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A Review of Existing Data on Cocaine in Ireland

prepared by

Aileen O'Hare
Health Research Board, Dublin

1. <u>Sources of data</u>

The following data sources will be used in an attempt to put together information on what is currently known about cocaine misuse in Ireland.

a. School survey data from the greater Dublin area, (Grube, and Morgan, 1986).

b. School survey data from Dublin city and county, (Shelley, et al., 1982).

c. School survey data from urban and rural areas outside Dublin, (Shelley, et al., 1984).

d. The Dublin/London drug research project, (O'Hare, and Hartnoll, 1989).

e. Information from the Drug Treatment Centre Board, (personal communication).

f. Annual Report on Crime, (1980-1989).

g. Forensic Science Laboratory information, (personal communication).

h. Garda (police) Drug Squad data, (personal communication).

2. <u>Direct Measures of Consumption</u>

The first three sources of data listed in a, b and c are seen as direct measures of consumption by school students.

The population referred to in each of the studies was:

a. students of both sexes, aged 13 to 17+;
b. students of both sexes, aged 12 to 18+;
c. students of both sexes, aged 12 to 18+.

The method of selection and the sample size was:

a. students in 24 randomly selected post-primary schools, with a sample size of 2,927;

b. a representative sample of students from 16 post-primary schools, with a sample size of 5,178;

c. students from a random sample of 16 post-primary schools, with a sample size of 5,408.

The geographic area was:

a. the greater Dublin area;
b. Dublin city and county;
c. urban and rural areas outside Dublin.

The field work time period was:

a. 1984-1985
b. 1980-1981
c. 1981

The survey findings from each of the three school surveys for life time prevalence of cocaine misuse was:

    a.   1.5% for both sexes;
    b.   0.03% for both sexes;
    c.   0.07% for both sexes;

30 day prevalence data was only available for

    a.   of 0.7% for both sexes.

The school survey data did not provide information on the incidence or level/intensity of cocaine misuse, nor of other drug use in association with cocaine.

3.   <u>Indirect Inidcators of Demand</u>

Sources d, e and f provide information on cocaine demand.

    d.   The Dublin/London Drug Research Project

This pilot project was a joint Pompidou/EC initiative with the principal objectives of developing a first treatment demand indicator and establishing a reporting system of information on the socio-economic characteristics of drug misusers in Dublin and London through the collection of similar core data in each city.

The population was persons from the general population who received treatment for their drug misuse in specified centres.

The method of selection and sample size was complete coverage of 501 respondents.

The geographic area was the greater Dublin area.

The time period when the field work was conducted was August 1989.

The survey findings for the Incidence figure (never previously treated anywhere), where cocaine was the recorded primary drug of misuse, was 4.

The following tables provide information on the frequency route and duration of misuse in years.

Frequency	N	Route	N	Duration in years	N
daily	1	inject	1	one year	1
twice or more daily	2	smoke	1	two years	1
not known	1	sniff	2	four years	1
				seven years	1
	4		4		4

The Prevalence figure (never previously treated anywhere and previously treated) where cocaine was the recorded primary drug of misuse, was nine.

The following tables give information on the frequency, route and duration of misuse in years.

Frequency	N	Route	N	Duration in years	N
less than once weekly	1	inject	3	one year	2
twice or more weekly	1	smoke	3	two years	2
daily	1	sniff	3	four years	1
twice or more daily	2			seven years	1
not known	4			nine years	1
				16 years	1
				not known	1
	9		9		9

Cocaine was returned as a secondary drug of misuse in the study for 10 persons. The majority, or eight persons, misused cocaine in association with heroin, the other two in connection with codeine and opium.

A further analysis of this group of 19 cocaine users showed no difference in characteristics from the main sample, except in terms of age, where the cocaine users were older.

e.   The Drug Treatment Centre Board, Dublin

Some information on the misuse of cocaine comes from this Board, which is the largest drug treatment and advisory centre in Ireland. Patients treated for alcoholism are excluded from the following statistics.

