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Newsletter of the Drug Misuse Research Division

Drugnet Ireland Goes Quarterly

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Third ESPAD survey examines trends in alcohol and drug use among school-going children

On 14 December 2004 the Minister of State at the Department of Health and Children, Mr Sean Power, announced the publication of the third European School Survey Project on Alcohol and Other Drugs (ESPAD).[1] The third ESPAD survey was conducted in 35 European countries during 2003 and collected information on young people's alcohol and illicit drug use.

The target population was school-going children born in 1987. Thus, those surveyed were aged either 15 or 16 years at the time of the survey. As in the earlier ESPAD surveys, the 2003 survey was conducted with a standardised methodology and a common questionnaire to provide comparable European data.

The publication of the results for the 2003 Irish ESPAD survey allows comparisons with the previous Irish ESPAD surveys conducted in 1999 and 1995. Trends in some of the main indicators of alcohol and drug use over the last eight years are reported below.

In terms of alcohol consumption in Ireland, there was a drop in reported regular use of alcohol (consumed alcohol 20 times or more during last 12 months) by students between 1999 (39%) and 2003 (35%) but proportions were still higher than in 1995 (32%) (Table 1). Confidence intervals are not provided for these estimates and therefore it is not possible to tell if changes are statistically significant or not. The ESPAD report acknowledges this limitation, stating that in many countries the necessary software and resources to calculate confidence intervals were not available.

Table 1 Changes in the proportion of school-going children (15–16 years) in Ireland consuming alcohol in the ESPAD surveys of 1995, 1999 and 2003

	1995 %	1999 %	2003 %
Consumed alcohol 20 times or more during last 12 months	32	39	35
Drunk 10 times or more during last 12 months	20	27	29
'Binge drinking' 3 times or more during last 30 days	23	31	32

In the 2003 Irish survey more girls (39%) than boys (31%) reported regular use of alcohol. In fact, Ireland and Greenland are the only two of the 35 ESPAD participating countries in 2003 where girls ranked higher than boys in terms of regular alcohol use. Girls in Ireland ranked first in the prevalence of regular alcohol use, followed by girls in Denmark and in Austria (both 36%).

The ESPAD report provides two measures of heavy alcohol use: drunk ten times or more during the last 12 months and 'binge drinking' three times or more during the last 30 days, (Table 1). Binge drinking is defined in the report as 'having five or more drinks in a row'. There was little change in both measures in Ireland between 1999 and 2003 but the overall trend from 1995 continues to be upwards. In terms of regular drunkenness (drunk ten times or more during the last 12 months), Ireland ranked second after Denmark (34%) in 2003. In the same year, Ireland ranked highest of the 35 ESPAD

contents

Third ESPAD survey (continued)

countries in terms of the number of school-going children who engaged in binge drinking three times or more in the last 30 days.

In terms of drug use in Ireland, there was a notable increase in lifetime use of any illicit drug between 1999 (32%) and 2003 (40%), up eight per cent, (Table 2). This increase followed a drop between 1995 and 1999. Ireland ranked joint third after the Czech Republic (44%) and Switzerland (41%) for lifetime experience of any illicit drug in 2003. The average for the 35 ESPAD countries in 2003 was 22 per cent.

out of the 216 classes chosen from these schools, 196 participated. Students in these classes who were born in 1987 were asked to complete a questionnaire administered by a teacher in the school. A special room in each school was provided for this purpose. Data collection was carried out during April. A total of 2,407 students participated in the survey. The response rate (participating students in participating classes) was 96 per cent. No information was available on the students in non-participating schools or classes. As indicated above, the desired target population in the ESPAD survey was students born in 1987.

Table 2 Changes in the proportion of school-going children (15–16 years) in Ireland using drugs in the ESPAD surveys of 1995, 1999 and 2003

	1995 %	1999 %	2003 %
Lifetime use of any illicit drug*	37	32	40
Lifetime use of cannabis	37	32	39
Lifetime use of inhalants	NA	22	18

*includes cannabis, amphetamines, LSD or other hallucinogens, crack, cocaine, heroin and ecstasy
NA = Not Available

The majority of those who have tried any illicit drug have used cannabis (marijuana or hashish). The lifetime prevalence rates for cannabis use are thus similar to those for use of any illicit drug and reflect the same trend. Lifetime use of inhalants dropped slightly between 1999 (22%) and 2003 (18%) but remains high. The average for the 35 ESPAD countries in 2003 was 10 per cent.

The Irish 2003 ESPAD survey was managed by Dr Mark Morgan, St Patrick's College, Dublin, and funded by the Department of Health and Children. The sampling strategy involved a two-step process. All secondary schools were divided into three strata (single-sex secondary, mixed secondary, and vocational and community schools). In the first sampling step, schools were selected within each strata proportionate to the number of schools in the sampling frame. A total of 120 schools were selected in this manner. In the second sampling step, two grade-five classes were randomly selected from these schools. Out of the 120 selected schools, 108 agreed to participate and,

However, the ESPAD report notes that in Ireland grade five accommodates only about 67 per cent of all students born in 1987. Consequently, the Irish results cannot be generalised to 1987-born students in other grades. *(Hamish Sinclair)*

1. Hibell *et al.* (2004) *The ESPAD Report 2003. Alcohol and other drug use among students in 35 European countries.* Stockholm: The Swedish Council for Information on Alcohol and Other Drugs (CAN), Council of Europe, Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group).

A key performance indicator under the prevention pillar of the *National Drugs Strategy 2001–2008* is to bring drug misuse by school-going children to below the EU average and, as a first step, to reduce the level of substance misuse by school-going children reported to ESPAD by 15 per cent by 2003 and by 25 per cent by 2007 (based on 1999 ESPAD levels).

Ann Liffey moves to new premises

President McAleese officially opened the new Ana Liffey Drug Project premises at Middle Abbey Street, Dublin, on Tuesday 19 October 2004. The new premises was purchased and refurbished on behalf of the Ana Liffey project following a ten-year search for a suitable location. Previously, the project operated out of rented premises in a number of different locations in Central Dublin. Ana Liffey has been providing various services to individuals and families affected by drug misuse related problems since 1982, having been one of the first voluntary organisations to respond to the problems associated with drug misuse. Current service provision by Ana Liffey includes counselling, peer support training programmes, low threshold contact, a children's project, adult literacy, an art group and literacy training.

President McAleese commended everyone involved with Ana Liffey throughout the past 22 years and observed, 'In the struggle to get this building and in the quality of its finish there is a strong message

Ann Liffey moves to new premises (continued)

L to R: Brian Melaugh, Director of Ana Liffey Drug Project, President Mary McAleese and Dr David Poole, Chairperson, Board of Directors of Ana Liffey Drug Project *(Photo courtesy of Ana Liffey Drug Project)*

that the users of this service matter, their lives, their futures matter, not just to those who work with them on the Project but to the wider community without whose support and funding this house would not exist. It is an important message of social inclusion to those whose lives or lifestyles so often put them at the margins, on the outside.' *(Martin Keane)*

The Drug Misuse Research Division of the Health Research Board would like to take this opportunity to convey best wishes to the Ana Liffey project in its new premises.

President McAleese commended everyone involved with Ana Liffey throughout the past 22 years.

EMCDDA Annual Report 2004

The latest facts and figures on drug use across Europe, by country, were released by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) on 25 November 2004 in their Annual Report 2004.[1] The report includes information on the situation in Ireland provided by the Drug Misuse Research Division (DMRD) of the Health Research Board, which is the national focal point for the EMCDDA.

Key topics addressed, and comparisons made, relate to population and treated drug use figures (opiates, cocaine, cannabis and ecstasy), as well as complications and consequences (such as polydrug use, psychiatric illness, blood-borne viruses, drug-related deaths). In addition, there is a special focus on drug policy.

It is important to stress that the EMCDDA Annual Report 2004 is based on information provided by appointed focal points throughout the EU in 2003. It relates mainly to the drug situation in Europe in 2002 or earlier.

The following points summarise the current situation in Ireland:

- Ireland's national drugs strategy is considered very comprehensive when compared to those of other EU countries.
- Ireland is close to the middle of the 'EU range' in relation to cannabis, cocaine and ecstasy use among the population.
- The prevalence of opiate use among the adult population (15–64 years) was 5.6 per 1,000 in 2001. This rate reflects a mid-point of the range (2–10 cases per 1,000) for all European countries.
- As in other EU countries, new cases of treated opiate use decreased by 12 per cent in Ireland, though numbers continue to rise in counties outside Dublin.
- Numbers seeking treatment for cannabis and cocaine use have increased in Ireland and these trends are similar to those in other EU countries.
- Polydrug use is common among treated drug users in Ireland, a trend apparent in other EU countries. During 2002, 76 per cent of treated drug users in Ireland reported problem use of two or more drugs, 44 per cent reported problem use of three or more drugs and 19 per cent reported problem use of four or more drugs.
- The incidence of HIV has not fallen in Ireland as it has in some other countries in Europe, but it has stabilised. In Ireland, hepatitis C is a more pressing problem in relation to blood-borne viruses among injecting drug users. Between 1992 and 1998, an Irish research study estimated that the incidence (new cases) of hepatitis C among injecting drug users was 66 per 100 person years; this is 30 per cent higher than estimates reported in other EU countries.
- As in other European countries, the total number of drug-related deaths in Ireland decreased in 2001, though numbers continue to rise in counties outside Dublin.
- A number of small-scale research studies in Ireland indicated that cannabis use is associated with psychiatric illnesses, in particular, schizophrenia, psychosis and depression, while opiate and sedative use is associated with (possible self-medication for) depression. On the other hand, some studies have shown that cannabis can induce psychotic symptoms. There is no published national policy or strategy in place to deal with individuals who have both drug addiction and psychiatric illness. *(Jean Long)*

1. EMCDDA (2004) *Annual Report 2004: the state of the drugs problem in the European Union and Norway.* Luxembourg: Office for Official Publications of the European Communities.

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Community groups carry out research on local drug issues

In December 2001 the National Advisory Committee on Drugs (NACD) launched a Community/Voluntary Sector Research Grant Scheme to 'generate innovative, community-based drugs research'.[1] This grant-supported research aimed to:

- promote a better understanding of drug-related issues in communities
- boost the research capacity of the community/voluntary sector and, consequently, their capacity to influence policy and the planning of services
- facilitate liaison between community/voluntary organisations, service planners and service providers to optimise the development of needs-based policies and services

Following a competitive selection process, five grants were awarded and four organisations completed their research projects. These were written up as four separate reports and launched by Mr Noel Ahern TD, Minister of State for the National Drugs Strategy on 4 October 2004.

Two of these reports are featured in this issue:

- Kilbarrack Coast Community Programme: A prevalence study of drug use by young people in a mixed suburban area
- Tallaght Homeless Advice Unit: Heroin – the mental roof over your head. Links between homelessness and drug use

The remaining two reports will be covered in the next issue:

- Ballymun Youth Action Project: Benzodiazepines – whose little helper? The role of benzodiazepines in the development of substance misuse problems in Ballymun
- Merchants Quay Ireland: Drug use among new communities in Ireland. An exploratory study

A prevalence study of drug use by young people in a mixed suburban area

This research study was carried out by Dave Farrington and Alison Connor on behalf of the Kilbarrack Coast Community Programme (KCCP).[2] The main aim of the study was to establish the prevalence of drug use, including the use of tobacco and alcohol, among young people aged 10 to 18 in the KCCP catchment area. This area includes Kilbarrack and parts of Raheny (North East Dublin) and coincides with the three electoral divisions, Grange D, Raheny Greendale and Raheny Foxfield. The area as a whole is described in the report as being quite 'settled', with low to moderate levels of socio-economic deprivation. Rather than survey a representative sample of young people in the KCCP catchment area, the researchers set out with the intention to survey all, or as much as possible, of the area's youth population. By extrapolating from the 1996 Census figures, they estimated that the population aged 10 to 18 in the area was 1,292.

The methodology adopted involved surveying all school-going children with an address in the catchment area attending the four primary and two secondary schools in the catchment area. In addition, two secondary schools in the surrounding area were included since they were known to have a large number of students from the catchment area. A self-completed questionnaire was administered in the classroom setting by the researchers. The exact dates on which the survey was conducted are not given in the report. A total of 292 questionnaires were completed, but seven of these were subsequently discarded due to inconsistent responses. It is not clear from the report if all selected school children responded to the questionnaire. The 285 valid questionnaires represented a shortfall of over three-quarters from the estimated population of this age to be surveyed. A number of possible reasons were given for this, including: demographic changes since the 1996 Census; large numbers attending schools in other areas; absence from school when the survey was conducted; and early school leaving. This shortfall in what was intended to be a census of young people makes it difficult to generalise from the results, since the final sample was not a random selection of young people and it is not clear how representative those who were surveyed are of the whole youth population of the KCCP catchment area. Therefore, the results should be interpreted with caution.

Table 1 presents the results of lifetime (ever used), last year (recent use) and last month (current use) use of selected drugs, including alcohol and tobacco.

