drugnet IRELAND

Issue 17
Spring 2006

Newsletter of the Drug Misuse Research Division

Our new address:

Drug Misuse Research Division
Health Research Board
Knockmaun House
42–47 Lower Mount Street
Dublin 2

t + 353 1 676 1176
f + 353 1 661 1856
e dmrd@hrb.ie

New home for National Documentation Centre

The National Documentation Centre on Drug Use has moved to new, larger premises on Lower Mount Street in Dublin. The NDC, along with the Drug Misuse Research Division and a number of other divisions of the Health Research Board, took up residence in Knockmaun House at the end of February. The move comes just over three years after the NDC first opened in Holles Street. This is an exciting development for the NDC as it allows room for expansion both of the library's collections and of the range of services it provides. The new library will continue to provide an information service to visitors and anyone can drop in to discuss their research interests or information needs with NDC staff.

See p. 22 for more information on the NDC and new contact details.

Drugnet Ireland readers survey

This is your opportunity to tell us what you think of *Drugnet Ireland* and to let us know whether there are any changes you would like to see in its content, format or presentation. We will use the information gained through this survey to develop the newsletter in response to your needs.

Inside this issue you will find a questionnaire and a pre-paid addressed envelope which you can use to return the completed questionnaire to us. We know that you are very busy, so we have designed the questionnaire to enable you to give us the information we need in as short a time as possible.

So, please take five minutes of your time to fill in the questionnaire and help us make *Drugnet Ireland* an even better source of information on all drug-related topics.

contents

The illicit drug market in Ireland

The second publication in the Drug Misuse Research Division's Overview series was published in December 2005. The purpose of this Overview, *The illicit drug market in Ireland,*[1] was to compile and analyse existing data and available research on the drug market, to identify gaps in knowledge and to inform future research needs in this important area of drug policy.

The illicit drug market can be understood as incorporating three inter-related levels or dimensions. The global or 'international market' incorporates drug production and international trafficking; the 'middle market' involves the importation and distribution of drugs at a national level; and the 'local market' involves distribution at a retail level.

Understanding the scale, nature and dynamics of the drug market is a critical requirement for effective policy-making and action. It is important to understand the global interconnectedness of the drug market as this has implications for international relations. Also, by mapping out 'middle market' levels, research studies have investigated how drugs are moved from importation to street level, by whom and for what profit. In doing so, such studies have identified more efficient ways in which drug supply can be disrupted. With regard to the 'local market', low-level distribution networks are the principal means by which drugs become available in a neighbourhood. The ease of access to drugs is regarded as an important determinant of experimental drug use among adolescents. Local drug markets can also instil fear and insecurity in local communities. Consequently, there is a need to identify and disrupt local drug sources and supply routes. Knowledge of these networks, their dynamics and their impact is an important prerequisite for effective interventions, such as local policing, harm reduction or housing initiatives.

Information and research on the illicit drugs market in Ireland is extremely limited. In the case of the importation and internal distribution of drugs in Ireland, information is gathered by law enforcement agencies such as Customs Drug Law Enforcement and the Garda National Drugs Unit (GNDU). When drugs are seized, Irish law enforcement personnel seek to determine the destination of the drugs by considering a number of factors associated with the particular seizure: the size of the seizure, the geographical location of the seizure, whether, for example, weather conditions inadvertently caused a diversion into Irish waters of a particular shipment, and the circumstances of the individuals apprehended along with the drugs. Another possible indicator of national distribution patterns is drug-related prosecutions by drug type and by Garda division, which are reported in the annual reports of An Garda Síochána.

A number of localised studies have provided further information on aspects of retail drug markets and their impact on specific locations. Such studies illustrate that the drug phenomenon impacts disproportionately on the quality of life of certain communities in Ireland, with drug-related crime, nuisance and fear associated with such markets of particular concern. Typically, such communities already experience a range of other social and economic problems such as poverty, high levels of unemployment, educational disadvantage and political marginalisation. Street-level drug markets in such areas can add to the sense of alienation often experienced by residents and this in turn can operate as a disincentive to engaging in community-based and inter-agency policy responses.

Drug price data enable us to estimate the value of the illicit drug market. Knowledge of the value of the illicit drugs market can provide an indication as to its relative importance vis-à-vis local economies. Price estimates obtained from the GNDU and from a drug users' support organisation, the Union for Improved Services, Communication and Education, were used to ascertain drug prices for the year 2003 as shown in the Overview. As the Irish illicit drugs market is closely connected to that of the UK and Northern Ireland, Irish drug prices were compared with drug prices in these jurisdictions.

Systematic purity-testing of drugs seized at all market levels can provide useful information on market dynamics and profit margins.

The Overview provides information on drug seizures, estimated illicit market value, drug sources and trafficking patterns, drug prosecutions by Garda region and drug availability. Among the key findings were:

- The total number of drug seizures reported in the annual reports of the Garda Síochána decreased by 17.2% between 2000 and 2003. The total number of seizures increased from 5,603 in 2002 to 6,377 in 2003.
- An upward trend in cocaine seizures in recent years is evident. The number of cocaine seizures increased steadily, from 42 seizures in 1995 to 566 in 2003, a growth of more than 1,200%. Since 2000, the quantity of cocaine seized has increased by just less than 500%. A small number of crack cocaine seizures were made in 2003.

The illicit drug market in Ireland *(continued)*

- With regard to market values, based on a commonly used estimation that the amount of drugs seized in a given year is 10% of the total amount imported, using seizure data provided in the Annual Report of An Garda Síochána 2003 and price estimates supplied by the GNDU for 2003, an approximate estimate of the total retail market value for the following drugs in 2003 was made: cannabis resin €374 million; cannabis herb €4 million; heroin €54 million; cocaine €75 million; amphetamine €10 million; ecstasy €129 million; LSD €3,300.
- The largest proportions of cannabis-related prosecutions take place in the Dublin Metropolitan Region (DMR) and the Southern Region.
- Despite the concentration of population in the DMR, ecstasy-related prosecutions appear to be dispersed quite widely throughout the State.
- Although heroin-related prosecutions have decreased in the DMR since 2001, they have increased in the areas immediately surrounding Dublin. While the trends in the other regions are less consistent, it is clear that, although heroin remains predominantly a Dublin-based phenomenon, it is no longer confined exclusively to the capital.
- Surveys suggest that Ireland ranks quite highly relative to other European countries in terms of perceived drug availability. Ireland ranks first among the 35 countries surveyed in the most recent European School Survey Project on Alcohol and other Drugs with regard to perceived availability of inhalants, crack, cocaine and ecstasy.
- While there is not necessarily any direct connection between source of drug production and perceptions of availability, these findings suggest an exaggerated perception of drug availability among school children in Ireland relative to those in other European countries.
- Localised studies and surveys which have sought to ascertain information about local drug markets, have found that some parts of inner city Dublin are characterised by a high exposure to a drug culture and that the procurement of drugs in such areas is relatively uncomplicated.
- That drug initiation usually occurs within a familiar social context, between friends, relatives and neighbours, rather than through the intervention of a stranger or 'dealer at the school gates', has been a consistent but generally overlooked finding of research in this area.

The Overview identified a number of limitations in existing data sources and provided recommendations for further research. The recommendations included the following:

- Research is required to identify the operational characteristics and dynamics of different stages of the drugs market, involving, in particular, the middle and local market stages. Research should also distinguish between markets in different substances.
- Regular surveys on the impact of local drug markets on local communities should be conducted. Such research would assist in evaluating the effectiveness of intervention strategies such as local policing initiatives.
- Research on Irish drug markets could be facilitated through a more systematic collation of drug seizure, price and purity information.
- An analysis of seizure data might usefully consider, separately, seizures by the various agencies such as the Garda Síochána and Customs and Excise. Seizures by these different agencies would normally happen at different stages of the market.
- Seizure data should also be presented in a way whereby small and large seizures can be defined and also whereby seizures can be categorised by drug type.
- The use of price as an indicator of drug availability requires repeated accurate and up-to-date data.
- Drug purity data is not collated in a systematic way at different market levels in Ireland. Research should be conducted in the Forensic Science Laboratory to ascertain purity levels of different drugs and for different-sized seizures, i.e. both street-level and larger seizures.
- Research should be conducted in order to estimate the total value of the wholesale and retail illicit drug markets. The compilation on an annual basis of data on drug production estimates, drug seizures, drug prices (wholesale and retail), drug purity (wholesale and retail) and drug prevalence and estimated per capita drug consumption would facilitate such a study. *(Johnny Connolly)*

1. Connolly J (2005) *The illicit drug market in Ireland.* Overview 2. Dublin: Health Research Board. Copies of this publication can be obtained from the National Documentation Centre on Drug Use.

Local drug markets can also instil fear and insecurity in local communities. Consequently, there is a need to identify and disrupt local drug sources and supply routes.

Regular surveys on the impact of local drug markets on local communities should be conducted. Such research would assist in evaluating the effectiveness of intervention strategies such as local policing initiatives.

Alcohol and injuries in the accident and emergency department – a national perspective

Higher proportions of participants who had an alcohol-related injury were seen between Friday and Monday and between midnight and 6 am, while the converse was observed for those with non-alcohol-related injury.

Hope and colleagues[1] examined the association between injury and alcohol among persons attending accident and emergency (A&E) departments using the protocol developed by the World Health Organization for its collaborative research on alcohol and injury. The study was conducted in six major acute hospitals across Ireland. Between April 2003 and May 2004 and between the hours of 10 am and 6 am, 2,500 patients aged 18 years or over who presented to A&E within six hours of an injury were invited to participate in the study; 2,093 (84%) agreed to participate. The participants completed a questionnaire covering the type and cause of injury; alcohol consumption in the six hours prior to injury; usual frequency and consumption of alcohol, including the number of high-consumption periods, in the previous 12 months; and indicators of alcohol dependency and alcohol-related problems. The patients who reported drinking alcohol prior to injury were breathalysed to estimate their blood alcohol concentration. Data were analysed to increase understanding of risk factors and to identify possible screening procedures for problem alcohol use.

Of the 2,085 patients who participated, 478 (23%) had an alcohol-related injury and 1,607 (77%) had a non-alcohol-related injury. Higher proportions of participants who had an alcohol-related injury were male or unemployed when compared to the corresponding proportions who had a non-alcohol-related injury (Table 1). Higher proportions of participants who had an alcohol-related injury were seen between Friday and Monday and between midnight and 6 am, while the converse was observed for those with non-alcohol-related injury. Over half the participants with an alcohol-related injury arrived at the A&E department within one hour, compared to 23% of those with a non-alcohol-related injury. Blunt force injury was more common among participants with an alcohol-related injury than among those with a non-alcohol-related injury, 14% compared to 9%. Both intentional self-inflicted injury and intentional injury by someone else were more common among participants with an alcohol-related injury than among those with a non-alcohol-related injury. Participants with alcohol-related injury were more commonly injured in a public place (pub or street).

Table 1 Characteristics of patients who participated in the study, by type of injury

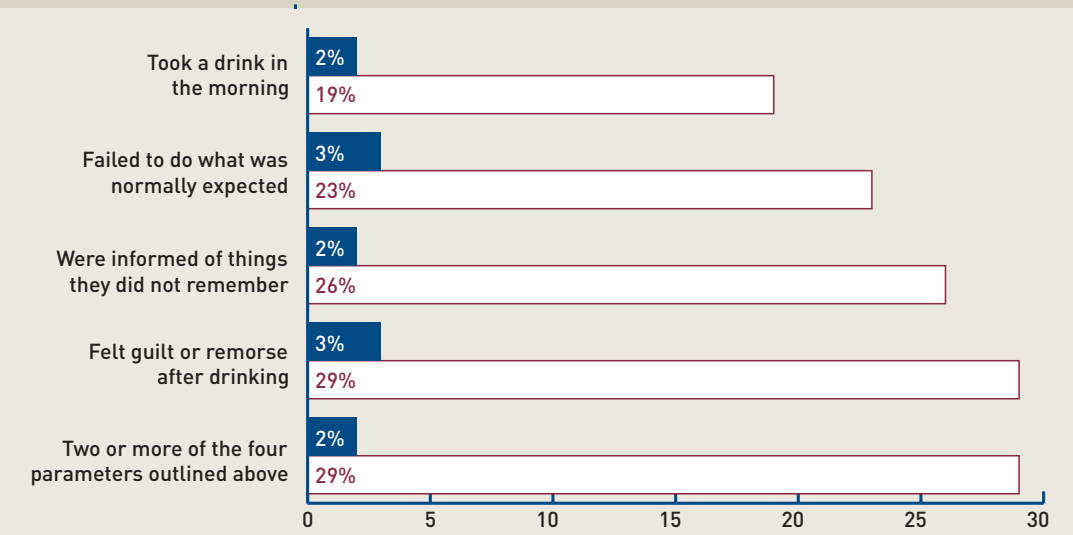
		Non-alcohol-related injury	Alcohol-related injury
Number of cases		**1607**	**478**
Gender	Male	62.2%	73.8%
	Female	37.8%	26.2%
Age group (in years)	18–29	44.5%	47.6%
	30–49	29.0%	30.8%
	50–64	12.6%	14.5%
	65 or over	13.9%	7.1%
Employed	Yes	55.6%	46.0%
	No	44.1%	52.5%
Formal education (average, in years)		13.6	12.5
Monthly income (average, in Euro)		1,707	1,533

Of the 478 participants who had an alcohol-related injury, 32% had consumed 5 to 11 drinks and 61% had consumed 12 or more drinks in the six hours prior to the injury. Higher proportions of participants aged 18 to 29 years or male engaged in harmful drinking, when compared to their older or female counterparts. Over two-thirds attributed their injury to alcohol. Just over 70% of participants had a blood alcohol level greater than 79 mg per 100 ml (above the legal limit for driving) and 48% had a blood alcohol level greater than 100 mg per 100 ml. At clinical assessment, 77% were classified as moderately or severely intoxicated.