In 1986, 13 or 3.7% of the 352 new patients attending the centre received treatment for cocaine misuse. In 1987, the same number 13 or 4.3% of the 299 new attenders were cocaine misusers. By 1988, 25 cocaine and two crack misusers (both from the U.S.), double the number for the previous two years, were treated from the new patient group of 265. Information for 1989 is still incomplete but up to the end of October, 16 cocaine users attending the centre for the first time received treatment for their misuse of the drug.

f.   Annual Report on Crime

A report on crime is published annually by the police, commissioner which includes a section on the misuse of drugs. In that section statistics on the number of persons charged with cocaine offences provide an indirect indicator of demand. It should be noted that in Ireland published data are available for persons charged under relevant sections of the Misuse of Drugs Acts, 1977-84 and not for those arrested.

The following data provide information on persons charged with offences relating to all drugs and to cocaine between the years 1979 and 1988 inclusive.

	Persons Charged			Persons Charged	
Year	**all drugs**	**cocaine**	**Year**	**all drugs**	**cocaine**
1979	594	20	1984	1369	23
1980	991	50	1985	1270	25
1981	1256	40	1986	1163	17
1982	1593	36	1987	1196	14
1983	1822	23	1988	1333	15

The total number of persons charged peaked in 1983, while the number of persons charged with offences relating to cocaine was highest in 1980.

4.   Indirect Indicators of Supply

Sources f, g, and h provide information on cocaine supply.

f.   Annual Report on Crime

As mentioned in the previous section information on crime is published on an annual basis including data on the misuse of drugs. Information presented here on all drug seizures and cocaine in particular, by both police and customs officials gives an indirect indication of supply.

	Seizures			Seizures	
Year	**all drugs**	**cocaine**	**Year**	**all drugs**	**cocaine**
1979	n/a	29.00g	1984	1704	80.17g
1980	813	113.60g	1985	1637	193.17g
		100 tablets	1986	1440	170.70g
1981	1204	82.39g	1987	1235	30.00g
1982	1873	409.07g	1988	1310	40.40g
1983	2278	97.31g			

g = grammes

As with persons charged with offences relating to all drugs, the highest number of seizures for all drugs was in 1983. The largest amount of cocaine seized was in 1982, the next largest was in 1985.

Preliminary unpublished information for 1989 shows that five seizures were made in that year. Two were for large amounts. The first, a seizure of one kilo, washed up on a Vest coast beach, and thought to have come from a vessel which foundered in the area earlier in the year. It was considered very unlikely to be destined for the Irish market. The second large seizure of two kilos of cocaine was made during a routine search of a ship in Cork making a regular call on route from South America to Zeebrugge, Belgium. This seizure was also believed not to be for the Irish cocaine market. Three small seizures were made on Dublin streets of amounts of less than one gramme in each case.

g.   Forensic Science Laboratory information

The Forensic Science Laboratory, Department of Justice, provides information on request to bone fide researchers on the purity of drugs. The laboratory can only examine drugs seized in the process of criminal investigation. In 1986 the purity of cocaine examined was in the range of 9-90%, on average 43% pure. In 1987 the range was 8-77%, average 47%; in 1988 the range was 19-89%, average 51% pure. In 1989 preliminary information showed a purity of 89% and 71% for each of the two large seizures with an average purity of 80%. But, as already noted, it was believed these seizures were not for consumption in Ireland.

h.   Garda Drug Squad data

The Garda Drug section provides information on the price of cocaine. Information from as many sources as possible are pooled together to come up with a price range for cocaine, undercover buyers are not used in Dublin. The price of cocaine has remained stable over the past 3-4 years at IR 200-260 pounds per gramme. It should be noted that these prices are sometimes necessarily based on small amounts, so price must be considered as a guideline and subject to the availability of the drug.

5.   Discussion

Before evaluating the information on cocaine presented here it is important to place it in the context of what is generally known about patterns of drug misuse in Ireland.

There is little empirical evidence of serious drug misuse in Ireland prior to the late 1970s. In the 1960s and early 1970s the drugs most commonly misused were amphetmines and barbiturates and later cannabis, LSD and morphine alternatives, such as, dipipanone (diconal) and dextramoramide (palfium). The number of persons known to be involved in drug misuse was small. However, indications of serious drug misuse began to emerge in the Dublin area between 1979-1983 from police sources, from the National Drug Advisory and Treatment Centre (renamed the Drug Treatment Centre Board, since it relocated to its new premises in 1988), from hospital data, survey work and from impressionistic reports from local residents, gardai, clergy and politicians. For example, between 1979 and 1983 there was:

−   a five fold increase in the number of attenders at the National Drug Advisory and Treatment Centres

−   a three fold increase of persons charged under the relevant Misuse of Drugs Acts and

−   a three fold increase in seizures of illicit drugs.

