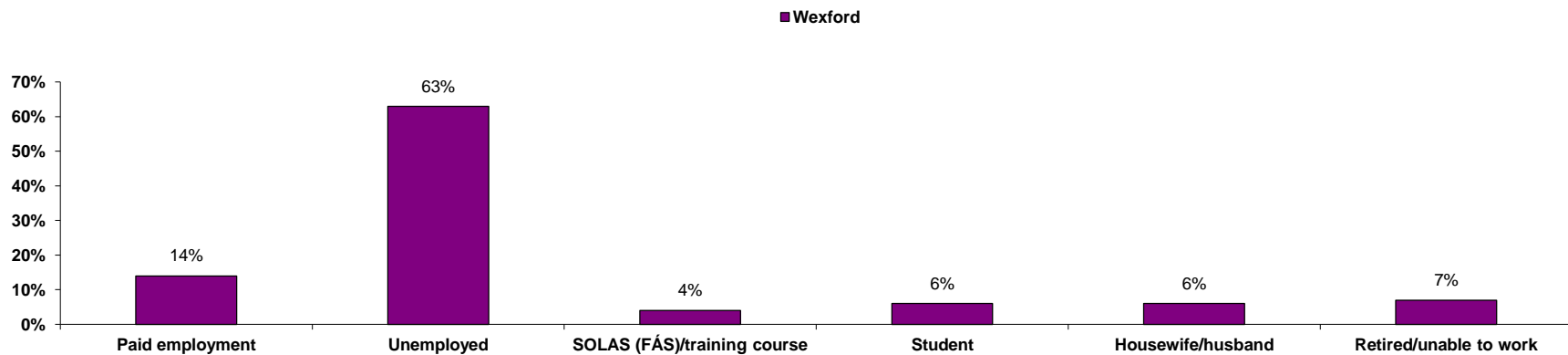


Figure 69: Employment Status of Wexford Substance Misuse Treated Clients, 2013

The three main employment status categories for treated Wexford clients in 2013 were those who were unemployed, employed and retired or unable to work, which is similar to 2012. Clients who were unemployed accounted for 490 individuals (63%). Those who were employed accounted for 107 individuals (14%) and clients who were retired or unable to work accounted for 55 individuals (7%).

There was an increase in all of the employment status categories between 2012 and 2013, with the exception of clients who were attending SOLAS (FÁS)/training course, which decreased by three individuals (10%) between the two years. The number of clients who were unemployed at the time of their treatment increased by 34 individuals (7%) between 2012 and 2013. The number of treated Wexford clients who were in paid employment increased by 13 individuals (14%) and the number of clients who were retired or unable to work increased by seven individuals (15%). The number of clients who stated that they were housewives/husbands also increased between the two years by 15 individuals (52%).

## Referral Data

### *Source of Referral*

Table 91 and Figure 70 provide an overview of the different referral sources for Wexford clients in 2013.

Referral Source	Wexford
Self	248
Mental health facility (including psychiatrist)	136
Court, probation or police	131
Other drug treatment centre	52
Social services or community services	46
GP	46
Acute hospital service (excluding A&E)	41
A&E department	24
Family	21
Outreach worker	21
Other <sup>1</sup>	9
Not known <sup>2</sup>	1
<b>Total</b>	<b>776</b>

Table 91: Source of Referral for Wexford Substance Misuse Treated Clients, 2013

<sup>1</sup> ‘Other’ referral sources had counts of less than 10 and include friends, school, prison, employer and mental health liaison nurse at A&E.

<sup>2</sup> The figure for ‘Not known’ has a rate of less than 1% and thus is not included in Figure 70.

