drugnet IRELAND

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Newsletter of the Drug Misuse Research Division

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Launch of the National Drug-Related Deaths Index

On 26 September 2005, government officials, community organisations, service providers, representatives of the Garda, along with the media and other interested parties, gathered at Ozanam House Community Resource Centre to mark the launch of the National Drug-Related Deaths Index.

Mr David Moloney, principal officer at the Department of Health and Children, welcomed the audience and introduced the distinguished panel of speakers, which included Mr Seán Power TD, minister of state at the Department of Health and Children, Mr Philip Keegan, chairperson of the Family Support Network, and Dr Jean Long, senior researcher at the Health Research Board.

Mr Seán Power TD, Minister of State at the Department of Health and Children and Dr Jean Long of the Health Research Board at the launch.

Speaking at the launch, Minister Power complimented the Family Support Network on its ongoing work and affirmed his support for the establishment of the Index. The minister said: 'The Index is being established to help deliver one of the key aims of the National Drugs Strategy, which highlights the need to gather better information about the drugs issue and responses to it.' This initiative will particularly address Action 67, which identifies the need to develop an accurate mechanism for recording the number of drug-related deaths in Ireland.[1] He said: 'In many cases, the connection between drug use and death may not be either identified or recorded. A death resulting from an infectious disease contracted through drug misuse, for example, may not feature in the current figures. There are clear concerns that our knowledge of the true cost of drug misuse through lost lives is not as comprehensive as it should be. This new Index will be a significant step towards better quality data and improved accuracy on the true cause of death.'

Mr Philip Keegan presented a brief history of the development of the Index. When compiling background information for the first Service of Commemoration and Hope in November 2000, the Family Support Network could not locate accurate numbers of drug-related deaths and deaths among drug users. This was because the current system could only extract data on direct drug-related deaths. Following the service, Dr Joe Barry, medical advisor to the National Drugs Strategy Team, with the co-operation of parents, reviewed death certificates of their children who had died as a result of drug use. This review found that many of the drug-related-deaths and deaths among drug users were miscoded. A sub-group was subsequently set up to examine the prospect of establishing an index to record drug-related deaths and a proposal was submitted to government in 2004. Mr Keegan said that drug-related deaths and deaths among drug users were indicators of the consequences of drug misuse in Ireland. He went on to suggest that the accurate recording of such deaths would lead to more appropriate policy and planning. In addition, Mr Keegan called for appropriate services for bereaved families, such as counselling provided by counsellors who have a professional understanding of both addiction and bereavement.

Dr Jean Long presented a brief overview of what is currently known about drug-related deaths in Ireland[2] in the following key points:

- The number of direct drug-related deaths increased in Ireland between 1996 and 2000 with the majority of deaths occurring in Dublin. In 2001, there was a substantial decrease in the number

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Drug-Related Deaths Index *(continued)*

of direct drug-related deaths in Dublin and a continued increase in direct drug-related deaths outside Dublin. These data follow trends in people seeking treatment for problem opiate use.

- More men than women have died of direct drug-related incidents.
- Entry to or exit from prison is a risk period for drug-related deaths.
- Opiate-related deaths account for the largest proportion of direct drug-related deaths.
- Polysubstance use is associated with deaths among drug users.
- Injecting drug use is associated with infection and subsequent mortality.

Mr Niall Cullen, assistant principal officer at the Department of Justice, Equality and Law Reform, thanked the Coroner Service for its positive involvement in relation to data collection for the Index. He acknowledged the pain and grief involved for bereaved families. He envisaged that the Index would provide more precise information and help in developing responses to the problem. He thanked the minister for launching the Index, the Family Support Network for highlighting the problem and contributing to the solution, the Department of Health and Children for their successful work in partnership with his own department in establishing the Index, and both Dr Joe Barry and Dr Jean Long for the key roles they played. He concluded by stating that the Health

NDRDI staff: Ms Ena Lynn (l), Ms Lorraine Coleman (r) with Dr Jean Long, Senior Researcher, HRB

Research Board is the most appropriate institution to host this Index.

Mr David Moloney concluded by thanking the audience in attendance and reiterating the acknowledgement and thanks to all those involved in what may become a leading example in Europe of how drug-related deaths are recorded and analysed. *(Ena Lynn and Jean Long)*

1. Department of Tourism, Sport and Recreation (2001) *Building on experience: National Drugs Strategy 2001–2008.* Dublin: Stationery Office.
2. Long J, Lynn E and Keating J (2005) *Drug-related deaths in Ireland, 1990–2002.* Overview 1. Dublin: Health Research Board.

Call for renewed commitment to local structures

A major conference organised by the Local Drugs Task Force Chairs and Co-ordinators Network has highlighted the continuing difficulties faced by local groups in dealing with the drugs problem in their own communities and the need for greater support from Government if this effort is to be sustained. The conference was held in the Royal Hospital Kilmainham on 3 October 2005 and was attended by over 400 delegates, including members of local drugs task forces (LDTFs), the voluntary and community sector and others active in the area.

An Taoiseach Mr Ahern TD, who opened the conference, and a number of senior civil servants heard several speakers express concern that support from state agencies for local efforts to deal with the drug problem had waned in recent years. Mr David Connolly, Chair of the LDTF Network, told the conference that 'it is vital that the Government formally and publicly re-state their support for the lead role of the local and regional drug task forces, and in the context of the National Drugs Strategy commit the relevant departments and agencies to maintain and increase their involvement in these local structures and their response to the drug crisis'.

A number of people from the voluntary sector who have been active in the drugs area for several years addressed the conference. Ms Anna Quigley, co-ordinator of CityWide Drugs Crisis Campaign, said that, while community-led partnerships dominated in the early years of the LDTFs, increasing bureaucracy in recent years has caused decision making to move away from local areas. She said that the level of involvement from statutory agencies varied considerably and was often determined by the commitment of the individual statutory representatives on the LDTFs. She also said that it was vital that statutory representatives be given the support and direction to make a real contribution to this work. Mr Hugh Greaves of Ballymun LDTF referred to highly favourable evaluations and reviews of the LDTFs and the recent tributes paid to them in the mid-term review of the National Drugs Strategy. He said that the LDTFs had made considerable progress over the last eight years but there was a need to strengthen the partnership approach

LDTF Conference *(continued)*

An Taoiseach, Mr Bertie Ahern TD, and Mr David Connolly, chair of the Local Drugs Task Force Network, at the conference (Photo: Unique Perspectives)

which had led to this progress. Mr Tony Geoghegan, director of Merchants Quay Ireland, Ms Emily Reaper of UISCE, the drugs users' forum, and Sadie Grace of the Family Support Network also addressed the conference. Mr Dermot McCarthy, Secretary General at the Department of the Taoiseach, also emphasised the need to support statutory representatives on the LDTFs, some of whom may feel removed from the centre of policy making. Mainstreaming of drugs projects was a very necessary part of developing accountability, equity, transparency and efficiency. He assured delegates that the Government was not complacent on the drugs issue.

The second part of the conference comprised a number of parallel workshops, each dealing with an aspect of the partnership model on which the work of the LDTFs is based. Among the proposals agreed by the various workshops was the establishment of the Family Support Network as an autonomous organisation with a representative on the National Drugs Strategy Team (NDST). The need for LDTFs to draw up multi-annual plans, supported by ring-fenced budgets, was identified during the Operational Guidelines workshop. This workshop also proposed that the LDTFs be renamed Local Drugs Strategy Teams, and pointed to the need for clarification from the NDST on what mainstreaming of LDTF projects means. Another workshop emphasised the importance of an early decision on benchmarking of salaries of LDTF staff. It also noted the need to employ more administrative staff and to protect this recruitment from staff ceilings as the HSE is now responsible for funding most projects. The Policing workshop proposed that the NDST should direct all LDTFs to develop community policing fora in their areas, with the focus on drugs and drug crime. This workshop emphasised the importance of Garda acknowledgement of the role of community policing and the need for specialised training which would allow community gardaí to work effectively in LDTF areas. The workshop on the Mid-term Review of the National Drugs Strategy called for a more co-ordinated approach to developing drug and alcohol policy.

The proposals emerging from the workshops were reported back to the conference. Minister of State with responsibility for the drugs strategy, Mr Noel Ahern TD, responded to these proposals and assured the delegates that the Government was fully committed to achieving the objectives outlined in the strategy.

In a closing statement, the conference called on the Government and state agencies to re-engage fully with the LDTFs in their efforts to respond to the drugs crisis. Priority must be given to implementing the specific dedicated actions outlined in the National Drugs Strategy mid-term review. It is essential that the Government responds urgently to the emerging drugs problems throughout the country and that additional LDTFs are established. The conference also proposed that each LDTF produce a new strategic action plan for the remaining period of the National Drugs Strategy. This is necessary to maintain a strategic and coordinated response at a local community level. *(Brian Galvin)*

The conference called on the Government and state agencies to re-engage fully with the LDTFs in their efforts to respond to the drugs crisis.

Ms Sadie Grace (Family Support Network), Ms Emily Reaper (UISCE), An Taoiseach Mr Bertie Ahern TD and Mr Hugh Greaves (Ballymun Local Drugs Task Force) at the conference (Photo: Unique Perspectives)

The EDDRA column

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

As part of the continuous drive to improve the quality of interventions included on the EDDRA database, the EMCDDA is currently developing the Prevention and Evaluation Resource Kit (PERK). This resource will be available on the website of the EMCDDA (www.emcdda.eu.int) and will include information on evidence-based prevention principles, the essential rules of project planning and evaluation tips. Additionally, it will provide related documentation and references for download to facilitate individuals who might experience difficulty accessing the scientific prevention literature. PERK promotes the notion that the planning of prevention programmes and their evaluation are intrinsically interlinked. A well-planned programme must from the very beginning take into account the means by which it can be evaluated.

If you are planning to design an intervention in the field of drug prevention, PERK will facilitate you by taking you on a step-by-step guided tour through the development of an intervention and through the available knowledge base in prevention. This will enable you to compile or revise ideas and suggestions on how to plan and design your intervention, including its evaluation. By using PERK you will come to see that not everything in the field of drug prevention is a matter of opinion. There is a strong evidence base and a sufficiently robust theoretical base for practitioners to recognise what should and should not be included under the heading of drug prevention.