The most common drugs of misuse were opiates/opioids, in particular heroin (see Dean et al., 1985 for further details).

Since 1983 when the opiate epidemic reached its peak, the level of drug misuse has stabilised at a lover level, with heroin remaining the principal drug of misuse (O'Hare and Hartnoll, 1989).

Reliable information, particularly for treated drug misuse is only available for the Dublin Area. It is generally assumed that misuse of drugs in other parts of the country, while undoubtedly present in other Irish cities, does not currently constitute a major problem.

A review of the various sources of data on cocaine, already presented, follows.

Direct Measures of Consumption

The only available information on direct consumption of cocaine comes from student surveys. As might be expected survey a, which was conducted after the sizeable increase in the misuse of all drugs had a higher lifetime prevalence rate than the other two studies. Comparisons between findings from survey a, and other countries suggested that although the rate of inhalant use was high in Dublin schools, the use of other drugs was low by international standards (Grube and Morgan, 1986).

The reliability, or accuracy, of data from all three surveys was high. In survey a, the internal consistency of the findings was shown, eg by the degree of consistency between reported lifetime and current substance use and between related items measuring substance use behaviour and intention. The test and retest reliabilities for the substance use scales were good, but lower for the drug use measure, than for the smoking/drinking measures: however, the apparent instability reflected actual changes in behaviour, rather than random fluctuations or unreliability. In surveys b and c, the accuracy of the data was demonstrated by the findings which accorded with evidence available from treatment centres and the Garda Drug Squad. In addition, the socio-demographic characteristics of the drug users were consistent with findings from other countries such as the United States and were also very similar outside Dublin to those in Dublin.

The validity of self reporting surveys has been queried, but in general validity of self-reports of adolescent substance use appears to be good under appropriate circumstances, ie the extent to which respondents believe answers they give are truly anonymous and confidential. In all three surveys the self-administered questionnaires were anonymous, guarantees of confidentiality were given and normally the class teacher was absent from the testing sessions.

The representativeness of the catchment area surveyed was good due to the method of selection and the sample size. Notwithstanding serious limitations detracted from the accuracy of the life time prevalence count arising from the lack of data for students who had 'dropped out' of school and those who were not at school where the surveys were conducted.

The comparability of methodology in surveys b and c, was ensured by employing identical samplig methods and through the use of the same questionnaire. Similar authors were involved in the writing up of the reports.

Indirect Indicators of Demand

The Dublin/London Drug Research Project and information from the Drug Treatment Centre Board - see section 3 d and e - provide indirect data on persons misusing cocaine and consequently their demand for it, while the annual reports on crime by enumerating persons charge for cocaine offences point to the demand for cocaine either for possession or sale.

Data for the Dublin/London Drug Research Project show that during the study period of one month there were four incidence cases and nine prevalence ones, whose primary drug of misuse was cocaine, comprising 0.8% and 2% of total cases. An additional ten persons returned cocaine as their secondary drug of misuse. An analysis of the drugs misused by new patients (as distinct from incidence ones) attending the Drug Treatment Centre Board revealed that about 4% received treatment for cocaine for the year 1986 and again for 1987. In 1988, 10% of new attenders received treatment for cocaine misuse (including two for crack misuse); 1989 figures are incomplete. Cocaine was generally treated in association with other drugs.

The reliability of data from the above two studies can be considered together as drug information from the Drug Treatment Board was incorporated in the findings from the Dublin/London project thus allowing for familiarity with the Board's data gathering procedures. The reliability of drug misuse data from treatment centres has been queried, particularly for opiates. It has been suggested that where a treatment centre provides a methadone maintenance programme, as is the case with the Treatment Centre Board, then clients may overstate their opiate misuse and understate their misuse of other drugs to get on the programme. In the absence of any cross checks on the above data caution must be expressed against complete acceptance of the reliability of the information. However, there is a consistency with information from other sources, such as the gardai and customs officials which also indicates little concrete evidence of serious misuse of cocaine.

The representativeness of drug research data, particularly in the context of future possible collaboration at European level, is crucial. Information from the Dublin/London Drug Research Project is representative of the catchment area of the greater Dublin area and is inclusive of almost all centres providing treatment to drug misusers. The Dublin Drug Reporting System grew out of this project and continues to use the same form, instructions for use, etc., as employed in the pilot project. Data from the Drug Treatment Centre Board comprises, on the one hand, a subset of information gathered by the project, but also produces its own statistics representative of the clients who attend the centre.