The typical drinking habits among patients with alcohol-related injuries, in comparison to those with non-alcohol-related injuries, indicated that higher proportions drank alcohol daily, drank at least weekly, drank higher quantities per occasion, and engaged in hazardous or harmful drinking at least weekly. All of these practices were higher among both male and female patients with alcohol-related injuries than among those with non-alcohol-related injuries.

Two screening tools were used to identify problem alcohol use and the results indicated that higher proportions of those with an alcohol-related injury

Alcohol and injuries in the accident and emergency department – a national perspective *(continued)*



	Two or more of the four parameters outlined above	Felt guilt or remorse after drinking	Were informed of things they did not remember	Failed to do what was normally expected	Took a drink in the morning
Non-alcohol-related injury	2%	3%	2%	3%	2%
Alcohol-related injury	29%	29%	26%	23%	19%

Figure 1 Indicators of problem alcohol use using the four-item Rapid Alcohol Problems Screen, by type of injury

had a positive score (indicating problem alcohol use) compared to the proportions with a non-alcohol-related injury (Figure 1). In addition, 13% of patients with alcohol-related injuries 'needed to drink more to get the same effect' compared to 2% of those with non-alcohol-related injuries.

A logistic regression model was constructed in order to identify the independent influence of each factor on whether you had an alcohol-related injury. After controlling for the influence of other factors, those who were most likely to attend an accident and emergency with an alcohol-related injury were those who:

- presented at A&E between midnight and 6 am
- presented at A&E at the weekend
- presented at an inner city hospital
- reported hazardous drinking at least monthly
- responded positively to more than one of the problem-alcohol indicators
- were injured on the street or road
- reported a lower socio-economic status.

According to the authors, the results of the discriminate function analysis indicated that patients who consume any alcohol and who screen positive for two or more of the four questions listed below should be provided with a brief intervention to motivate them to address their problematic alcohol use. The possible categorisation of responses and scoring technique for responses are not provided in the report.

1. In the past 12 months, how often did you drink between 5 and 11 drinks on one occasion?
2. In the past 12 months, have you had feelings of guilt or remorse after drinking?
3. In the past 12 months, has a family member or friend told you about things you said or did while you were drinking that you could not remember?
4. In the past 12 months, how often did you drink 12 or more drinks on one occasion?

The authors recommend that screening for, and brief interventions to address, problematic alcohol use be introduced in A&E departments throughout Ireland. *(Jean Long)*

1. Hope A, Gill A, Costello G, Sheehan J, Brazil E and Reid V (2005) *Alcohol and injuries in the accident and emergency department – a national perspective.* Dublin: Department of Health and Children.

Of the 478 participants who had an alcohol-related injury, 32% had consumed 5 to 11 drinks and 61% had consumed 12 or more drinks in the six hours prior to the injury.

Self-regulation of alcohol advertising is on probation

On 15 December 2005 the Tánaiste and Minister for Health and Children, Mary Harney TD, launched the Alcohol Marketing Communications Monitoring Body. It will oversee the implementation of and adherence to voluntary codes of practice intended to limit the exposure of young people (aged under 18 years) to alcoholic drink advertising via cinema, TV, radio or outdoor/ambient media.

The voluntary codes were drawn up by the Drinks Industry Group of Ireland, the Association of Advertisers in Ireland and representatives of the media in response to concerns raised by the Department of Health and Children. The codes cover both the content and the placement of alcohol advertisements. The Monitoring Body will comprise representatives of the Health Promotion Unit of the Department of Health and Children, the Broadcasting Commission of Ireland, the Drinks Industry Group of Ireland and the Advertising Standards Authority. Peter Cassells, Chair of the National Centre for Partnership and Performance, will be the independent chair.

The Tánaiste stated that she will be receiving an annual report from the Monitoring Body, which will document breaches of the codes. If it is apparent that the voluntary control system is not performing credibly or effectively, she will have 'no hesitation' in progressing the Alcohol Products Bill, designed to restrict alcohol advertising and marketing practices by law.[1]

It may be anticipated that the first annual report of the Monitoring Body will be published in early 2007. In reading this report, interest will focus on two questions - the effectiveness and sufficiency of the voluntary codes and self-regulation by alcohol advertisers, as opposed to regulation by law; and the balance between the competing interests of government, the public and the alcohol industry on the Monitoring Body and its impact on policy outcomes.

Recent Irish research and inquiries have not reached consensus on how best to control alcohol advertising. There have been recommendations for revisions of the advertising codes and the establishment of effective monitoring,[2] for self-regulation by means of a steering group including the drinks and advertising industries to establish an independent monitoring mechanism to ensure compliance with codes and regulations,[3] for legislative controls,[4] and for an outright ban on alcohol advertising.[5]

It is evident that, at EU level, there is a similar lack of consensus on the most appropriate means of ensuring a reduction in the exposure of young people to alcohol advertising and of ensuring that commercial communications do not encourage excessive or harmful use of alcohol. In a discussion paper on a possible EU alcohol strategy to complement national policies,[6] the European Commission has proposed a series of actions, which indicate a continuing exploration of the options:

- Analyse the experiences of regulatory and self-regulatory mechanisms in the member states.
- Examine how the application of Article 15 of the Television without Frontiers Directive could be more effective, for example in relation to volume, timing, context and placement of advertisements and how to increase the awareness of benefits to consumers.
- Participate in a process of co-regulation, whereby self-regulatory approaches adopted by the beverage alcohol industry are monitored by an independent body.
- Use research findings as the basis of measures to reduce commercial communication to young people.

In a further twist in the debate, the authors of a recent survey of alcohol-related research and public policy[7] found that not only has sophisticated alcohol marketing facilitated the recruitment of new cohorts of young people to the ranks of heavier drinkers but it has also worked against health promotion messages. Pending a resolution of the debate on how effectively to reduce the impact of alcohol advertising on young people, the authors suggest that policy makers should seek to ensure 'a more level playing-field for the reception of health promotion messages by the young'. *(Brigid Pike)*

1. For further information on the Alcohol Marketing Communications Monitoring Body and the voluntary codes, visit the website of the Department of Health and Children at www.dohc.ie
2. Dring C and Hope A (2001) *The impact of alcohol advertising on teenagers in Ireland.* Dublin: Department of Health and Children.
3. Strategic Task Force on Alcohol (2002) *Interim report.* Dublin: Department of Health and Children.
4. Strategic Task Force on Alcohol (2004) *Second report.* Dublin: Department of Health and Children. See S Power (2005, 6 October) *Parliamentary Debates Dáil Éireann Official Report: Unrevised.* Vol. 607, col. 122–123 for a justification of the government's decision to ignore the Task Force's recommendation to legislate: 'The Department is satisfied that the code [as opposed to legislative controls] will result in a significant reduction in the exposure of young people to alcohol advertisements, which is the aim of the recommendation of the task force.'
5. Joint Committee on Health and Children (2004) *Report on alcohol misuse by young people.* Dublin: Houses of the Oireachtas.
6. See 'Discussion paper on the EU strategy on alcohol', prepared by officials in the Health & Consumer Protection Directorate-General of the European Commission, for a meeting of the Working Group on Alcohol and Health on 7–8 March 2005 in Luxembourg.
7. Babor T, Caetano R, Casswell S *et al.* (2003) *Alcohol: No ordinary commodity – research and public policy.* Oxford: Oxford University Press.

New information on cocaine use in Ireland

On 12 January 2006, the National Advisory Committee on Drugs (NACD) in Ireland and the Drugs and Alcohol Information and Research Unit (DAIRU) within the Department of Health, Social Services and Public Safety in Northern Ireland published jointly the fourth bulletin of results from the 2002/2003 all-Ireland general population drug prevalence survey.[1] This latest bulletin focuses on cocaine use in the adult population (15–64 years) and patterns of cocaine use. Minister of State with responsibility for drugs strategy, Mr Noel Ahern TD, launched the findings for Ireland. This article highlights some of those findings and, in addition, presents unpublished data from the National Drug Treatment Reporting System (NDTRS).

Of the 4,918 survey respondents, 3% reported that they had used some form of cocaine at least once in their lives (ever use). Just over 1% had used cocaine in the last year (recent use). Only 0.3% had used it in the last month (current use). Of those who had used cocaine, the vast majority reported that they used cocaine powder; crack cocaine use was rarely reported. A higher proportion of younger (15–34 years) respondents had ever used cocaine (4.7%) compared to the proportion of older (35–64 years) respondents (1.4%). More male respondents (4.3%) had ever used cocaine than female respondents (1.6%). Half of all cocaine powder users commenced cocaine use before they were 20 years old, while half of all crack users commenced before they were 22 years old. There were 27 self-defined regular users of cocaine powder.

Of the 17 current cocaine powder users, just over 83% used cocaine less than once per week, while just under17% used it at least once per week. Just over 83% of current cocaine powder users snorted the drug, while no respondent injected it.

Of the 51 recent cocaine powder users, just over 28% obtained their cocaine from a person who was not known to them, indicating that cocaine use introduces people to cohorts of other users; this may have negative public health implications. Cocaine powder was most commonly obtained at the home of a friend (52%) or at a disco, bar or club (38%). Just under 68% of recent cocaine powder users said that cocaine powder was easy to obtain within a 24-hour period.

Of the 27 self-defined regular cocaine powder users, almost 62% had successfully stopped taking cocaine. The most common reasons for discontinuing it were: could no longer afford it (42%), did not want to continue using it (35%), were concerned about its health effects (32%) and were influenced by family and friends (32%).

The findings of this study should be interpreted with care, in view of the small number of responses on which the patterns of cocaine use are based. It should also be noted that there are special methods, such as nomination or snowballing techniques, to locate and interview drug users so as to investigate patterns and practices of cocaine or opiate use. In addition, a considerable proportion of the socially excluded population are unlikely to be represented in a general population survey. This is because they are unlikely to be included in a population-based list, as they do not reside at a fixed address or, if listed, are difficult to locate for interview. Studies have shown higher rates of problematic drug use among those living in areas classified as high deprivation, and among the homeless and the prison population.[2-4]

Analysis from the NDTRS indicates a sustained increase between 1998 and 2003 in the number of treated cases reporting cocaine as a problem drug, particularly as an additional problem drug among opiate users. The number of treated cases reporting cocaine as a main problem drug increased by 262%, from 86 in 1998 to 311 in 2003 (Table 1). Of the 311 who reported cocaine as their main problem drug in 2003, 92% used one or more additional drugs. The number of cases reporting cocaine as an additional problem drug increased by almost 400%, from 454 in 1998 to 2,244 in 2003 (Table 2). When cocaine was reported as the main problem drug, cannabis, alcohol and ecstasy were the most common additional problem drugs, whereas when cocaine was reported as an additional problem drug the most common main problem drugs associated with its use were opiates, cannabis and ecstasy (Table 3).

Of those who had used cocaine, the vast majority reported that they used cocaine powder; crack cocaine use was rarely reported.

The findings of this study should be interpreted with care, in view of the small number of responses on which the patterns of cocaine use are based.

Table 1 All cases treated for cocaine as a main problem drug in Ireland and reported to the NDTRS, 1998 to 2003

	1998	1999	2000	2001	2002	2003
			Number (%)			
All cases reported	**6035**	**6206**	**6933**	**7900**	**8596**	**9084**
Cocaine as main problem drug	86 (1.4)	57 (0.9)	78 (1.1)	95 (1.2)	155 (1.8)	311 (3.4)
Of whom:						
New cases	32	27	33	46	65	157
Previously treated cases	50	29	42	41	76	145
Treatment status not known	4	1	3	8	14	9

Source: Unpublished data from the NDTRS

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

In 2003, there were 2,555 treated cases who reported cocaine as one of their problem drugs

Table 2 All cases treated for cocaine as an additional problem drug in Ireland and reported to the NDTRS, 1998 to 2003

	1998	1999	2000	2001	2002	2003
			Number (%)			
All cases reporting an additional problem drug	**4261**	**4317**	**4895**	**5378**	**6518**	**6891**
Cocaine as a second, third or fourth problem drug	454 (10.7)	786 (18.2)	916 (18.7)	1220 (22.7)	1716 (26.3)	2244 (32.6)
Of whom:						
New cases	92	180	189	226	309	443
Previously treated cases	355	598	711	968	1367	1772
Treatment status not known	7	8	16	26	40	29

Source: Unpublished data from the NDTRS

Table 3 Main problem drug and associated additional drugs used by new cases treated in Ireland and reported to the NDTRS, 1998 to 2003

	Main problem drug used by new cases reporting more than one problem drug						
	Opiates	Ecstasy	**Cocaine**	Amphet-amines	Benzo-diazepines	Volatile inhalants	Cannabis
Additional problem drug used*							
Other opiates	870	24	**52**	4	19	2	124
Ecstasy	590		**155**	71	17	15	1968
Other cocaine	**772**	**164**	**2**	**22**	**11**	**2**	**469**
Amphetamines	124	299	**62**		4	4	692
Other benzodiazepines	1178	24	**10**	3	14	2	92
Other volatile inhalants	23	21	**1**			9	106
Other cannabis	2015	690	**220**	79	30	47	6
Alcohol	254	377	**118**	29	63	44	1743

*by those who used between one and three additional drugs
Source: Unpublished data from the NDTRS

In 2003, of the 311 treated cases who reported cocaine as their main problem drug, 68% snorted it, 16% injected it, and 12% smoked it. Cocaine use by the same 311 cases in the month prior to treatment was reported as follows: 23% used it daily, 37% used it 2 to 6 days per week, 10% used it once per week or less and 24% had not used it. Of note, no respondent participating in the NACD/DAIRU population-based survey reported injecting cocaine, compared to approximately one in seven of the treated cases. As expected, the frequency of cocaine use among treated cases was considerably higher than that among the general survey population.