In order to promote the role of PERK in improving the quality of prevention interventions for the EDDRA database, the Drug Misuse Research Division of the Health Research Board is planning to hold a number of workshops with individuals and groups that are currently planning or revising an intervention in this field. The workshops will include an introduction to both the EDDRA database and the PERK resource online, highlighting the most useful navigational routes. Using the PERK resource, the workshops will bring you through the key steps in the development of an intervention and will introduce you to the available knowledge base on the key components of effective drug prevention. The workshops will include a large participatory element where you will have the opportunity to compare your ideas on designing prevention programmes with the existing knowledge base in the field of drug prevention. It is envisaged that the workshops will be run during the first quarter of 2006 at HRB offices, with the exact dates to be decided. *(Martin Keane)*

If you are currently planning or revising an intervention and wish to be included on the list of participants for the workshops, you may contact:

**The EDDRA Manager Martin Keane, at the Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2.
Tel: 01 6761176 ext 169,
or Email: mkeane@hrb.ie**

Emergency services can now administer naloxone

On 9 August 2005, the minister of state at the Department of Health and Children introduced a new Statutory Instrument known as the 'Medical Products (Prescription and Control of Supply) (Amendment) Regulations 2005'.[1] These regulations permit the supply of a number of medicinal products (including naloxone, for the management of respiratory depression secondary to a known or suspected narcotic overdose) to pre-hospital emergency care providers. This medication can be administered by advanced paramedics in accordance with clinical procedure guidelines or following a medical practitioner's instruction. In addition, emergency technicians may administer naloxone in accordance with a medical practitioner's instruction. This will improve the speed of response to narcotic overdoses and may prevent deaths due to overdose of opiate-type drugs. *(Jean Long)*

1. Statutory Instrument No. 510 of 2005. Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2005. Dublin: Stationery Office.

Annual European report on drugs problem published

EMCDDA Annual Report 2005

The latest facts and figures on drug use across Europe, and by country, are contained in the 10th annual report of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) launched on 24 November 2005. The report points to an increase in cocaine use and in drug law offences across Europe, and highlights the problem of drug injecting in prisons throughout Europe. The report includes information on the situation in Ireland provided by the Drug Misuse Research Division of the Health Research Board, which is the Irish national focal point for the EMCDDA.

Cocaine

Increases in cocaine use across Europe are fuelling concern that cocaine is becoming the stimulant drug of choice for many young Europeans. Surveys in EU countries show that between 1% and 12% of young adults (15–34 years) report using cocaine at some point in their lives. In Ireland, figures from the 2002/2003 National Advisory Committee on Drugs general population survey indicate that nearly 5% of young adults have tried cocaine at least once, putting Ireland in mid EU range.

Crime and prison

Most EU countries report an increase in drug law offences. Possession (for personal use) accounts for the largest proportion of such offences. In Ireland, there has been an upward trend in the number of prosecutions for drug supply since 2001, in contrast to simple possession offences, which have decreased by 31.5%. The report notes the 'considerable increases' in the availability of substitution treatment in prisons in a number of countries, including France and Ireland. Opiate substitution treatment has been available in Dublin prisons since 2001. The report also highlights the problem of drug injecting in prisons throughout Europe. It notes the 'broad political consensus' to divert drug-using offenders from imprisonment to treatment and looks at how some initiatives have contributed to a decline in drug-related anti-social behaviour.

Treated problem drug use

The number of treated cases reported to the National Drug Treatment Reporting System (NDTRS) has increased steadily, from 6,048 in 1998 to 9,084 in 2003. The total number of drug treatment services available in Ireland increased between 1998 and 2003. The largest increase was in outpatient treatment services and general practitioner services. Up to 2004, less than 15% of the 293 general practitioners prescribing methadone participated in the NDTRS, therefore the total numbers reported to the NDTRS are underestimated by at least 2,000 cases. According to the EMCDDA, the total number of clients in substitution treatment in Europe is now over half a million. Methadone is Europe's most commonly prescribed drug for the treatment of opiate dependence, with around 80% of those in substitution therapy receiving a methadone prescription.

Drug-related infectious diseases and drug-related deaths

In contrast to other countries in Western Europe, the number of HIV cases among injecting drug users in Ireland increased between 1999 and 2000, and again between 2002 and 2004. In 2004, there were 365 newly diagnosed HIV cases reported to the Health Protection Surveillance Centre, of which, 71 (20%) were infected through injecting drug use. In Ireland, hepatitis C is endemic among injecting drug users. Two recent studies estimated the prevalence of blood-borne viruses among treated opiate users in two areas of Dublin. Between 66% and 72% of drug users tested positive for hepatitis C, 17% for hepatitis B core antigen, and 11% to 12% for HIV. According to the EMCDDA, overdose is still the main cause of death among opiate users.

New developments in prevention

According to the EMCDDA, Ireland is the only country in Europe to have developed an 'intensive' educational welfare service to work with schools and families in disadvantaged areas to ensure that young people attend school regularly. This is the National Educational Welfare Board, which has been given a key role in the National Drugs Strategy of ensuring school attendance in local drugs task force areas. Ireland and the UK, and to a lesser extent the Netherlands and Portugal, lead the field in targeting selective prevention measures at high-risk neighbourhoods. The Young People's Facilities and Services Fund (YPFSF) is targeted at the fourteen local drugs task forces and four disadvantaged urban areas in Ireland.

Ireland was one of a few countries to report activity in the area of drug-related social reintegration measures, such as the provision of housing, education, vocational training and support for current and former drug users in accessing the labour market.

The report notes that it is becoming apparent across the EU that 'structured' drugs strategies (i.e. those specifying objectives, deliverables,

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European report on drugs *(continued)*

timeframes, and responsibilities) are effective in allowing decision makers to evaluate progress in terms of what is working, what is not working and what can be changed to improve performance. The results of the Mid-Term Review of the National Drugs Strategy, published by the Irish government in June of this year, strongly confirm the EMCDDA's findings regarding the benefits of a structured strategy. *(Drug Misuse Research Division)*

For a copy of the *EMCDDA Annual Report 2005* and related press material, log on to the EMCDDA website at www.emcdda.eu.int

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is the central reference point for drug information in the EU. Its role is to provide the EU and its Member States with objective, reliable and comparable information on drugs and drug addiction. The main information sources for the EMCDDA are national focal points set up in each EU Member State and in Norway.

Treatment of under-18s presenting to addiction services

Action 49 of the National Drugs Strategy 2001–2008 identifies the need to develop a protocol for treating under-18-year-olds presenting with serious drug problems.[1] The report of a working group established in October 2001 to review this issue was published in September 2005.[2]

The working group reviewed the extent of the problem and noted that 'attendances by children account for a substantial proportion of the workload of the addiction services in Ireland'.

The group considered the legal and ethical issues surrounding the treatment of persons under 18 years old presenting with serious drug misuse problems. The Health Act 2004[3] established the Health Service Executive which now has responsibility for discharging statutory obligations under the Child Care Act 1991. The group acknowledged the difficulties experienced by service providers, particularly in relation to consent and family involvement. They noted that the current legislation allowed persons aged 16 to 17 years to consent on their own behalf to certain treatments. However, there appeared to be some doubt as to whether the courts would accept that such consent applied to drug treatment. In this context, it was felt that the concept of Gillick competence, whereby professionals could assess whether a young person was competent to give informed consent, could play an important role. The Health Service Executive can provide consent on behalf of children who are the subject of a care order or an interim emergency care order, although it is considered good practice to consult the parents in such cases. The group recommended that, where possible, the family be involved in treatment as this leads to better outcomes. It was stated that substitution treatment should not be initiated outside a specialist context.

The working group believed that the four-tiered model developed by the Health Advisory Service in the UK, adapted as necessary to an Irish context, would best deliver effective services to young people presenting with problem drug use. This approach would ensure that the services provided would be based on the specific needs and rights of the child and his or her family; would provide a full range of drug-related education, prevention and treatment interventions; and would be competent to deal with the complex ethical and legal issues surrounding such interventions.

The four tiers of this model of service delivery are:

Tier 1 Generic services provided by teachers, social services, gardaí, general practitioners, community and family groups for those at risk of drug use. Generic services would include advice and referral and would be suitable for those considering or commencing experimentation with drugs or alcohol.

Tier 2 Services with specialist expertise in either adolescent mental health or addiction, such as juvenile liaison officers, local drugs task forces, home-school liaison, Youthreach, general practitioners specialising in addiction and drug treatment centres. The types of service delivered at this level would include drug-related prevention, brief intervention, counselling and harm reduction, and would be suitable for those encountering problems as a result of drug or alcohol use.

Tier 3 Services with specialist expertise in both adolescent mental health and addiction. These services would have the capacity to deliver child-centred comprehensive treatments through a multi-disciplinary team. This team would provide medical treatment for addiction, psychiatric treatment, child protection, outreach, psychological assessment and interventions, and family therapy. These types of service would be suitable for those encountering substantial problems as a result of drug or alcohol use.

Treatment of under-18s *(continued)*

Tier 4 Services with specialist expertise in both adolescent mental health or addiction and the capacity to deliver a brief, but very intensive, intervention through an inpatient or day hospital. These types of service would be suitable for those encountering severe problems as a result of drugs or alcohol dependence.

The working group agreed that the services would be adolescent-specific, local and accessible, and have a combination of disciplines on site. The services would offer assessment, treatment and aftercare. In addition to the extra resources required to address the needs of these young people, it was suggested that greater co-ordination could maximise the impact of existing services. *(Jean Long)*

In outlining the Health Estimate for 2006, the Tánaiste announced that drugs and HIV services will receive additional funding of €3 million, including provisions for the establishment of Tier 3 teams relating to the Under-18s Report.

1. Department of Tourism Sport and Recreation (2001). *Building on experience: National Drugs Strategy 2001–2008.* Dublin: Stationery Office.
2. Working Group on treatment of under 18 year olds (2005). *Report of the working group on treatment of under 18 year olds presenting to treatment services with serious drug problems.* Dublin: Department of Health and Children.
3. Health Act 2004. No. 42 of 2004. Dublin: Stationery Office.

Addiction Research Centre Annual Conference

'School and family-based programmes for preventing substance misuse' was the theme of the fifth annual Addiction Research Centre conference, held in Trinity College Dublin in September. A panel of international and national speakers addressed aspects of the topic in three sessions.

1. Being realistic about school programmes

Primary prevention (stopping young people from ever using drugs or getting them to stop using) has been the main approach to school-based drug education, and to date it has proved to be ineffective in preventing drug use among young people. This was the view of keynote speaker Julian Cohen, an independent researcher and consultant in drug education in the UK, who argued that drug prevention programmes based on the primary prevention approach rely on false assumptions about young people's drug use and are more in the realm of propaganda, than being based on research evidence and what happens in the real world. Cohen advocated a harm-reduction approach, which would take full account of research evaluations and the reality of young people's drug use and would be based on sound educational principles. Such an approach would focus on young people's health, safety and well-being, rather than on whether or not they use drugs. Cohen outlined the possible content of such programmes, together with good-practice guidelines for implementing them.