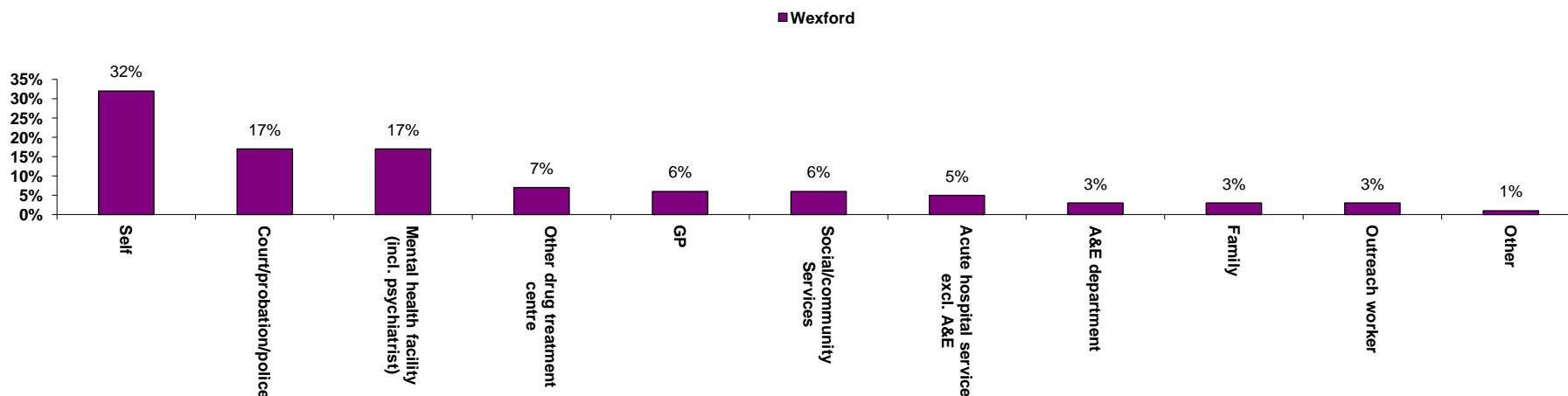


Figure 70: Source of Referral for Wexford Substance Misuse Treated Clients, 2013

## Data Co-ordination Overview of Drug Misuse 2013

The three main referral sources in 2013 for treated Wexford clients were clients who self referred at 248 individuals (32%), clients who were referred from a mental health facility (including psychiatrist) at 136 individuals (17%) and then those who were referred from court, probation or police at 131 individuals (17%).

There were increases in the three main referral sources between 2012 and 2013. The number of self referrals increased by 16 individuals (7%), the number of referrals from a mental health facility (including psychiatrist) increased by 29 individuals (27%) between the two years and the number of court, probation or police referrals increased by 10 individuals (8%). The main referral source in court, probation or police referrals came from the probation services.

There were other increases in the various referral sources between 2012 and 2013, the highest being referrals from acute hospital service excluding A&E, which increased by 11 individuals (37%). The only decrease in referrals came from social services/community services and referrals from family, which decreased by nine individuals (16%) and five individuals (19%) respectively.

### Treatment Data

#### *Main Substance Misuse Problem*

The following table and figure provide a breakdown of the main substance misuse problems for which Wexford clients were treated in 2013.

<b>Main Substance Misuse Problem</b>	<b>Wexford</b>
Alcohol	412
Cannabis	177
Heroin	108
Cocaine	13
Benzodiazepines	24
Other opiate-type drug	19
Head shop substance	11
Other*	12
<b>Total</b>	<b>776</b>

Table 92: Main Substance Misuse Problem for Wexford Substance Misuse Treated Clients, 2013

\* 'Other' reflects counts of less than 10 and includes other specified medicaments, amphetamines, MDMA and volatile inhalants.

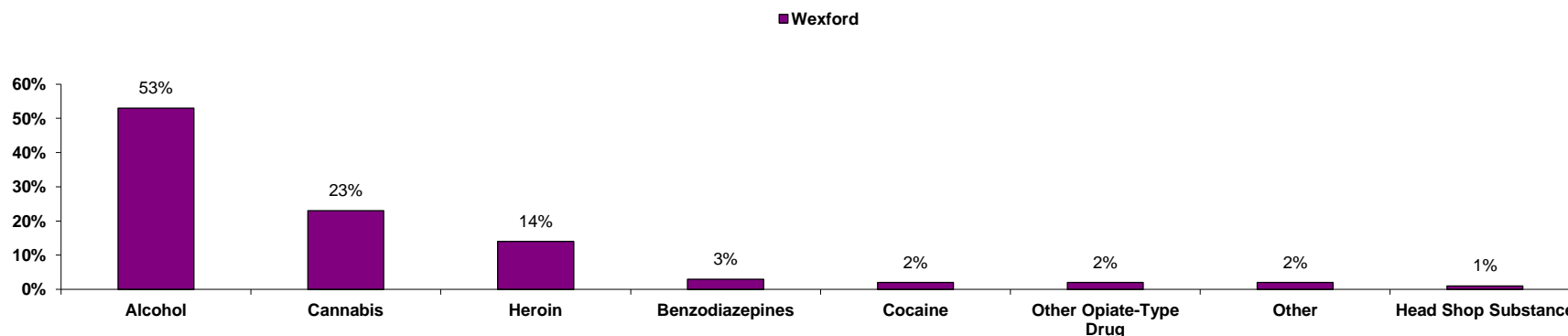


Figure 71: Main Substance Misuse Problem of Wexford Substance Misuse Treated Clients, 2013

Alcohol remained the main substance for which Wexford clients were treated in 2013 and accounted for 412 individuals (53%). This was followed by clients treated with a main substance of cannabis at 177 individuals (23%) and then those treated for heroin misuse at 108 individuals (14%).

There was an increase in all of the main substances treated between 2012 and 2013, with the exception of alcohol, which decreased by six individuals (1%). Treated Wexford clients with cannabis as their main problematic substance showed the biggest increase between the two years at 46 individuals (35%). The number of clients treated with heroin as their main substance of use increased by four individuals (4%). Benzodiazepines as the main substance for which Wexford clients were treated increased by 11 individuals (85%) between the two years. There were also smaller increases for clients treated with another opiate-type drug and cocaine as their main problematic substances, with increases of six individuals (46%) and one individual (8%) respectively.