Of the school children surveyed, lifetime use of tobacco (54.7%) was higher than that of cannabis (37.2%); however, recent and current use of cannabis (31.6% and 21.4% respectively) were almost as high as recent and current tobacco use (35.0% and 24.7% respectively). This would suggest that cannabis was now being used or at least tried as commonly as tobacco in this group of children. Another interesting finding is that lifetime and last-year prevalence rates of cocaine use were the same (6.1%). This would suggest that cocaine use is a recent phenomenon in this group of children.

Community groups carry out research (continued)

Table 1 Lifetime, last year and last month use of selected drugs, including alcohol and tobacco, among surveyed school-going children (10–18 years) living in the KCCP catchment area

	Used in lifetime (%)	Used in last year (%)	Used in last month (%)
Alcohol	76.1	66.3	51.0
Tobacco	54.7	35.0	24.7
Cannabis	37.2	31.6	21.4
Inhalants	16.5	7.8	3.9
Sedatives	8.3	4.8	2.2
Cocaine	6.1	6.1	2.5
Ecstasy	3.6	2.2	1.1
Amphetamines	2.9	1.5	0.4
Tranquillisers	2.2	1.5	0.7
LSD	1.1	0.7	0.4
Heroin	0.7	0.7	0.4
Crack cocaine	0.4	0.4	0.0

Apart from the school survey, the researchers administered the same questionnaire to 15 young people living in the KCCP catchment area who had left school without completing their Leaving Certificate (defined as early school leavers in this study). The early school leavers, aged between 16 and 19, were identified with assistance from local youth projects and other agencies. While the numbers in the early school leavers survey were small, an attempt was made to compare their drug use with that of school-going children aged 16 to 18 (n=74). One notable difference was that over half of the early school leavers (8/15=53.3%) were current cocaine users, compared to less than seven per cent (5/74=6.8%) of school students.

In an effort to check the findings of the survey the researchers interviewed 30 adults living or working in the KCCP catchment area. These individuals were selected on the basis of their professional, voluntary or personal involvement with the drugs issue, or with young people in the community. According to the authors, the views of the majority of those interviewed were in line with the main findings of the survey. *(Hamish Sinclair)*

1. Details of the Community/Voluntary Sector Research Grant Scheme can be found on the NACD website at www.nacd.ie
2. Kilbarrack Coast Community Programme (2004) *A prevalence study of drug use by young people in a mixed suburban area.* Dublin: National Advisory Committee on Drugs.

Heroin – the mental roof over your head: Links between homelessness and drug use

This research was carried out by Marie Crawley and Mary Daly on behalf of the Tallaght Homeless Advice Unit (THAU).[1] The main aim of the research was to explore the issues, policies and practices faced by homeless heroin users that contributed to their becoming and remaining homeless. The methodology adopted involved semi-structured interviews with 17 users of the Advice Unit and 13 representatives from statutory, voluntary and community agencies working in Tallaght. This article will focus on the findings from the interviews with service users.

The profile of the 17 service users interviewed (8 women and 9 men) revealed a pronounced experience of social exclusion and social problems. Eleven were experiencing homelessness at the time of interview and 15 were on a methadone maintenance programme. The group of interviewees had 27 children between them (17 among the women; 10 among the men). Sixteen (59%) of the children were aged four or under.

The researchers explored whether drug use initially contributed to homelessness, and whether homelessness was sustained by continued drug use. A majority of interviewees stated that their drug use contributed to their becoming homeless initially. Over half of this group reported that their families were unable to cope with their drug use. Evictions under anti-social behaviour legislation and relationship breakdown were cited as additional factors contributing to homelessness. Most interviewees agreed that their drug use acted to sustain their experience of homelessness and created a barrier to moving out of homelessness. For example, all but one reported being evicted from hostels and B&Bs because of drug-related incidents. In addition, interviewees reported that becoming homeless greatly exacerbated their drug use. For example, the transition to using heroin intravenously was strongly associated with moving into the homeless scene, particularly when frequenting emergency hostels and sleeping rough. Repeatedly, interviewees identified the lack of accommodation for homeless people in Tallaght as a factor in exacerbating their drug use, as travelling into the city centre to access emergency accommodation increased the likelihood of involvement in the 'drug scene'.

Heroin – the mental roof over your head (continued)

Experience of homelessness was mixed, with some interviewees reporting experiences of extreme social exclusion.

Experience of homelessness was mixed, with some interviewees reporting experiences of extreme social exclusion. For example, all had some experience of rough sleeping – under trees, in building sites, on rooftops, railway carriages, shop doorways, and on church steps. Some reported having to walk the street during the day due to policies of daytime exclusion from emergency hostels or because of movement between different accommodations from night to night. On the other hand, some managed to achieve a degree of stability when staying in the same B&B for more than three months. With support from some B&B staff, interviewees stabilised their drug use and ensured their children attended local schools.

When settled in B&Bs or in supported/transitional accommodation with support and structure in their lives, interviewees reported stability in their drug use. The biggest threat to this stability was being moved into emergency hostels where peer pressure to misuse and deal drugs was prevalent. Emergency hostels were clearly identified by all as the primary risk accommodation associated with chaotic use of drugs. Hostels were classed on a par with rough sleeping in terms of exposure to drug dealing and drug misuse. All repeatedly stated that their drug use escalated in hostels. Most associated emergency hostels with their most chaotic periods in terms of drug use.

Respondents highlighted the consequences of drug misuse while experiencing homelessness. Almost a quarter reported the prevalence of suicidal thoughts; heroin overdose resulting in hospitalisation was reported by five respondents. All respondents had experience of intravenous drug use, with heroin and cocaine the main drugs being injected. Injecting heroin was associated with feelings of being out of control around drugs.

Interviewees reported mixed experiences of their engagement with drugs and homeless services. Most homeless services were perceived to show a lack of respect for clients when drug use was a factor. Consequently, interviewees did not feel they could disclose their drug use to homeless services for fear of further discrimination. On the other hand, respondents had little criticism of drugs services except in reference to the high turnover of addiction counsellors being a barrier to getting support with their addiction problems. The majority of respondents did not experience any attempt at an integrated approach between homeless and drugs services.

Although it is difficult to generalise from this local study to the wider population of homeless drug users, the study does raise some issues that merit further attention from policy makers and service providers. For example, there was unanimous agreement that accommodation in emergency hostels is directly associated with an escalation in chaotic drug use. On the other hand, when provided with stable and supported accommodation, some interviewees stabilised their drug use and ensured their children attended school. The research also highlighted the lack of an inter-agency approach towards drugs and homelessness and a lack of accommodation provision for homeless people in Tallaght.

The report contains a number of recommendations for policy makers and service providers. One particularly pertinent recommendation reads: 'There is a need for a strategic local approach involving all agencies providing a range of options to facilitate the phased progression of clients out of drug use and out of homelessness – this needs to included a range of accommodation options, including, but not limited to, B&Bs and local authority housing.' The challenge now for the local authority and drug service providers in Tallaght is to develop an inter-agency approach to the problems of homelessness and drug misuse at local level, and to concentrate resources on providing localised stable accommodation so as to prevent vulnerable individuals with drug problems being exposed to the drug scene in the city centre and surrounding emergency hostels. Such an approach over time could provide a good practice model from which other affected areas could draw inspiration and guidance. *(Martin Keane)*

1. Tallaght Homeless Advice Unit (2004) *Heroin – the mental roof over your head: links between homelessness and drug use.* Dublin: National Advisory Committee on Drugs.

Citywide Family Support Network report and seminar

The Citywide Family Support Network held a seminar on 21 October to mark the publication of their report, *Supporting grandparents... supporting children.*[1] Phillip Keegan, a member of the Network's steering group, opened the seminar, and Robbie Byrne, chairperson, gave a presentation on the background to the Network.

The findings and conclusions of the report on the consultation with a number of carers involved in family support groups in the greater Dublin area were presented. The report found that:

- There was a general sense of helplessness and isolation among carers

Citywide Family Support Network (continued)

- There was a marked variety of experiences between the various geographic areas regarding information on and access to entitlements and services
- Service provision and practice varied significantly between the geographic areas and service providers
- Legal issues and difficulties, especially in relation to custody or guardianship, were common
- The contentious nature of such issues was compounded by a lack of legal information and advice at local level
- Carers often needed practical support and information but were unaware of where these were available
- The support that carers received from others in their immediate support groups and local networks was the most important
- Having an advocate for individuals was seen as being of immense personal value and importance

The following are the conclusions and recommendations of the report:

- Access to designated, specialised support staff is vital
- Local community welfare services must be open and transparent
- Representation for carers or their representatives on the Local Drugs Task Forces is crucial
- Integration and real partnership between statutory and community groups at local level is imperative
- Access to high-quality childcare, crèche places, after-school clubs and activity groups is essential

After the presentation of the report, three grandparent carers presented personal views and experiences. The main issue arising from their experiences was the lack of support from statutory bodies and the lack of clarity regarding entitlements. The discrepancy between fostering rates and the Orphan's Allowance was perceived as unfair.

In the afternoon, workshops were facilitated to brainstorm problems raised and suggest solutions. Three main recommendations emerged from this session:

1. A new, renamed payment system, with easier access for children in the care of their extended family. This is a matter of urgency; immediate action could be taken to provide information and support in applying for the Orphan's Allowance.
2. Appointment of specific workers to support families within health board services and at community level, with particular emphasis on establishing and resourcing peer-support groups.
3. A long-term goal was to develop a strategy to bring about change in the legislation governing this issue.

(Ena Lynn)

1. Family Support Network (2004) *Supporting grandparents... supporting children: report on the consultation with a number of carers involved in family support groups in the Greater Dublin area.* Dublin: Citywide Family Support Network.

The main issue arising from their experiences was the lack of support from statutory bodies and the lack of clarity regarding entitlements.

Exploring the role of family support services in drug prevention

On 12 November 2004 the National Advisory Committee on Drugs (NACD) published a report on the role of family support services in drug prevention.[1] The report was based on research carried out by Niall Watters and Duane Byrne of Unique Perspectives. The aim of the research was to assess family support services with a view to establishing the following:

- The extent to which current services explicitly identify drug problems as a target of their activities;
- The extent to which family support work may be judged to play a positive role in the prevention of drug problems;
- The potential for expanding the scope of family support so as to enhance its capacity with regard to drug prevention.

The method used involved the development of a database of family support services, a self-completion questionnaire survey of all services on the database, and semi-structured interviews with a small sample of service providers and clients. Between October 2002 and March 2003, a total of 2,000 services were entered on a database. A questionnaire was then posted to all 2,000 services. Allowing for changes of postal address, staff turnover and services no longer in existence, the final number of services was re-estimated to be 1,750. A total of 461 completed questionnaires

Exploring the role of family support services (continued)

More than half (57%) of the services felt that they made a positive contribution to drug prevention.

were returned, representing a response rate of 26 per cent. This low response rate makes it difficult to generalise from the results since the sample is unlikely to be representative of all family support services, a viewed shared by the authors. Nevertheless, it was felt that the responses obtained provided a useful platform from which to explore the role of family support services in drug prevention. In addition to the questionnaire survey, 17 semi-structured interviews were conducted with service providers and 14 semi-structured interviews and one focus group were conducted with service users. The qualitative information gathered by these methods makes a useful contribution to the overall exploratory nature of the study.

Family support services were asked to indicate whether they perceived drug-related problems to be a major focus, a minor focus, or not a focus of their work. Just over one-fifth (21%) reported drug problems to be a major focus, 40 per cent that they were a minor focus, and 39 per cent that they were not a focus of their work. Seventy per cent of services with a major focus on drugs estimated that over 20 per cent of their clients presented with drug problems. In contrast, 69 per cent of services with a minor focus on drugs reported that less than 20 per cent of their clients presented with drug problems; this rose to 83 per cent in the case of services with no focus on drugs. The implication of these responses is that the bulk of support services do not see themselves as having an explicit role in responding to drug problems. Interviews with service providers revealed that services with a major focus on drugs see drugs as the main contributory factor to problems clients present with, and services with no focus on drugs see drug problems becoming more prevalent among a minority of clients.

More than half (57%) of the services felt that they made a positive contribution to drug prevention. This work may include a focus on reducing risk factors and strengthening protective factors in the family, without necessarily focusing on drug-specific issues. Thirty eight per cent of services perceived that their service prevented drug problems recurring in those that had received treatment. However, where drug use had moved to a problematic stage, services with a limited focus on drugs were less positive about their influence as a medium for drug prevention.

The research also explored the role of family support services in drug prevention using the role insecurity framework. This framework is based on the assumption that clients with drug problems are often likely to seek support from and come in contact with non-specialist services, such as social workers, community-based groups etc., before presenting to specialist services. When this occurs, non-specialist services may experience anxiety about role legitimacy, role adequacy and role support. In the case of role legitimacy, 65 per cent of services saw themselves as having a legitimate role in responding to their clients' drug problems. However, only 40 per cent felt they had the necessary skills and knowledge (role adequacy) to respond to these problems. A majority (64%) of services believed that the level of support currently available to them was not sufficient to allow them to work successfully with clients with drug problems.