In response, Bernie McConnell of Community Awareness of Drugs argued that it is unhelpful to polarise the debate about drug prevention, as Cohen had done, and that it is more useful to recognise the complexity of good prevention and remain open to new ways and ideas about overcoming the complexity, drawing on both primary prevention and harm-reduction approaches as appropriate. Dr Mark Morgan of St Patrick's College, Drumcondra, emphasised the need to consider what expectations we have of any school intervention; to consider the evidence regarding implementation, and the extent to which failures are due to non-implementation; and to distinguish between programmes that are relatively 'better' than others.

2. Prevention with high-risk families

Dr Karol Kumpfer, Professor of Health Promotion and Education at the University of Utah, USA, gave a paper on the Strengthening Families Program (SFP), designed to prevent substance abuse. The programme was based on research on over 10,000 young people, which suggested that the most important protective mechanism against drug abuse is the family, and that the most important protective factors are parent/child attachment, parental supervision and effective family communication and expectations about the use of drugs and alcohol. Dr Kumpfer described other research which revealed that children of substance abusers can learn to be resilient and have happy productive lives. In outlining the design, content, implementation and outcomes of the SFP, Dr Kumpfer demonstrated how it was based on this research and focused on reducing family risk factors by increasing family protective and resilience factors.

The SFP has been replicated in randomised control trials by a number of independent researchers other than the programme developer, Dr Kumpfer, with large positive changes being demonstrated in parent and child behaviour even in 10-year longitudinal studies. Dr Kumpfer reported that the

Dr Kumpfer described other research which revealed that children of substance abusers can learn to be resilient and have happy productive lives.

Addiction Research Centre Annual Conference *(continued)*

SFP is listed as an evidence-based substance abuse prevention programme by US government research agencies and also by the WHO International Cochrane Collaboration Reviews. It has age adaptations for 3–17-year-olds and is being implemented in six countries, with about 1,000 group leaders being trained each year.

In response, Mary Cullen of Mounttown Neighbourhood Youth Project in Dun Laoghaire considered the practical application of family support programmes in the context of social and economic disadvantage. Barry Cullen of the Addiction Research Centre welcomed the development of programmes such as the SFP and argued that, in developing this policy further, policy makers and health service managers would do well to test, evaluate and assess the application of family intervention programmes.

3. Drugs, alcohol and the 'whole school' approach

Ruby Morrow of the Church of Ireland College of Education suggested that schools should be just one of the groups and agencies involved in seeking to prevent drug use among young people. Attitudes to and use of drugs among young people reflect the influence not only of the formal education system but also of the family, local community, and the wider culture and media. Morrow outlined a 'whole school' approach that sees schools, together with family, peers and community, helping children and young people develop the personal strengths and skills to make informed decisions and deal with challenges as they arise. The approach includes the following key elements:

- a health-promoting school
- delivery of the Social, Personal and Health Education (SPHE) programme
- early identification of the vulnerable and of those experiencing difficulties
- referral to appropriate outside agencies (as necessary) and in-house school support.

Sinéad O'Mahoney Carey, Drug Education Officer with the HSE South Eastern Area, gave a regional, as opposed to a national, perspective on the 'whole school' approach. She described the holistic implementation process involved in developing secondary school substance-use policies within the South Eastern Area. The speaker identified the key issues that arose in the process whereby drug education officers worked in partnership with schools and health promotion personnel in implementing the policies. *(Brigid Pike)*

Merchants Quay Ireland launches its annual review for 2004

Merchants Quay Ireland (MQI) launched its *Annual Review 2004* on 16 September 2005. According to the report, the services provide creative and innovative responses to drug use and homelessness in Ireland. The organisation estimated that there are 2,009 homeless drug users in Ireland.

A comprehensive set of drug services is provided to drug users through MQI, ranging from needle exchange to reintegration programmes. The numbers of drug users who received services through these programmes in 2004 are presented in the table below.

Name of service	Type of intervention	Number of participants	Outcomes
Needle Exchange–Health Promotion Unit	Exchange of injecting equipment	3,300 (including 450 new cases)	Not applicable
	Safer injection training	256 workshops	
	Safe sex advice	Not available	
	Health and social care services		
	Outreach service	Not available	
Methadone programme	Prescribing, counselling and health-care support	30	Not provided
High Park Residential Programme	Residential detoxification	13	10 successful detoxifications
	Medication-free therapy	58	Not provided
St Francis Farm	Therapeutic and personal development programme	22 (18 discharged)	12 completed 3 months or more
FAS Community Employment Services		120	52 gained employment

MQI completed two important research projects 'Drug use among the homeless population in Ireland' and 'Drug use among new communities in Ireland' in 2004; the results of these projects were published in 2005 and were covered in issue 14 of *Drugnet Ireland*. *(Jean Long)*

Reach Out: National strategy for action on suicide prevention, 2005–2014

The national strategy for action on suicide prevention, titled *Reach Out*, was published in September 2005.[1] The definition of suicide used by the authors was 'suicide is a conscious or deliberate act that ends one's life when an individual is attempting to solve a problem that is perceived as unsolvable by any other means'.

The Central Statistics Office (CSO) compiles mortality data on suicide in Ireland. This is done using the findings of coroners' inquests and data provided in Form 104 completed by the Garda Síochána. The CSO reported that there was an average of 494 deaths as a result of suicide each year between 2000 and 2002. The annual rate for men rose steadily, from 10 per 100,000 in 1990 to 24 per 100,000 in 1998: the rate dropped to 19 in 2002. The annual rate for women remained stable at around 5 per 100,000 between 1990 and 2002; however, according to the information provided, suicide rates increased among women aged 15 to 24 years. Taking the number of deaths for which the underlying cause is undetermined and expressing it in relation to the number of deaths for which the underlying cause is suicide, it is calculated that, because of doubtful cases, there is on average a 5% possible under-estimate of annual suicide numbers; the under-estimate rose to 18% in 2002. Given that the under-estimate varies, it is difficult to calculate exact suicide figures over time. Suicide is more common among men than women. The majority of suicides among males occur in those aged between 20 and 34 years, while the majority among women occur in those aged between 45 and 59 years.

The data on deliberate self-harm collected at accident and emergency units throughout Ireland indicate that such harm was more common among women than men in 2003.[2] There were over 11,000 cases of deliberate self-harm in 2003; the rate for men was 177 per 100,000 and for women was 241 per 100,000. In 2003, 21% of cases were repeat acts. Drug overdose was a more commonly used method of self-harm by women (80%) than by men (64%), while self-cutting was a more commonly used method by men (23%) than by women (14%). Alcohol was involved in 47% of male episodes and in 39% of female episodes.

Reach Out makes the point that social changes have impacted on the nature and extent of suicidal behaviour in Ireland. Suicide rates doubled during the 1980s and 1990s. This was a time when society experienced considerable transition from an agricultural rural economy to an urban service-orientated one. The church and rural norms were challenged. There have been considerable changes for young adults and older people. Young men in rural areas can no longer assume that they have a livelihood from farming, fathers are isolated with the increasing number of single parent families, teenage girls struggle with media-induced expectations about their physical appearance, and older people no longer have the support of an extended family network. Increasing socio-economic inequalities and social exclusion affecting a variety of groups residing in Ireland also increase suicide rates. It is clear that this is not just a health problem, but a social one.

This strategy document builds on work by a number of groups since 1995. The four levels of action identified in the strategy were developed through a series of consultations throughout Ireland. The levels of action are: general population approach, targeted approach, responding to suicide, and information and research.

Suicide rates doubled during the 1980s and 1990s.

The **general population approach** will promote positive mental health and bring about a positive attitude towards mental health, problem solving and coping in the general population through 11 major agents who will implement 42 actions.

The **targeted approach** will reduce the risk of suicidal behaviour among high-risk groups and vulnerable people. These include those who commit deliberate self-harm, those at risk of or abusing alcohol and drugs, marginalised groups, prisoners, unemployed people, people who have experienced physical or sexual abuse, young men and older people. The Garda Síochána will be supported in carrying out their duties in relation to suicidal behaviour. There will be a number of actions to limit access to the means of self-harm.

The **response to suicide** will minimise distress felt by families, friends and the community following death, and ensure that individuals are not isolated or left vulnerable, so as to reduce the risk of related suicidal behaviour.

Information and research will be used to inform service development and provide information on where and how to get help. It is proposed to link and exchange data between a number of health information systems, including the National Parasuicide Registry, the Hospital In-Patient Enquiry scheme, the National Psychiatric Inpatient Reporting System and the National Drug Treatment Reporting System. It is not clear how the latter will be able to assist in providing

Reach Out *(continued)*

information relating to the circumstances of suicide deaths since it does not collect data on clients exiting treatment. The HRB maintains the National Drug-Related Deaths Index, which may be a more useful source of data. *(Jean Long)*

1. Health Service Executive, National Suicide Review Group and Department of Health and Children (2005) *Reach Out: National strategy for action on suicide prevention, 2005–2014.* Dublin: Health Service Executive.

2. National Parasuicide Registry Ireland (2004) *Annual Report 2003.* Cork: National Suicide Research Foundation.

In outlining the Health Estimate for 2006, the Tánaiste announced that €1.2 million will be allocated to support the implementation of *Reach Out: National strategy for action on suicide prevention.*

Update on blood-borne viruses

A number of studies published in 2004 and 2005 update or advance our knowledge of hepatitis C among drug users in Ireland.

Grogan *et al.*[1] assessed the uptake of screening for and estimated the prevalence of hepatitis C in 358 heroin users attending 21 drug treatment clinics in the HSE South Western Area up to December 2001. A one-in-four systematic sample of clients prescribed methadone in the 21 drug treatment clinics in the area in December 2001 was selected from the Central Treatment List. Data collected from the clinical records showed that 88% of the sample had had a test for hepatitis C, of whom 66% had tested positive. These results are in line with those from other studies in a similar setting. The authors point out that the results were ascertained from clinical records and pertain only to those documented in the clinical records. The tests recorded had been administered over an extended time period and those testing negative at their first test may have subsequently sero-converted and not have had a repeat test. In addition, injector status was not ascertained and the authors acknowledge that the proportion of injectors testing positive for each virus would be higher.