### Risk Behaviour Data

#### *Extent of Drinking Problem*

There were 518 individuals treated for an alcohol problem in 2013, both as a main and secondary problem. This is an increase of eight individuals (2%) on 2012 figures.

## Data Co-ordination Overview of Drug Misuse 2013

The severity of a drinking problem can be categorised as follows:

- Hazardous drinking is defined as a pattern of alcohol use that increases the risk of harmful consequences for the user. The term describes drinking over the recommended limits by a person with no apparent alcohol-related health problems. This includes experimental drinking.
- Harmful drinking can be described as a pattern of use that is already causing damage to health. This damage may be physical or mental.
- Dependent drinking refers to physical and psychological dependence on alcohol resulting from the habitual use of alcohol, where negative physical withdrawal symptoms result from abrupt discontinuation

Based on the clients treated for an alcohol problem, 78 individuals (15%) were categorised as hazardous drinkers, 157 individuals (30%) were categorised as harmful drinkers and the majority, 281 individuals (54%), were categorised as dependent drinkers.

There was an increase in both the number of clients categorised as harmful and dependent drinkers between 2012 and 2013 and a decrease in the number categorised as hazardous drinkers between the two years. The number of clients categorised as harmful drinkers increased by 23 individuals (17%) and the number of clients categorised as dependent drinkers increased by 11 individuals (4%) between the two years. The number of clients categorised as hazardous drinkers decreased by 25 individuals (24%) between 2012 and 2013.

### *Intravenous Drug Use*

#### **Ever Injected**

The following tables and figures give an overview of clients who had engaged in risk behaviour associated with their IV drug use. Table 93 and Figure 72 show the number of treated Wexford clients who had ever injected.

<b>Ever Injected</b>	<b>Wexford</b>
Yes	105
No	671
<b>Total</b>	<b>776</b>

Table 93: Clients Who Had Ever Injected: Wexford Substance Misuse Treated Clients, 2013



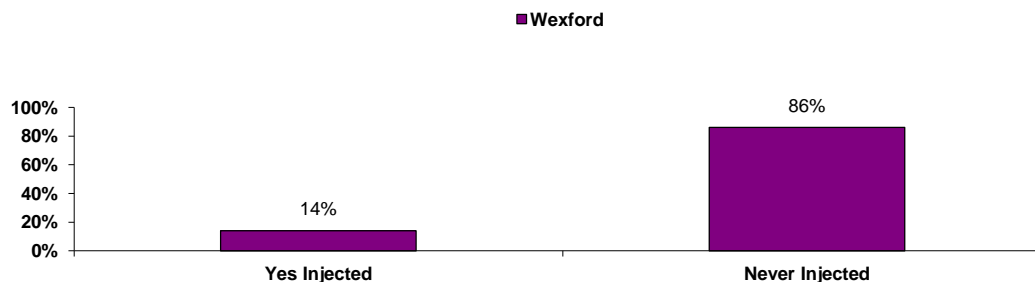


Figure 72: Clients Who Had Ever Injected: Wexford Substance Misuse Treated Clients, 2013

Similar to other counties, the majority of treated Wexford clients had never previously injected at 671 individuals (86%). This is an increase of 50 individuals (8%) on 2012 figures. In 2013, 105 individuals (14%) had injected at some time in their lives, an increase on 2012 figures of seven individuals (7%).

**Injected in the Past Month**

Of the clients who had ever injected, Table 94 and Figure 73 provide a breakdown of the number and rate of those who had injected in the month prior to commencing treatment.

Ever Injected	Wexford
Yes	44
No	60
Not known	1
<b>Total</b>	<b>105</b>

Table 94: Injected in the Past Month: Wexford Substance Misuse Treated Clients, 2013

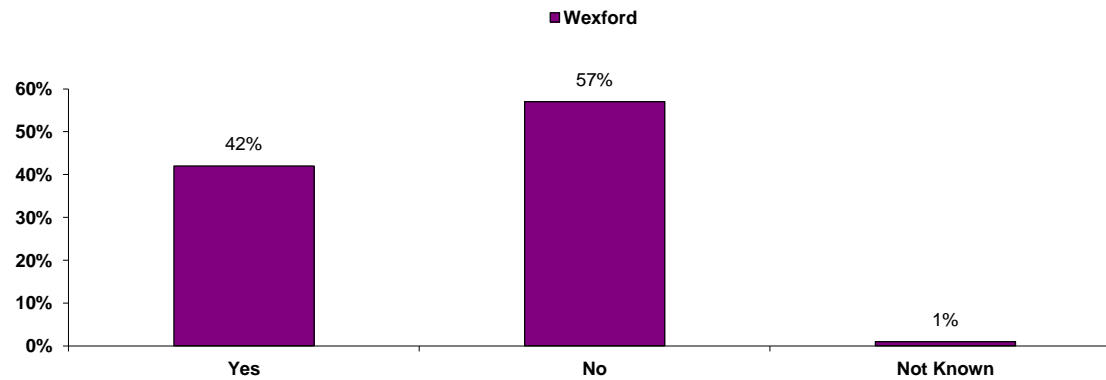


Figure 73: Injected in the Past Month: Wexford Substance Misuse Treated Clients, 2013