The research looked at how best to enhance the drug prevention role of family support services. Suggestions included:

- New programmes and initiatives, including new service areas and target groups, for example first-time and teenage parents in at risk neighborhoods;
- Extra resources, including drug-related information materials, staff, premises and funding;
- Promoting the work of family support services to those at risk of drug-related problems and promoting awareness of the risks associated with drug use;
- Training for support service staff;
- Co-ordination and integration of services toward drug prevention ends;
- Mainstreaming drug prevention work within current service structures.

Overall, the authors suggest that family support services have the potential to play a greater role in drug prevention. A number of key issues emerged that warrant further attention if this role is to be developed. These include:

- The introduction of drug prevention to the professional training of those who work in family support services;
- The role of drug prevention in the services to be adequately resourced, officially sanctioned and mainstreamed in policy terms;
- Considerable thought and resources are required to assist the services to develop appropriate evaluation and monitoring systems that will allow them to enhance their role in drug prevention;
- Increased and planned co-ordination between services that deal with families and drug problems;
- Enhanced communication between family support services and the wider society regarding their role in contributing to drug prevention.

(Martin Keane)

1. Watters N and Byrne D (2004) *The role of family support services in drug prevention.* Dublin: Stationery Office.

Occasional Paper 14: *Trends in treated problem cannabis use in the seven health board areas outside the Eastern Regional Health Authority, 1998 to 2002*

The findings presented in this paper[1] indicate that the number of people treated for cannabis use outside Dublin and counties Kildare and Wicklow trebled between 1998 and 2002, from 14.7 to 50.5 per 100,000 of the 15–64-year-old population. In total, 70 per cent of those who sought treatment for problem cannabis use reported that it was their main problem drug.

The increase in the numbers treated may be explained by a combination of factors, such as an increase in access to treatment centres, an increase in the number of centres reporting cases to the National Drug Treatment Reporting System, or a possible increase in cannabis supply.

Regional trends show that the rate of new cases (per 100,000 of the 15–64-year-old population) presenting for treatment, when compared with the period 1996–2000 (Fig. 1), tended to be higher between 1998 and 2002 (Fig. 2), with demand for treatment spreading to the south-east and north-west of the country. The increase in the rates treated between these two periods was greatest in Carlow (62.9, up from 27.6), Sligo (39.0, up from 16.3), followed by Cork (53.4, up from 34.5) and Kerry (29.2, up from 10.6).

There was a small decrease in the proportion of cannabis cases that reported using other drugs as well as cannabis, from 83 per cent in 1998 to 78 per cent in 2002, although polydrug use remained a common practice. Ecstasy and alcohol were the most common second drugs used in conjunction with cannabis as a main problem drug.

When the socio-demographic characteristics of treated cannabis users were examined, important patterns were identified. Between 1998 and 2002, the number of new cannabis cases under 18 years old who received treatment increased from 21 per cent to 31 per cent, and an increasing number reported that they were still attending school. Those aged 17 years or under require different approaches to treatment. Although the vast majority of treated cases were male, there was a small rise in the number of females attending for treatment with cannabis as their main problem drug. *(Jean Long)*

1. Kelleher T, Long J, Kelly F and Sinclair H (2004) *Trends in treated problem cannabis use in the seven health board areas outside the Eastern Regional Health Authority, 1998 to 2002.* Occasional Paper 14. Dublin: Health Research Board.

Between 1998 and 2002, the number of new cannabis cases under 18 years old who received treatment increased from 21 per cent to 31 per cent.

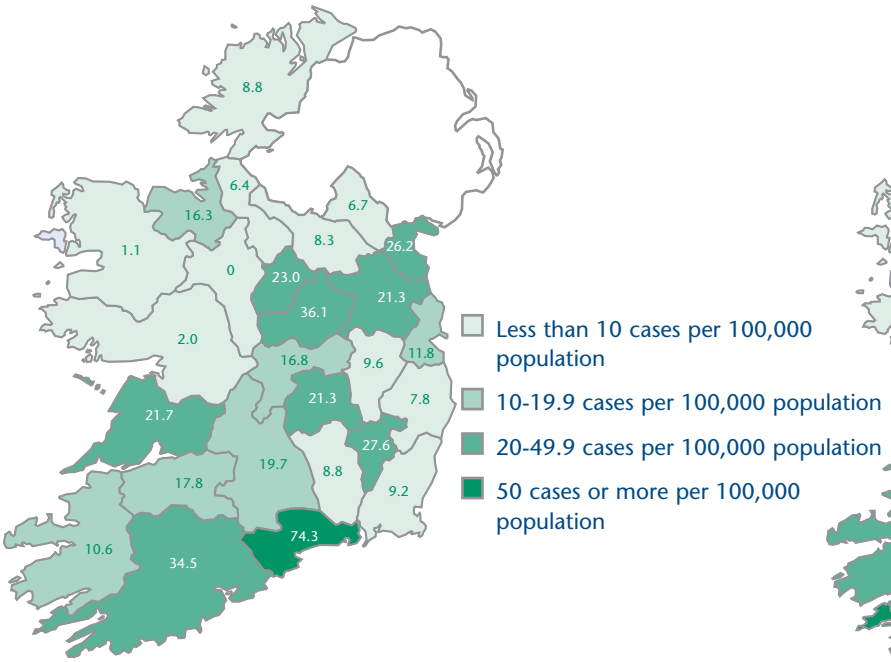


Figure 1 1996–2000

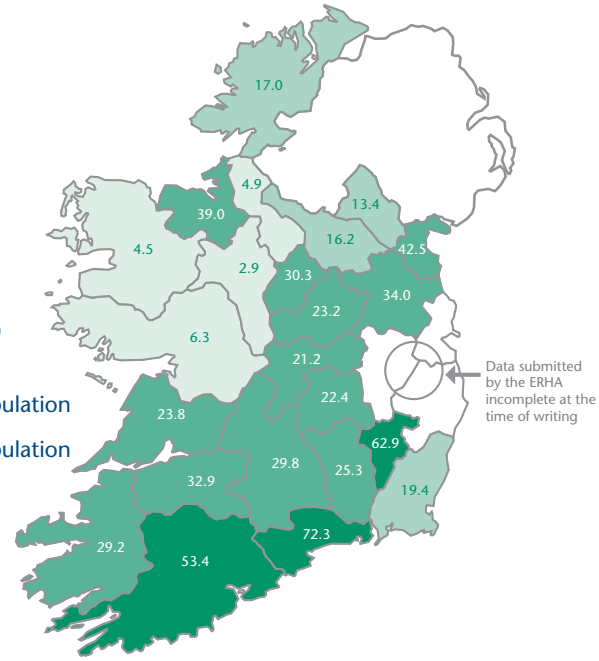


Figure 2 1998–2002

Average annual incidence of treatment for cannabis as a main problem drug among persons aged 15 to 64 years by county of residence per 100,000 population (Central Statistics Office 2003) based on returns to the NDTRS, 1996 to 2002

Policy, planning and services to address dual diagnosis in Ireland

In 2002, the National Advisory Committee on Drugs commissioned a team at Dublin City University to explore the management of individuals with a combination of mental illness and substance misuse in Ireland. The definition of dual diagnosis used for this study was 'the co-existence of both mental health and substance misuse problems for an individual'. Two distinct groups of service providers treat patients with combinations of such illnesses, the mental health services and the addiction services.

The report[1] was launched on 1 November 2004. In order to review the management of dual diagnosis in Ireland, the researchers:

- Reviewed relevant national and international literature to identify the most appropriate methods of assessment, treatment and management of such illnesses.
- Organised an open forum in one geographical area with a representative group of stakeholders (n=58/60, 97%). This included service users, mental health and addiction service providers, social service providers and representatives from the police. Participants considered the findings of the literature review in the context of their personal experience of dual diagnosis. The proceedings were documented and the transcriptions were analysed and themes were identified.
- Carried out a national postal survey in order to provide a national overview of service provision for dual diagnosis in Ireland. This survey also ascertained attitudes towards and opinions about the place of dual diagnosis in Irish health services. A stratified sample by occupation and county of employment was selected. The participants were managers, clinicians and other service providers (n=141/191, 74%). The questionnaire consisted of 35 questions.
- Completed face-to-face semi-structured interviews with 10 per cent of the respondents to the national survey (n=14) to explore the key findings. The responses were taped and transcribed.

A number of key themes were identified during the open forum:

- Respondents found it difficult to conceptualise, define and assess the severity of dual diagnosis;
- Policy development to date did not recognise dual diagnosis;
- The general practitioner was the first point of contact and the main service provider;
- Clients experienced stigmatisation, discrimination and marginalisation at addiction and mental health services;
- Services were not always client centred, sometimes normal practices overrode client needs;
- It was difficult for clients to access services;
- Few formal structures and protocols were provided to guide staff;
- Application of evidence-based practice varied;
- There was inadequate communication and liaison between services;
- Clients were lost in the gaps between the addiction and mental health services;
- Professionals working in addiction services were educated separately to those working in mental health services;
- Differences in the professional cultures of the two services led to conflicting beliefs and practices;
- There were difficulties in respecting professional care and treatment provided by the 'other' service;
- Multi-disciplinary approaches were more effective than single-discipline approaches;
- A variety of service models exist, mainly serial, sometimes parallel and occasionally integrated.

A variety of service models exist, mainly serial, sometimes parallel and occasionally integrated.

These themes were used to develop the questionnaire for the national survey.

The main findings of the national survey were:

Over one-fifth of service providers reported that policies to address dual diagnosis were available in their area. The examples cited by respondents indicated that these policies address aspects of dual diagnosis rather than dual diagnosis itself. None of the plans or service reviews submitted to the researchers addressed the specific issue of dual diagnosis. Over two-fifths of service providers reported that formal and informal structures existed in their area, with more in addiction services (56%) than in mental health services (33%). In theory, one-fifth of respondents thought refusing treatment to people with dual diagnosis was justified. In practice, a large proportion of providers in the addiction (58%) and the mental health (43%) services reported that exclusion criteria applied to people with a dual diagnosis. The source of referral differed between the mental health services and addiction services. The mental health services accepted referral through general practitioners only, while the addiction services accepted referrals from a wide variety of sources (including self-referrals).

In relation to assessment, 93 per cent of respondents thought routine screening should be in place and 66 per cent reported that they always assessed clients for dual diagnosis. Sixty-three per

Dual diagnosis in Ireland (continued)

cent of respondents agreed with the statement, 'Clinical staff in my service are adequately trained to assess dual illnesses', and 71 per cent strongly agreed with the statement, 'Our service identifies clients with dual diagnosis'. According to the service providers, dual diagnosis is recorded for 37 per cent of cases. No respondent used a validated tool to assess dual diagnosis.

There is some ambiguity in relation to the recognition and treatment of dual diagnosis, evidenced by the lack of service structures and the extent of exclusion criteria. For example, 92 per cent of respondents from mental health services reported that they treat people with substance misuse problems, yet 43 per cent of respondents reported exclusion criteria applied to people with a dual diagnosis. Seventy-one per cent of respondents reported that they do not follow recommended models of treatment and 39 per cent of respondents agreed with the statement, 'Clinical staff in my service are adequately trained to treat dual diagnosis'.

Overall, the responses indicated that there was little systematic co-ordination of care for people with dual diagnosis evident in any health board area; only 18 per cent of services offered a specific service. There were at least three models of service provision in operation: a parallel model (52%), an integrated model (29%) and a serial model (16%), although three-quarters of survey respondents agreed with the statement, 'A fully integrated service is the best way to help people with dual diagnosis'.

Respondents reported that 76 per cent of services had formal communication links with other services, while 54 per cent had informal communication links. Respondents were generally content with the level of communication between addiction and mental health services, though this was strongly influenced by those who had responsibilities across both service areas. According to the authors, a higher proportion of respondents from the addiction services disagreed with the statement 'Communication between addiction and mental health services is adequate to treat dual diagnosis' than the proportion of their counterparts in the mental health services, ($p<0.03$).[2]

There was consensus throughout the study that GPs should be involved in the management of people with dual diagnosis.

It is clear that a published national strategy is required to deal with individuals who have both drug addiction and psychiatric illness. In practice, there is a need to:

- Formalise referral procedures between the mental health services and the addiction services;
- Reconsider exclusion criteria;
- Use valid assessment tools;
- Develop and expand the small number of evidence-based dual diagnosis services in existence;
- Provide appropriate treatment for psychiatric illness and problem drug use, regardless of the treatment provider or setting.

In order to improve responses, further research is required to estimate the prevalence of dual diagnosis, to ascertain the needs of persons with dual diagnosis and define the role of primary care professionals in the management of these combined conditions. *(Jean Long)*

1. MacGabhann L, Scheele A, Dunne T, Gallagher P, MacNeela P, Moore G and Philbin M (2004) *Mental health and addiction services and the management of dual diagnosis in Ireland.* Dublin: Stationery Office.
2. A p-value is a probability value which measures the likelihood that the observed association occurred due to chance. Probability is measured on a scale of zero to one. By convention, a value of $p < 0.05$ is considered statistically significant (for health-related studies). A value of $p < 0.05$ means that there was a less than one in twenty probability that the observed association occurred by chance alone.