A study by O'Sullivan,[2] using a cross-sectional survey method, assessed the prevalence of blood-borne viruses among 90 injecting drug users attending an opiate-substitution programme at the Drug Treatment Centre Board. The sample size was estimated using a wide 10% level of precision and a 95% level of confidence. The author obtained adequate blood samples from 65 of the 90 clients interviewed. In total, 72% tested positive for hepatitis C.

In another published study, Keating and colleagues[3] estimated the proportion of hepatitis C positive individuals with each genotype in an intravenous drug-using cohort, and then estimated the proportion that spontaneously cleared the hepatitis C virus. The study followed the progress of 496 hepatitis C antibody-positive individuals attending five drug treatment centres in Dublin. Of the 299 PCR-positive samples that had their genotype determined, genotypes 1 and 3 were the most common (see table). The PCR test detects whether the virus is still in the blood and will show if a person has an ongoing infection.

Number of PCR positive samples of selected hepatitis C antibody positive individuals attending five drug treatment centres in Dublin, by genotype

Genotype	Number (%) Total =299
1	146 (48.8%)
2	6 (2.0%)
3	145 (48.5%)
4	2 (0.7%)
5	0 (0.0%)
6	0 (0.0%)

Of the 496 hepatitis C antibody-positive participants in the sample, 191 (38.5%) were shown to be HCV RNA negative when re-tested, indicating that they had spontaneously cleared the virus. A higher proportion of women (47.4%) than men (34.5%) cleared the virus spontaneously. A higher proportion of those with a history of jaundice (12.0%) than those who reported no history of jaundice (7.9%) cleared the virus.

Smyth *et al.*[4] examined the contribution of unsafe injecting practices and the social context of injecting in Dublin to infection with hepatitis C. Of the 242 participants who completed the questionnaire, 159 were tested for hepatitis C; of these, 61% tested positive for hepatitis C. After controlling for other factors, the authors found that an increased number of lifetime injecting episodes increased the risk of hepatitis C infection. In relation to the social context, individuals who injected in the home of another injecting drug user were almost five times more likely to test positive for hepatitis C than those who injected in their own home or elsewhere. Individuals who injected in the company of close friends or family members were around three times more likely to test

Update on blood-borne viruses *(continued)*

positive for hepatitis C than those who injected with acquaintances.

Cullen *et al.*[5] examined the experiences with respect to risk practices of heroin users attending a general practice for investigation of and treatment for hepatitis C. The study questionnaire had a mix of closed and open questions. At the time of the study, 38 former or current heroin users were registered with the practice. Of these, 25 (66%) agreed to be interviewed. Those interviewed were more likely to be female and older than the other heroin users attending the practice. At the time of the study, 23 of the 25 participants were receiving methadone maintenance. Twenty-two participants said that they had tested positive for hepatitis C and, of these, 15 had consumed alcohol in the week prior to the study. Nine had consumed more than the recommended amount of alcohol per week for their gender. Of note, eight reported neither drinking excessively nor using heroin in the previous six months and were therefore suitable for investigation. Only four of the eight suitable clients were referred for further investigation and one had commenced treatment. Those respondents who reduced their alcohol intake did so because they were concerned about their health, while those who increased their alcohol intake did so to substitute for heroin. Some respondents had a negative perception of liver biopsy; those who had undergone this investigation reported that the procedure was not as difficult to tolerate as expected. Many respondents had negative perceptions of antiviral treatment. The experience of treatment by medical and nursing personnel at secondary treatment services was mixed.

Over two-thirds of opiate users have tested positive for hepatitis C in Dublin. The rate of spontaneous viral clearance for this infection was higher than previously reported. There are a number of barriers to hepatitis C treatment for injecting drug users which need to be addressed so as to encourage uptake of treatment. *(Jean Long)*

1. Grogan L, Tiernan M, Geoghegan N, Smyth B and Keenan E (2005) Bloodborne virus infections among drug users in Ireland: a retrospective cross-sectional survey of screening, prevalence, incidence and hepatitis B immunisation uptake. *Irish Journal of Medical Science,* 174(2): 14–20.
2. O'Sullivan P (2004) *A study of the prevalence of blood-borne viral diseases in injecting drug users receiving methadone maintenance in the National Drug Treatment Centre at Trinity Court in Dublin.* Thesis submitted for membership of the Faculty of Public Health Medicine, Royal College of Physicians of Ireland.
3. Keating S, Coughlan S, Connell J, Sweeney B and Keenan E (2005) Hepatitis C viral clearance in an intravenous drug-using cohort in the Dublin area. *Irish Journal of Medical Science,* 174 (1): 37–41.
4. Smyth BP, Barry J, and Keenan E (2005) Irish injecting drug users and hepatitis C: the importance of the social context of injecting. *International Journal of Epidemiology,* 34(1): 166–172.
5. Cullen W, Kelly Y, Stanley J, Langton D and Bury G (2005) Experience of hepatitis C among current or former heroin users attending general practice. *Irish Medical Journal,* 98 (3): 73–74.

The PCR test detects whether the virus is still in the blood and will show if a person has an ongoing infection.

Deliberate self-harm in Ireland in 2003

The 2003 annual report of the National Parasuicide Registry defines parasuicide as 'an act with non-fatal outcome in which an individual deliberately initiates a non-habitual behaviour, that without intervention from others will cause self-harm, or deliberately ingests a substance in excess of the prescribed or generally recognised therapeutic dose and which is aimed at realising changes that the person desires via actual or expected physical consequences'.[1] Internationally, according to the report, the term parasuicide is being superseded by the term 'deliberate self-harm'.

Since 2001, the National Suicide Research Foundation has collected data on deliberate self-harm in Ireland through its National Parasuicide Registry. Each accident and emergency unit and prison provides data on every episode of self-harm that they attend. Up to 2004, there was complete coverage in all HSE areas outside the Eastern Region. Three hospitals in the Eastern Region did not make returns until 2004; the rates given in the 2003 report were adjusted to take account of this.

According to the report, there were 11,200 presentations in 2003 as a result of deliberate self-harm, involving 8,800 individuals, whereas in 2002 there were 10,500 presentations involving 8,400 individuals. In 2003 the age-standardised rate of self-harm was 209 per 100,000, while in 2002 the rate was 202 per 100,000; this represents an increase of almost 4%. Every year, a number of individuals present more than once in the twelve-month period; 21% of cases presented more than once in 2003, while 19% of cases presented more than once in 2002. The rate of deliberate self-harm was lower among males (177 per 100,000) than among females (241 per 100,000) in 2003, though the difference in 2003 was smaller than the rates in 2002, 36% *versus* 42% respectively. Just under 47% of presentations were aged under 30 years. The peak age for women was 15–19 years, while for men it was 20–24 years.

Drug overdose was the commonest method of self-harm, representing almost 79% of all such acts registered in 2003. Half of all overdose acts

Deliberate self-harm in Ireland in 2003 *(continued)*

Drug overdose was the commonest method of self-harm, representing almost 79% of all such acts registered in 2003.

involved at least 25 tablets. In general, men took more tablets than women. For example, at least 50 tablets were taken by 21% of men compared to 15% of women. It was common for cases to take more than one drug. The most common drugs used in deliberate self-harm were minor tranquillisers (41%), paracetamol (31%) and antidepressants (24%).

Self-cutting was the second most common method of self-harm, representing 18% of all acts registered in 2003. Cutting was more common in men (23%) than in women (14%). This finding reflects those in the United Kingdom but not internationally.

The report highlights the challenge the deliberate self-harm poses for Irish health services and for society. Deliberate self-harm is a predictor of both non-fatal and fatal suicidal behaviour. It is a symptom of mental health problems and distress in our society, and a major cause of suffering for individuals and their families. There is a need to understand the reasons for self-harm in society and to prevent repeat episodes among individuals. The open discussion in general society, which commenced in recent years, needs to continue but it should be informed and sensitive. *(Jean Long)*

1. National Parasuicide Registry Ireland (2004) *Annual Report 2003*. Cork: National Suicide Research Foundation.

New information on cannabis use in Ireland

It can be estimated... that approximately one in every 175 adults is using cannabis on a daily or almost daily basis.

On 7 October 2005 the National Advisory Committee on Drugs (NACD) in Ireland and the Drugs and Alcohol Information and Research Unit within the Department of Health, Social Services and Public Safety in Northern Ireland published jointly the third bulletin of results from the 2002/2003 all-Ireland general population drug prevalence survey.[1] This latest bulletin focuses on cannabis use in the adult population (15–64 years) and attitudes to cannabis use. Minister of State at the Department of Community, Rural and Gaeltacht Affairs with responsibility for drugs strategy, Mr Noel Ahern TD, launched the findings for Ireland. This article highlights some of those findings.

Current cannabis users (used cannabis in the last month) are more likely to use resinous hash than herbal cannabis (marijuana, weed, grass) and they most commonly smoke cannabis in a joint rather than consume it in other ways, such as using a pipe or eating it. In total, 2.6% of those surveyed had used cannabis in the month prior to the survey, of whom one out of every five (22%) were using cannabis daily or almost daily. Since the survey was representative of the adult population, it can be estimated from the above figures that approximately one in every 175 adults is using cannabis on a daily or almost daily basis.

Most of those surveyed (96%) felt that people who smoked cannabis regularly risked harming themselves, physically or in other ways.

Over a quarter (27%) of respondents who had ever taken cannabis stated that they had used it 'regularly' at some stage in their lives. This increased to almost a third (31%) for young adults (15–34 years). Regular use was self-defined by respondents. The average number of years between first use of cannabis and starting regular use of the drug was two years. This was the same for both young adults and older adults (35–64 years). Regular users were asked if they had ever tried to stop. Three out five (68%) had stopped, while 12% had tried, but failed to stop. Of the regular users who had successfully stopped using cannabis, 20% stated that they did so because of health concerns, while 23% stopped because they did not enjoy the after-effects.

The vast majority (79%) of those who had used cannabis in the last year (recent users) considered it 'very easy' or 'fairly easy' to obtain within a 24-hour period. This view on ease of access was expressed by both young adults and older adults. The house of a friend was the most common place where cannabis could be obtained and family and friends were the main sources of the drug.

All those surveyed who had heard of cannabis were asked about their attitudes to cannabis use. While most people did not wish cannabis to be permitted for recreational use, it is of note that one in five (21%) agreed (either fully or largely) that people should be permitted to take cannabis for recreational purposes, and almost one in three (30%) did not disapprove of people smoking cannabis occasionally. However, most of those surveyed (96%) felt that people who smoked cannabis regularly risked harming themselves, physically or in other ways. The perception of risk varied by age: younger adults perceived regular cannabis use as less risky than did older adults.