The other indicator of indirect demand for cocaine is the number of persons charged annually by the Gardi. As can be seen from data presented in section 3 of this report, the number of persons charged for all drug offences peaked in 1983, at 1,822, co-terminous with the heroin epidemic. However, the highest number of persons charged for cocaine misuse occurred between 1980-1982 inclusive, the highest number being 50 in 1980. Numbers were stable, but at a lower level for the following three years - average 24 - and from 1986 to 1988 numbers have fallen again to an average of 15.

The reliability or accuracy of information on persons charged with cocaine misuse seems unquestionable. The validity of this measure, however, as an indicator of the demand by all cocaine users is uncertain. The cocaine misusers are perceived as a totally different group in class terms from the heroin users, in that the majority of heroin users come to the notice of the gardai for crimes of larceny or burglary rather than for possession or dealing, whereas the cocaine user's only crime is of possession.

Indirect Indicators of Supply

Accepted indirect indicators of illicit drug supply, reflective of the market, are the total number of seizures, the amount seized; the purity and price of the drug. Each of these three indicators will be commented on in relation to cocaine misuse.

Information regarding seizures comes jointly from police and customs officials and is published each year. The amount seized annually between 1979 and 1988 inclusive, was measured in grammes, except for 1989 when three kilos were seized but believed not for consumption in Ireland. Normally there are 10-11 small seizures per year from dealers and from the street involving 'small timers'.

The reliability concerning the amount and number of seizures is high due to the co-operation between the police and customs officials, thus eliminating the possibility of double counting.

The validity of seizure data as an indicator of cocaine availability in Ireland is questionable. Police sources acknowledge their dependence on luck and a good tip off and if this doesn't happen seizures may not be made.

One central laboratory in the Department of Justice is used to analyse all seizures of illicit drugs. These seizures come from a variety of sources, such as, dealers; suspected persons at, for example, pop concerts; persons charged; persons, sometimes Mothers, who leave packets they suspect may contain drugs, and from anonymous sources. There is, however, no pattern of street seizures of cocaine as in the case of heroin.

The reliability of information obtained by forensic analysis is unquestionable. However, the validity of purity as a sensitive indicator of cocaine availability is dubious. Seizures of the drug are not high enough to give stability to the price over time. As seen in section 4, average purity levels were determined by the amount seized. In 1989 the average purity was in the order of 80%, in excess of previous years, because of two large seizures which were believed not for the Irish market.

The price of drugs is determined by the Garda Drug Unit. Samples of illicit drugs are collected by the police and customs officials from all sources, such as, from the streets, from dealers, persons suspected and persons charged and anonymous seizures. Information from all sources is pooled together to arrive at an average price. There is no fixed date of reference for price information. The police take the purity of the sample into account in the construction of price.

The price for a gramme of cocaine over the past few years has been fixed as in the range of IR 200-260 pounds.

The reliability of price as determined by the police drug unit is not regarded by them as accurate. This is again due to the lack of sufficient hard data on the number and amount of cocaine seizures and on persons charged. As a consequence, the validity of price as an indirect indicator of supply is not reliable.

6.   <u>Conclusions</u>

A review of existing sources on cocaine has revealed little objective data on which to base firm conclusions of its misuse in Ireland. What reliable information is available refers to the Dublin area.

Unlike heroin misuse which has an established market and a clientele with known characteristics, cocaine users appear to be middle class, not into crime, and catering to their own needs. There is not pattern of street seizures, no regular dealing, or, if so, it hasn't emerged. It is difficult to be sure whether available fragments of information refer to the tip of an iceberg or, more likely, to small pieces of ice not all visible to public scrutiny.

Given the presumed middle class origin of misuse - if cocaine was the primary drug or misuse among even a minority of working class persons it would be known in Dublin - special approaches have to be considered in accessing information from this group. It seems unlikely that a household survey approach would be cost-effective or successful. What might be considered as areas of further investigation include:

1.   the collection of basic information on non-fatal overdoses from accident and emergency departments;

2.   the administration of a questionnaire to cocaine users in contact with Dublin treatment centres;

3.   based on information obtained from 2, the feasibility of carrying out a snowball approach could be evaluated.

7.   <u>References</u>

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