In 2003, half of the treated cases for whom cocaine was the main problem drug had commenced its use before they were 20 years old and 80% were men. In 2003, there were 2,555 treated cases who reported cocaine as one of their problem drugs, 1,929 lived in the eastern region (Dublin, Kildare or Wicklow) while 613 lived elsewhere in Ireland. The demographic characteristics for the treated cases are similar to those of the survey respondents. *(Jean Long)*

1. National Advisory Committee on Drugs and Drug and Alcohol Information and Research Unit (2006) *Drug use in Ireland and Northern Ireland. 2002/2003 drug prevalence survey: cocaine results.* Bulletin 4. Dublin: NACD.
2. Barry J, Sinclair H, Kelly A, O'Loughlin R, Handy D, O'Dowd T (2001) *Inequalities in health in Ireland: hard facts.* Dublin: Trinity College.
3. Lawless M, Corr C (2005) *Drug use among the homeless population in Ireland: a report for the National Advisory Committee on Drugs.* Dublin: Stationery Office.
4. Allwright S, Barry J, Bradley F, Long J, Thornton L (1999) *Hepatitis B, hepatitis C and HIV in Irish prisoners: prevalence and risk.* Dublin: Stationery Office.

Government bans sale of 'magic' mushrooms

An order under the Misuse of Drugs Act 1977 provides that, from 31 January 2006, 'any substance, product or preparation (whether natural or not), including a fungus of any kind or description, which contains psilocin or an ester of psilocin is a controlled drug for the purposes of the Act'.[1] The effect of this order is to render the possession or sale of so-called 'magic' mushrooms criminal offences under the Act. Heretofore, it was illegal to possess or supply magic mushrooms in a dried or prepared state but lawful to possess and sell them in their natural state.

In 2005 the National Advisory Committee on Drugs (NACD) and the Drugs and Alcohol Information and Research Unit (DAIRU) of the Department of Health, Social Services and Public Safety in Northern Ireland published jointly the first results from an all-Ireland general population drug prevalence survey.[2] Some of the findings relating to Ireland from this survey are presented in Table 1.

It can be seen from Table 1 that, when we compare lifetime prevalence with last-year prevalence of magic mushroom use among young adults, the rate drops significantly, from 5.9% to 0.7%. This suggests that magic mushrooms are used by young adults largely as an experimental drug. The same can be said of LSD.

A survey of 1,838 school-going teenagers (aged 13–18) in Kildare and west Wicklow found that the lifetime prevalence of magic mushroom use was 5% (number 94); 37% of those reported current use.[3] The mean age of first use was 13.6 years, with more males (45%) than females (20%) reporting persistent use. A survey of drug availability in Kilkenny found that magic mushrooms were 'extremely popular, when in season'.[4] In the past two years, magic mushrooms have been available for sale in over 300 locations in the UK and in a number of locations in Dublin and elsewhere in Ireland.

The risks associated with magic mushrooms can vary depending on the mood, situation and expectation of the user.[5] Among the reported effects are feelings of confidence, visual and sound distortions, paranoia and vomiting. A recent risk assessment conducted by the Netherlands-based Coordination Centre for the Assessment and Monitoring of new drugs (CAM) concluded: 'This drug is not associated with physical or psychological dependency, acute toxicity is largely limited to possible panic and anxiety attacks and, in terms of chronic toxicity, the worst that can happen are flashbacks. Consequently, the use of…hallucinogenic mushrooms does not, on balance, present any risk to the health of the individual'.[6] As magic mushrooms can be sold in outlets in the Netherlands, the report recommended that quality requirements (standardisation, purity testing and labelling) be imposed on such outlets.

There is a lack of scientific evidence on the overall effects of magic mushroom consumption. There is no reported evidence of serious health damage from long-term use of magic mushrooms. The average dosage is 20–30 mushrooms; however, tolerance can develop quickly and dosages increase as a result. A risk associated with magic mushrooms is poisoning through picking and consuming the wrong type of mushroom. Following the change in the law in January, it is reported that a number of outlets which were selling magic mushrooms have removed them from their stores and shelves. *(Johnny Connolly)*

1. Misuse of Drugs Act 1977 (Controlled Drugs) (Declaration) Order 2006.
2. National Advisory Committee on Drugs and Drug and Alcohol Information and Research Unit (2005) *Drug use in Ireland and Northern Ireland: first results (revised) from the 2002/2003 drug prevalence study.* Bulletin 1. Dublin: NACD
3. Cahill R, O'Neill I, Barnett T, Fogarty C, McDermott R and Keenan E (1999) *Substance use in school going teenagers in Co. Kildare and west Wicklow.* Dublin: Eastern Health Board.
4. Finane R (2000) *Kilkenny drugs initiative: substance misuse research findings and action plan.* Kilkenny: Kilkenny Drugs Initiative. p. 8.
5. For a review of the effects of magic mushrooms, see: www.drugscope.org.uk
6. Coordination Centre for the Assessment and Monitoring of new drugs (CAM) (2000) *Risk assessment report relating to psilocin and psilocybin.* The Hague: CAM. p. 5.

Table 1 Lifetime and last-year prevalence of cannabis, ecstasy, LSD and magic mushroom use by young adults (aged 15–34) in Ireland

Drug	Lifetime prevalence (ever used) %	Last-year prevalence (used in the last year) %
Cannabis	24.0	8.6
Ecstasy	7.1	2.3
Magic mushrooms	5.9	0.7
LSD	4.6	0.2

Source: NACD and DAIRU (2005)

Seventh annual Service of Commemoration and Hope

Word on the Street youth group from Blakestown created this sculpture with the help of artist Grace Boon. The project was supported by Fingal County Council Arts Office and City of Dublin VEC. The sculpture uses modelled syringes combined with faces, hands and a small figure to commemorate the loved ones lost to drugs. The light placed at the centre of the sculpture represents a symbol of hope for the future and the determination of our young people to embrace their lives with love and joy. (Photo: Jim Berkeley)

The seventh annual Service of Commemoration and Hope, organised by the Family Support Network, was held in Our Lady of Lourdes Church on Sean McDermott Street on 1 February. This year's service focused on the effects of drug use in the home and the importance of involving young siblings in the support process for the family member affected by drugs.

Sadie Grace of the Family Support Network highlighted the effect of drug use on the user's family. The Network is currently working to identify a strategy that will include schools and other agencies in supporting these young children both within and outside of the school system. Ms Grace said that the acknowledgement of the role of families in the mid-term review of the National Drugs Strategy was welcome. The mid-term review states that the National Drugs Strategy Team (NDST) should actively encourage local and regional drugs task forces to prioritise the provision of family support services in their areas and action plans. However, the task forces need to be more proactive and the NDST should insist that they include family support as part of their action plans.

The launch of the National Drug-Related Deaths Index (NDRDI) in 2005 was a very positive development. The NDRDI will provide a more complete and accurate reporting of drug-related deaths and deaths among drug users, which will inform policy and practice in the harm reduction and prevention areas. This information will enable the Family Support Network to lobby for services that bereaved families need.

Mr Noel Ahern TD, Minister of State with responsibility for drugs strategy, and Bishop Eamonn Walshe also addressed the gathering. A drama piece, *Paulie and Johnny,* based on a true story of two brothers, one of whom dies as a result of drug use, was part of the event, as well as a circle of remembrance formed by representatives of support groups from Ireland, Northern Ireland and Scotland, and a performance by singer Christy Moore. Young people from various local youth groups displayed art work on the theme 'Drugs past and future'. *(Ena Lynn)*

The Family Support Network was established by the CityWide Drugs Crisis Campaign (www.citywide.ie).

NACD research seminars

In December 2005 the National Advisory Committee on Drugs (NACD) hosted the first of a series of seminars entitled 'Commissioning and managing research' in Dublin. The seminars were designed to increase awareness of this subject among local and regional drugs task forces. The first seminar covered each stage of the research process from the development of research ideas and refinement of objectives to commissioning research, monitoring progress and preparing the final draft for publication. Ms Mairéad Lyons and Dr Aileen O'Gorman of the NACD, a body with several years' experience in these areas, presented an outline of the research process and explained practical issues such as procurement and contracts. Dr Jean Long and Brian Galvin of the Drug Misuse Research Division (DMRD) described the division's research and information-gathering role, emphasising the importance of surveillance systems, and the work of the DMRD in disseminating research findings. Professor Des Corrigan, NACD chair, also addressed the seminar. Ms Patricia O'Connor of the National Drugs Strategy Team explained how the Emerging Needs Fund will operate.

The response to the seminar was very positive and participants felt that they had been given a good general grasp of the issues involved in carrying out or commissioning research. It was generally agreed that ethical issues and the use of qualitative research in the drugs area could usefully be discussed in more detail. Further seminars were held in Dublin in February and in Portlaoise and Carrick-on-Shannon in March. *(Brian Galvin)*

Developments in health care in Irish prisons in 2004

The Irish Prison Service (IPS) annual report for 2004[1] was released in December 2005. The mission of the IPS is to provide safe, secure and humane custody for people who are sent to prison. The IPS aims to provide a range of **care and rehabilitation** services for prisoners. These services are important in sustaining prisoners' physical and mental health and ensuring equivalence of care with the health services available in the community. The services included are medical, dental, psychiatric, psychological and counselling.

The provision of drug treatment services, in particular methadone services, continues to use a significant proportion of health care resources. A number of prisons provide methadone treatment and, in 2004, 1,309 prisoners were treated with methadone. Of these, 96 commenced methadone treatment for the first time, indicating the important role of prison services in introducing prisoners to drug treatment (Table 1).

The IPS recognises that people who take drugs require assistance in order to tackle their addiction successfully. Meeting the needs of drug users requires a variety of interventions tailored to each individual. According to the authors, the dramatic increase in methadone treatment over the past five years and the consequent demand for a range of drug treatment services in prisons highlight the need for a review of the structures and staff required to deliver these services. The authors state that there are some pilot initiatives in place that could be useful if provided throughout the prison service. For example, two nurses have been allocated to the delivery of drug treatment services in Wheatfield Prison, which has considerably improved the continuity of care for drug users within the prison and, more importantly, between the prison and the community.

The first recommendation in the report of the review group is that the same care and treatment should be available in both the prison and community health services.

Table 1 Number of cases receiving methadone treatment in Irish prisons in 2004

	Number registered with the Central Treatment List in 2004	
Prisons	**All cases**	**New cases**
Cloverhill Prison	528	71
Dochas Centre	211	12
Limerick Prison	3	0
Mountjoy Main Prison (including Medical Unit)	394	6
Midland Prison	6	0
Portlaoise Prison	6	0
St Patrick's Institution	3	0
Wheatfield Prison	158	7
Total number	**1309**	**96**

The Prison Health Working Group (PHWG) is responsible for implementing the recommendations of a review group on the structure and organisation of prison services published in 2001.[2] The re-organisation of the health service management structures resulted in delayed implementation of some of these recommendations. However, the PHWG has completed a large body of work which has been submitted for consideration and includes:

- a health-needs assessment of the Irish prison population
- a report on meeting the mental health needs of prisoners
- a protocol in relation to the management of prisoners attending acute hospitals.

The first recommendation in the report of the review group is that the same care and treatment should be available in both the prison and community health services. In order to implement this recommendation, considerable groundwork was undertaken during 2004 to develop formal service agreements in a number of areas. For example, formal agreements will be developed between Cloverhill and Wheatfield prison services and the health sector in order to provide consultant-led infectious disease and drug treatment services at these prisons from 2005 onwards. Of course, the effective development of these services within the prisons will require adequate and appropriate internal administrative and clinical support. The experience gained from the introduction of these services in Cloverhill and Wheatfield prisons will facilitate similar developments across the prison estate.

The *Irish Prison Service Health Care Standards* manual was published in June 2004. This provides governors and other managers with clear guidance regarding the health services to be provided and the facilities required to provide these services. From 2004 onwards, prison entrants are provided with an outline of the level of services they may expect to receive.

From 2004 onwards, prison entrants are provided with an outline of the level of services they may expect to receive.

Developments in health care in Irish prisons in 2004 *(continued)*

The feasibility of formally incorporating the prison population within General Medical Service (GMS) structures so as to facilitate treatment structures in custody, and in the period immediately following release, is under consideration. Progress in this matter will require a formal acceptance that prisoners should be covered within the same administrative structures as other citizens.

The resolution of the prison doctors' strike resulted in a new contract which benefits both the doctors and the prison services. As part of the contract, doctors are required to implement a range of clinical and administrative tasks. These tasks are in line with the specifications in the IPS health care standards and are necessary for the effective and co-ordinated provision of health care within a custodial environment and between the prisons and the community.

A nursing service was introduced in Irish prisons in 1999. There are 79.5 whole-time-equivalent nursing officers providing health care in 11 of the 16 prisons. *(Siobhan Reynolds)*

1. Irish Prison Service (2005) *Annual Report 2004.* Dublin: Irish Prison Service.
2. *Report of the group to review the structure and organisation of prison health care services* (2001) Dublin: Stationery Office.

Trends in alcohol and drug disorders in psychiatric hospitals

It is notable that the rate of alcohol-related admissions decreased steadily between 1991 and 2004 and more than halved during the reporting period.

The latest annual report on activities in psychiatric inpatient units and hospitals in 2004 shows that the total number of admissions to inpatient care continues to fall.[1] There is an increase in admissions to general hospital psychiatric units and a decline in use of psychiatric hospitals. The report, *Activities of Irish Psychiatric Services 2004,* was published in December 2005 by the Health Research Board (HRB) and is the latest in a series that began forty years ago.