Update on drug-related infectious diseases

The National Disease Surveillance Centre (NDSC) monitors a number of infectious diseases in Ireland, of which three can be transmitted through injecting drug use. The organisation published its annual report for 2003 in November 2004.[1]

The data on HIV in Ireland in 2003 were reported in *Drugnet Ireland,* Issue 12. There were 547 cases of viral hepatitis type B notified in 2003; this is an increase of 19 per cent on the 2002 figure. Up to 2004, hepatitis C was not a notifiable disease but could be reported as 'viral hepatitis, type unspecified'. There were 85 cases of viral hepatitis, type unspecified, notified in 2003, of which 91 per cent were identified as hepatitis C. There is little information available on risk groups or sources of infection, therefore the reported incidence of hepatitis B and hepatitis C among injecting drug users in 2003 cannot be determined. Information on risk factors is required in order to plan interventions to control and manage these infections. Furthermore, the incidence of hepatitis B and hepatitis C among injecting drug users is one of the key indicators on drug use monitored by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). At present it is not possible for Ireland to comply with this key indicator. *(Jean Long)*

1. National Disease Surveillance Centre (2004) *Annual Report 2003*. Dublin: NDSC.

Exploring responses to hepatitis C through an open space event

Expansion of nursing and psychology services to support those testing positive for hepatitis C is required.

Health promotion, the role of the media, service provision and the need for research to inform policy have been identified as the important issues in formulating a region-wide policy on hepatitis C. These were the key findings of the report of a consultation process involving service users, service planners and a wide range of health and social care professionals launched in December 2004.

In addition, peer support, education and training, liaison between services facilitated by liaison nurses and key workers, making services more accessible and exploring the role of psychological and complementary approaches to treatment were identified as important actions to address these issues.

The report was based on the findings of a consultation event held in June 2004 and organised to assess the health and social care requirements for those with or at risk of acquiring hepatitis C.[1] The method used in the consultative process was 'open space technology'. 'Open space' is a qualitative methodology used to enable a large and diverse group of people to explore complicated issues in a limited time by presenting participants with central themes. Organic and self-organising, the participants set a detailed agenda and subsequently facilitate qualitative discussion at impromptu workshops. The contents of the discussions are simultaneously documented. The central themes, presented in the invitation to this event, were: 'What are the significant issues in formulating a region-wide policy on hepatitis C'; and 'What are the optimum approaches to these issues?'

Over 70 people attended the event; among them were service planners, health and social care professionals and service users. With respect to the first of the central themes, the participants identified the issues they would like on the agenda on the morning of the event.

The participants identified 16 significant issues and a workshop was organised for each issue. A small group discussion took place on each topic and a workshop facilitator recorded the issues raised during the discussion. These data were subsequently analysed using qualitative methods.

Four common themes emerged from the 16 workshops:

■ Health promotion

There is need to develop a set of consistent messages on modes of transmission, pathways to treatment and success of treatment, with such messages delivered through a variety of media.

■ Role of the media

Another need was to ensure that the mass media provides accurate information to the general public and high-risk groups. It was suggested that the media use an approach that allays fears and reduces the stigma associated with the infection.

■ Service provision

It was noted that access to and availability of services to prevent or treat hepatitis C should not be associated with mode of transmission. There is a need for equivalence of care between several groups, for example, those who acquired their infection through blood products versus injecting drug users; those who live in Dublin versus outside Dublin; and those in prison versus those in the community. The information about, criteria for and pathways to treatment should be transparent and easily accessed. Expansion of nursing and psychology services to support those testing positive for hepatitis C is required.

■ Research, policy and planning

In general, the participants emphasised the importance of an extended surveillance system to ascertain the extent of the problem but stressed that such a system must protect the identity of the individual. Participants also wanted research to develop best-practice protocols (including medical and complementary therapies) to manage this infection.

In the afternoon session, the process was repeated to explore optimum approaches to the themes identified in the morning. Eight actions were identified and a workshop was organised to deal with each action. A number of common themes emerged from the second set of workshops:

■ Peer support and prevention

The importance of using peer groups in planning and developing prevention, harm reduction and treatment interventions was stressed. Peer-group insight and experience was considered very useful in ensuring that new approaches would be appropriate. It was also suggested that indicators would be developed to monitor and evaluate prevention and harm reduction interventions.

■ Education and training

The actions suggested were in line with the health promotion actions identified in the morning session.

■ Liaison, key workers, co-ordination and collaboration

A number of suggestions were made, including appointment of key workers (such as liaison nurses); development of transparent communication policies and procedures; improvement in access to services through multi-agency collaboration; and introduction of a core monitoring group to ensure client-centred services.

■ Accessing services

Developments to make services more accessible and user-friendly were identified as a priority.

Exploring responses to hepatitis C (continued)

Psychological and complementary therapies
Respondents thought that psychological support and complementary therapies, in conjunction with medication, would be very beneficial to a client's quality of life.

The event represented an ongoing collaboration between two groups – the Hepatitis C Scientific Advisory Subgroup of the Blood Borne Virus Forum (a group of health and social care professionals with an interest in hepatitis C and related issues) and the Eastern Regional Health Authority (ERHA). At the launch of the report in December 2004, the ERHA presented its response to the findings and its plans for the future. It was indicated that a group convened to formulate a regional policy on hepatitis C intends to audit the health services available to those with hepatitis C and to actively provide information on service availability and identify models of best practice both nationally and internationally.

In Ireland there are two major groups of people infected with hepatitis C: those who were infected by receiving blood products and those infected by using drugs, with the latter group accounting for the majority of new infections. Hepatitis C is an emerging public health problem and is likely to be a considerable economic burden on the health services in the future. *(Taru Burstall, Olivia Carr, Caroline Corr, Walter Cullen, Jean Flanagan, Michele Tait and Jean Long)*

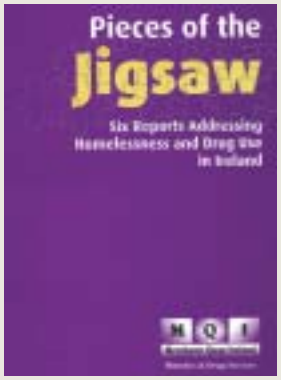
1. Hepatitis C Scientific Advisory Subgroup of the Blood Borne Virus Forum and the Eastern Regional Health Authority (2004) *Hepatitis C in the Eastern Regional Health Authority: results of a multi-agency consultation event.* Dublin: Unpublished.

A copy of this report may be obtained from Michele Tait, Eastern Regional Health Authority (Tel: 01-6201750 or Email: mtait@erha.ie).

Health and social status of women injecting drug users

Between May 1997 and October 1998, Merchants Quay Ireland evaluated the activities and outcomes of the work programme at its Health Promotion Unit. One of the findings of the research was that new female injectors were significantly more likely to suffer from physical and mental health problems than their male counterparts.[1] This was surprising, as new female injectors had shorter injecting careers than new male injectors. Based on this finding, Merchants Quay Ireland designed a study to examine the health status of female drug users attending the Unit.[2] The study employed a mix of quantitative and qualitative methods and was funded by the Health Research Board. The research was conducted over an eight-week period and commenced in November 2001.

The researchers conducted a focus group to ascertain female drug users' interest in the research project and to assist the design of appropriate data collection tools. They administered a health information form to establish the participants' socio-demographic details, drug-using history including drug-taking practices, sexual-risk behaviours, current health problems, and prior use of health services. Following completion of the health information interview, participants took part in semi-structured interviews. The data collected during the semi-structured interviews provided insight into each woman's perception of her health status and her past experience of primary care services. Each client had a detailed medical assessment, which included a medical, surgical and gynaecological history. Details of current medication were documented. A physical examination and laboratory tests were completed. Seventeen clients completed the health information form and participated in the semi-structured interviews. Fifteen clients had a medical assessment, though two did not request any laboratory tests. Eleven women returned for follow-up interventions.



At the time of the study the main findings were:

- Of the 17 women interviewed, the majority were under 30 years of age (14/17), homeless (9/17) and had child-care responsibilities (11/17). Almost half of the women (8/17) reported that they their partner was an injecting drug user.
- Heroin was the primary drug of choice for all 17 participants. Over three-quarters were polydrug users. All 17 had injected illicit drugs and nine were currently injecting. Of those currently injecting, six had experienced one or more problem at an injection site. Thirteen were currently taking prescribed methadone. Excluding methadone, eight participants were taking other prescribed medications, mainly antidepressants and sleeping tablets.
- Over two-fifths (7) of the participants reported that their health status was either bad or very bad. In the three months prior to the study, 16 women reported psychological problems; of these, 11 reported anxiety and 14 reported depression. With respect to

Health and social status of women injecting drug users (continued)

Overall, the study findings indicate that women who inject opiates have complex health and social problems and do utilise health services, though the services used in each instance may not be the most appropriate.

sexual risk factors, three women reported ever having a sexually transmitted infection.

- Of the 16 clients who had a medical assessment, six reported that they had asthma, while three had epilepsy. Twelve had experienced a gynaecological problem. Nine women were either obese or overweight. Thirteen clients had been admitted to hospital one or more times and, of these, three were admitted as a result of a suicide attempt. In the three months prior to the study, over three-quarters (13/17) had contact with a medical service provider. The most frequent sources of medical consultation were general practitioner, drug worker and accident and emergency services.
- Of the 17 women who participated in the interview, 11 had received at least one dose of the hepatitis B vaccine. Thirteen clients requested one or more laboratory tests. Of these, all 13 tested positive for antibodies to hepatitis C and two tested positive for antibodies to hepatitis B.

Overall, the study findings indicate that women who inject opiates have complex health and social problems and do utilise health services, though the services used in each instance may not be the most appropriate. Polydrug use, depression, anxiety and hepatitis C were common health problems for these women, confirming the need to provide mental health, addiction and infectious disease interventions at drug treatment centre level. The young age profile, level of child care responsibilities and lack of stable housing highlight the importance of and need for social services (such as counsellors, family therapists, community welfare officers and social workers) at all similar drug treatment centres. *(Jean Long)*

1. Cox G, O'Shea M and Geoghegan T (1999) Gender differences in characteristics of drug users presenting to a Dublin syringe exchange. *Irish Journal of Psychological Medicine,* 16(4): 131–135.

2. Lawless M (2004) Private lives – public issues: an investigation into the health status of female drug users. In *Pieces of the jigsaw: six reports addressing homelessness and drug use in Ireland.* Dublin: Merchants Quay Ireland.

The Blanchardstown Community Policing Forum

A report proposing the establishment of a community policing forum in the Blanchardstown Local Drugs Task Force area was launched by Noel Ahern TD, minister of state with responsibility for the national drugs strategy, on 22 November 2004.

The proposal to establish a community policing forum in Blanchardstown coincides with the ongoing debate on the Garda Síochána Bill 2004. The Bill, which is currently before the Oireachtas, proposes the establishment of joint policing committees at city or county development board level, made up of representatives of An Garda Síochána, the local authority, politicians and other relevant bodies or persons. It is intended that these committees will facilitate the establishment of local policing fora to address specific issues in local areas.

Two other community policing fora have already been established in the context of the national drugs strategy, one in the Finglas–Cabra task force area and one in the North Inner City.[1] Also, the Garda Commissioner has established a community policing forum in Dublin's 'A' Garda district on a pilot basis.

The purpose of the Blanchardstown report, *Developing integrated policing: the Blanchardstown Community Policing Forum,* was to build upon an earlier policing seminar held in Blanchardstown in April 2004. The purpose of that seminar was to consider the implications of the Garda Síochána Bill 2004 in terms of local policing needs. The seminar heard submissions from Michael Mc Dowell TD, Minister for Justice, Equality and Law Reform; Garda Commissioner Noel Conroy; Denis Bradley, Vice Chairman of the Northern Ireland Policing Board; William Soffe of Fingal County Council; Ivana Bacik, Reid Professor of Criminal Law and Criminology at Trinity College; and Ann Losty, local resident and chairperson of the greater Blanchardstown response to drugs group.

The report reviews a range of studies on the nature of local crime and policing problems and then considers other community policing approaches, in particular those initiated in Northern Ireland following the recommendations of the Independent Commission on Policing (the Patten Report), and developments in the north Dublin inner city. Following a consideration of the provisions of the Garda Síochána Bill and the policing objectives as set out in the national drugs strategy 2001–2008, the report makes a number of recommendations with regard to the structure and process of a local community policing forum.

The report highlights an issue that arose during the policing seminar relating to community concerns as to the precise status and future role of the policing fora which are already in existence throughout the city or which are in the process of being developed, as in Blanchardstown. The status of policing fora established prior to the enactment of the legislation

The Blanchardstown Community Policing Forum (continued)

L to R: Joe Doyle, Coordinator of Blanchardstown Local Drug Task Force, Noel Ahern, TD, Minister of State with special responsibility for drugs strategy, Phillip Keegan, Chairperson of Blanchardstown Local Drug Task Force, and Johnny Connolly, author of the report

remains unclear. In order to ensure that such lingering doubts are not permitted to undermine ongoing attempts to develop community policing fora, the report recommends that this matter be clarified by the Minister for Justice, Equality and Law Reform.