Drug prevalence surveys of the general population are important in that they can shed light on the patterns of drug use, both demographically and geographically and, if repeated, can track changes over time. They help to increase our understanding of drug use, and to formulate and evaluate drug policies. They also enable informed international comparisons, provided countries conduct surveys in a comparable manner.

New information on cannabis use in Ireland *(continued)*

The Irish drug prevalence survey followed best-practice guidelines recommended by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The questionnaire, based on the 'European Model Questionnaire', was administered in face-to-face interviews with respondents aged between 15 and 64 years normally resident in households in Ireland. Fieldwork was carried out between October 2002 and April 2003. The final achieved sample was 4,918, representing a response rate of 70%. The sample was weighted by gender, age and region to maximise its representativeness of the general population. *(Hamish Sinclair)*

1. National Advisory Committee on Drugs and Drug and Alcohol Information and Research Unit (2005) *Drug use in Ireland and Northern Ireland. 2002/ 2003 drug prevalence survey: cannabis results.* Dublin: National Advisory Committee on Drugs.

Teenage cannabis use targeted

On 17 October 2005 the Health Promotion Unit of the Department of Health and Children launched a new phase of the National Drugs Awareness Campaign aimed at dispelling the myth among teenagers that cannabis use is harmless. This new phase targets both male and female teenagers and comprises a radio advertisement and two posters on the theme 'Being a teenager is hard enough, without being stoned too'. The radio advertisement mimics advertisements for teen magazines to communicate the negative impact smoking cannabis can have on the health and well being of young users. The posters mimic the front covers of teen magazines to deliver the same message. The posters appear in public places where teenagers gather, such as bus stops near secondary schools, shopping malls in urban areas and computer game stores. *(Hamish Sinclair)*

Further information is available on the National Drugs Awareness Campaign website at www.drugsinfo.ie

Elisad conference

The 17th annual conference of the association of European Library and Information Services in Alcohol and other Drugs (Elisad) was held in Oslo in October. Ingeborg Rossow from Sirus, the host organisation and Reitox focal point for Norway, described the historical development of Norway's alcohol policy and how current policy compared to that of other European countries. Odd Hordvin, also of Sirus, described the work of the focal point. Alfred Uhl of the Boltzmann Institute for Addiction Research in Vienna presented a paper which questioned many of the conclusions from alcohol-related research which currently inform policy in this area. In particular, he argued that the link between higher prices and reduced consumption and a reduction in problem alcohol use had not been clearly established.

Barbro Andersson, ESPAD co-ordinator from CAN in Stockholm, presented an overview of the most recent ESPAD survey of alcohol and other drug use among European students aged 15–16. Jessica Hinkson, manager of information services at the Center for College Health and Safety in Boston, reviewed the latest literature on alcohol and other drug abuse on US campuses and in surrounding communities. Recent studies show that while high-risk alcohol use is relatively unchanged and ecstasy use is down on most US campuses, cocaine, methamphetamine and prescription drug abuse are on the rise. Information specialists from DrugScope in London, from CAMH in Toronto and from the Alcohol Research Group Library in California also presented to the conference. Information specialists from the National Documentation Centre on Drug Use facilitated workshops on open access journals and knowledge management. *(Brian Galvin)*

CityWide launches new website

The CityWide Drugs Crisis Campaign, which supports community development approaches to dealing the drugs problem, has launched a new website (www.citywide.ie). The site contains information on CityWide's work and includes a news and publications section. Earlier this year CityWide celebrated its 10th anniversary.

Government reports progress on new drug initiatives

In June 2002 the incoming Fianna Fáil–Progressive Democrat government published *An Agreed Programme for Government,* setting out its priorities for 2002–2007.[1] While broadly endorsing the Supply Reduction, Prevention and Treatment pillars of the National Drugs Strategy, the new government also pledged to undertake five new initiatives designed to contribute to achieving drug-free prisons, reducing drug supply and improving information regarding the drug situation. Progress in relation to these pledges, as outlined in the government's most recent annual progress report, published in July 2005,[2] is set out below.

We will provide for compulsory drugs testing of prisoners where appropriate.
In mid-2005 new Prison Rules were published, including specific provision for mandatory drug testing. Mandatory drug testing is one of a raft of new measures intended to render Irish prisons drug free, which are contained in the new Drugs Policy and Strategy for the Irish Prison Service, announced by Michael McDowell TD, the Minister for Justice, Equality and Law Reform, on 21 November 2005. The drive to eliminate all drugs and drug use in prisons is balanced in the new strategy by a commitment to underpin and expand existing treatment services, which involve a combination of detoxification, methadone maintenance and reduction programmes, education and awareness programmes, addiction counselling, drug therapy programmes and psycho-social support.

Where a person has been found to be involved in the supply of drugs to a prisoner we will introduce a stiffer penalty.
An amendment to the Criminal Justice Bill 2004, introduced during the Committee stage, will create a new offence of supplying drugs to prisoners.

We will require convicted drug dealers to register with the Gardaí after leaving prison.
An amendment to the Criminal Justice Bill 2004, introduced during the Committee stage, provides for the registration of convicted drug dealers on a drug offenders held by the Garda Síochána. The Minister for Justice, Equality and Law Reform recently indicated that this proposal is based on the same principles as the sex offenders register and will enable the movement of convicted drug dealers to be recorded in a similar fashion, covering change of address and movement in and out of the State.[3]

We will ensure that an early warning system, involving all key agencies, is in place to track the potential spread of heroin into new areas.
Recognising the time-lag limitations of many of the traditional drug-use indicators, the National Advisory Committee on Drugs (NACD) is pilot testing aspects of a Drug Trend Monitoring System (DTMS). The aspects being pilot tested include the establishment of a Trends Monitor Network throughout the country to provide local knowledge on drug trends, the monitoring of media reports on drug-related court cases and seizures, and the running of drug-user focus groups at local level to gain an understanding of drug-using behaviour. The aim of the system is to obtain information on emerging drug-use patterns and trends on a more timely basis. This information will be used to complement the existing drug indicators. A report on the pilot DTMS has been submitted to the Cabinet Committee on Social Inclusion for consideration.

We will continue to prioritise heroin and cocaine for intervention, and will publish separate national targets for supply reduction for each major type of drug.
In reporting on this initiative, the government indicates that it accepts the following key performance indicator in the National Drugs

Government reports progress on new drug initiatives *(continued)*

Strategy: 'A key indicator in the Strategy is to increase the volume of opiates and all other drugs seized by 25% by end of 2004 and by 50% by end 2008, using 2000 seizures as a base.' While representing successive aggregate targets, the government has chosen not to specify separate targets for each major type of drug.

The drugs issue and social inclusion

In its Agreed Programme, the newly-elected government also initiated actions seeking to build an inclusive society that will also impact on the drugs issue. The promotion and piloting of local corporate social responsibility (CSR) initiatives as part of its agenda for community, local and rural development, for example in areas affected by drugs and social or rural disadvantage, was one such action. In its recent progress report the government indicates that CSR projects could include provision by companies of work experience for the long-term unemployed, sponsorship of third-level education for disadvantaged students, mentoring of business start-ups by unemployed people, and financial support of homework clubs and breakfast clubs in disadvantaged schools.

Under the heading 'Regenerating urban communities', the incoming government also pledged to continue the Young People's Facilities and Services Fund (YPFSF) and complete a comprehensive survey of the availability of recreation facilities in disadvantaged areas. In its recent progress report, the government reports that, to date, total allocation under the Fund is almost €85 million, and that a round of capital funding, also announced in July 2005, will allow for over 40 youth and community facilities in 10 local drugs task force areas to be upgraded and refurbished. *(Brigid Pike)*

1. Fianna Fáil and the Progressive Democrats (2002) *An Agreed Programme for Government between Fianna Fáil and the Progressive Democrats.* Dublin: Fianna Fáil and the Progressive Democrats.
2. Fianna Fáil and the Progressive Democrats (2005) *Government progress report on the implementation of An Agreed Programme for Government between Fianna Fáil and the Progressive Democrats.* Dublin: Fianna Fáil and the Progressive Democrats.
3. McDowell, Michael (2005, 7 September) 'Presentation on the Criminal Justice Bill 2004 to the Joint Committee on Justice, Equality, Defence and Women's Rights'. *Official Report Parliamentary Committees* (29th Dáil) Vol. 95.

Legal briefing

This legal briefing reviews some of the significant drug-related legislative initiatives introduced during 2005.

The Proceeds of Crime (Amendment) Act 2005 makes further provision in relation to the recovery and disposal of proceeds of crime and, for that purpose, amends the Proceeds of Crime Act 1996, the Criminal Assets Bureau Act 1996, the Criminal Justice Act 1994 and the Prevention of Corruption (Amendment) Act 2001. While the new Act does not make specific reference to drugs, proceeds of crime legislation has been directed against those involved in organised crime involving drug trafficking. The Act also allows proof of criminality to include criminality outside the State.

Section 28 of the Maritime Safety Act 2005 introduces prohibitions on the operation of vessels in Irish waters while under the influence of alcohol or drugs to such an extent as to be incapable of properly controlling or operating the vessel. Section 29 entitles the person in command of a vessel to refuse permission to board to a person who is under the influence of alcohol or drugs to such an extent that they misconduct themselves or cause offence or annoyance to persons on the vessel. Section 31 introduces controls and penalties in relation to the consumption of alcohol or drugs on board vessels.

Section 13 of the Safety, Health and Welfare at Work Act 2005 provides for drug testing in the workplace. The legislation obliges the employee to ensure that he or she is not under the influence of an intoxicant to the extent that he or she is in such a state as to endanger his or her own safety, health or welfare at work or that of any other person. Also, if reasonably required by his or her employer, the employee must submit to any appropriate, reasonable and proportionate tests, by or under the supervision of a registered medical practitioner who is a competent person, as may be prescribed. An employer may require an employee to undergo an assessment by a registered medical practitioner, nominated by the employer, of his or her fitness to perform work activities. Regulations have not yet been finalised. The National Advisory Committee on Drugs has commissioned research to assist in the preparation of the necessary regulations. This research is to consider such issues as:

- information on drug impairment in the workplace
- right to privacy on health issues in the workplace
- information on substance use in the workplace
- literature search on drug testing issues in the workplace.

The Garda Síochána Act 2005 was passed into law in July 2005. In March 2005, the Joint Oireachtas Committee on Justice, Equality, Defence and

Legal briefing *(continued)*

Women's Rights conducted a review of community policing in Ireland[1] in light of proposals contained in Chapter 4 of the Garda Síochána Bill 2004 to establish new local policing structures. Many of the recommendations of the Joint Committee have been incorporated into the Act.