Figure 1 presents the rate of first admissions to inpatient psychiatric services with a diagnosis of alcohol disorder, per 100,000 of the population in Ireland between 1990 and 2004.[1,2,3] It is notable that the rate of alcohol-related admissions decreased steadily between 1991 and 2004 and more than halved during the reporting period. This reflects changes in alcohol treatment policy and practices during the period and the resultant increase in community-based and special residential alcohol treatment services.

Figure 2 presents the rate of first admissions to inpatient psychiatric services with a diagnosis of drug disorder, per 100,000 of the population in Ireland between 1990 and 2004.[1,2,3] It is notable that the rate increased steadily between 1990 and 1995, with a dip in 1996, and further annual increases between 1997 and 2001. The rate of drug-related admissions was almost three times higher in 2001 than it was in 1990. The dips in 1996 and 2002 can be partly explained by the fact that the rates are calculated from new larger census numerators in 1996 and 2002 compared to the year preceding each of these years and the

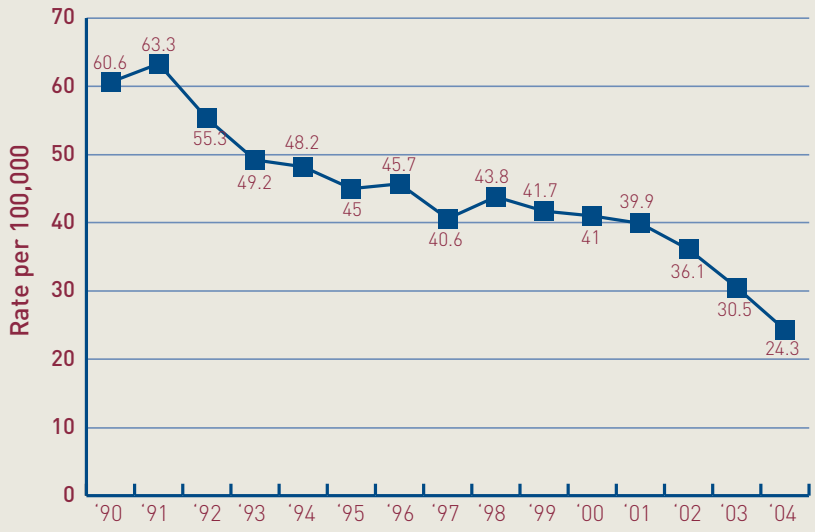


Figure 1 Rate of psychiatric first admissions with a diagnosis of alcohol disorder (using the ICD-10 three character categories) per 100,000 of the population in Ireland and reported to the NPIRS, 1990 to 2004

Trends in alcohol and drug disorders in psychiatric hospitals *(continued)*

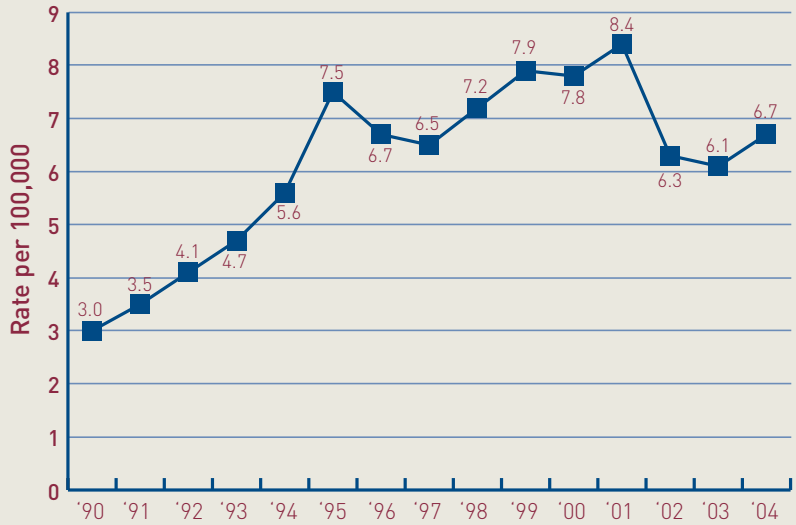


Figure 2 Rate of psychiatric first admissions with a diagnosis of drug disorder (using the ICD-10 three character categories) per 100,000 of the population in Ireland and reported to the NPIRS, 1990 to 2004

The rate of drug-related admissions was almost three times higher in 2001 than it was in 1990.

small number of drug dependence cases each year would be sensitive to this change in numerator. The increasing rate of new cases of drug-related admissions between 1990 and 2001 reflects the increase in problem drug use in Ireland and its burden on the psychiatric services. There was a notable decrease in 2002, which was sustained in 2003. This overall decrease since 2001 possibly reflects an increase in community-based specialised addiction services during this period. *(Jean Long)*

1. Daly A, Walsh D, Moran R and Kartalova-O'Doherty Y (2004) *Activities of Irish Psychiatric Services 2003.* Dublin: Health Research Board.

2. Daly A, Walsh D, Comish J, Kartalova-O'Doherty Y, Moran R and O'Reilly A (2005) *Activities of Irish psychiatric units and hospitals 2004.* Dublin: Health Research Board.

3. Walsh D and Daly A (2004) *Mental illness in Ireland 1750-2002: reflections on the rise and fall of institutional care.* Dublin: Health Research Board.

2006 drugs estimate refuels debate on governance issues

In November 2005 €34.027 million was voted for the Drugs Initiative, which funds the local and regional drugs task forces, and the Young People's Facilities and Services Fund (YPFSF), in 2006 – an 8 per cent increase on the allocation for 2005 and 'well in excess of inflation' according to the government.[1] The community sector strongly criticised this estimate, calling for an additional €8 million to €15 million, to fund the projects identified following the creation of the Emerging Needs Fund in January 2005.[2] In January 2006, the government revised its drugs estimate upwards by a further €8.979 million.[3]

As well as criticising the 2006 drugs estimate, the community sector raised a series of concerns with regard to governance – the rules, processes and behaviour that affect the way in which powers are exercised[4] – or, in short, decision-making with regard to drugs policy in Ireland.

Lack of political interest in the drugs issue is one concern. As long ago as June 2002 the CityWide Drugs Crisis Campaign was calling for drugs to be 'put back on the political agenda', and it has mounted a similar campaign again this year.[5] It is argued that making the Minister of State with responsibility for drugs also responsible for housing and urban renewal has weakened his commitment to and energy for addressing the drugs issue. At the time of his appointment, Minister of State Noel Ahern TD argued that assigning him responsibility for both housing and urban renewal and drugs 'made sense' because 'there is an overlapping or at least shared responsibility between estate management, which local authorities do, and some of the other good work that drug task forces and the youth facilities and services programme do, and it is an attempt to pull these strands together.'[6]

Regarding political interest in general in the drugs issue, Action 77 of the National Drugs Strategy[7]

2006 drugs estimate *(continued)*

called for the establishment of a sub-committee of the existing Oireachtas Committee on Arts, Sport, Tourism, Community, Rural and Gaeltacht Affairs specifically to consider drugs. This innovation would have drawn public representatives from across the political spectrum more directly into debate on the drugs issue. The Steering Group for the Mid-Term Review of the National Drugs Strategy[8] concluded, however, that this proposal was unworkable 'partly due to the wide range of responsibilities of that Committee', and proposed instead that the Minister of State with responsibility for drugs should appear before the full Oireachtas Committee twice a year (Section 7.23).

In its protest against the 2006 drugs estimate, the community sector also called for the reinstatement of the agreed government process to support the work of the LDTFs, the evaluation and mainstreaming of successful LDTF initiatives and projects, and a mandate for the LDTFs to undertake three-year strategic planning that will support an efficient, integrated and co-ordinated approach.[2] In short, the community sector is dissatisfied with the way the partnership between government and the community and voluntary sectors in tackling the drugs issue is operating.

During the past year, Pat Rabbitte TD, chair of the 1996/97 Ministerial Task Force on Measures to Reduce the Demand for Drugs, has claimed that implementing the National Drugs Strategy has become a bureaucratic process and that the community sector is being sidelined.[9] The Steering Group for the Mid-Term Review[8] similarly reported a 'sense of frustration' (Section 2.28) in the community sector with regard to resourcing for both the LDTFs and the RDTFs, and the sector's view that 'funding should be allocated on a multi-annual basis' (Section 2.25). While not making any formal recommendations, the Steering Group advised that the appointment of RDTF co-ordinators and other staffing issues should be addressed 'at an early date' (Section 7.7). It also endorsed the mainstreaming of evaluated LDTF projects, while noting that the obstacles, principally the financial and audit requirements of the State agencies through which funding for the projects is channelled, needed to be resolved (Section 7.4).

The Steering Group for the Mid-Term Review also teased out weaknesses in the ways different partners are performing within the partnership process and interacting with other partners. On the one hand, it noted that 'the level of commitment of members of LDTFs, participation of members and their understanding of their roles, as well as discontinuity caused by membership turnover, can impact on the effective operation of Task Forces. The Group believes that all partners should renew their commitment to the LDTFs, and provide enhanced training and support for their staff to engage fully in LDTF activities. In line with Action 89, the NDST should continue to focus on strengthening and supporting community representation and participation on the Task Forces.' (Section 7.4) On the other hand, the Steering Group noted that, 'representatives of the statutory bodies who are members of LDTFs and RDTFs need to be mindful of their role. In particular, they should consult with – and bring relevant information to – their Task Forces regarding developments at both local and national levels within their organisations that impact on progressing actions in the NDS. They also need to ensure that their parent organisations are aware of developments within the Task Forces and how those developments impact on their agencies.' (Section 7.8)

The Steering Group included formal recommendations to strengthen representation of the community and voluntary sectors at national level, on both the Interdepartmental Group on Drugs and on the National Drugs Strategy Team, and to ensure adequate resourcing for the National Drugs Strategy Team. However, it did not make any formal recommendations to address the weaknesses it had perceived in the processes and interactions underpinning the partnership approach. *(Brigid Pike)*

1. Department of Finance (2005, 17 November) *2006 Estimates for public services (abridged version): Summary public capital programme.* Dublin: Stationery Office.
2. For full details of the community sector's demands, see www.citywide.ie/campaigns/drugsstrategyinfo.html. Viewed on 1 February 2006.
3. Department of Finance (2006, 23 January) *2006 Revised Estimates for Public Services.* Dublin: Stationery Office.
4. See Commission of the European Communities (2001, 25 July) *European Governance: A white paper.* COM (2001) 428 final.
5. See 'Community sector calls for action on drugs' in *Drugnet Ireland,* July 2002 (5), pp. 2–3, and for details of current campaign, see www.citywide.ie/campaigns/drugsstrategyinfo.html .
6. See 'New minister of state with responsibility for drug strategy' in *Drugnet Ireland,* July 2002 (5), p. 1.
7. Department of Arts, Sport and Tourism (2001) *Building on experience: National drugs strategy 2001–2008.* Dublin: Stationery Office.
8. Steering Group (2005) *Mid-term review of the national drugs strategy 2001–2008.* Dublin: Department of Community, Rural and Gaeltacht Affairs.
9. See P Rabbitte (2005, 26 May) 'Drugs problem has gone national in last ten years'. Address at event marking 10th anniversary of CityWide Drugs Crisis Campaign. Available at www.labour.ie. Viewed on 2 June 2005. See also P Rabbitte (2005, 15 December) *Parliamentary Debates Dáil Éireann Official Report: Unrevised.* Vol. 612, col. 1220, PDF version. Available at www.gov.ie/oireachtas/frame.htm

Drug helplines across Europe help to identify emerging drug trends

In November 2005 the European Foundation of Drug Helplines (FESAT) published the results from its ninth monitoring project.[1] Since the beginning of 2001 FESAT has been collecting information every six months on the types of person contacting FESAT helplines, the content of these calls and how this has changed compared to the previous six months. The main objective of this monitoring is to identify the emergence of new drugs and new drug trends as early as possible. A total of 28 FESAT helplines in 16 European countries, including Ireland, participated in the ninth monitoring project. This article will describe some of the main changes that were reported by the helplines during the second half of 2004.

While the majority of helplines reported no change in the number and content of calls during the second half of 2004 compared to the situation during the first six months of 2004, a number of helplines did report an increased number of calls about cocaine (9 helplines) and alcohol (7 helplines). There were also reports of a decrease in the number of calls about injecting heroin (8 helplines) and about ecstasy (8 helplines). These trends were also noted in the eighth monitoring project, which compared the first six months of 2004 with the last six months of 2003.[2] The emergence of cocaine as a growing European problem was recently highlighted by the European Monitoring Centre for Drugs and Drug Addition (EMCDDA).[3]

Four helplines reported calls about new drugs (i.e. drugs not previously reported by the helpline). Calls about a mixture of 'cocaine and absint' were reported by two Belgian helplines. Calls were received about a stimulant called 'speed 8' in the Czech Republic. Speed 8 contains a GHB derivative and is sold legally in the country. A Russian helpline received reports about the consumption of a new substance called 'Spidi'. The FESAT report does note, however, that an increased number of calls about a specific drug, that is not a part of a more general trend, cannot automatically be seen as an indicator of increased consumption. It might also indicate an increased curiosity or an increased concern among professionals, parents or partners. The report also acknowledges that it is not possible to get a clear picture about changes in the use of different drugs via data from drug helplines only. Hence, it is important to see drug helpline monitoring as a complement to other kinds of data collected nationally or internationally.