The day after the report launch, in response to a parliamentary question on the progress made to date in establishing community policing fora, Minister McDowell stated: 'The establishment of community policing fora, in general, needs to be delivered in the context of an appropriate policy framework for what will be relatively new partnership structures involving the gardaí, local authorities and local communities to deal with a range of issues of mutual concern. Such a framework will ensure that community policing fora are developed in an appropriate, consistent and properly planned manner. Work is well under way on the development of such a policy framework.'[2] *(Johnny Connolly)*

1. *Drugnet Ireland*, Issue 8, June 2003.
2. Dáil Debates. Written Answers. 23 November 2004, Vol. 593 No. 1, Col. 370.

A copy of this report, written by Johnny Connolly of the Drug Misuse Research Division, can be obtained from the Blanchardstown Local Drugs Task Force, or downloaded from the National Document Centre on Drug Use website at www.hrb.ie/ndc

The purpose of the Blanchardstown report, *Developing integrated policing: the Blanchardstown Community Policing Forum*, was to build upon an earlier policing seminar held in Blanchardstown in April 2004.

Analysis of trends in drug law enforcement

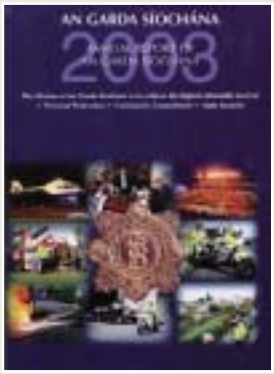
The *Garda Síochána Annual Report 2003* was published in late 2004.[1] The report includes a specific chapter on drug offences (Misuse of Drugs Act 1977) (MDA). This details information such as the number of drug offences in which proceedings were taken by police division and drug type, particulars of drugs seized, the number, age and gender of persons charged, and the nature of the offence.

Although the numbers of drug seizures in any given period can be affected by such factors as law enforcement resources, law enforcement strategies and priorities, and by the vulnerability of traffickers to law enforcement activities, seizure numbers are considered as indirect indicators of the supply and availability of drugs. As the quantities of drugs seized can vary significantly from year to year, with a few very large seizures in one year distorting the overall picture, the number of separate seizures is generally regarded as a more useful indicator. Figure 1 shows drug seizure trends between 1995 and 2003.

Following a 39 per cent drop in the total number of drug seizures between 2001 and 2002,[2] total seizures in 2003 increased from 5,603 to 6,377. This increase came about largely as a result of a slight increase in cannabis and ecstasy seizures and a 32 per cent increase in cocaine seizures.

Cannabis seizures normally make up the bulk of all drug seizures. However, when we focus on drugs other than cannabis (Figure 1 inset), we can see, for example, the steady growth in cocaine seizures, with most other drugs remaining relatively stable or declining. Ecstasy seizures rose slightly in 2003, following a sharp decline since 2000.

A key performance indicator in the national drugs strategy 2001–2008 is to increase the volume of opiates and all other drugs seized by 25 per cent by the end of 2004 and by 50 per cent by the end of 2008, using seizures in 2000 as a base. It is apparent from media reports and parliamentary debates on this subject that volume here is being calculated in terms of the street value of the total quantity of drugs seized in a given year. When volume is assessed in this way, the total value of seizures has increased from €31 million in 2000 to €121 million in 2003.[3]



Analysis of trends in drug law enforcement (continued)

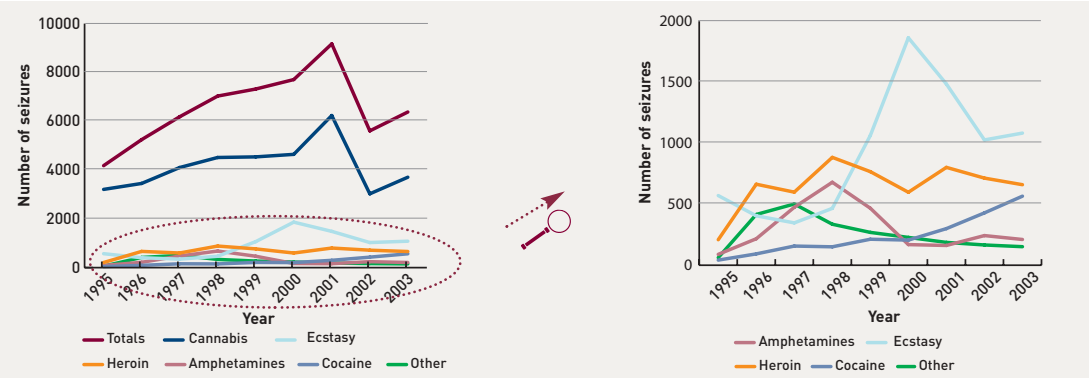


Figure 1 Drug seizure trends 1995–2003

Source: Annual reports of An Garda Síochána, 1995–2003

The total number of drug offences where criminal proceedings commenced decreased by just over 10 per cent in 2003.

However, if we use the more reliable indicator of the number of separate seizures as an indicator of performance, we can see that the total number of drug seizures has declined by 17 per cent since 2000 (Table 1). Although the overall trend is downward, the number of heroin seizures has increased by 10 per cent and the number of cocaine seizures has increased by 175 per cent over the same time period.

Figure 2 shows trends in prosecutions by drug type between 1995 and 2003. Cannabis-related prosecutions made up 58 per cent of the total in 2003, a reduction on the 2002 figure of 65 per cent. However, cocaine-related prosecutions accounted for 9 per cent of the total number of prosecutions in 2003, up from 6 per cent in 2002. Cannabis, heroin, ecstasy and amphetamine-related prosecutions all declined during 2003.

Table 1 Recorded drug seizures 1995–2003

	1995	1996	1997	1998	1999	2000	2001	2002	2003
Heroin	209	664	599	884	767	598	802	714	660
Cocaine	42	93	157	151	213	206	300	429	566
Ecstasy	571	405	347	466	1064	1864	1485	1027	1083
Amphetamines	89	217	475	680	467	169	162	243	211
Cannabis	3205	3449	4102	4513	4538	4641	6233	3024	3705
Other	62	416	502	336	269	228	187	166	152
Total seizures	**4178**	**5244**	**6182**	**7030**	**7318**	**7706**	**9169**	**5603**	**6377**

Source: Annual reports of An Garda Síochána 1995–2003

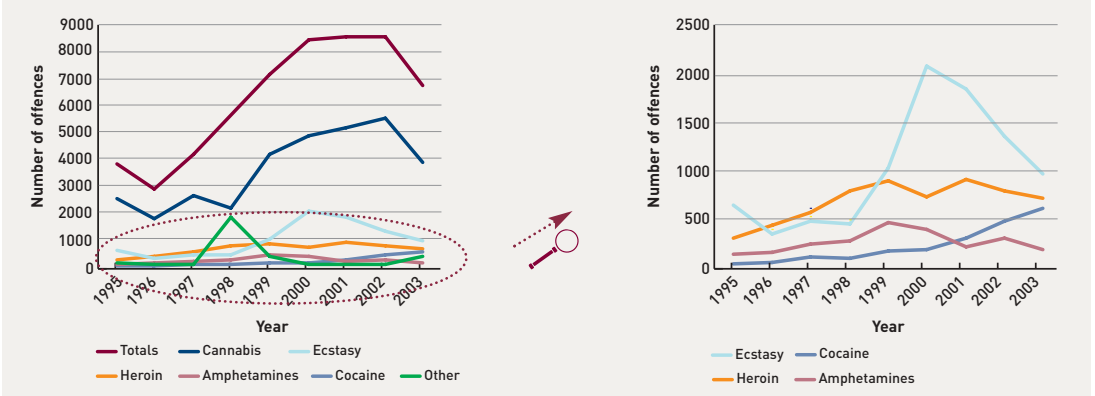


Figure 2 Recorded drug offences where criminal proceedings commenced, by drug type, 1995–2003

Source: Annual reports of An Garda Síochána 1995–2003

Analysis of trends in drug law enforcement (continued)

The total number of drug offences where criminal proceedings commenced decreased by just over 10 per cent in 2003.[4] However, a larger proportion of these (25%) were for drug dealing (Section 15, MDA) than in the previous year (19%). In 2003, 67 per cent of the offences where criminal proceedings commenced were for simple possession (Section 3, MDA). In 2002, 76 per cent of offences were for possession.

The annual reports of An Garda Síochána are the main source of information about crime in Ireland. However, a number of concerns have been raised in relation to their reliability. The Expert Group on Crime Statistics, established to consider such issues, submitted a number of recommendations to the Minister for Justice, Equality and Law Reform in July 2004.5 A minority report of the Expert Group concluded that a lack of clarity regarding the collation of information relating to crimes reported to and recorded by An Garda Síochána meant that the Group was unable to reach conclusions 'about the quality, reliability and accuracy of Garda data'.[6] *(Johnny Connolly)*

1. An Garda Síochána (2004) *Annual report 2003.* Dublin: Stationery Office.
2. See *Drugnet Ireland,* Issue 10, March 2004.
3. Michael Mc Dowell TD, Minister for Justice, Equality and Law Reform, Dáil Debates, written answer, 8 December 2004 Vol. 594 No.4.
4. An Garda Síochána (2003) p. 79.
5. Expert Group on Crime Statistics (2004) *Report.* Dublin: Department of Justice, Equality and Law Reform.
6. Expert Group on Crime Statistics (2004a) *Minority Report.* Dublin: Department of Justice, Equality and Law Reform.

New EU Drugs Strategy to add value to National Drugs Strategy

The European Union has adopted a new drugs strategy for the period 2005-2012. This new Strategy is intended to 'add value' to national drugs strategies as member states use it as a framework for considering how their national drugs strategies impact on the drugs strategies of other member states, the ways in which national drugs strategies can be mutually supportive, and the contribution their national drugs strategies can make to achieving the objectives of the EU Drugs Strategy.

Improved co-ordination will be the key to adding value. The Strategy recommends measures to strengthen the co-ordinating roles of the Council's Horizontal Working Party on Drugs (HDG) and the National Drug Co-ordinators. An official of the Department of Community, Rural and Gaeltacht Affairs is Ireland's designated National Drug Co-Ordinator.

The new EU Drugs Strategy focuses on two policy fields, supply reduction and demand reduction, and two cross-cutting themes, international co-operation, and research, information and evaluation. In the area of supply reduction, the EU aims to ensure a high level of security for the general public by taking action against drugs production, cross-border trafficking in drugs and diversion of precursors, and by intensifying preventive action against drug-related crime. In particular, it will seek to achieve effective co-operation through developing a joint approach, for example improving and sharing knowledge at both EU and national level; intensifying law enforcement co-operation using existing instruments and frameworks; harmonising standards of prosecution practice; enhancing law enforcement, criminal investigation and forensic science co-operation between member states that have common interests and/or face the same drug-related problems; and intensifying member states' law enforcement efforts directed at non-EU countries, especially producer countries and regions along trafficking routes.

In the area of demand reduction the EU aims to contribute to the attainment of a high level of health protection, well-being and social cohesion by complementing member states' actions in preventing and reducing drug use, dependence and drug-related harms to health and society. The Strategy states that demand reduction measures should be part of 'an effective and integrated comprehensive knowledge-based system including prevention, early intervention, treatment, harm reduction, rehabilitation and social reintegration'. Furthermore, the measures 'must take into account the health-related and social problems caused by the use of illegal psychoactive substances and poly-drug use in association with legal psychoactive substances such as tobacco, alcohol and medicines'.

In the field of international co-operation, the Strategy aims to reduce the production and drugs supply to Europe and to assist third countries in reducing the demand for drugs as an integral part of political and development co-operation. Strategic priorities include co-ordinated, effective and more visible action by the EU in international organisations and fora in order to enhance and promote a balanced approach to the drugs problem; special efforts to align the drug policies of candidate countries, and potential candidate countries, with those of the EU; and assisting third countries, particularly drug-producing and transit countries, to be more effective in both drugs demand and drugs supply reduction.

In relation to research, information and evaluation, the Strategy seeks 'a better understanding of the

New EU Drugs Strategy (continued)

The new EU Drugs Strategy focuses on two policy fields, supply reduction and demand reduction, and two cross-cutting themes, international co-operation, and research, information and evaluation.

drugs problem and the development of an optimal response to it through measurable and sustainable improvement in the knowledge base and knowledge infrastructure'. Steps to achieve this include making full use of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol; identifying priority research topics to be fostered at EU level; the promotion by member states and the EU of large-scale exchanges and dissemination of research results, experiences and good practices; training of professionals; and consulting public and private actors. The importance of evaluation and the overall responsibility of the European Commission in this regard are confirmed.