Of the treated Wexford clients who had ever injected, the majority had not injected in the month prior to their treatment commencing. This accounted for 60 individuals (57%) and was a decrease on 2012 figures of three individuals (5%). Meanwhile, 44 individuals (42% of the above clients) had injected in the past month, an increase of 11 individuals (33%) on 2012 figures.

**Ever Shared Any Injecting Equipment**

Of the treated Wexford clients who had ever injected, Table 95 and Figure 74 show the number and rate of these clients who had ever shared any injecting equipment.

<b>Ever Shared Any Injecting Equipment</b>	<b>Wexford</b>
Yes	69
No	29
Not known	7
<b>Total</b>	<b>105</b>

Table 95: Ever Shared Any Injecting Equipment: Wexford Substance Misuse Treated Clients, 2013

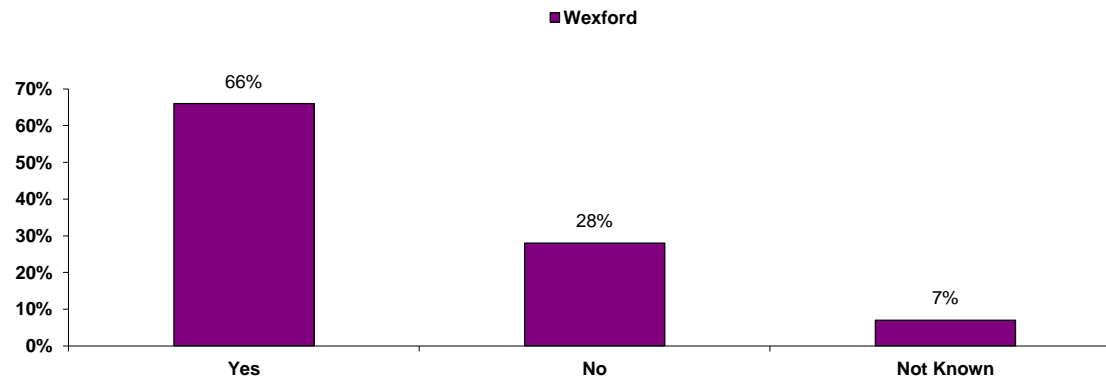


Figure 74: Ever Shared Any Injecting Equipment: Wexford Substance Misuse Treated Clients, 2013

Similar to other counties, of the clients who had injected in the month prior to their treatment commencing, the majority of treated Wexford clients had shared injecting equipment at 69 individuals (66%). Meanwhile, 29 individuals (28%) had never shared any injecting equipment and it was not know whether or not seven individuals (7%) had shared any equipment.

### **Exit Data**

#### ***Discharges***

A total of 530 treated Wexford clients were discharged from South East services in 2013, which is an increase of 84 individuals (19%) on 2012 figures.

#### ***Treatment Outcomes***

Table 96 and Figure 75 give a breakdown of the treatment outcomes of clients discharged from services in 2013. Clients normally receive more than one treatment intervention during their treatment episode and the data is therefore based on the main treatment intervention provided.

Treatment Outcomes	Wexford
Treatment completed	196
Client refused to have further sessions or did not return for subsequent appointments	177
Client refused to have further sessions as they considered themselves stable	74
Client transferred stable	39
Client transferred unstable	16
Other*	28
<b>Total</b>	<b>530</b>

Table 96: Treatment Outcomes of Wexford Substance Misuse Treated Clients, 2013

\* ‘Other’ reflects counts of less than 10 and includes premature exit from treatment for non-compliance, died, sentenced to prison, general medical transfer and no longer lives in area.