Information for the ninth monitoring project was collected from FESAT helplines using a standard questionnaire distributed in February 2005. Out of a total of 41 relevant helplines, 28 (63% response rate) returned completed questionnaires. These helplines were based in the following 16 countries: Austria (3 helplines), Belgium (2), Cyprus (1), Czech Republic (1), Finland (4), Germany (2), Greece (3), Ireland (1), Italy (2), Latvia (1), Luxembourg (1), Malta (1), the Netherlands (2), Portugal (1), Russia (1) and Spain (2). The participating Irish helpline was the Drugs/HIV Helpline, based in Dublin, which handled an average of 35 calls per day in the second half of 2004, up from 16 per day in the first half of 2004. *(Hamish Sinclair)*

1. Hibell B (2005) *FESAT Monitoring Project –– Changes during the second half of 2004.* FESAT (The European Foundation of Drug Helplines). www.fesat.org
2. Hibell B (2005) *FESAT Monitoring Project –– Changes during the first half of 2004.* FESAT (The European Foundation of Drug Helplines). www.fesat.org
3. European Monitoring Centre for Drugs and Drug Addition (2005). *The state of the drugs problem in Europe: annual report 2005.* Luxembourg: Office for Official Publications of the European Communities.

More information about FESAT can be found on the website of the European Foundation of Drug Helplines (www.fesat.org). The freephone number for the Irish Drugs/HIV Helpline is 1800 459 459.

Hepatitis C surveillance in 2004

According to the Health Protection Surveillance Centre's annual report for 2004,[1] infectious disease notifications increased by 62% in 2004 when compared to 2003. Hepatitis C accounted for a considerable portion of this increase. The increase in notifications came about as a result of an amendment to the Infectious Diseases Regulations, which came into effect on 1 January 2004, whereby clinicians and diagnostic laboratories are now legally obliged to report hepatitis C as well as other notifiable diseases.

There were 1,154 cases of hepatitis C reported in 2004, compared to 85 cases of hepatitis type unspecified[2] in 2003. Of the cases reported in 2004, 954 were notified by the HSE Eastern Region and 200 by HSE areas outside the Eastern Region. Each of the seven HSE areas outside the HSE Eastern Region reported cases of hepatitis C, ranging from five in the North Western Area to 45 in the Southern Area, with the average number being 29 cases. Three out of every five hepatitis C cases reported were male. Of the 1,132 cases for whom age and gender were known, 83% were aged between 20 and 44 years. It is estimated that 90% of people with chronic hepatitis C in developed countries are current or former injecting drug users or have received unscreened blood or blood products.

There is no enhanced surveillance system for hepatitis C in Ireland. Enhanced surveillance is essential to identify risk factors and for planning prevention and treatment strategies. Risk-factor identification is required to fulfil the basic requirements of the European Monitoring Centre for Drugs and Drug Addiction's key indicator on drug-related infectious diseases. *(Jean Long)*

1. Health Protection Surveillance Centre (2005) *Annual Report 2004.* Dublin: Health Protection Surveillance Centre.
2. Disease category under which hepatitis C cases were notified up to the end of 2003.

British–Irish Council: Misuse of Drugs Sectoral Group decides 2006 programme

Ministers agreed that these meetings are a very useful forum for sharing, in a focused and practical manner, the detailed expertise and knowledge which is held across the British–Irish Council region.

On 12 December 2005 the Misuse of Drugs Sectoral Group of the British–Irish Council held its fourth ministerial meeting, chaired by Minister Noel Ahern TD, Minister of State for drugs, in Dublin. Ministers from the different jurisdictions represented on the British–Irish Council agreed that members would take forward the following issues during 2006:

- Wales will lead on commissioning of drug treatment services.
- Guernsey will lead on the confiscation of criminal assets.
- Ireland will host a meeting on rehabilitation for drug misusers.
- Jersey will explore the use of Subutex as substitution treatment for opiate misusers.
- Northern Ireland will host a meeting on the challenges presented by cocaine misuse – recreational and problematic.

Meetings will be organised on each topic, at which officials and experts will have the opportunity to discuss ideas, explore different approaches to the subject under discussion, exchange views, experiences and best practice, and develop valuable networks of contacts. Ministers agreed that these meetings are a very useful forum for sharing, in a focused and practical manner, the detailed expertise and knowledge which is held across the British–Irish Council region. They also noted that, in addition to exploring specific themes in depth, each meeting has facilitated the exchange of information on general developments on the misuse of drugs. Members have been pleased to share information with one another on legislative and other developments in their countries, on new research findings and on emerging trends in drug misuse.

The December 2005 ministerial meeting also allowed members to examine the work which the Council has taken forward since it last met in November 2004:

- In March 2005, Wales hosted a meeting in Cardiff, which focused on the issues involved in producing guidance on undertaking confidential enquiries into drug-related deaths.
- Scotland hosted a meeting in Edinburgh on the topic of children of substance misusing parents in May.
- In June, Guernsey hosted a meeting on the topic of interventions with young people, including formal and informal education projects.
- In November, the Isle of Man hosted a meeting focusing on arrest-referral schemes.

It was agreed that ministers would meet again late in 2006 to review progress. *(Brigid Pike)*

For further information on the British–Irish Council, visit www.britishirishcouncil.org

Hyper – a voice for young people affected by drugs

Issue eleven of the magazine *Hyper* was recently published by Soilse, a Health Service Executive Addiction Rehabilitation and Training Centre in Dublin's north inner city. Participants in Soilse seeking to move beyond their experiences of drug misuse produce the magazine. A total of 17 participants contributed to the current issue, with personal biographical sketches from their experiences of drug misuse and recovery. Feature articles include an examination of the implications of solvent misuse, a personal account of living with HIV, and a piece about the challenges and pitfalls of the early days in recovery from drug misuse. Personal stories include an account of coming off methadone, surviving a suicide attempt, a reflection on life's journey and a thoughtful letter written by one participant to himself, to be opened in twenty years' time. A short account of living with addiction, told through the eyes of a family member, and a profile of an innovative peer-education project in Dublin's north inner city are also given coverage. Information on where to contact drug treatment centres, including needle exchanges, is provided.

Hyper was formally launched following an evaluation of the pilot phase in 2000. The evaluation by Donoghue (2000)[1] reported that service users and staff were enthusiastic about the initiative, with service users reporting that working on the production of the magazine held many benefits for them and was a key activity in their overall programme of recovery. Participants expressed a deep sense of pride in having their work published and read by other interested parties. It was felt that the magazine could serve as a vehicle of status enhancement for participants in the eyes of their families and communities. *Hyper* won the Total Publishing Award 2002 (UK) for design innovation of the year. *(Martin Keane)*

1. Donoghue B (2000) Hyper: *A report on the pilot phase of the programme.* Dublin: Soilse, Northern Area Health Board.

Copies of *Hyper* can be obtained from Soilse, at 01 8724535 or soilsehyper@eircom.net
The complete series is available in hard copy in the National Documentation Centre on Drug Use.

Responding to drug-related public nuisance

Drug-related public nuisance, although not a new phenomenon, is one which is attracting increased attention across the EU according to a report published by the EMCDDA as part of its annual report for 2005.[1] In a special focus on the topic 'Drug-related public nuisance – trends in policy and preventive measures', the EMCDDA highlights the elusive nature of the topic. Drug-related public nuisance is recognised as a catch-all concept relating to a range of deviant behaviours, from crimes to breaches of social norms and values, from minor acts of deviance to activities which can cause extreme distress and misery to people.

Identifying a common definition is further complicated as perception of public nuisance is influenced by levels of societal tolerance for certain behaviours. Also, feelings of fear and insecurity are not strictly proportional to objectively established levels of criminality and nuisance. For example, although most countries report significantly higher levels of public harms associated with alcohol, concerns about alcohol are eclipsed by perceptions of a drug problem. The media is identified as having a significant influence in forming and distorting public perceptions in this respect.

The most commonly reported drug-related nuisance activities include public drug taking; public injecting; obvious drug-related intoxication; street dealing and crime committed under the influence of drugs; discarded injecting equipment; open drug scenes; vulnerability of children to addicts and drug dealers and intrusive verbal exchanges with drug users and dealers. The report also considers the genesis of drug-related nuisance throughout the EU and the strengths and weaknesses of different methods of measuring its incidence and societal impact. The various legislative and policy responses are also considered. General public order legislation is the key approach to drug-related public nuisance taken by many countries. The elimination of open drug scenes also receives a lot of attention.

Many of the responses to drug-related nuisance share common characteristics. Integrated, inter-agency approaches incorporate prevention, repression and assistance to drug users. Underlying such approaches is the notion that, as the problem of nuisance includes so many different types of behaviour, the range of responses must be equally broad. Equally important is the recognition of the importance of grounding solutions in the local community. Consequently, many responses are steered by, or established in collaboration with, local community groups.

An interesting finding of the report is that, although harm-reduction initiatives such as drop-in centres, needle-exchange schemes and drug consumption rooms are often perceived as contributing to the causes of public nuisance and are opposed on those grounds, in some countries they have been introduced to counter such issues – and with some success. Despite initial resistance to such harm-reduction initiatives in many countries, the report states that such resistance 'is often followed by a normalisation in the relationships between the community and the professionals involved. The reason for this change in attitude may be linked to the fact that such interventions contribute to the reduction of public nuisance in the area in which they are located' (p. 19).

The indicators used to measure the level of success of interventions include opinion polls, victim surveys and ethnographic studies, although it is reported that 'comprehensive and overarching evaluations of an entire public nuisance policy or strategy, even in countries which have such a strategy, are quite rare' (p. 21).

Although drug-related nuisance is not a new phenomenon, what may be new is the growing concern about it nationally and internationally. The question is raised as to whether this reflects a change in the incidence of the phenomenon, or a lessening of tolerance. With regard to the latter, the report raises a note of caution and suggests that concerns as to community security rights must be balanced against individual rights.

The diversity of approaches taken in response to drug-related public nuisance may, it is suggested, reflect the shapelessness of its definition. It is concluded therefore that further conceptual work is required, particularly with regard to establishing a common definition of the phenomenon. In conclusion, the report identifies a general shift in emphasis of EU national drug control policies away from simply reducing use of drugs to targeting drug-related behaviours that impact negatively on the community. Similarly, it also identifies a growing interest in links between drugs and driving and the use of drugs in the workplace. The report identifies a trend throughout the EU which de-emphasises criminal punishment of the individual user, specially for simple possession of drugs for personal use: 'It appears as if criminal sanctions have been reduced (particularly imprisonment) for the individual user in a private setting but increased for behaviours and situations that are public or that may affect community or society as a whole'. *(Johnny Connolly)*

1. European Monitoring Centre for Drugs and Drug Addiction (2005) *Annual report 2005: selected issues.* Luxembourg: Office for Official Publications of the European Communities.

A copy of the EMCDDA annual report for 2005 can be obtained from the National Documentation Centre on Drug Use. An electronic copy of the Irish submission, *2005 National Report (2004 data) to the EMCDDA by the Reitox National Focal Point, Ireland: new developments, trends and in-depth information on selected issues,* is available on the Drugs in Ireland section of the NDC website.

Although most countries report significantly higher levels of public harms associated with alcohol, concerns about alcohol are eclipsed by perceptions of a drug problem.

Treatment-based alternatives to imprisonment

In Ireland, numerous policy documents have advocated the need to develop alternatives to imprisonment and to use prison as a last resort.

Targeting offending problem drug users in the EU

The EMCDDA annual report 2005 includes a special issue on the use throughout the EU of alternatives sanctions to prison involving a drug treatment component, as a response to drug-related crime.[1] The EMCDDA identifies a broad consensus among member states that prison is a detrimental environment for people whose offending is related to a drug addiction. Prisons are overcrowded in many countries and drugs are often widely available within prison, rendering recovery from addiction extremely difficult. Treatment in the community often offers a greater potential to improve people's health and well-being. Also, the high cost of imprisonment relative to community-based sanctions and the potential of drug treatment in the community to have a greater impact on offending behaviour are key reasons for the development of alternative sanctions.

The *EU Drugs Action Plan 2005–2008* asks member states to 'make effective use and develop further alternatives to prison for drug abusers'.[2] In Ireland, numerous policy documents have advocated the need to develop alternatives to imprisonment and to use prison as a last resort.[3] The Children Act 2001 sets out a number of general principles biased towards rehabilitation and the discouragement of custody for child offenders. In a recent survey of public perceptions of crime in Ireland, nearly three-quarters (73%) of respondents believed that non-custodial sanctions, such as fines and community service, would be more fitting than custodial sanctions for certain crimes.[4]

In most countries, problem drug users usually undergo treatment in residential drug-free treatment centres as an alternative to prison. A number of out-patient treatment programmes combined with a regulatory system such as drug-testing or electronic surveillance are also identified.

Knowledge about legal possibilities and their implementation and about the drug-related treatment options available is required of police, prosecution and judges.

A question which arises in the context of so-called alternatives relates to the concept of net-widening, whereby the 'number of people falling under the supervision of the criminal justice system has increased, often without reducing the number of drug users in prison' (p. 29). The EMCDDA also points out that 'it is not always clear from the data whether the alternatives are applied to problem drug users, or to recreational users "encouraged" to take counselling' (p. 29). According to a report on the Irish Probation and Welfare Service prepared by the Comptroller and Auditor General, the estimated total number of persons under supervision increased by half between 1995 and 2002, and there was a similar increase in the prison population.[5] It appears therefore that, despite the broad political and public consensus supporting it, there has been little if any increase in the use of alternatives to prison relative to custodial sanctions between 1995 and 2002.