An important amendment to the Garda Bill has been the inclusion of the Minister of State at the Department of Community, Rural and Gaeltacht Affairs with responsibility for national drugs strategy in the preparation of guidelines concerning the establishment and maintenance of joint policing committees (JPCs) by local authorities and the Garda Commissioner. The Act also provides for the inclusion on the JPCs of 'persons representing local community interests'. Another important tier in the new local policing structures is the establishment of local policing fora. The Act provides for the establishment of such fora by JPCs in consultation with the local Garda superintendent 'as the committee considers necessary'. The steering group which oversaw the mid-term review of the National Drugs Strategy highlighted concerns raised during its consultation process about the pace at which community policing fora were developing in drugs task force areas. In light of these concerns, and of developments with regard to the Garda Síochána Act 2005, a new action has been incorporated into the Strategy: 'Taking into account the provisions of the Garda Síochána Bill 2004 (now enacted as of June 2005), Community Policing Fora should be extended to all Local Drugs Task Force areas and to other areas experiencing problems of drug misuse.' A committee is currently preparing guidelines for the establishment and maintenance of the JPCs.

The Irish Medicines Board (Miscellaneous Provisions) Bill 2005 provides for a number of amendments to the Misuse of Drugs Act 1977, including:

- provisions to extend the powers available to the Minister to give a direction, following a conviction for an offence under the Misuse of Drugs Acts or the Customs Acts, prohibiting bodies corporate involved in the practice of community pharmacy, and their officials, from having such controlled drugs as may be specified
- provisions to enable the Irish Medicines Board to issue licences and permits in respect of controlled drugs for various purposes
- provisions to limit the prohibition of the cultivation of poppies to poppies that are cultivated for the production of opium.

A number of amendments to the Criminal Justice Bill 2004 are being proposed by the Minister for Justice, Equality and Law Reform. The Bill is currently being considered by the Joint Oireachtas Committee on Justice, Equality, Defence and Women's Rights. Among the proposed amendments are:

- provisions for creating criminal offences in relation to participation in criminal organisations
- proposals to strengthen the provisions on the imposition of the 10-year mandatory minimum sentence for drug trafficking
- new offences of supplying drugs to prisoners
- provisions in relation to a Drug Offenders Register
- new provisions to deal with anti-social behaviour such as anti-social behaviour orders
- provisions to raise the age of criminal responsibility to 10 years.

Other legal developments

Action 27 of the National Drugs Strategy 2001–2008 obliges the Garda Síochána, the Health Boards and vintner representative bodies to 'prepare guidelines… for publicans and night-club owners regarding drug dealing on, or in the vicinity of, their premises. These guidelines should set out clearly the actions which the owner of the premises should take in response to drug dealing…' In June 2005 an information booklet, entitled *Guidelines regarding drug dealing on or in the vicinity of licensed premises,*[2] was launched with the aim of addressing Action 27. The guidelines were drawn up by the Garda Síochána, with the co-operation of the Licensed Vintners Association, the Irish Nightclub Industry Association, the Vintners Federation of Ireland, the Department of Health and Children and the Irish Hotels Federation. The guidelines cover such matters as the law in relation to drug issues, the legal conditions and appropriate procedures for the conducting of searches of persons entering premises, signs of drug misuse by customers, what to do if drugs are found, first aid, and the monitoring of queues. *(Johnny Connolly)*

1. Oireachtas Joint Committee on Justice, Equality, Defence and Women's Rights (2005) *Report on Community Policing, April 2005*. Dublin: Stationery Office.
2. An Garda Síochána and others (2005) *Guidelines regarding drug dealing on or in the vicinity of licensed premises.* Dublin: An Garda Síochána.

Congratulations

Jane Carrigan was recently awarded a distinction by Trinity College for her MSc in Applied Social Research thesis. Jane worked with the DMRD earlier this year and completed a study on harm reduction in prisons which involved interviews with ex-prisoners. We want to congratulate Jane and wish her well in her career.

In brief

On 16 August 2005 the **Irish Medicines Board (IMB)** issued a warning that prolonged use of over-the-counter (OTC) medicinal products containing codeine may cause addiction. The IMB has instructed companies producing OTC codeine-containing medicinal products to amend the product information leaflets to state that there is a possibility of physical and psychological dependence associated with prolonged use of these products. Nurofen Plus and Solpadeine are examples of codeine-containing products. www.imb.ie

In September 2005 the **Childhood Development Initiative (CDI)** published its 10-year strategy, *A Place for Children.* The culmination of two years' work, the strategy seeks to improve the health, safety and learning of the children (aged 0 to 13) of Tallaght West and to increase their sense of belonging to their community. Under the broad outcomes of improved health and safety, the strategy identifies as a 'specific outcome', that future cohorts of 12 and 13-year-olds transferring to secondary school will 'be using fewer drugs, alcohol and other substances'. Activities to achieve this and the nine other specific outcomes listed in the strategy include early childhood care and education for all children; the integration of services in schools and in child and family centres; new services targeted at the identified needs of children; improving the quality of existing provision; and advocating for the reduction of major stresses on children and families.

On 6 October 2005 the **Secure America and Orderly Immigration Act**, introduced in the US Senate and Congress in May 2005, was the subject of a motion of support in Dáil Éireann. If adopted, the Act will open a route to legality for undocumented people living in the US, including Irish citizens (estimated to number anywhere between 5,000 and 50,000). During the Dáil debate, concern was expressed for the levels of stress experienced by these Irish citizens owing to their constant fear of detection, need for secretiveness and sense of isolation. Irish immigration centres in the US have reported a rise in stress-related problems and substance misuse among these clients, and are responding by developing in-house counselling services. The Irish government provides financial support for the Irish immigration centres. www.oireachtas.ie

On 11 October 2005 **MEAS** held its third 'Alcohol and Society' annual conference. The theme was 'Alcohol and the Community'. The aims of the conference included encouraging informed debate on community-based alcohol initiatives and promoting best practice in regard to integrated, community-based alcohol initiatives. www.meas.ie

On 17 October 2005 a **Green Paper on Mental Health** (COM [2005] 484 final) was adopted by the European Commission. The Green Paper forms the basis for a public consultation on how to tackle mental health and promote psychological well-being in the EU. Misuse of alcohol, drugs and other psychoactive substances is identified in the Green Paper as a risk factor for, or a consequence of, mental health problems, and preventive action in relation to alcohol and drugs misuse is proposed as one measure to improve the mental health of the European population. Comment on the Green Paper is invited by 31 May 2006.
www.europa.eu.int/comm/health/ph_determinants/life_style/mental/green_paper/consultation_en.htm

On 19 October 2005 the **Independent Monitoring Commission** released its seventh report. In relation to paramilitary groups and organised crime, the Commission concluded that because of paramilitary involvement, organised crime (including drug dealing) is the biggest long-term threat to the rule of law in Northern Ireland.
www.independentmonitoringcommission.org

In October 2005 **European Anti-Poverty Network (EAPN) Ireland** launched its new website. The website carries a series of pages on policy issues relating to poverty, including drugs. EAPN Ireland is the Irish national network of the European Anti-Poverty Network, which links groups fighting for the eradication of poverty across the EU. The Irish network's roles include empowering network members through information and training; policy development and advocacy in relation to the eradication of poverty at both national and EU level; and promoting networking between anti-poverty groups across the EU.
www.eapn.ie

In October 2005 the **Criminal Assets Bureau (CAB)** Annual Report 2004 was laid before the Houses of the Oireachtas. The Report states that 80% of the High Court orders obtained under the Proceeds of Crime Act 1996 during 2004 were directly connected to the proceeds of drug trafficking. The Report also notes that 2004 was the first year in which monies (€275,875.43), previously frozen by court orders under Section 3 of the Proceeds of Crime Act 1996, were remitted to the Minister for Finance for the benefit of the central fund. In outlining new developments, the Report details how Action 9 of the National Drugs Strategy, 'to target the assets of middle-ranking criminals involved in drug-dealing', has been implemented. The CAB, along with the Garda National Drugs Unit, has trained one member of the Garda Síochána from each of the 25 Garda divisions as a divisional profiler in criminal assets. A course was delivered, in association with the Garda College, covering all areas of assets forfeiture. These divisional criminal assets profilers complement and enhance the CAB's role in relation to identifying, tracing and seizing criminal assets of persons engaged in criminal conduct. www.justice.ie

In October 2005 the **CityWide Drugs Crisis Campaign** published *Drug Rehabilitation – A View from the Community.* This report contains the results of a CityWide survey undertaken in July 2005 on the work of special Community Employment projects delivering drug rehabilitation programmes. It outlines the key elements of a model Drug Rehabilitation Service that is community-based, integrated, multi-agency and client-centred. www.citywide.ie
(Compiled by Brigid Pike)

The National Documentation Centre on Drug Use

Problem drug use and the evidence-based approach to treatment

In the next few issues of *Drugnet Ireland* we will be looking at the subject of evidence-based medicine (EBM) and its current and potential role in the treatment of problem drug use. This article provides a very brief overview of the concept of EBM and points to where the evidence can be found.

What is evidence-based medicine?

EBM is an approach to clinical decision making that relies heavily on high-quality research evidence. The definition below neatly describes the central principles of a practice which follows the EBM approach.

> *Evidence based clinical practice is an approach to clinical decision making in which the clinician uses the best evidence available, in consultation with the patient, to decide upon the option which suits that patient best.*[1]

It is important to note here that an evidence-based approach is not simply an unmediated application of evidence from research; the experience and judgement of the clinician providing treatment and the expectations, needs and background of the patient, client or carer are also essential evidence and play a role in clinical decision making.

Where does the evidence come from?

Evidence-based practice relies on findings based on a number of research tools:

Systematic reviews identify all the research evidence on a topic, appraise it for quality and attempt to draw conclusions from the evidence available.

Randomised control trials are studies in which a group of subjects receiving an intervention is compared with a control group. Both groups are randomly selected.

Cohort studies are those in which patients who presently have a certain condition and/or are receiving a particular treatment are followed up over time and compared with another group who are not affected by the condition or treatment under investigation.

Other research tools include case-controlled studies and qualitative studies.

Where is the evidence found?

Databases

Finding evidence may involve searching a number of databases and other sources. The Cochrane Collaboration is responsible for synthesising evidence-based research in the form of systematic reviews, which are made available through the Cochrane Database of Systematic Reviews. There are also several bibliographic databases covering all the major medical and health fields. These include Medline, the database of the National Library of Medicine (USA); EMBASE, the Excerpta Medica

Database; and PsycINFO, the database of the American Psychological Association. A database of particular relevance to the addictions field is ETOH, the Alcohol and Alcohol Problems Science Database of the US National Institute on Alcohol Abuse and Alcoholism. Unfortunately, this database is not currently being updated and, while it is still available online, for free, no new records have been added since 2004. Another very useful source is *Clinical Evidence,* an online directory published by the BMJ and updated monthly.