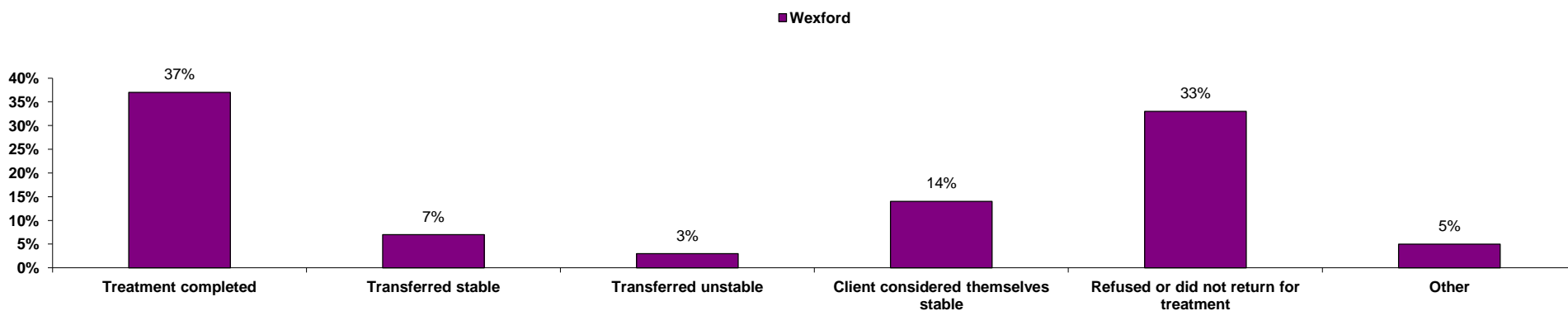


Figure 75: Treatment Outcomes of Wexford Substance Misuse Treated Clients, 2013

The main treatment outcome for Wexford clients in 2013 was those who had completed their treatment at 196 individuals (34%), followed by those who refused to have further sessions or did not return for subsequent appointments at 177 individuals (33%), clients who refused to have further sessions as they considered themselves stable at 74 individuals (14%), clients who were transferred stable to another treatment service at 39 individuals (7%), and clients who were transferred unstable to another treatment service at 16 individuals (3%).

Between 2012 and 2013 there were increases in all of the main outcomes listed in the above paragraph. The number of treated Wexford clients who completed their treatment increased by 44 individuals (29%) between the two years. The number of clients who refused to have further sessions or did not return for subsequent appointments increased by 34 individuals (24%) and the number of clients who

## Data Co-ordination Overview of Drug Misuse 2013

refused to have further sessions because they considered themselves stable increased by 22 individuals (42%) between 2012 and 2013. The number of clients who were transferred to other treatment services, both stable and unstable, increased slightly between the two years by one individual (2% and 6% respectively).

### 6.1.4 Harm Reduction

Needle exchange services commenced in Wexford in April 2012. There are three fixed sites: in Enniscorthy, New Ross and Wexford Town.

- Enniscorthy, Substance Misuse Service, St John's Hospital Grounds, office hours Monday to Friday
- Wexford Town, Grogan's Road, office hours Monday
- New Ross Health Centre: Tuesday between 10am and 12 noon

In 2013, 11 clients attended the Wexford needle exchange service. There may be more instances of clients attending the needle exchange service, but some clients were not recorded.

A breakdown under the headings given for the other counties' needle exchange services will not be provided here as the values will be less than 10. Instead, the paragraph below contains a general overview of the information collated from the Wexford needle exchange service.

The main age group of clients who attended the Wexford needle exchange service was those in the 25- to 29-year age group at 45%. Similar to other counties, 73% were male and all of the clients listed heroin as their main substance of use, while 45% of the clients self referred. The length of time that the Wexford needle exchange service clients had been injecting prior to attending the service was mainly between five and nine years and 10 years or more. Just over 90% of the clients had not shared any paraphernalia in the past year before attending the Wexford needle exchange service. Meanwhile, 64% had undertaken between four and six detoxifications at some time in their lives and the majority (36%) had attended the needle exchange service three times in 2013.

## 6.2 Hospital In-patient Enquiry System (HIPE Scheme) 2012

### 6.2.1 County of Residence

A total of 343 individuals (25% of all HIPE coded patients in the region) had an address in Wexford, which is a decrease of 49 individuals (12%) on 2011. As for the previous three years, Wexford again had the highest number of coded patients in the region in 2013.

### 6.2.2 Age Group

The following table and figure give a breakdown of the age profile of HIPE coded patients in 2012 with a Wexford address.

<b>Age Group</b>	<b>Wexford</b>
Less than 18 years	21
18–24 years	25
25–29 years	22
30–34 years	27
35–39 years	40
40–44 years	41
45–49 years	36
50–54 years	34
55–59 years	31
60 years and over	66
<b>Total</b>	<b>343</b>

Table 97: Age Group of Wexford Coded Patients, 2012



Figure 76: Age Group of Wexford Coded Patients, 2012

The majority of Wexford coded patients were aged 60 years and over (66 individuals, 19%), followed by those aged between 40 and 44 years (41 individuals, 12%) and then those between the ages of 35 and 39 years (40 individuals, 12%).

In 2011 only three of the age groups decreased in number from 2010 figures, which is a reverse of the pattern between 2011 to 2012, when only three age groups showed an increase. These were HIPE coded Wexford patients in the 35- to 39-year age group, which increased slightly by one individual (3%). The number of patients aged between 40 and 44 years increased by nine individuals (28%) and the number of clients in the 55- to 59-year age bracket increased by six individuals (24%).