The EMCDDA reports that no comprehensive major national or European studies are available to evaluate treatment as an alternative to imprisonment. Research, it is concluded, is still too scarce and too disparate to establish what works, how, when and for whom. However, a number of lessons arising from experience to date are identified in the report. These can serve as useful guidelines upon which future initiatives can build. These include the following:

- Legislation must be implemented in a manner that benefits both the drug user and society.
- Knowledge about legal possibilities and their implementation and about the drug-related treatment options available is required of police, prosecution and judges.
- Trust, co-operation and co-ordination between criminal justice, health and social service systems are essential if alternatives are to be effective. Much is needed in terms of attitudes, knowledge and practical management to facilitate resource-saving co-operation and co-ordination.
- The route into treatment is an important indicator in predicting success. Studies have found that rates of relapse into criminality vary significantly between drug users who start treatment before having contact with prison and those who enrol in treatment after some time in prison, with evidence that retention rates are higher for those who move straight to treatment following sentencing. Treatment seems to work best if the addict is motivated and is actively and intensively approached and advised to undergo treatment. There must be good non-bureaucratic management and a reduction of waiting times.
- Treatment services often lack sufficient resources, particularly for young people. The possibilities identified for drug treatment have increased the workload of the treatment services and this has led to delays in accessing services in some countries, and in others a 'partial breakdown in the capacity of such services' (p. 29).
- Treatment potential is improved if care facilities follow clinical standards and have enough and qualified staff. Treatment staff must counter prejudice against clients referred from the criminal justice system. Staff must have sufficient training to work with such clients and keep them motivated. Treatment should be adapted to clients' needs. There must be effective monitoring and aftercare.
- There must be a feeling of a real threat of punishment. There needs to be good co-operation with local authorities to encourage reintegration in the community.

Treatment-based alternatives to imprisonment *(continued)*

The main findings of the evaluation of the Irish drug court indicated that, although a number of participants continued to offend while in the programme, the rate at which participants were arrested, charged and had their bail revoked declined the longer they were in the programme.[6] Similarly, a key finding of this report and of a great deal of the literature in this area is that retention in treatment is a crucial indicator of success. *(Johnny Connolly)*

1. European Monitoring Centre for Drugs and Drug Addiction (2005) *Annual report 2005: selected issues.* Luxembourg: Office for Official Publications of the European Communities.
2. European Commission (2005) EU Drugs Action Plan 2005–2008. *Official Journal,* C 168, 08/07/2005 p. 0001–0018.
3. Drug Misuse Research Division (2004) *2004 National Report to the EMCDDA by the Reitox National Focal Point: Ireland; new developments, trends and in-depth information on selected issues.* Dublin: Health Research Board.
4. McDade P (1999) *Public perception of crime in Ireland.* Templemore, Co Tipperary: Garda Research Unit.
5. Comptroller and Auditor General (2004) *Report on value for money examination of the Probation and Welfare Service.* Dublin: Department of Justice, Equality and Law Reform.
6. Farrell M (2002) *Final evaluation of the pilot drug court.* Dublin: Courts Service.

Buprenorphine – increasing choice for patients and doctors

The first training seminar in Ireland in the use of buprenorphine by general practitioners for opiate-dependent patients was held at the Irish College of General Practitioners on 23 November 2005.

Participants included the general practitioner co-ordinators and liaison pharmacists from the Health Service Executive drug services, as well as a small number of general practitioners and pharmacists who are preparing to use buprenorphine for selected patients in the primary care setting. Two experts from the Royal College of General Practitioners (RCGP) in London facilitated the seminar.

According to the Irish College of General Practitioners, after the introduction of buprenorphine on a pilot basis in the primary care setting, best practice guidelines will be developed for the Irish context and, following that, further training will be provided to Level 2 general practitioners. Plans are now being progressed for the development of a pilot programme with a small group of interested general practitioners and pharmacists. During this pilot programme, the RCGP publication, *Guidance for the use of buprenorphine for the treatment of opioid dependence in primary care,*[1] will be used until experience is gained in the context of primary care in Ireland.

The National Medicines Information Centre conducted a review of the use of buprenorphine as an intervention in the treatment of opiate dependence syndrome.[2] This examined the effectiveness of buprenorphine as a treatment option, its safety in use, as well as the practical and pharmaco-economic considerations associated with its use. Where appropriate, the authors compared the treatment outcomes, safety issues and costs to those of methadone – the mainstay of treatment for opiate dependence in Ireland. The methods employed in this analysis were: literature reviews, systematic reviews, case histories and an economic evaluation.

The key findings of the review were:

- In terms of its use in **managed withdrawal,** the studies were too heterogeneous to enable formal meta-analysis, but a systematic review suggested that buprenorphine had potential in this area.
- The results of a formal meta-analysis on its use in treatment as an **opiate substitute** using six-randomised controlled trials, with methadone as comparator, showed that high-dose buprenorphine was similar to high-dose methadone in terms of treatment retention, with a small increase in positive urinalysis relative to methadone. Although the latter was statistically significant, it was not felt to be clinically relevant. It was not possible, from the data, to determine the optimal dosing regimen, although it was noted that less than daily dosing was feasible in clinical practice.
- From the data available, it was not possible to determine whether buprenorphine was more **suitable** for specific sub-groups. There is some evidence to suggest that those with higher psychosocial and global functioning are more likely to respond to buprenorphine, but more studies are required to substantiate this.
- Data available to date on its use in **pregnant women** showed that buprenorphine was efficacious and safe for both the woman and the foetus, but definitive recommendations

Plans are now being progressed for the development of a pilot programme with a small group of interested general practitioners and pharmacists.

Buprenorphine – increasing choice for patients and doctors *(continued)*

In Ireland, buprenorphine (mainly Temgesic) misuse among the treated population is rare.

on dosing regimens could not be deduced from the results of studies undertaken.

- The **safety** data available to date suggest that buprenorphine has a known and predictable toxicity profile, related to its opioid agonist pharmacology and its interactions with other medicines. Although causality has not been proven, there is a warning regarding possible hepatotoxicity associated with its use and it is recommended that liver function tests are regularly performed for patients receiving buprenorphine. The biggest problem to date appears to be the risk of interaction with alcohol or benzodiazepines.

- The results from the pharmaco-economic evaluation show that use of buprenorphine appears to be less **cost-effective** than the current methadone system. It may prove to be a cost-effective treatment option in selected Irish settings (such as general practice), but further studies are needed to identify these settings.

- Buprenorphine has a known **potential for abuse,** because of its opioid effects. Studies from France suggest that abuse may occur in up to 30% of treatment subjects. Research findings indicate that abuse is more likely in those subjects not closely supervised by either a physician or a dispensing pharmacist.

In Ireland, buprenorphine (mainly Temgesic) misuse among the treated population is rare. Of the 44,767 cases reported to the National Drug Treatment Reporting System (NDTRS) between 1998 and 2003, 56 (0.1%) reported that buprenorphine was a problem drug. Between 1998 and 2003, the number of cases reporting buprenorphine as a problem drug decreased considerably, from 18 in 1998 to 5 in 2003 (Table 1).

There are no data available on buprenorphine-related **deaths** in Ireland.

In August 2002, the Irish Medicines Board authorised the use of Subutex (a buprenorphine preparation specifically for treatment of opiate dependence) in Ireland.[2] The licence for the use of Subutex in opiate dependency was amended in November 2005, and states

> Treatment with SUBUTEX sublingual tablets must be by physicians who have specialist training in its use and all treated patients must be on a central register according to Drug Misuse Programme guidelines. These physicians can be consultants, and/or Level I or Level II GPs who have received special training. All patients will be reviewed and reassessed regularly.[3]

In order for this programme be operationalised, a system similar to that existing for methadone, including a protocol and a central register, needs to be established. This is an opportunity to provide choice of treatment to problem opiate users as well as to identify which substitute is most suitable for different sub-groups of patients. *(Jean Long)*

1. Ford C, Morton S, Lintzeris N, Bury J and Gerada C (2004) *Guidance for the use of buprenorphine for the treatment of opioid dependence in primary care.* 2nd edition. London: Royal College of General Practitioners.
2. National Medicines Information Centre (2002) *Report to the National Advisory Committee on Drugs on use of buprenorphine as an intervention in the treatment of opiate dependence syndrome.* Dublin: Stationery Office.
3. Quoted from manufacturer's Summary of Product Characteristics, November 2005, as listed by the Irish Pharmaceutical Healthcare Association on IPHA Medicines Compendium Online (www.medicines.ie).

Table 1 Number (%) of treated cases reporting problem buprenorphine use and reported to the NDTRS, 1998–2002

Treatment status	1998	1999	2000	2001	2002	2003
			Number (%)			
All cases	**6048**	**6206**	**6933**	**7900**	**8596**	**9084**
Cases reporting problem buprenorphine use	18 (0.3)	18 (0.3)	10 (0.1)	3 (0.0)	2 (0.0)	5 (0.1)

Source: Unpublished data from the NDTRS

The EDDRA column

Welcome to the fourteenth EDDRA (Exchange on Drug Demand Reduction Action) column. The aim of this column is to inform people about the EDDRA online 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).

During 2005 a total of 10 additional interventions from Ireland were added to the EDDRA database (Table 1). These interventions were selected on the basis that they were well designed and contained an evaluation component and quality-control criteria laid down by the EMCDDA.

Table 1 Ten interventions added to the EDDRA database in 2005

Area of intervention	Project	Primary aim
Vocational reintegration	FÁS Community Employment Scheme for drug users	Assist participants to progress to labour market activity
Social reintegration	Blanchardstown EQUAL Inter-agency Initiative	Enhance opportunities for current and former drug users from Blanchardstown to progress towards labour market opportunities
Universal school-based prevention	Smoke-Free Leitrim: A smoking-prevention and education programme	Reduce cigarette smoking among young people in County Leitrim
Universal school-based prevention	North Eastern Health Board (now HSE North Eastern Region) cigarette smoking cessation programme	Create a smoke-free environment in the HSE North Eastern Region
Universal family-based prevention	CAD Parenting for Prevention	Promote the role of parents and carers in educing demand for drugs
Selective community-based prevention	Young People's Facilities and Services Fund (YPFSF)	Attract at-risk young people in disadvantaged areas into sporting and diversionary activities
Prevention/ Information	ICON Drug Support Service	Provide support, emergency care and practical help to local drug users and their families
Prevention/ Information	Certificate in Addiction Studies	Provide quality drug education, training and support that will enhance the competencies and capacities of staff in a variety of settings and sectors
Community-based treatment and harm reduction	Mountview/Blakestown Community Drug Team	Provide a quality professional service to support drug users, their families and the community in moving towards a drug-free experience
Criminal justice	The BOND Project (Blanchardstown Offenders for New Directions)	Support the reintegration of young people leaving prison or place of detention by directing them into appropriate supports in the community

Ireland is consistently one of the largest contributors to the EDDRA database, with 56 interventions included up to February 2006 (Table 2). The database contains an overall total of 576 interventions. *(Martin Keane)*

Table 2 The five highest-contributing EU countries to EDDRA database, February 2006

Country	Number of entries
Austria	65
Spain	63
Germany	60
Ireland	**56**
Greece	49

If you have an exciting and innovative intervention and would like to share your information with professionals throughout the EU, why don't you consider submitting your work for inclusion on the EDDRA database? Contact EDDRA Manager, Martin Keane, at the Drug Misuse Research Division, Health Research Board, Knockmaun House, 42–47 Lower Mount Street. Dublin 2. Tel: 01 676 1176 ext 169, or Email: mkeane@hrb.ie

The National Documentation Centre on Drug Use

NDC staff look happy with the move

The move to Knockmaun House comes just over three years after the NDC first opened in Holles Street. The extra space in our new premises will allow the NDC to expand its library collection, accommodate a greater number of visitors and increase the range of services it provides.

Background

The need to establish a collection of research documentation dealing with the issue of drugs in Ireland was acknowledged in the report of the Interim Advisory Committee on Drugs (2000). The report recommended the establishment of an information resource on drug use which would ensure that Irish research and policy-related publications would be accessible and easily retrieved by policy makers, service providers, community groups and the interested public. Demonstrating vision and an awareness of the possibilities created by digital technology, the Committee further recommended that an electronic library of Irish research in the drugs area be created and that this should be made available online.

The report emphasised the need to build on existing resources. Consequently, the Drug Misuse Research Division (DMRD) of the Health Research Board (HRB) was identified as the most appropriate agent to develop this information resource. In December 2002 the HRB launched the NDC website and opened a special library devoted to literature on drugs in its offices in Holles Street in Dublin and the electronic library of Irish drugs research became publicly available.

Technical development

In order to create an electronic library of drugs research, the NDC developed a new content-management system in collaboration with a software development company, iMaxan. This system is entirely web-based and staff can create and publish records from any computer with an Internet connection. A copy of the *Alcohol and Other Drugs Thesaurus* (NIAAA, 2000) was created and integrated into the cataloguing system, providing the database with an excellent indexing tool. The integrated nature and flexibility of the new system was an important factor in negotiating permission for access to restricted documents, such as journal articles and book chapters.

Current information resources

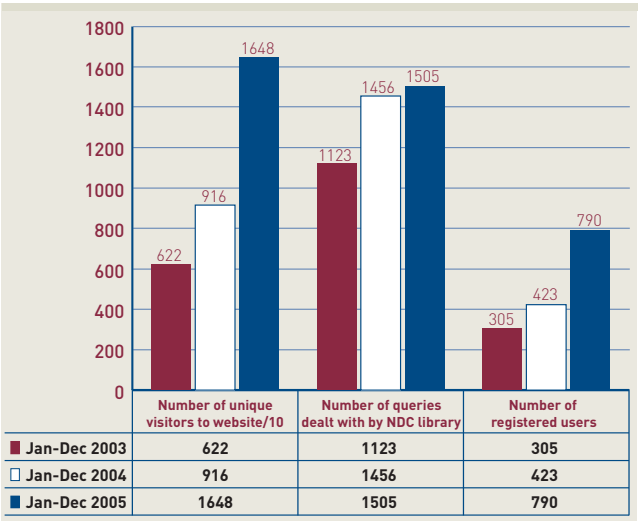
Anybody with an interest in drug use in Ireland can, by searching the electronic library, quickly establish what research has been carried out and what policy documents have been published, and can then have almost immediate access to documents of particular interest. Researchers can use the same source for all studies of the drug situation in Ireland, whether from a sociological, psychological, legal or medical perspective.