The EU Drugs Strategy 2005–2012 was adopted by the Council of the European Union, comprising the heads of state and government of the 25 member states, on 17 December 2004 (15074/04 CORDROGUE 77 SAN 187 ENFOPOL 178 RELEX 564). Its adoption was the culmination of eight months of deliberation, including:

- Consultation and deliberation on the way forward in relation to drugs at an EU conference in Dublin *(Report from the Presidency to the Council on the Main Elements Discussed at the Dublin Conference* – 'EU Strategy on Drugs – the Way Forward' *10/11 May 2004,* 8 June 2004, 9595/04 CORDROGUE 36 + REV 1);
- Evaluation of the previous EU Drugs Strategy and Action Plan by the European Commission (*Communication from the Commission to the Council and the European Parliament on the Results of the Final Evaluation of the EU Drugs Strategy and Action Plan on Drugs (2000–2004),* 9 November 2004, (COM (2004) 707 Final);
- Preparation of 'snapshots' of the drug situation and policy measures at the outset and close of the EU Drugs Strategy – 1999 and 2004 – by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), in collaboration with Europol. In addition, the EMCDDA produced 10 thematic papers on various aspects of the drugs issue. These papers are available at www.emcdda.eu.int

The EU Drugs Strategy 2005-2012 will form the basis for two consecutive four-year EU Action Plans on Drugs, to be drawn up by the European Commission, after consultation with the EMCDDA and Europol, and a broad group of experts, professionals and representatives of civil society. In early 2005 the Commission is due to bring forward the first Action Plan, covering 2005–2008, for consultation with the European Parliament and for endorsement by the Council. *(Brigid Pike)*

From *Drugnet Europe*

'Snapshots' shed light on EU targets

Cited from Drugnet Europe *No. 48, October–December 2004*

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) produced a 'snapshot' of the drug situation at the start and close of the EU Drugs Strategy (1999 and 2004), which showed the following:

- Levels of heroin use and injecting appear to have stabilised following epidemic rises in the 1980s to mid 1990s and less people are starting these behaviours (EU 15). Generally there has been a levelling off in the upward trend in drug use prevalence observed in the 1990s, although levels remain historically high and specific analyses by country, sub-group or drug type show both rises and falls. But there is concern around rising levels of polydrug use and signs of new problems linked to the intensive use of cannabis, cocaine and other stimulants (Target 1).
- A small but statistically significant reduction in drug-related deaths was recorded between 2000 and 2001, possibly due to a stabilisation in heroin use and interventions directly targeting risk behaviour. This trend seemed to continue in 2002, although deaths remained at historically high levels (Target 2).
- An increase in treatment availability was noted during the snapshot period in most countries as well as an overall rise in the number of reported treatment demands. The report states that there is evidence suggesting that service provision has not only expanded (primarily substitution treatment) but also diversified (Target 3).

'Snapshots' is available on the EMCDDA website at http://snapshot.emcdda.eu.int/

(continued on page 23)

In brief

In June 2004 the **Irish Prison Service (IPS)** published its Health Care Standards, including a standard for the provision of clinical services for the assessment, treatment and care of substance misusers. Appendix 6 sets out a methadone treatment programme based on the European Methadone Guidelines. **www.irishprisons.ie**

On 23 September 2004 a report on a **Cross Border Organised Crime Threat Assessment** was launched at a seminar in Belfast attended by senior police officers of An Garda Síochána and the PSNI. The report explores eight key areas of criminality, including drugs. One objective of the seminar was to consider the development of a strategic response to the threat from cross-border organised crime. **www.justice.gov.ie**

On 1 October 2004 the **Criminal Justice (Joint Investigation Teams) Act 2004** came into force. Giving effect to an EU Council Framework Decision, the Act provides for the setting up of joint investigation teams by EU member states, including Ireland, for a specific purpose and limited period. The teams will carry out criminal investigations with a cross-border dimension, particularly organised criminal activities such as drug trafficking. **www.oireachtas.ie**

On 18 October 2004 ***Youth suicide prevention: an evidence briefing*** was launched. Produced on behalf of the UK and Ireland Public Health Evidence Group, the study identifies key risk areas in need of attention when future prevention programmes are designed, including substance misuse, and the availability of means, such as legal or illegal drugs. **www.publichealth.ie**

On 18 October 2004 the **Tallaght West Child Development Initiative (TWCDI)** launched a research report, *How are our kids?* The profile reveals that exposure to crime and anti-social behaviour, including drugs and drug use, is common and that some children's development is adversely affected by behavioural difficulties including substance abuse. The report discusses possible preventative approaches to addressing the difficulties encountered by the children and their families. **email: info@twcdi.com**

On 25 October 2004 the **European Council of Ministers** adopted a Framework Decision (2004/757/JHA) laying down minimum provisions on the constituent elements of criminal acts and penalties in the field of illicit drug trafficking. The Decision focuses on the most serious types of drug offence and excludes certain types of behaviour as regards personal consumption as defined by national law. **www.europa.org**

On 4-5 November 2004 the **European Council** agreed the Hague Programme (13993/04 LIMITE JAI 408). Succeeding the Tampere Programme, this new 5-year programme aims to reinforce the EU area of freedom, security and justice by 2010. The EU Drugs Strategy 2005–2012 will form part of the Hague Programme. **http://europa.eu.int/**

On 8 November 2004 a Ministerial Meeting of the **British–Irish Council** reviewed the work programme to date of the Misuse of Drugs Sectoral Group and agreed future activities. Guernsey will lead discussions on interventions with young people, including formal and informal education projects. Scotland will take the lead on children of drug misusing parents, while Wales offered to lead on discussions on undertaking confidential enquiries into drug-related deaths. **www.britishirishcouncil.org**

On 18 November 2004 a report ***Prison needle exchange: lessons from a comprehensive review of international evidence and experience*** was launched at MQI on Merchants Quay in Dublin. Co-authored by Rick Lines, Executive Director of the Irish Penal Reform Trust (IPRT), and published by the Montreal-based Canadian HIV/AIDS Legal Network, the report concludes that the controlled provision of sterile syringes in prisons, with programmes now operating in over 50 prisons in six countries, is both safe and effective. **www.iprt.ie**

In November 2004 the **National Economic and Social Forum (NESF)** launched its *Fourth Periodic Report*, evaluating follow-up action by government departments on NESF reports completed during 2001–2003. The report outlines progress in relation to the report (No 22) on the reintegration of prisoners, including recommendations relating to treatment for prisoners experiencing substance or alcohol abuse problems, and to the report (No 24) on early school leavers, including the prevention of drug misuse. **www.nesf.ie**

On 15 December 2004 the **European Parliament** called on the European Council to adopt a new approach to the issue of controlled drugs, 'a genuine European policy on fighting drugs'. See *Proposal for a European Parliament Recommendation to the Council on the European Strategy on Fighting Drugs (2005–2012).* Rapporteur: Giusto Catania. (A6-0067/2004 Final). **www.europa.org**

On 1 January 2005 the **Health Service Executive (HSE)** was established under the Health Act 2004. Replacing the health boards, the HSE is responsible for managing the health service as a single national entity. This structural change will have an impact on the provision of drug-related services, including implementation of the 28 actions in the National Drugs Strategy for which responsibility is wholly or partly assigned to the health boards. **www.healthreform.ie**

On 17 January 2005 the report ***Darkness on the edge of town: an exploratory study of heroin misuse in Athlone and Portlaoise*** was launched. Based on interviews with drug service providers, service users and families connected with heroin, the report seeks to establish the prevalence of heroin use in the two towns, and recommends the provision of community-based and client-centred services, including outreach services. **www.cyc-net.org/pdf/Darkness.pdf**

In January 2005 the **Joint Committee on Arts, Sport, Tourism, Community, Rural and Gaeltacht Affairs** published its report *Volunteers and volunteering in Ireland.* The report calls for new sources of funding for volunteering to be explored, including the ring-fencing of Criminal Assets Bureau (CAB) funds for projects related to communities affected by the abuse of drugs and by organised crime. **www.oireachtas.ie**

(Compiled by Brigid Pike)

NDC launches new website and newsletter

There are now over 1,700 separate news items, alerts to new publications and summaries of Oireachtas debates in the NDC website's news archive.

The National Documentation Centre on Drug Use (NDC) has recently completed a major reorganisation of its website and has launched a new electronic newsletter. The new website is the culmination of an extensive programme of work involving the addition of a range of new information resources and improvements in navigation and design.

Visitors to the website will now have easier access the site's main resources, in particular the Electronic Library of drug-related research and recent news stories. The NDC has also distributed the first issue of its electronic newsletter, carrying news stories from the website and other information.

Electronic Library: Quick Search

Each of the subject headings listed under Keyword Search is linked to a number of terms from the NDC thesaurus. When one of these subjects is selected, the search engine retrieves all records in the NDC database indexed with these terms. This simplifies and speeds up the searching process.

News Stories and New Publications

The most recent news stories and alerts to new publications, with links to the full text where available, will be posted on the home page so that visitors to the site will be immediately informed about recent events in the drugs area when they log on. There are now over 1,700 separate news items, alerts to new publications and summaries of Oireachtas debates in the NDC website's news archive.

The DMRD's report on the drugs situation in Ireland (submitted annually to the European Monitoring Centre on Drugs and Drug Addiction) is now available on the NDC website in the form of an electronic book. Each item in the report's table of contents acts as a link to that section of the report, so that visitors can quickly find information on the topic that interests them.

Electronic Newsletter

In February the NDC launched its new monthly electronic newsletter. The newsletter provides summaries of news stories covered in national and local press and items of interest in specialist health and addiction publications and websites. Subscribers to this new service will receive regular updates on developments in national and international drug policy and research.
To subscribe to the newsletter, please contact Louise Farragher at lfarragher@hrb.ie

The NDC completed its second full year in December 2004. Its electronic and print collections have grown significantly during this period and the number of researchers availing of these services has increased continuously. The NDC's Electronic Library is a unique resource in that it provides online access to a comprehensive collection of Irish drug-related research literature. No other country has attempted to build a collection of this type.

In addition to this electronic collection, the NDC has built a sizeable library of drug-related literature which can be consulted by anyone calling to the library in person. The NDC is committed to working in collaboration with the research community to increase knowledge of drug use and addiction in Ireland. We welcome requests from groups who would like to organise a visit to the NDC or receive a presentation describing our information services in their own premises. *(Brian Galvin)*

For further information on NDC resources, contact the National Documentation Centre on Drug Use, Health Research Board, Holbrook House, Holles Street, Dublin 2. Tel: 01 676 1176; Email: ndc@hrb.ie or visit the website at www.hrb.ie/ndc

The National Documentation Centre on Drug Use is funded by the Department of Community, Rural and Gaeltacht Affairs under the National Development Plan 2000–2006.

The EDDRA column

Welcome to the tenth EDDRA (Exchange on Drug Demand Reduction Action) column and the first of 2005. The aim of this column is to inform people about the EDDRA online database, which exists to provide information to policy makers and those working in the drugs area on current demand reduction action across Europe, and to promote the role of evaluation in reducing the demand for drugs. The database is co-ordinated by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

In this issue, we present a summary of nine Irish projects added to the EDDRA database during 2004. Additional efforts were made during last year to identify demand reduction projects outside the Eastern Regional Health Authority (ERHA) area and to include them on the database. Inclusion of projects from outside the ERHA is an attempt to document a greater spread of activities in Ireland. To this end, we were able to add five projects from outside the ERHA area to the seven already on the database.

Projects on the EDDRA database represent 'good practice' interventionist work in drug demand reduction in Europe. This means that projects must be based on a logical theoretical model and must demonstrate that the aims and objectives, target group(s), activities and human and material resources required to carry out the work are consistent with the overall model. In addition, the project must include an evaluation component, meaning that it has been evaluated or an evaluation is being planned or in progress. The majority of the Irish interventions on the EDDRA database have been process evaluated in terms of the composition of the project, its implementation and the reaction of the target group(s).

Seven of the nine Irish projects (Table 1) added to the database in 2004 belong in the category of selective drug prevention. Selective prevention strategies target subgroups of the population that are deemed to be at risk of substance misuse. Subgroups can be deemed at risk by virtue of area of residence (e.g. where substance misuse is an emerging problem in an area), by membership of a particular population subgroup (e.g. experiencing social exclusion) or by age (e.g. young people). Of the remaining two projects, one delivered medical assistance to individuals with drug-related problems and the other involved harm reduction activities.

Table 1 Nine projects representing good practice in drug demand reduction action in Ireland added to the EDDRA database during 2004

Area of intervention	Project	Primary aim
Selective prevention	County Carlow Drugs Initiative (CCDI)	Empower the local communities to develop their own resources thus enabling them to play a pro-active role in the development of drug prevention responses to drug misuse
	County Waterford Community Based Drugs Initiative (CWCBDI)	Promote drug prevention through raising awareness in local communities affected by drug misuse
	Frontline Community Drugs Project (Co. Waterford)	Provide a co-ordinated and integrated contact for young people between the ages of 12 and 21 who are involved in drug misuse and experiencing social exclusion because of their drug use and and socio-economic background
	Ferrybank Drug Prevention Project (Co Waterford)	Divert at risk 12–20-year-olds in Ferrybank from drug and alcohol misuse
	Traveller Specific Drugs Initiative	Address drug use in the traveller community through working with travellers and organisations that support travellers
	The Health Advice Café (The Gaf) Galway	Offer direct access to health services and provide health information and advice to young people
	Killinarden Drug Primary Prevention Group (KDPPG)	Create awareness and understanding of drug misuse among children, parents and the local community of Killinarden
Medically assisted treatment	Merchants Quay Ireland Methadone Prescribing Service	Provide methadone detoxification and maintenance for clients with the purpose of reducing the harmful effects of long-term drug use
Harm reduction	Outreach Services in the Drugs/AIDS service in the Eastern Region	Provide an outreach service to individuals and communities experiencing drug- related problems

The EDDRA column (continued)

Projects on the EDDRA database represent 'good practice' interventionist work in drug demand reduction in Europe.