The number of HIPE coded Wexford patients in the main age group (60 years and over) decreased by nine individuals (12%) between 2011 and 2012. Patients in the 30- to 34-year age group showed the biggest decrease between the two years (18 individuals, 40%), followed by those aged between 18 and 24 years (15 individuals, 37%) and then those in the 50- to 54-year age bracket (12 individuals, 26%).

### 6.2.3 Gender

A total of 197 individuals (57% of Wexford coded HIPE patients) were male in 2012 and 146 individuals (41%) were female. The number of males decreased between 2011 and 2012 by 59 individuals (23%), while the number of females increased by 10 individuals (7%).

### 6.2.4 Substance(s) Used

The following table and figure show substance(s) used in all diagnoses for which HIPE coded Wexford patients were discharged from the South East general hospitals in 2012.

	<b>Wexford</b>
Alcohol only	253
Drugs only	50
Both alcohol and drugs	35
<b>Total</b>	<b>338*</b>

Table 98: Type of Diagnoses of Wexford Coded Patients, 2012

\* Five clients received either an alcohol and/or drug detoxification only in 2012 and did not record any diagnosis under the requested HIPE codes.

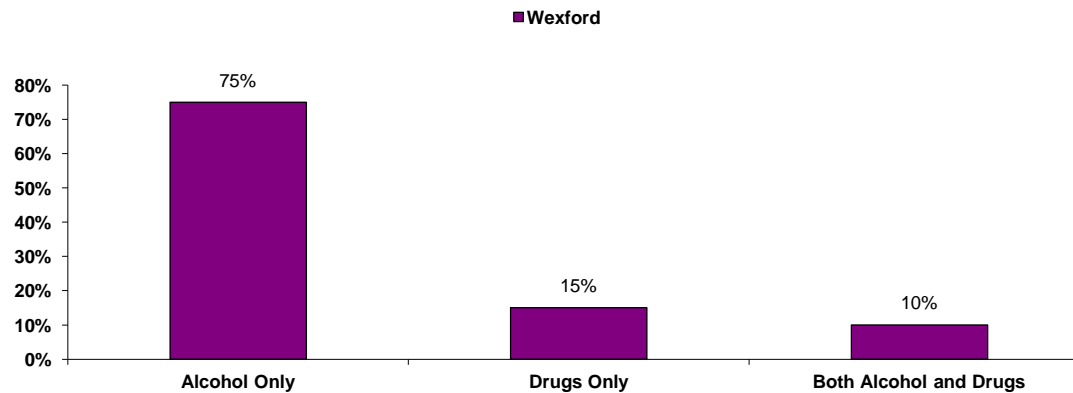


Figure 77: Type of Diagnosis of Wexford Coded Patients, 2012

Similar to other counties and previous years, the majority of HIPE coded Wexford patients had a diagnosis that included alcohol only and accounted for 253 individuals (75%). Patients with a diagnosis that included drugs only accounted for 50 individuals (15%), followed by patients who had a diagnosis that included both alcohol and drugs at 35 individuals (10%).



## Data Co-ordination Overview of Drug Misuse 2013

The number of coded patients with a diagnosis that included alcohol only decreased between 2011 and 2012 by 49 individuals (16%), as did patients with a diagnosis that included drugs only, though only slightly, by one individual (2%). The number of HIPE coded Wexford patients with a diagnosis that included both alcohol and drugs increased between the two years by six individuals (21%).

Again, similar to other counties, as alcohol accounted for the majority of the substances used by the HIPE coded Wexford patients, there were too many instances of other drugs being used by a small number of patients to show all of the drugs used. However, similar to other counties the other main substance involved in the Wexford patients' diagnoses was opioids.

### 6.2.5 Detoxification

A total of 75 individuals (22% of HIPE coded Wexford patients) received either an alcohol, drug or both an alcohol and drug detoxification in 2012. The majority of patients who received a detoxification received an alcohol detoxification, which accounted for 71 individuals (95%). Again, of the clients who received a detoxification, 18 individuals (24%) received more than one detoxification during 2012.

### 6.2.6 Discharges

The following table and figure show where the HIPE coded Wexford patients went upon their discharge from the South East general hospitals in 2012. Table 99 and Figure 78 represent the main discharges only.