Other online resources include a special news page and a directory of current research.

The new NDC library in Knockmaun House holds a special collection of drug-related literature, providing an invaluable guide to the most recent research and thinking on all aspects of substance use and addiction, including treatment, education, prevention and legal matters. This library is open to the public and anybody can drop in and avail of its services. The library collection includes: over 3,000 books, reports and conference papers; 16 specialist drug-related periodicals; and a range other peer-reviewed health, epidemiological and medical journals. Visitors can also make use of a number of online bibliographic databases covering the fields of heath, psychology and the social sciences.

Use of NDC resources

The resources described above became publicly available at the end of 2002. Since the NDC website was launched and the library opened, both the level of use of services and the number of people using NDC resources have steadily increased. The NDC takes considerable care to record all use of its resources. During 2005 the website had 16,480 unique visitors and the library dealt with over 1,500 queries.



	Number of unique visitors to website/10	Number of queries dealt with by NDC library	Number of registered users
Jan-Dec 2003	622	1123	305
Jan-Dec 2004	916	1456	423
Jan-Dec 2005	1648	1505	790

Increase in use of NDC resources 2003-2005

Future developments

The NDC is currently working on a number of projects which, when completed, will expand the range of services provided and add value to its own collections. New developments include a series of fact sheets on a number of drug-related topics as they relate to the situation in Ireland, a directory of education and training courses and an e-learning module which allows users make more effective use of the electronic library and other online resources. *(Brian Galvin)*

NDC opening hours: 9.30 – 4.45 pm, Monday to Friday; late opening on Thursday by appointment.
To contact NDC: Tel (01) 676 1176; Email ndc@hrb.ie

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

In brief

On 18 November 2005 the **Irish Society for the Prevention of Cruelty to Children (ISPCC)** launched its three years of statistics for the Schoolmate Drug and Alcohol pilot prevention scheme. This pilot scheme, launched in 2003, provides a direct-access support service to vulnerable young people who are at risk of early school-leaving due to drug and substance abuse. www.ispcc.ie

On 16 December 2005 ***The SPHE story: an example of incremental change in the school setting*** was launched by the Minister for Education and Science, Mary Hanafin TD. This Report was prepared by the Social, Personal and Health Education (SPHE) Support Service based in Marino Institute of Education in Dublin. It deals with the implementation of the SPHE curriculum, which includes a module on substance abuse, at junior cycle post-primary level, drawing on material from three evaluations commissioned by the Support Service and tracing progress between 2000 and 2003. The report notes that the main challenges to successful implementation of SPHE at school level are the continuing professional development needs of teachers, and the need to establish time for SPHE in a crowded curriculum and to co-ordinate the programme in schools. Minister Hanafin called for a 'supportive school environment', underpinned by school policies on substance use, bullying and the school's code of behaviour. www.education.ie

In December 2005 the report ***Moving beyond educational disadvantage*** was published. Prepared by the Educational Disadvantage Committee (set up by the Minister for Education in April 2002 under section 32 of the Education Act 1998, 'to advise the Minister on policies and strategies to be adopted to identify and correct educational Disadvantage'), the report sets out guidelines for effective services to address educational disadvantage, envisages the way forward in developing an integrated approach to educational inclusion and equality and concludes with a strategy for an inclusive, diverse and dynamic learning society without barriers. It suggests that educational equality will only be achieved within the broader context of achieving social inclusion, and argues that poverty and other issues that contribute to educational disadvantage, such as drug and alcohol abuse, must be tackled in parallel and in an integrated way. www.education.ie

Between 9 November and 1 December 2005 the **National Action Plan against Poverty and Social Exclusion 2006–2008** was the subject of a series of seven regional seminars hosted by the Office for Social Inclusion (OSI). This Plan is due for completion in September 2006. Suggestions in relation to the problems associated with drug and alcohol misuse included identifying drug users as a vulnerable group within the Plan; providing additional services for homeless people, including more wet hostels for people misusing drugs or alcohol; improving drug and alcohol rehabilitation services; developing an active, outreach health promotion strategy, together with more community-based counselling and therapeutic services to address the problems of suicide and substance misuse in rural and urban areas. With regard to anti-social behaviour, much of which was seen as arising from substance or alcohol abuse, suggestions included developing both security-led and social responses, and committing to implementation of the National Drugs Strategy, which should focus on responding to emerging needs in rural and urban areas. www.socialinclusion.ie

On 20 January 2006 the **Drug Treatment Centre Board** became the first clinical laboratory in Ireland (funded by the Health Service Executive) to be accredited to the IS0 17025 standard. It is a formal recognition that the laboratory has competent staff, appropriate testing equipment and suitable laboratories and that it carries out its work according to international standards. www.addictionireland.ie

On 24 January 2006 ***A vision for change: the report of the Expert Group on Mental Health Policy*** was launched by Mary Harney, Tánaiste and Minister for Health and Children. The report describes a framework for building and fostering positive mental health across the entire community and for providing accessible, community-based, specialist services for people with mental illness. In relation to mental health services for persons with co-morbid mental illness and substance abuse problems, the report recommends:

- The proposed general adult Community Mental Health Teams (CMHTs) should cater for adults who have co-morbid substance abuse and mental health problems, particularly when the primary problem is a mental health problem.
- A national policy co-ordinator should be appointed to deliver national objectives and standards pertaining to primary care and community interventions for drug and alcohol abuse and their linkage to mental health services.
- Specialist adult CMHTs should be developed in each catchment area of 300,000 people to manage complex, severe substance abuse and mental disorder.
- Two additional adolescent multidisciplinary CMHTs should be established (in addition to the two in Dublin) to provide expertise to care for adolescents with co-morbid addiction and mental health problems. www.dohc.ie

On 26 and 27 January 2006 **Drugs and Civil Society in Europe** was the theme of a meeting in Brussels attended by more than 100 representatives of Europe's civil society. The meeting was organised by the Directorate-General for Freedom, Security and Justice of the European Commission in pursuit of the objective in the EU Drugs Action Plan (2005–2008) 'to strengthen the involvement of civil society in EU drugs policy planning and implementation'. The main outcome of the meeting was the recognition by all sides that a permanent and properly resourced forum is needed to enable the EU institutions and civil society to communicate in such a way that grass-roots experience can feed into EU policy-making on drugs. The Commission will take this matter up in its Green Paper on Drugs and Civil Society, expected to be published later in 2006. www.europa.eu.int
(Compiled by Brigid Pike)

From *Drugnet Europe*

New French study on drugs and driving

Cited from Cécile Martel Drugnet Europe *No. 53, January–March 2006*

In November 2005, a French study on the issue of drugs and driving was published in the *British Medical Journal.* The purpose of the study was to evaluate the relative risk of being responsible for a fatal car crash while driving under the influence of cannabis. …The study concludes that the risk of being responsible for a fatal car accident increases threefold when driving under the influence of cannabis. However, it reveals that the proportion of fatal car crashes attributable to cannabis use is significantly lower (2.5%) than that associated with alcohol (28.6%).

Driving under the influence of psychoactive substances is a hot topic in many EU Member States. The European Union drugs action plan (2005–2008) also stresses the crucial importance of undertaking work related to driving under the influence of alcohol, drugs and medicines. In November 2003, the Council of the European Union adopted a Resolution on combating the impact of psychoactive substance use on road accidents. Meanwhile the EMCDDA is collaborating with the Pompidou Group of the Council of Europe and will update its legal report on this issue in the coming months. Finally, the EMCDDA will also publish a selected issue on drugs and driving in its annual report 2007.

International meeting on drugs and driving

Cited from Linda Montanari and Alain Verstraete Drugnet Europe *No. 53, January–March 2006*

A conference focusing on the evaluation of instruments for testing those driving under the influence of drugs was held in Baltimore, USA from 5–6 December. Attended by some 50 professionals from Europe and the USA, the meeting was organised by the Walsh Group (www.walshgroup.org) with the support of the National Institute on Drug Abuse (NIDA) (http://www.nida.nih.gov/). It presented findings from the Rosita-2 project. Results highlighted related to: an analysis of the sensitivity and specificity of several roadside tests; an evaluation of different drug-testing instruments; and a comparison of oral fluid tests versus blood analysis.

Rosita-2, a study on roadside drug testing

Cited from Alain Verstraete Drugnet Europe *No. 53, January–March 2006*

Rosita-2 (RoadSide Testing Assessment) is a joint EU–US project designed to evaluate on-site roadside drug-testing devices (http://www.rosita.org). ...the study aims to evaluate the performance of 10 different saliva-based testing devices. In comparison with the results of Rosita-1, carried out five years ago, the findings from Rosita-2 show an improvement in the reliability of the devices and a more acceptable level of specificity of the devices (i.e. few false positive results were recorded). On the downside, 30% or more of the devices tested failed to give any result. Sensitivity to cannabis was particularly poor. …The final results of the project will be submitted to the European Commission in March 2006.

Drugnet Europe is the quarterly newsletter of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). An electronic version of *Drugnet Europe* is available on the EMCDDA website at www.emcdda.eu.int

If you would like to receive a hard copy of the current or future issues of *Drugnet Europe*, please contact Charlene Lydon, Drug Misuse Research Division, Health Research Board, Knockmaun House, 42–47 Lower Mount Street, Dublin 2. Tel: 01 676 1176 ext 127; Email: dmrd@hrb.ie

Recent publications

Books

Occasional and controlled heroin use: not a problem?

Warburton H, Turnbull P and Hough M
Joseph Rowntree Foundation 2005, 73 pp.
ISBN 1 85935 424 6

Little is currently known about groups of occasional and controlled heroin users. This study, conducted by the Institute for Criminal Policy Research, aims to improve our understanding about patterns of heroin use, the nature of dependence and ways of controlling it. The study explores the patterns of heroin use among a population of non-dependent and controlled dependent heroin users who saw their use as relatively problem free. The report describes how this largely hidden population maintained stable and controlled patterns of heroin use. It examines reasons for starting to use heroin, pervious and current patterns of use, mechanisms and factors that helped to control use, and why this group saw their use as fairly problem free. The report draws on a series of in-depth qualitative interviews with heroin users and on an internet survey.

Heroin is a dangerous drug. It can have a devastating impact on individual lives, on users' families and on the wider community. However, as the report shows, some people, in some circumstances, can effectively manage and regulate

Recent publications *(continued)*

their use. This raises important issues for treatment. Can dependent and chaotic heroin users learn from the experience of this group? Should controlled heroin use be regarded as an acceptable short- or middle-term goal for clients of drug treatment services? Should popular beliefs about the inherent uncontrollability of heroin dependence be left unchallenged? The report deconstructs some of the myths surrounding heroin use and heroin dependence. It is relevant to policy-makers, those working in the drug treatment field, academics and drug researchers.

Random drug testing of schoolchildren: a shot in the arm or a shot in the foot for drug prevention?
McKeganey N
Joseph Rowntree Foundation 2005, 24 pp.
ISBN 1 85935 282 0

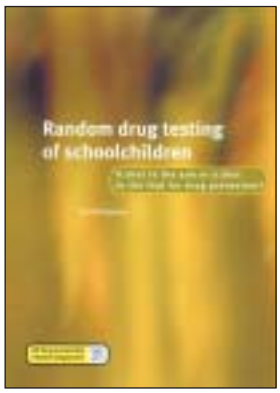
The idea of randomly drug testing UK schoolchildren to see if they have used illegal drugs has received supportive comments from across the political spectrum. But is school-based random drug testing a development that should be welcomed, or is it something we should seek to avoid?

This report deals with the theory, the evidence, and the ethics of random drug testing of UK pupils. It reviews current literature on all aspects of the issue and considers evidence in support of drug testing, including experience in the US, where random drug testing is commonplace. It asks whether such testing is in accordance with human rights legislation and the rights of the child. Alongside such ethical issues, it reviews practical questions as to the feasibility of testing pupils in UK schools, as well as concerns as to the way in which such testing programmes may fundamentally alter children's experience of school. The author finds that such programmes, while they may help some pupils, may harm others. For this reason the report concludes that before random drug testing programmes are widely developed in UK schools this initiative should be subjected to rigorous and independent evaluation. This report will be of interest to teachers, parents, young people and anyone else working in the field of drug prevention.

Understanding drug selling in communities: insider or outsider trading?
May T, Duffy M, Few B and Hough M
Joseph Rowntree Foundation 2005, 56 pp.
ISBN 1 85935 417 3

To date, little research has been carried out in this area and knowledge is slight about how local drug markets actually operate. This report, by the Institute for Criminal Policy Research at King's College London, describes how people become involved in selling drugs, and their attitudes towards their dealing. It describes the impact of drug dealing and dealers on communities in which they operate, and the nature of the relationship between them. It also documents the complex relationships that some communities have with their illicit economies and suggests that preventive work needs to acknowledge the ambivalence that communities in deprived areas may have towards drug markets and markets for stolen goods.

The authors conclude that enforcement activity is an essential component for tackling drug dealing. However, they argue that if policies are to have anything more than a short-term impact, other agencies besides the police will have to shoulder some of the responsibility. This publication will be of interest to politicians, central and local government officials, police managers, drug workers, academics and drug researchers.