As of 1 February 2005 there were 492 projects on the EDDRA database from 16 countries plus the European Commission[1] (Table 2). Ireland contributed 46 (9%) of these projects, placing it in the top one-third of contributors. Most of the Irish projects have been submitted since 2001.

Table 2 Number of projects on the EDDRA database ranked by country (including the EU Commission)

Country	Number of projects
Austria	58
Germany	53
Spain	52
Greece	47
Ireland	**46**
Netherlands	43
Italy	31
UK	27
Finland	26
Denmark	20
Portugal	19
EU Commission	15
Belgium	14
France	14
Luxembourg	11
Norway	9
Sweden	7

Source: EDDRA database 1 February 2005

With nearly 500 projects, the EDDRA database is a valuable resource of quality information on good project design, good implementation processes and sound indicators of effectiveness in changing or modifying the initial problem. *(Martin Keane)*

1. The European Commission is represented on the EDDRA database by projects that are primarily funded by the Commission and operate on a multi-city basis across EU countries.

More information about the EDDRA database can be obtained from the EMCDDA website at www.emcdda.eu.int

Alternatively, you can contact the EDDRA Manager for Ireland, Mr Martin Keane, at the Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2. Tel: 01 676 1176 Ext 169 or Email: mkeane@hrb.ie

If you would like to contribute to the knowledge base of good practice interventions by adding your own particular project to the database, please contact the EDDRA Manager for Ireland at the above address.

Drugs in focus – Policy briefings

No 13: Overdose – a major cause of avoidable death among young people

The current EU drugs strategy and action plan specially target drug-related deaths, and the European Council calls on member states to make available a range of measures that can reduce overdose deaths. The 13th policy briefing in the *Drugs in focus* series, issued by the EMCDDA in January 2005, concludes that many deaths from drug overdose among young people in Europe could be avoided by increasing the proportion of drug users in treatment and bringing untreated users into contact with drug services. Other practical measures include educating users in avoiding risks, and in recognising overdoses in their peers and responding appropriately.

This briefing states that overdose, mostly involving opiates, is a major cause of deaths among young people in Europe: more than 8,000 acute drug-related deaths are reported each year. Most overdose victims are males aged between 20 and 40 years, in most cases opiate injectors and often homeless or marginalised. Evidence strongly suggests that a significant reduction in drug overdose can only be achieved by implementing a broad range of interventions targeting different types of risk behaviour.

Six policy considerations are outlined in the briefing's conclusions:

1. Drug overdose has not yet received adequate attention as a public health issue.

2. Further improvements in the reporting of drug-related deaths at population level are required, especially in those countries where registers remain poor. Follow-up studies and assessment of innovative interventions, such as the use of opiate antagonists, are also needed.

3. Opiates still account for most overdose deaths, but awareness of the role of other illegal and legal substances needs to be heightened.

4. That overdose is avoidable must become a central message and a priority issue for drugs services.

5. Recent reversals in the long-term upward trend in overdose deaths in some member states are likely to reflect increased treatment coverage and decreased levels of risk taking, especially injecting.

6. The new member states are in a position to avoid the increases in drug-related deaths

Drugs in focus – Policy briefings (continued)

previously seen in west European countries if they invest in comprehensive programmes informed by the available evidence on effective practices.

No. 14: Co-morbidity – drug use and mental disorders

The EMCDDA and the World Health Organization (WHO) have been collaborating over the last year to raise awareness of the hidden problem of co-morbidity in Europe. Between 50 and 90 per cent of drug users are reported to suffer from personality disorders and around one-fifth from more serious psychotic illness.

This policy briefing from the EMCDDA's *Drugs in focus* series identifies some of the problems of treating such patients. Because the condition is notoriously difficult to diagnose, both drug treatment services and psychiatric teams regularly fail to spot patients with co-morbidity. Drug addiction and disruptive behaviour often mask genuine personality disorders and psychiatric syndromes are often mistaken for substance-induced states. According to the briefing, professionals are often ill-equipped to cope with co-morbidity, resulting in patients being shuttled between psychiatric and drug services, which disrupts their treatment and increases drop-out rates. Co-ordination between services at all points in the treatment chain is essential for successful treatment of co-morbidity and for ensuring a continuum of care and aftercare. Treatment is effective if highly structured, integrating multi-professional teams, and customised via individual case management. This is both time consuming and demanding on human and organisational resources, but in the end is cost-effective.

Policy considerations summarised in the briefing include:

- Treatment for co-morbidity is effective if delivered according to evidence-based practice, planned and managed individually.
- Co-morbid patients need carefully co-ordinated and integrated treatment services.
- Training at all levels of each involved organisation is necessary to enhance staff capacity to deal with these patients in a holistic way.
- Co-ordinated, integrated and flexible treatment services, including aftercare, will reduce staff turnover and be cost-efficient.

(Joan Moore)

A report on co-morbidity in Ireland commissioned by the National Advisory Committee on Drugs is reviewed on page 10 of this newsletter.

Drugs in focus is a series of policy briefings published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The briefings are published three times a year in the 20 official languages of the European Union plus Norwegian. An electronic version of *Drugs in focus* is available from the EMCDDA website at www.emcdda.eu.int

If you would like to receive a hard copy of the current or future issues of *Drugs in focus,* please contact Mary Dunne, Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2, Tel: 01 676 1176 Ext 127; Email mdunne@hrb.ie

From *Drugnet Europe* (continued from page 18)

Experts focus on gender differences among drug treatment clients

Cited from Linda Montanari, Drugnet Europe *No. 48, October–December 2004*

Women tend to seek treatment for drug problems less than men, with a male–female ratio ranging from 5:1 in Greece to 2:1 in the Czech Republic (all drugs). This ratio varies according to the primary substance used, with fewer women than men seeking treatment for cocaine, cannabis and opiate use and more doing so for drugs such as hypnotics or sedatives. The male–female ratio also varies according to characteristics such as age and education. For example it was found to be:

- lower among very young clients (3.6 men to 1 woman <20 years old);
- lower among those with high levels of education (3.1 men to 1 woman);
- lower among people living with children (1.3 men to 1 woman).

At present, data on treatment demand mainly relate to outpatient treatment centres, but there are signs that countries are broadening national data coverage and improving data quality.
(Brigid Pike)

Drugnet Europe **is a newsletter published by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The newsletter is published four times a year in Spanish, German, English, French and Portuguese. An electronic version of *Drugnet Europe* is available from the EMCDDA website at www.emcdda.eu.int**

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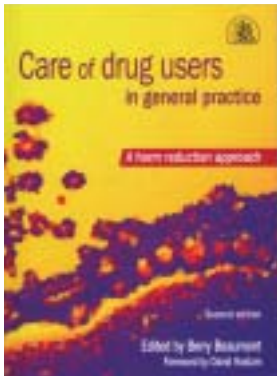
Recent publications

Books



Care of drug users in general practice: a harm reduction approach

Beaumont B (ed) 2nd Edition, *Radcliffe Publishing* 2004
ISBN 1 85775 624 X

General practitioners may come in contact with users of a wide variety of drugs, often at a relatively early stage in their drug-using career. GPs who have developed skills to manage problems related to drug use are in a unique position to facilitate change. Yet many GPs feel inadequately trained to take on this work, and some consider that managing these patients in general practice is too challenging.

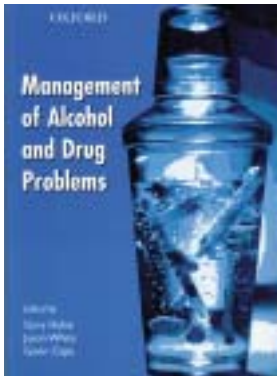
This book, in a fully revised and updated second edition, aims to inform GPs and primary care teams on the issues arising from their increased responsibility for the health care of drug misusers. It includes chapters on the historical development of the GPs role; the assessment, general health care and counselling of drug users; polydrug use; care of opiate users; stimulants and party drugs; safer injecting; drug users with special needs; families and carers, working with other agencies; and drugs and the law. The final chapter, on training and professional development, outlines some of the ways in which generalist GPs can acquire skills and competencies in the field of substance abuse. Contributors have first-hand knowledge of their subjects, whether as general practitioners, drug treatment service providers, or primary care specialists.

Young refugees and asylum seekers in Greater London: vulnerability to problematic drug use

Centre for Ethnicity and Health, University of Central Lancashire *Greater London Authority* 2004
ISBN 1 85261 647 4

This report is the culmination of an 18-month project undertaken by the Greater London Alcohol and Drug Alliance (GLADA) and the University of Central Lancashire, and funded through the Home Office Confiscated Assets Fund. It looks at the experiences of young refugees and asylum seekers in London and examines the extent to which they are exposed to risk factors for the development of drug use.

The project consisted of four elements: research by six community organisations, feedback to a stakeholder group, a literature review and a mapping exercise. The opening sections of the report outline the background, rationale and methods of the project, and include statistics and an overview of policy. In Section 4, the 67 young people interviewed give accounts of their decision to leave their countries of origin, their journeys to the UK and their experiences on arrival. Sections 5 to 13 focus on nine policy areas identified in the literature review: education, health, crime, employment, housing, previous and current drug use, family, social networks and environment. Section 14 presents the conclusions and recommendations of the young people, the community organisations and the professionals involved.



Management of alcohol and drug problems

Hulse G, White J and Cape G (eds) *Oxford University Press* 2002
ISBN 0 19 551331 2

This book is written for medical and other health practitioners in training, but is also intended as an evidence-based reference for health professionals who are increasingly expected to provide appropriate information, assessment and treatment in relation to drug and alcohol problems. The book introduces the fundamentals of alcohol and drug misuse as applied to the clinical setting, complete with assessment, diagnostic and management strategies and tools. Most of the contributors are or have been involved in undergraduate drug and alcohol medical education (largely in Australia or New Zealand).

The book is organised in four main parts, covering: the context for drug use, including historical aspects and general treatment considerations; details of drugs used, their pharmacology and epidemiology and methods of treatment; the application of knowledge gained from study of specific populations (such as adolescents, women, people with co-existing mental health illness); and a review of specific issues that arise in the clinical setting, including aspects of safe prescribing and clinical practice. Key practice points and suggested further reading are provided, and case histories are used to illustrate important clinical issues.

Journal articles

The following are summaries of a selection of articles relating to the drugs situation in Ireland recently published in international journals.

Drug use and drug markets in the context of political conflict: the case of Northern Ireland

McElrath K
Addiction Research & Theory 2004; 12 (6): 577–590

This article examines drug use and drug markets in Northern Ireland against the backdrop of the most recent Irish political conflict. The nature of the

Recent publications (continued)

Northern Ireland political conflict contributed to low levels of drug use in the 1970s and 1980s. In 1994, the cessation of military operations by the Irish Republican Army (IRA) and Loyalist organizations led to the possibility of widespread political and social change. Use of certain drugs, namely heroin, appeared to increase from the mid-1990s, although the effects of political conflict on drug use are less clear during the post-ceasefire era.

Patterns of alcohol consumption and problems among the Irish in London: a preliminary comparison of pub drinkers in London and Dublin

McCambridge J, Conlon P, Keaney F, Wanigaratne S and Strang J
Addiction Research & Theory 2004; 12(4): 373–384

Alcohol-related morbidity and mortality rates among the Irish in England and Wales are higher than both other ethnic minorities and the general population. Higher consumption per episode of drinking is responsible for higher overall mean consumption levels among the Irish. Patterns of consumption and problems among the Irish were investigated in two samples recruited in pubs in London and Dublin. Mean weekly alcohol consumption was found to be higher, by approximately 50 per cent, in the London sample, with more high-risk drinking a result of more frequent drinking patterns. Hazardous drinking was strongly normative among young Irish people in both London and Dublin. The distinct Irish style of drinking – greater quantities per episode – and the English pattern of more frequent drinking combine to produce elevated risk among the Irish in London. Irish drinking patterns in general, and the alcohol-related needs of the young Irish in Britain in particular, require further study to better understand the nature of risk and to prevent harm.