	<b>Wexford</b>
Home	261
Self	38
Died	13
Emergency transfer to other hospital	10

Table 99: Main Discharges of Wexford Coded Patients, 2012

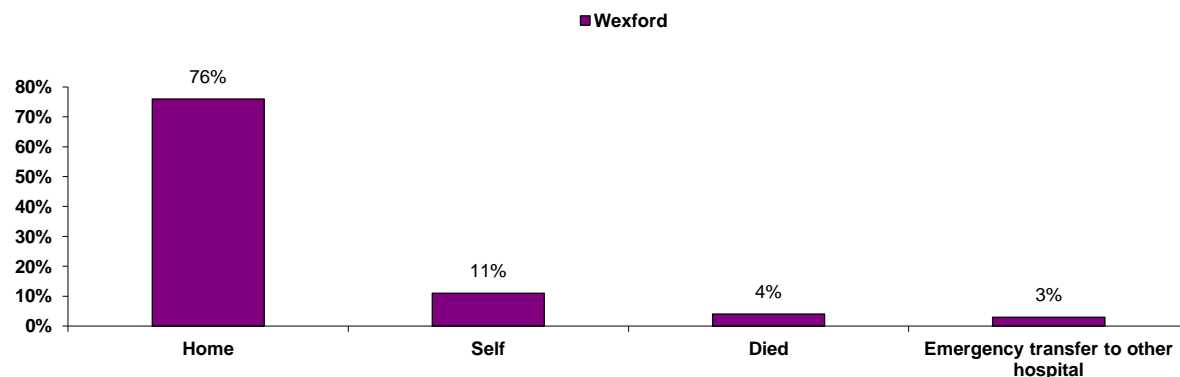


Figure 78: Main Discharges of Wexford Coded Patients, 2012

The main discharge for HIPE coded Wexford patients in 2012 was those who were discharged home, which accounted for 261 individuals (76% of all discharges). This was followed by patients who self discharged at 38 individuals (11%), while 13 individuals (4%) died in hospital in 2012 and 10 individuals (3%) were transferred to another hospital in an emergency situation.

The number of self discharges increased by eight individuals (27%) between 2011 and 2012. The number of patients who were an emergency transfer to another hospital also increased between the two years by five individuals (100%). There was a decrease in the number of patients who were discharged home between 2011 and 2012 of 56 individuals (18%).

### 6.2.7 Length of Stay

Not all Wexford coded patients were treated at Wexford General Hospital, though most were. The average length of stay for patients with a Wexford address treated in the South East hospitals in 2012 was seven days, which hasn't changed in the last number of years.

### 6.3 An Garda Síochána 2012

The following data is taken from the Garda Recorded Crime Statistics 2008–2012, published by the Central Statistics Office. This section should be read in conjunction with CSO definitions, background information, interpretation, etc. The full report is available from [www.cso.ie](http://www.cso.ie).

#### 6.3.1 Drug Offences

The following tables present an overview of the number of recorded and detected drug offences recorded by the CSO for 2012.

	<b>Recorded</b>	<b>Per 100,000 Population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern region	101	17.7	100	99.0	72
Wexford	30	20.6	29	96.7	21

Table 100: Incidents Recorded of Importation/Manufacture of Drugs (ICCS 101), Incidents per 100,000 Population, Detection and Proceedings, 2012<sup>1</sup>

	<b>Recorded</b>	<b>Per 100,000 Population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern region	1,649	289.2	1,624	98.5	1,129
Wexford	303	208.1	297	98.0	202

Table 101: Incidents Recorded of Possession of Drugs (ICCS 102), Incidents per 100,000 Population, Detection and Proceedings, 2012<sup>2</sup>

	<b>Recorded</b>	<b>Per 100,000 Population</b>	<b>Detected</b>	<b>Detection Rate (%)</b>	<b>With Relevant Proceedings</b>
South Eastern region	59	10.3	58	98.3	27
Wexford	11	7.6	10	90.9	5

Table 102: Incidents Recorded of Other Drug Offences (ICCS 103), Incidents per 100,000 Population, Detection and Proceedings, 2012<sup>3</sup>

<sup>1</sup> Relates to the importation of drugs and the cultivation or manufacture of drugs.

<sup>2</sup> Relates to possession of drugs for sale or supply and possession of drugs for personal use.

<sup>3</sup> Relates to forged or altered prescription offences and obstruction under the Drugs Act.

## **7. ACKNOWLEDGEMENTS**

I would like to thank the various community, statutory and voluntary services that provided data during 2013: staff who reported for the National Drug Treatment Reporting System from HSE Counselling Services, liaison nurses, needle exchange services, Drug Treatment Centres, Aiseiri, Aislinn Adolescent Addiction Treatment Centre, St Francis Farm, Céim Eile, Cornmarket Project, outreach workers, Saor Programme, Community-Based Drug Initiatives, Frontline Projects and the Lúb Project. Thank you also to Ms Ann Murphy, Regional HIPE Co-ordinator for the HIPE reports, to Ms Antoinette Daly for the report on the psychiatric services from the Mental Health Information Systems (MHIS) Unit of the Health Research Board and to the substance misuse co-ordinators for their input.