Clinical guidelines

Clinical practice guidelines are another important facet of the knowledge base required by clinicians seeking evidence to support decisions. These guidelines are systematically developed statements designed to assist in patient and physician clinical decision making for specific clinical circumstances. They are prepared using clinical experience, expert knowledge and research evidence and developed using a consensual approach often involving treatment providers and patient groups as well as clinicians.

Examples of organisations that provide online access to clinical guidelines are the UK National Institute for Health and Clinical Excellence **(www.nice.org.uk)** and Canada's CMA Infobase **(http://mdm.ca/CPGSNEW/CPGS/INDEX.ASP)**. Guidelines Finder is a special service available through the National Electronic Library for Health which holds details of over 1400 guidelines in the UK.

Practice guidelines for the medical treatment of problem substance use are readily available but this is, of course, only part of the picture. Finding guidelines which describe best practice in other forms of treatment, including psychosocial treatment, is much more difficult and this evidence is not often available through the sources outlined above.

Treatment approaches to problem drug use need to address not only the medical or physical manifestation of the problem; they must also consider social, psychological, economic and other

The National Documentation Centre on Drug Use *(continued)*

Students from the TCD Diploma in Addiction Studies on a visit to the NDC

factors.
It might appear that the principles of EBM, with its emphasis on providing support to clinical decision making, has limited applicability in the addictions field. However, the concept of EBM is receiving increasing attention in scholarly literature in the field. Furthermore, studies examining the efficacy and benefits of treatment programmes have identified the evidence-based approach as important in achieving successful outcomes.

Service providers and planners are well aware of the emphasis on efficiencies in health services and the need to demonstrate the economic benefits. A recent systematic review of American research on treatment for problem drug and alcohol use demonstrated that treatment programmes have produced significant social, economic and health benefits.[2] The review found that reduction in drug and alcohol use, and consequent improvements in health and social function of the individual receiving treatment, are most marked when the treatment used is evidence based. This underlines the importance of ensuring that those responsible for designing, implementing and delivering treatment services have access to the evidence base.

Future issues of *Drugnet Ireland* will look at how the concept of EBM is treated in addiction literature and at the role of researchers, librarians and service planners in turning evidence into knowledge which can be used to reduce drug-related harm. *(Brian Galvin)*

1. Muir Gray JA (2003) *Evidence based health care: how to make health policy and management decisions.* 2nd edn. Edinburgh: Churchill Livingstone.
2. References to this study and other research and sources of evidence are available with the online version of this article on the NDC website at www.hrb.ie/ndc.

Directory of courses and training programmes

The National Documentation Centre on Drug Use is compiling a Directory of courses and training programmes in the area of drug use in Ireland.

The Directory will contain information on:

- Short courses aimed at providing basic information and/or raising awareness of drug misuse among a general target audience
- Longer courses aimed at providing information, raising awareness and developing skills among those whose paid or voluntary work brings them into contact with drug use.
- Courses leading to a professional or academic qualification
- Courses in drug misuse aimed at young people
- In-service training for professionals and other vocational groups working in the field of drug misuse or related areas

The Directory will be published in summer 2006 and will be available on the NDC website.

If you deliver a course that you think should be included in the new Directory, please contact:

Mary Dunne
Information Officer
t +353 1 6761176 ext 180
e mdunne@hrb.ie

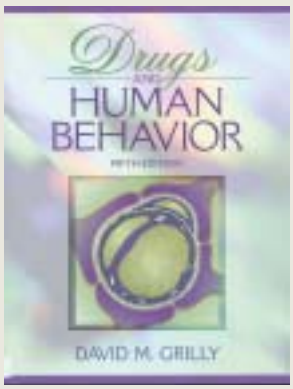
Christmas Hours
The NDC will close for Christmas on Friday 23 December at 1.00 pm.
It will open again on Tuesday 3 January at 9.15 am.

Recent publications

Books

Drugs and human behavior

Grilly DM *Pearson* 2006, 444 pp.
ISBN 0 205 44362 1

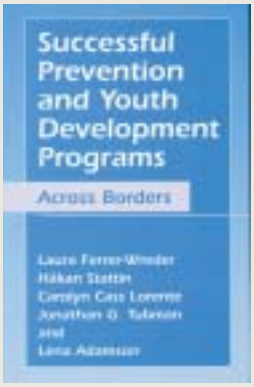


Although the use of psychoactive drugs has a long history, the systematic study of the relationships between drugs and psychological processes – psychopharmacology – is quite new. The purpose of this book is to introduce the reader to this field, with special emphasis on the relationships between drugs, their mechanisms of action in the nervous system, and human behaviour. The text is written in concise, jargon-free prose for students of psychology, nursing, chemistry or biology who are interested in research associated with drugs and their use in social, recreational or therapeutic settings, or who intend to specialise in related clinical fields.

Chapter 1 deals briefly with the field of pharmacology from a historical perspective. Chapters 2 and 3 acquaint the student with the principles and mechanisms behind the actions of drugs that can be generalised to all drugs. Chapters 4 and 5 review the nervous system, through which psychoactive drugs induce their effects. Chapter 6 discusses the general processes behind drug tolerance, drug abuse and drug dependence. This chapter contains a section on general factors in treatment for drug dependency. Chapters 7 to 11 classify, describe and discuss the actions and effects of drugs, such as alcohol, hypnotics, amphetamines, cocaine, opioids and hallucinogens, commonly used in our culture for social and recreational purposes, often leading to drug abuse and dependence. Each of these chapters contains a section on the current treatment for abuse of the drugs discussed and provides a number of approaches for prevention and reduction of their consequences. Chapters 12 to 14 describe and discuss the actions and effects of drugs used primarily in the treatment of mental and emotional disturbances. A list of websites for further information is given at the end of each chapter. The book has an updated Drug Name Index, a comprehensive bibliography and a general index.

Successful prevention and youth development programmes: across borders

Ferrer-Wreder L, Stattin H, Cass Lorente C, Tubman JG and Adamson L
Kluwer Academic / Plenum Publishers 2004, 339 pp.
ISBN 0 306 48176 6



Written collaboratively by American and Swedish researchers, this book is a compilation of the latest work in the field of prevention science. It is essentially a review of a sample of scientifically evaluated programmes of intervention that are aimed at either promoting youth development or ameliorating the long-term consequences of problem behaviours in young people. In selecting programmes for the book, the authors ensured that work in intervention from both North America and Europe was included; they also preferred to include intervention programmes that had involved the participants in their design, implementation and maintenance. The book includes prevention and promotion programmes across the age range from pre-schoolers to adolescents, and covers interventions in the family, in the school and in the community.

The book is in three parts: the Introduction forms Part I, and contains an analysis of selected topics, principles and debates within the prevention and youth development literatures. Part II, the Review, is made up of six chapters providing examples of good prevention practice in family, school and community contexts. These chapters contain a 'best evidence synthesis' of salient research literatures and a review of 'cross-context interventions'. The last of these chapters summarises the findings of an interview study with programme developers and implementers who have taken part in cross-national intervention trials. Part III, Resource Guide, consists of three chapters: (1) a Glossary of key terms that are set in bold type the first time they appear in the text; (2) Programme Examples, gives programme summaries in some detail, which provide readers with a road map for the development of intervention programmes and policies; (3) Web Resources, is intended to give the reader the tools to explore the most current intervention-related literature. These last two chapters are designed to encourage further independent analysis of the research literature.

Recent publications *(continued)*

Journal articles

The following abstracts are from a selection of articles relating to the drugs situation in Ireland recently published in Irish and international journals.

In-patient treatment of opiate dependence: medium-term follow-up outcomes

Smyth BP, Barry J, Lane A, Cotter M, O'Neill M, Quinn C and Keenan E
British Journal of Psychiatry 2005; 187: 360–365

The outcome for opiate-dependent patients seeking abstinence is unclear in this era of improved access to methadone maintenance. The aim of this study was to measure the outcome 2—3 years after in-patient treatment. Opiate-dependent patients admitted with a goal of abstinence were followed-up. A structured interview examined drug use and treatment in the preceding month. Five patients had died and 109 (76%) of the remaining 144 were interviewed. Fifty per cent (54 patients) reported recent opiate misuse and 57% (62) were on methadone maintenance. Twenty-three per cent (25 patients) were abstinent (i.e. neither using opiates nor on methadone maintenance). Abstinence was significantly associated with completion of the 6-week in-patient treatment programme and attendance at out-patient after-care, and negatively associated with a family history of substance misuse. In conclusion, abstinence remains an attainable goal. As the principal influence on outcome was treatment adherence, inpatient services should seek to enhance rates of programme completion. After-care should be provided to patients. We caution against use of pre-treatment patient characteristics as criteria for prioritising access to in-patient treatment.

An exploration of prisoners' and prison staff's perceptions of the methadone maintenance programme in Mountjoy Male Prison, Dublin, Republic of Ireland

Carlin T
Drugs: Education, Prevention & Policy 2005; 12(5): 405–416

This study, which was based in Ireland's main committal prison, used semi-structured interviews and a focus group to explore the perceptions of staff and prisoners towards methadone maintenance within the prison setting. Although the research subjects identified advantages and disadvantages associated with methadone prescribing within the prison, they were generally positive in their assessment of Mountjoy's methadone programme. Prisoners perceived it as leading to an improvement in their relationships with their families, while staff viewed it as facilitating a more stable and safer working environment. However, although prisoners' use of heroin had reportedly declined since the advent of the methadone maintenance programme in the prison, their use of other drugs had not. There were negative views expressed by both groups about the manner in which methadone is dispensed within the prison, and also because methadone was viewed as being as addictive as heroin. Regarding perceptions of the purpose of methadone maintenance, there was a spectrum of interpretations among the interviewees. Five purposes were identified. These were: (1) to ensure continuity of harm-reduction policies from the community; (2) to reduce the supply of heroin in the prison; (3) to prevent needle sharing and the spread of blood-borne infections; (4) to treat heroin addiction; and (5) to control prisoners and maintain order and discipline within the prison. Apropos the latter, there was a widely held perception within the total sample that this latent function of methadone maintenance could be seen as of greater importance than the more conventional harm-reduction functions that were also identified.