Smoking, alcohol and illicit drug use among young people in a health board region in 1997 and 2002: a comparative study

Flanagan E, Bedford D, O'Farrell A, Browne C and Howell F
Irish Journal of Medical Science 2004; (8):230–4

The objectives of this study were to document and compare patterns of licit and illicit drug use among adolescents in a health board region in 1997 and 2002. Students randomly selected from post-primary schools in the region, 1,516 in 1997 and 1,426 in 2002, completed a questionnaire, incorporating items related to smoking, alcohol and illicit drug use. Lifetime smoking prevalence in 2002 (50.8%) showed a statistically significant decrease from 1997 (57.1%). There was also a statistically significant decrease in regular smoking (30.7% in 1997; 18.2% in 2002). There was no significant change in regular alcohol consumption (57.3% in 1997; 53.7% in 2002). However, there was an increase in binge drinking at weekends and reports of feeling drunk more than ten times (24% in1997; 27.2% in 2002). In 2002, 41.2 per cent had ever taken an illicit drug, a statistically significant increase from 1997 (34.9%); 15.1 per cent were regular users, also a statistically significant increase from 1997 (11.9%). These findings highlight that, while the misuse of illicit drugs has increased, smoking has significantly declined since 1997. However, alcohol continues to be a major problem in this age group. This study has implications for the implementation of services and strategies aimed at reducing smoking, alcohol and drug use in this population.

A systematic review of the utility of self-report alcohol screening instruments in the elderly

O'Connell H, Chin AV, Hamilton F, Cunningham C, Walsh JB, Coakley D and Lawlor BA
International Journal of Geriatric Psychiatry 2004; 19(11):1074–86

Effective screening instruments are needed for the detection of alcohol use disorders (AUDs) in the elderly, in view of the significant physical, psychological and social problems associated with this phenomenon. This paper provides details on the different self-report alcohol screening instruments that have been studied in the elderly, describing both the instruments themselves and their effectiveness as screening instruments for AUDs in different elderly populations. The vast majority of studies reviewed were carried out in the United States, and a high proportion of these were carried out in Veterans Administration institutions, thus limiting the generalisability of results. The CAGE was the most widely studied screening instrument, followed by the MAST or variations of the MAST, the AUDIT and variations of the AUDIT, and other screening instruments. Sensitivity and specificity of these instruments varied widely, depending on the prevalence of AUDs in the population being studied, the clinical characteristics of the population and the type of AUD being detected. The CAGE performed poorly in psychiatric populations but a newer instrument, the AUDIT-5, has had promising results to date. No studies focused on elderly people with cognitive impairment, and there is a need for research in this area. Ease of use, patient acceptability, sensitivity and specificity must all be considered when selecting a self-report alcohol screening instrument for use in the elderly. Furthermore, the prevalence of AUDs in the population and the clinical characteristics of that population must also be taken into account.

Recent publications (continued)

Development of a community pharmacy-based model to identify and treat OTC drug abuse/misuse: a pilot study

Fleming GF, McElnay JC and Hughes CM
Pharmacy World & Science 2004; 26(5): 282–288

The aim of this study was to develop and pilot a harm-minimisation model for the identification and treatment by community pharmacists of over-the-counter (OTC) drug abuse/misuse. Extensive consultation was conducted during the development of the model. This included an exploratory conference involving an interdisciplinary group of delegates and detailed individual consultation with a range of healthcare practitioners. Consultation with a psychologist specialising in communication skills allowed development of the communication aspects of the model. A comprehensive manual detailing the model was prepared. The model is designed to be used by community pharmacists in conjunction with other healthcare professionals. It focuses on the abuse/misuse of opioids, laxatives and antihistamines and can be broadly divided into three phases, namely: patient identification and recruitment, treatment/referrals and data collection/outcome measurement. Client identification is via record-keeping which is implemented alongside an information campaign promoting safe use of OTC medicines. Once identified, the pharmacist aims to recruit clients using the developed communication strategies. Treatment depends on the product and on whether the problem is misuse or abuse. Several treatment paths are available, including treatment according to an agreed protocol and referring to the GP or community addiction team (CAT). Two pharmacists were recruited and trained to pilot the model. Of the clients, 18 were identified as abusing/misusing OTC products over a one-month period. The subject of inappropriate OTC use was raised with 14 of these clients. Some success was noted in that clients agreed to stop using the product and/or to try safer alternatives. As expected, some sales had to be refused, as the client was unwilling to accept the pharmacist's intervention. This study represents the first reported structured attempt by community pharmacists in the UK to address the abuse/misuse of OTC medication. Work is now ongoing to modify this model in light of the pilot study findings.

Hepatitis C among drug users: consensus guidelines on management in general practice

Barry J, Bourke M, Buckley M, Coughlan B, Crowley D, Cullen W, Dooley S, Keating S, Kelleher D, Moloney J, Murray F, McCormick PA, MacMathuna P, O'Connor J, O'Grady J, O'Sullivan C, O'Sullivan P, Quinn C, Smyth B and Sweeney B
Irish Journal of Medical Science 2004; 173(3):145–50

Hepatitis C (HCV) is a common cause of morbidity among patients who attend general practitioners (GPs) in Ireland for methadone maintenance treatment. The aim of this study was to describe the development and content of guidelines for the management of HCV among current or former opiate users in the Eastern Regional Health Authority area attending GPs for methadone treatment. The guidelines were produced in five stages: identification of key stakeholders; development of evidence-based draft guidelines; discussion of content; determination of 'Delphi'-facilitated consensus and review by a sample of GPs for whom the guidelines would be intended. The guidelines contain advice for GPs on all aspects of care of patients at risk of HCV, including general and preventative care, care of other blood-borne and hepatotoxic viruses, and the factors to be considered and appropriate evaluation prior to referring a patient for assessment at a hepatology unit. The study concluded that GPs have an important role to play in the care of patients at risk of, or infected with, HCV.

Wound botulism in the UK and Ireland

Brett MM, Hallas G and Mpamugo O
Journal of Medical Microbiology 2004; 53(6): 555–561

There are three main, naturally occurring, epidemiological types of botulism: food-borne, intestinal colonisation (infant botulism) and wound botulism. The neurological signs and symptoms are the same for all three epidemiological types and may include respiratory paralysis. Wound botulism is caused by growth of cells and release of toxin in vivo, is associated with traumatic wounds and abscesses and has been reported in drug users, such as those injecting heroin or sniffing cocaine. Up to the end of 1999 there were no confirmed cases of wound botulism in the UK. Between the beginning of 2000 and the end of December 2002, there were 33 clinically diagnosed cases of wound botulism in the UK and Ireland. All cases had injected heroin into muscle or by 'skin popping'. The clinical diagnosis was confirmed by laboratory tests in 20 of these cases. Eighteen cases were caused by type-A toxin and two by type-B toxin.

(Joan Moore, Louise Farragher)

Upcoming events

April

7 April 2005
Sex and drugs
Venue: London
Organised by /Contact: DrugScope events.
Tel: +44 (0) 20 7928 1211
Email: events@drugscope.org.uk

Information: This course is aimed at drug and alcohol workers at Tiers 2 and 3. Drug use has had an undeniable impact on the sexual behaviour of a range of communities across the UK. The association between drug use and sex work has become a particular issue for drug services – although the links between sex and drugs are by no means limited to sex workers. All this places drugs workers in a position where they have to consider sexual behaviour as part of a substance misuse assessment. On completion of this course, participants will have a full understanding of the ways in which different groups (including, but not restricted to, sex workers) have incorporated drug use into their sexual activity, and will be able to provide effective advice to help clients reduce the risks they face through these altered practices. Course fee: £140 + VAT.

14 April 2005 (Evening Seminar: 7.30pm)
Reducing Drug-Related Harms: The Uses of Ambiguity
Venue: Swift Theatre, Arts Building, TCD
Organised by /Contact: Addiction Research Centre, Trinity College Dublin
Tel: +353 (0) 1 6083647
Email: clarkef@tcd.ie

Information: The speaker is Dr Craig Reinarman, Department of Sociology, University of California, Santa Cruz. Dr Reinarman is an American social scientist who has specialised in the study of societal definitions of and responses to drug and alcohol use, both in the United States of America and internationally. In this seminar he will discuss the evolution of harm reduction strategies, focusing particularly on recent debate concerning the relative merits of basing such policy change on explicit moral principles or, alternatively, keeping it shrouded in political ambiguity. The respondent will be Dr. Shane Butler, Addiction Research Centre, TCD, and the seminar will be chaired by Dr. Paula Mayock, Children's Research Centre, TCD.

28–29 April 2005
Management of Drug Users in Primary Care
Venue: Novotel London West Convention Centre, Hammersmith, London
Organised by / Contact: RCGP and Healthcare Events. For more information contact Susie Valentine.
Tel: +44 (0) 208 541 1399
Email: susie@healthcare-events.co.uk
www.drugs.gov.uk/Events/1103643868/Drugsbrochure2005.pdf

Information: This is the tenth annual conference on the subject, and is aimed at a range of stakeholders including generalists and specialist GPs, shared care workers, pharmacists, drug users and joint commissioners.

May

12 May 2005
Employee Drug Testing: Complying with the Proposed Safety, Health & Welfare at Work Bill 2004
Venue: Butler House, Kilkenny
Organised by / Contact: Caroline Cahill, EAP Institute, 143 Barrack Street, Waterford.
Tel: +353 (0) 51 855733
Fax: +353 (0) 51 879626
Email: eapinstitute@eircom.net

19–21 May 2005
2nd UK/European Symposium on Addictive Disorders (UKESAD). To Match or Not to Match: Enhancing Client Outcomes
Venue: Riverbank Park Plaza, London
Organised by / Contact: The Addiction Recovery Foundation, FDAP, Priory Healthcare, RAPt and others. For more information and a booking form contact the administration office.
Tel: +44 (0) 20 7233 5333
Email: info@ukesad.org
www.ukesad.org [Early bird rates for those booking before 26 March]

Information: This year's UKESAD, entitled 'To match or not to match – enhancing client outcomes', will focus on issues identified by DA/ATs, providers and practitioners as 'hot topics' of relevance to the delivery and commissioning of effective treatment services. Contributors include: Professor Carlo DiClemente on Cycles of Change for Professionals; John Friel on Couples Counselling; Dr Iain Bourne on Handling & Preventing Violence; Bill Puddicombe on Brief Interventions; Dr Patrick DeChello and colleagues on Supervision; Dr Harry Sumnall on Evidence-based Prevention; Professor Bob Lynn and colleagues on Outcome-based Purchasing and Provision; and Cathy Howlett and Alan Rosenbach on Whole-system Commissioning. This event is accredited for CPD / training credits: FDAP, ICRC, CME.

Upcoming events (continued)

May (continued)

25–26 May 2005
Planning a Service for Young People: an Overview
Venue: London
Organised by / Contact: DrugScope events.
Tel: +44 (0) 20 7928 1211
Email: events@drugscope.org.uk

Information: This course is aimed at managers and commissioners of drug services. Young people need different kinds of drug services to adults. The triggers for their drug use are often different to those that drive adult users, young people are treated differently under the law, and they respond to a different kind of worker–client interaction. This two-day course helps workers develop an understanding of drug misuse among young people in the context of youth culture, and an awareness of the law, in particular in relation to confidentiality and child protection. Participants learn about the ten key policy principles governing the delivery of drug services to young people, discuss practical approaches to working with them, and develop an action plan for the development of an effective drug service that meets their specialised needs. Course fee: £260 + VAT.

June

23 June 2005
Employee Drug Testing: Complying with the Proposed Safety, Health & Welfare at Work Bill 2004
Venue: Butler House, Kilkenny
Organised by / Contact: Caroline Cahill, EAP Institute, 143 Barrack Street, Waterford.
Tel: +353 (0) 51 855733
Fax: +353 (0) 51 879626
Email: eapinstitute@eircom.net

July

4–7 July 2005
18th Annual Australian Winter School on 'Drugs, Lifestyles & Culture' – Innovation & Evidence
Venue: Carlton Crest Hotel, Brisbane, Australia
Organised by/Contact: Alcohol and Drug Foundation, Queensland.
Tel: +61 (0) 7 3834 0211
www.winterschool.info

Information: The 2005 winter school will address drugs, lifestyles and culture in the context of the practical application of research and policy for those working in service delivery.

7–9 July 2005
8th European Conference on Drugs and Infections in Prison
Venue: Budapest
Organised by / Contact: Cranstoun Drug Services, European Network on Drug and Infections Prevention in Prison (ENDIPP) and others. Contact: Salma Master, Cranstoun Drug Services.
Tel: +44 (0) 208 543 8333
Email: mailto:smaster@cranstoun.org.uk
www.drugs.gov.uk/Events/1106068808/BudapestFlyerENG.pdf

Information: This year's event, 'Unlocking Potential – making prisons safe for everyone', will cover a range of topics, including: though care and after care; multi-agency working in practice; and harm reduction.

(Compiled by Louise Farragher)

If you would like to have an event included in this listing in future issues of *Drugnet Ireland*, please contact Louise Farragher at the Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2.
Tel: 01 676 1176 Ext 159 or
Email: lfarragher@hrb.ie

The documents referred to in this issue of *Drugnet Ireland* are available in the National Documentation Centre on Drug Use, Health Research Board, Holbrook House, Holles Street, Dublin 2.
Tel: 01 676 1176 Ext 175; Email ndc@hrb.ie

Drugnet Ireland Mailing List

If you wish to have your name included on the mailing list for future issues of *Drugnet Ireland,* please send your contact details to: Mary Dunne, Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2. Tel: 01 676 1176 Ext. 127; Email: mdunne@hrb.ie

Please indicate if you would also like to be included in the mailing list for *Drugnet Europe* and *Drugs in focus.*