Martina Kidd  
Data Co-ordinator for Drugs  
HSE South  
November 2014

## **8. APPENDICES**

### **8.1 Useful Contact**

National Documentation Centre on Drug Use  
Health Research Board  
An Bord Taighde Sláinte  
Grattan House  
67–72 Lower Mount Street  
Dublin 2  
Telephone: 01 2345175  
Fax: 01 6618567  
Email: [ndc@hrb.ie](mailto:ndc@hrb.ie)  
Website: [www.hrb.ie/ndc](http://www.hrb.ie/ndc)

## 8.2 HIPE Request Codes

As of 1 January 2005

Code No.		
E24.4	Alcohol-induced pseudo Cushing's Syndrome	
E27.3	Drug-induced adrenocortical insufficiency (use with XX code to identify drug)	
	Mental and behavioural disorders due to use of:	0: acute intoxication
F10	Alcohol	1: harmful use
F11	Opioids	2: dependence syndrome
F12	Cannabinoids	3: withdrawal state
F13	Sedatives and hypnotics	4: withdrawal state with delirium
F14	Cocaine	5: psychotic disorder
F15	Other stimulants including caffeine	6: amnesic syndrome
F16	Hallucinogens	7: residual and late-onset psychotic disorder
F18	Volatile solvents	9: unspecified mental and behavioural disorder
F19	Multiple drug use and other psychoactive substances	
G31.2	Degeneration of nervous system due to alcohol	
G40.5	Epileptic seizures related to alcohol/drugs (use with XX code to identify drug)	
G62.0	Drug-induced polyneuropathy (use with XX code to identify drug)	
G62.1	Alcoholic polyneuropathy	
G72.0	Drug-induced myopathy  (use with XX code to identify drug)	

## Data Co-ordination Overview of Drug Misuse 2013

G72.1	Alcoholic myopathy
I426	Alcoholic cardiomyopathy
K292	Alcoholic gastritis
K700	Alcoholic fatty liver
K701	Alcoholic hepatitis
K702	Alcoholic fibrosis and sclerosis of liver
K703	Alcoholic cirrhosis of liver
K704	Alcoholic hepatic failure
K709	Alcoholic liver disease, unspecified
K860	Alcohol-induced chronic pancreatitis
O35.4	Maternal care for (suspected) damage to foetus from alcohol
O35.5	Maternal care for (suspected) damage to foetus by drugs
P04.3	Foetus and newborn affected by maternal use of alcohol
P04.4	Foetus and newborn affected by maternal use of drugs of addiction
P96.1	Neonatal withdrawal symptoms from maternal use of drugs of addiction (drug withdrawal syndrome in infant of dependent mother)
Q86.0	Foetal alcohol syndrome (congenital malformation syndromes due to known exogenous cause not elsewhere classified)
R78	Findings of drugs and other substances not normally found in blood: excludes mental and behavioural disorders due to psychoactive substance (use (F10-F19)
R78.0	Finding of alcohol in blood (use additional external cause code (Y90-) for detail regarding alcohol level)
R78.1	Finding of opiate drug in blood

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R78.2	Finding of cocaine in blood
R78.3	Finding of hallucinogen in blood
T40	Poisoning by narcotics and hallucinogens (excludes intoxication meaning inebriation F10-F19)
T40.0	Opium
T40.1	Heroin
T40.2	Other opioids: codeine, morphine
T40.3	Methadone
T40.4	Other synthetic narcotics; pethidine
T40.5	Cocaine
T40.6	Other and unspecified narcotics
T40.7	Cannabis
T40.8	Lysergide (LSD)
T42.3	Poisoning by barbiturates
T42.4	Poisoning by benzodiazepines
X62	Intentional self-poisoning by and exposure to narcotics and psychodysleptics (hallucinogens) not elsewhere classified, includes: cannabis, cocaine, codeine, heroin, LSD, mescaline, methadone, morphine, opium
X66	Intentional self-poisoning by and exposure to alcohol
Y12	Poisoning by and exposure to narcotics and psychodysleptics (hallucinogens) not elsewhere classified, <i>undetermined intent (don't know whether accidental or intentional)</i> , includes: cannabis, cocaine, codeine, heroin, LSD, mescaline, methadone, morphine, opium
Y15	Poisoning by and exposure to alcohol, undetermined intent
Y91	Evidence of alcohol involvement determined by level of intoxication
Y91.0	Mild alcohol intoxication (smell of alcohol on breath, slight behavioural disturbance in functions and responses or slight



## Data Co-ordination Overview of Drug Misuse 2013

	difficulty in co-ordination)
Y91.1	Moderate alcohol intoxication (smell of alcohol on breath, moderate behavioural disturbance in functions and responses or moderate difficulty in co-ordination)
Y91.2	Severe alcohol intoxication (severe disturbance in functions and responses, severe difficulty in co-ordination or impaired ability to co-operate)
Y91.3	Very severe alcohol intoxication (very severe disturbance in functions and responses, very severe difficulty in co-ordination or loss of ability to co-operate)
Y91.9	Alcohol involvement, not otherwise specified (suspected alcohol involvement NOS)
Z502	Alcohol rehabilitation
Z503	Drug rehabilitation
Z714	Counselling and surveillance of alcohol
Z72.1	Alcohol use (hazardous use of alcohol, excludes F10.0, F10.2, F10.1)
Z72.2	Drug use (hazardous use of drugs)
Z8641	Personal history of alcohol use disorder
Z8642	Personal history of drug use disorder



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