Guidelines for the management of hepatitis C in general practice: a semi-qualitative interview survey of GPs' views regarding content and implementation

Cullen W, O'Leary M, Langton D, Stanley J, Kelly Y and Bury G
Irish Journal of Medical Science 2005; 174(3): 32–37

Hepatitis C is a common infection among people who attend GPs for methadone maintenance treatment. The aim of this survey was to determine the views of GPs on clinical guidelines for the management of hepatitis C among current or former injecting drug users, in advance of their implementation. A purposive sample of 14 GPs (10% of the total number prescribing methadone at the time the guidelines were developed) was invited to review a pre-publication draft of the guidelines; these participants were interviewed regarding content, presentation, perceived barriers to implementation and suggested interventions to facilitate effective implementation of the guidelines. Survey results showed that GPs found the guidelines useful, but suggested that aspects of presentation should be clarified. Organisational issues were identified as the principal barriers to effective implementation; the provision of additional nursing support was the principal intervention suggested to facilitate implementation. The paper concludes that interviewing intended recipients may be an important step in ensuring that clinical practice guidelines are effectively implemented.

Recent publications *(continued)*

'Scripting' risk: Young people and the construction of drug journeys

Mayock P
Drugs: education, prevention & policy
2005; 12(5): 349–368

The concept of risk, and its centrality to social life, is theoretically much discussed within late modernity. This paper examines young people's drug use and their drug transitions within a framework of risk drawing on findings from a longitudinal ethnographic study of drug use among young people in a Dublin inner-city community. Fifty-seven young people aged between 15 and 19 years, including non-users, recreational, and problematic drug users, were recruited into the study in 1998. Contact was re-established with 42 of the study's participants in 2001. Individual interviews and focus group discussions, supported by prolonged participation within the study site, were the primary methods of data collection. Drawing on the young people's situated accounts of their drug-taking events, routines, and practices across time, the findings highlight the complex social negotiations involved in the construction of drug journeys. Analyses of change in drug use behaviour over the study period demonstrate that drug transitions unfold alongside dynamic and changing perceptions of safety and risk. Responses to 'risk' within youth drug scenes were contextually shaped, open to situational revision over time, and, in many instances, drug taking was habitual, not calculated. Put differently, young people 'script' risk as they gain experience in the world. The type of calculus involved in the making of drug journeys is fluid and relational, socially contingent rather than static, and subject, at times, to constrained agency linked to social and economic marginalisation. It is argued that models of risk that rely on individualistic and rationalistic assumptions struggle to accommodate the fluidity and contradiction that characterises much drug use. Implications for strategies and initiatives aimed at reducing drug-related harm are discussed.

The impact of paramilitary violence against a heroin-user community in Northern Ireland: a qualitative analysis

Higgins K and Kilpatrick R
International Journal of Drug Policy
2005; 16(5): 334–342

Over the past decade, Northern Ireland has witnessed the cessation of conflict and the emergence of the ongoing peace process. It is now dealing with new patterns of crime and with social problems either ignored or suppressed during the years of the so-called 'Troubles'. A key example is heroin and injecting drug use. Systematic beating, exiling and torture by paramilitaries remain pervasive in many communities. Drawing on data from a qualitative study examining the emergence of the heroin scene in Ballymena, this paper presents findings that illustrate the impact of paramilitary violence on a heroin-using community. The paper describes, both from the perspective of the heroin users and the professionals seeking to help them, the violence and intimidation perpetrated by the paramilitants. The impact this rough justice has on their day to day lives is explored, as well as the difficulties it presents in influencing their decisions to utilise services such as harm reduction initiatives. The paper provides context by summarising available evidence on the extent of heroin use in Northern Ireland and presenting a brief account of current Northern Ireland drug policy. The historical relationship between paramilitary groups and communities is also briefly outlined. By way of conclusion, the paper discusses the relationship between wider societal transformation in Northern Ireland and drug-use patterns and outlines how heroin users might be assisted in dealing with the compounded nature of the challenges facing them as a result of the paramilitary threat.

Recreational drugs and fetal gastroschisis: maternal hair analysis in the peri-conceptional period and during pregnancy

Morrison JJ, Chitty LS, Peebles D and Rodeck CH
BJOG: An International Journal of Obstetrics & Gynaecology 2005; 112(8): 1022–1025

This prospective observational study aimed to objectively measure individual recreational drug groups in maternal hair samples timed for the period of conception and different stages of pregnancy in expectant mothers with a diagnosis of fetal gastroschisis. The study was conducted in a tertiary level fetal medicine unit in a university teaching hospital on a population of pregnant women with a diagnosis of fetal gastroschisis (n= 22). The control group consisted of a group of women (n= 25) with a normal fetus. Hair samples were cut from the vertex of the head of expectant mothers with a diagnosis of fetal gastroschisis and a matched control group in whom the fetus was normal. The samples were analysed by enzyme-linked immunosorbent assay (ELISA) for individual drug groups. Confirmatory tests using gas chromatography with mass spectrometry (GCMS) were used. Main outcome measures were the presence of recreational drug compounds in hair samples. In the group with fetal gastroschisis there were four proven positive cases for recreational drug abuse (18%) and there were none in the control group. The authors concluded that the incidence of recreational drug use in the peri-conceptional period and the first trimester by expectant mothers with a diagnosis of fetal gastroschisis is 18%. This association may be linked to the recent increase in the incidence of gastroschisis among younger mothers.
(Compiled by Louise Farragher and Joan Moore)

Upcoming events

(Compiled by Louise Farragher)
Email: lfarragher@hrb.ie

December 2005

16 December 2005

Seminar: Drug Education and Prevention

Venue: Cork

Organised by / Contact: Regional Drugs Task Force, Southern Region. Call David Lane or Gemma O'Leary on +353 (0)21 492 3132. Community Services Office, St Finbarr's Hospital, Cork.

Email: gemma@corkldtf.ie

Information: The focus of this seminar is to examine current issues, to discuss approaches and explore a way forward. Speakers include Dr Mark Morgan, lecturer at St Patrick's College, Drumcondra, and Dr Shane Butler, chairman of the Addiction Research Centre, Trinity College. This seminar will be of particular interest to professionals in this area of work: teachers, school counsellors, youth workers, gardaí, special project workers, etc. Limited places available.

January 2006

19 January 2006

Employee Drug Testing – Complying with the Safety, Health & Welfare at Work Act 2005

Venue: Stillorgan Park Hotel, Dublin

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

Information: This conference aims to:

- Outline the new duties on employers and employees in relation to intoxicants
- Present a comprehensive five point plan which will address performance problems in the workplace caused by drugs and alcohol
- Review the European Workplace Drug Testing Society (EWDTS) standards for drug and alcohol testing

This conference will also be held in:
The Clarion Hotel, Limerick, on 2 February 2006
The Radisson Hotel, Cork, on 2 March 2006

February

16–17 February

Prisons and Beyond..., 2006

Venue: Ramada Hotel, Leicester

Organised by / Contact: Alan Whittemore, Conference Administrator
Tel: +44 (0)870 763 6139

Email: office@fdap.org.uk
www.fdap.org.uk/fdapevents/prisons2006.html

Information: 'Prisons and Beyond…, 2006' will focus on drug services in custody and after release, and is targeted at frontline staff and managers in prisons and in the wider criminal justice field. The conference will incorporate plenary presentations, practical workshops and seminars, and interactive debates.

The aims of the event are to:

- Update frontline workers and managers on the latest developments in the substance misuse field, and on relevant developments within the Home Office, NOMS and Scottish Prisons Service;
- Provide practical training and learning opportunities on issues of relevance to good practice in the treatment and management of substance misusing offenders;
- Provide an opportunity for staff and local managers to give feedback about, and contribute to the development of, policy and practice in the delivery of drug services in prisons and beyond;
- Provide a networking opportunity for frontline workers and managers from prisons and the wider criminal justice field.

March

9–10 March 2005

2006 National Drug Treatment Conference

Venue: Glasgow Radisson SAS Hotel, Scotland

Organised by / Contact: Exchange Supplies
Tel: +44 (0)1305 262244

Email: info@exchangesupplies.org
www.exchangesupplies.org/conferences/2006_NDTC/intro.html

Information: Five major themes will be addressed by the conference: marginalised groups; key clinical issues; prison healthcare; commissioning; and pharmacy services.

Upcoming events *(continued)*

April

30 April–4 May

17th International conference on the reduction of drug-related harm. Hear + Now: The Peer Conference

Venue: Vancouver, Canada

Organised by / Contact: Conference Management Team
Tel: +1 604 688 9655 ext. 2
Fax: +1 604 685 3521
www.harmreduction2006.ca

Information: The Hear in this year's conference theme highlights our determination to support the 'global dialogue' around harm reduction. The Now emphasises our need to act on what we learn immediately. In specific terms, PEER represents protection, empowerment, equality and respect – the backbone of harm-reduction programmes. The global sense of 'peer' support can and should encompass all members of the harm reduction community, including users and former users, street workers, government agencies, health care workers, policy makers, law enforcement agencies, drug manufacturers, and the business community.

May

4–5 May

Faculty of Substance Misuse Annual Meeting

Venue: Andels Hotel, Prague

Organised by / Contact: The Royal College of Psychiatrists. Sally Fricker, College Conference Office.
Tel: +44 (0)20 7235 2351 ext 145

Email: sfricker@rcpsych.ac.uk
www.rcpsych.ac.uk/conferences/diary/index.htm

The Drug Misuse Research Division (DMRD) of the Health Research Board is a multi-disciplinary team of researchers and information specialists who provide objective, reliable and comparable information on the drug situation, its consequences and responses in Ireland. The DMRD maintains two national drug-related surveillance systems and is the national focal point for the European Monitoring Centre for Drugs and Drug Addiction. The Division also manages the National Documentation Centre on Drug Use. The DMRD disseminates research findings, information and news in Occasional Papers, in the Overview series and in a quarterly newsletter, *Drugnet Ireland*. Through its activities, the DMRD aims to inform policy and practice in relation to drug use.

***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 the Administrative Assistant, Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2.
Tel: 01 676 1176 Ext 127; Email: dmrd@hrb.ie

Among the publications issued by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) are *Drugnet Europe*, a quarterly newsletter, and *Drugs in focus*, a series of policy briefings issued three times a year. Electronic versions of both publications are available on the EMCDDA website at www.emcdda.eu.int. Hard copies of current and future issues may be obtained from the Drug Misuse Research Division at the above address.

The documents referred to in this issue of *Drugnet Ireland* are available in the National Documentation Centre on Drug Use at the above address. Tel: 01 676 1176 Ext 175; Email ndc@hrb.ie