Journal articles

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

The Irish drinking habits of 2002: drinking and drinking-related harm in a European comparative perspective
Ramstedt M and Hope A
Journal of Substance Use 2005; 10(5): 273–283

This article aimed to examine drinking habits and experiences of adverse consequences of drinking among men and women in Ireland 2002 and to compare some results with earlier European studies using similar data and methods. Data on self-reported drinking habits and experiences of alcohol-related problems were obtained from a general population survey undertaken in 2002. Two approaches were used: (1) cross-tabulations of drinking habits and the experience of adverse consequences in various demographic groups (2) logistic regressions predicting the likelihood of experiencing problems. Self-reported alcohol consumption confirms statistics on alcohol sales; a lot of alcohol is consumed in Ireland today, despite a large fraction of abstainers in the population. Binge drinking is very common, and, out of 100 drinking events, 58 end up in binge drinking for men and 30 for women. Irish drinkers also experience harmful drinking-related consequences to a larger extent than in other western European countries. Both volume of drinking and binge drinking affect the likelihood of experiencing most alcohol-related harms. The article concludes that drinkers in Ireland drink more than those in other western European countries and many have risky drinking habits that lead to adverse consequences. It will be an important challenge to find preventive measures that can reduce these problems in Ireland.

Recent publications *(continued)*

Cocaine dependence and attention switching within and between verbal and visuospatial working memory

Kubler A, Murphy K and Garavan H
European Journal of Neuroscience 2005; 21(7): 1984–1992

Many studies have shown the negative effects of cocaine on neuropsychological and cognitive performance in drug-dependent individuals, but little is known about the underlying neuroanatomy of these dysfunctions. The present study addressed attention switching between items held in working memory (WM) with a task in which subjects were required to store and update two items held in verbal or visuospatial WM. Attention-switching frequency varied between trials, thereby allowing us to isolate the switching component of task performance. Behavioural data revealed that cocaine addicts performed worse than healthy controls in all tasks. On the visuospatial task addicts performed at chance levels, revealing particular impairment in visuospatial WM. On the verbal task, in which controls and users could be matched for performance, we identified attenuated responses in prefrontal and cingulate cortices and in striatal regions, while other areas such as dorsolateral prefrontal cortex did not differ between healthy controls and users. The results reveal that addiction may be accompanied by specific rather than ubiquitous hypoactivation in prefrontal and subcortical areas and suggest a compromised ability in users to control their attention to their thoughts as might be particularly relevant when required to switch away from drug-related thoughts, and thus the dysfunction in attention switching may contribute to the maintenance of addiction.

Dying for heroin: the increasing opioid-related mortality in the Republic of Ireland, 1980–1999

Kelleher MJA, Keown PJ, O'Gara C, Keaney F, Farrell M and Strang J
European Journal of Public Health 2005; 15(6): 589–592

This study aimed to examine trends in opioid-related mortality over a 20-year period in Ireland. Retrospective analysis of deaths attributed to ICD-9 codes 304.0 (morphine-type dependence) and E850.0 (accidental poisoning by opiates and related narcotics) in Ireland between 1980 and 1999. Ireland has seen a rapid increase in the number of opioid-related deaths over the 20-year period studied, from 0.01% of total deaths in 1980 to 0.15% in 1999. This is most marked in the younger age groups where, for example, it rose to 23% of 15–19 year old male deaths for 1997. The opioid-related mortality rate in the 15–44 years age range increased by nearly 14 times between 1980–1984 and 1995–1999. Over the whole period, 87% of opioid-related deaths were amongst males. Outside Dublin there has been a considerable increase in opioid-related mortality, nearly doubling the percentage of the total from 6% in the 1980s to 11% in the 1990s. The study concludes that opioid-related mortality is an increasing problem in Ireland, as in other Western countries. The spread of opioid-related mortality outside Dublin to rural and other urban areas will have implications for service planning and provision.

Drug smuggling using clothing impregnated with cocaine

McDermott S and Power J
Journal of Forensic Sciences 2005; 50(6): 1423

A case study is presented where a woman travelling from South America to Ireland was detained at Dublin Airport and articles of clothing in her luggage were found to be impregnated with cocaine. The study shows that the amount of powder recovered from the garments was approximately 14% of the total weight of the garments. The cocaine was in the form of cocaine hydrochloride and the purity was approximately 80%. An examination of the garments under filtered light highlighted the areas exposed to cocaine and indicated that the method of impregnation was by pouring liquid containing cocaine onto the clothing.

'An Irish solution to an Irish problem': harm reduction and ambiguity in the drug policy of the Republic of Ireland

Butler S and Mayock P
International Journal of Drug Policy 2005; 16(6): 415–422

This paper traces the gradual introduction, on public health grounds, of harm-reduction practices and services, such as methadone maintenance, needle exchange and the creation of outreach and locally-based services, following the identification in the mid-1980s of needle-sharing among injecting drug users as one of the key routes for the transmission of HIV in this country.

It is argued that harm reduction in Ireland has been largely implicit, in the sense that political leaders have generally not encouraged or participated in explicit public debate on this topic, nor have they ever publicly announced that this concept now underpins much of the healthcare system's responses to illicit drug use. It is also argued that this covert style of policy making has persisted, despite the more recent proliferation of formal policy-making structures and the dominance of a rhetoric which emphasises strategic management and the allegedly transparent and evidence-based nature of drug policy. This tactic of shrouding drug policy in ambiguity is discussed in the context of the wider tendency within Irish political culture to manage sensitive and potentially divisive social issues in such a manner.

It is concluded that the ambiguity which surrounds harm reduction in Ireland has been functional in that it has confused and frustrated ideological opponents of this concept, but dysfunctional in that it has not facilitated the emergence of more tolerant or respectful attitudes towards drug users and may have delayed the introduction of a wider range of harm reduction practices.

Irish addiction services – past, present and future

Keenan E
Irish Journal of Psychological Medicine 2005; 22(4): 118–120

A brief overview of the development of addiction services in Ireland reveals a wide disparity between the treatment of opioid dependence in the east of the country and the way statutory services deal with the significant problem of alcohol misuse. The response of the health services in the early 1990s to the problem of heroin dependence was largely driven by public health. The growing numbers of injecting drug users infected with HIV led to the development of a harm reduction policy, encompassing needle exchange, education for drug users and methadone maintenance. This current approach to the treatment of substance misuse however has not been without its critics. In contrast to the resources provided for the development of drug services, the provision of resources for alcohol services has been grossly inadequate. In addition to the recognition of strong links between addiction services and mental health services, there are a number of links with other healthcare providers which would benefit patients. The future development of addiction services requires a combined drug and alcohol service under the umbrella of mental health. The success and experience of the drugs service in developing a community based treatment service involving statutory, community and voluntary agencies can provide a template for a similar approach in relation to alcohol services. This should complement and enhance the implementation of the national alcohol strategy.

Problem drug use and the political economy of urban restructuring: heroin, class and governance in Dublin

Punch M
Antipode 2005; 37(4): 754–774

This paper offers an exploration of problem drug use in the urban environment, connecting with broader concerns about the progress and contradictions of city redevelopment and change. The discussion is situated within some recent theoretical debates about

Recent publications *(continued)*

the political economy of uneven development, urban restructuring and neoliberal governance. The empirical discussion is based on studies of economic and social change, conflict and grassroots praxis in the inner city of Dublin, Ireland, wherein a heroin crisis has impacted for the last few decades, affecting in particular working-class communities disadvantaged by broader patterns of economic restructuring and urban renewal. This provides some important analytical and political insights from a city that has undergone rapid and intense transformation and deepening patterns of inequality over recent decades, alongside the emergence of new forms of urban governance and community organization and contestation.

Epidemiological findings and medical, legal, and public health challenges of an investigation of severe soft tissue infections and deaths among injecting drug users – Ireland, 2000
Murray-Lillibridge K, Barry J, Reagan S, O'Flanagan D, Sayers G, Bergin C *et al.*
Epidemiology and Infection. Forthcoming article. Published Online 29 Nov 2005.

In May 2000, public health authorities in Dublin, Ireland, identified a cluster of unexplained severe illness among injecting drug users (IDUs). Similar clusters were also reported in Scotland and England. Concurrent investigations were undertaken to identify the aetiology and source of the illnesses. In Dublin, 22 IDUs were identified with injection-site inflammation resulting in hospitalization or death; eight (36%) died. Common clinical findings among patients with severe systemic symptoms included leukaemoid reaction and cardiogenic shock. Seventeen (77%) patients reported injecting heroin intramuscularly in the 2 weeks before illness. Of 11 patients with adequate specimens available for testing, two (18%) were positive by 16S rDNA PCR for Clostridium novyi. Clinical and laboratory findings suggested that histotoxic Clostridia caused a subset of infections in these related clusters. Empiric treatment for infections among IDUs was optimised for anaerobic organisms, and outreach led to increased enrolment in methadone treatment in Dublin. Many unique legal, medical, and public health challenges were encountered during the investigation of this outbreak.

Drugs and social exclusion in ten European cities
March JC, Oviedo-Joekes E and Romero M
European Addiction Research 2006; 12(1): 33–41

The aim of this study was to describe social characteristics seen among socially excluded drug users in 10 cities in 9 European countries, and to identify which social exclusion indicators (i.e. housing, employment, education) are most closely linked to intravenous drug use. Using a cross-sectional survey, structured interviews were held in social services centres, town halls, streets, squares and other usual meeting points of the target population. The sample comprised 1,879 participants who have used heroin and/or cocaine and certain derivatives (92.3%) over the last year. Males accounted for 69.7% of the sample, and the mean age was 30.19 years. Participants were recruited in 10 cities: Seville, Granada, Cologne, Vienna, Brussels, Athens, Dublin, London, Lisbon and Perugia.

Cannabis, heroin and cocaine are the most widely used substances. In the total sample, 60.2% injected drugs during the last year, 45.9% reported having hepatitis C; 54.9% have been in prison; 14.2% are homeless; 11.3% have a regular job, and 35.2% are involved in illegal activities. Hierarchical logistic regression analysis (injectors and non-injectors) showed that older participants have a greater likelihood of injecting than younger ones. Social exclusion variables associated with intravenous drug use are incarceration, homelessness, irregular employment, and delinquency. Participants who abandoned or were expelled from a drug treatment program are at greater risk of injecting drugs than participants who have never had treatment, are currently in treatment or have been released.

The study concludes that personal, social, and economic conditions are all linked in a process of social exclusion that compounds problem drug misuse. Given the findings of this study, the authors believe that there is a clear need for specific programs targeting specific groups, i.e., distinct strategies must be set in place, in line with the profile and needs of the patient in each context.

(Compiled by Louise Farragher and Joan Moore)

Upcoming events

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

March

30 March 2006
Working with Drug Injectors 'Resistant' to Treatment
Venue: Glasgow
Organised by / Contact: Scottish Drugs Forum
Email: enquiries@sdf.org.uk
www.sdf.org.uk
Information: The aim of this conference will be to examine whether various services can strengthen their responses to working with drug injectors 'resistant' to treatment. Keynote speakers will include: Professor Avril Taylor, University of Paisley; Dr Kennedy Roberts, Homeless Addiction Team, Glasgow; Dr Oliver Aldridge, Harm Reduction Team and DTTO, NHS Lothian; Dr Brian Kidd, Tayside Drug Problem Service.

April

5 April 2006
Drugs and Alcohol Today
Venue: Business Design Centre, Islington, London
Organised by / Contact: www.drugsandalcoholtodayexhibition.com
Telephone: +44 (0)1273 623222
Email: info@pavpub.com
www.drugsandalcoholtodayexhibition.com
Information: Drugs and Alcohol Today is an event that brings representatives from all tiers of the drugs and alcohol sector together under one roof. In 2006, the exhibition offers you:
- the chance to meet representatives from 60 organisations
- the ever-popular seminar programme, with leading policy makers, front-line staff and service users showcasing and debating policy, best practice and innovation.

27–28 April 2006
11th National Conference on Management of Drug Users in Primary Care
Venue: Manchester International Convention Centre
Organised by / Contact: Katie Belderson, Healthcare Events
Email: katie@healthcare-events.co.uk
www.healthcare-events.co.uk
Information: This two-day event is aimed at GPs, shared-care workers, drug users, nurses and other primary care staff, specialists, commissioners and researchers interested in, and involved with, the management of drug users in primary care.

30 April–4 May 2006
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' emphasizes our need to act on what we learn

Upcoming events *(continued)*

immediately. In specific terms, 'PEER' represents protection, empowerment, equality and respect – the backbone of harm reduction programs. 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

2–5 May 2006
Cork Drug Awareness Week
The aim of Cork Drug Awareness Week is to raise awareness and signpost information so that communities, families and professionals know where to go for assistance or information on drug and alcohol use. The working group organising the events for the week is made up of statutory and voluntary groups involved in the area of drug prevention, education or intervention. For further information on any of the events, contact Aoife Ni Chonchuir or Mella Magee, Community Outreach Drug Awareness Project, Cork City Partnership.
Tel: +353 (021) 4302310
Fax: +353 (021) 4302081
Email: anichonchuir@partnershipcork.ie or mmagee@partnershipcork.ie

Tuesday, 2 May 2006
Addiction - its effects on the family
Time: 10:00 am–-2:00 pm
Venue: Silversprings Moran Hotel, Cork City. The target audience is parents, concerned persons and anyone who is affected by addiction.

Wednesday, 3 May 2006
Seminar on Alcohol
Keynote Speaker: Dr Joe Barry
Time: 10:00 am–2:00 pm
Venue: Clarion Hotel, Lapp's Quay, Cork

Thursday, 4 May 2006
Information Day
Venue: City Hall, Cork
Time: 10:00 am–8:00 pm
Various stands and groups will present on the day, providing a broad range of information on drug and alcohol services in Cork. The launch of the CLDTF website and DVD will take place at 4:00 pm. The target audience includes schools, teachers, parents, etc. The day will be informative and enjoyable, and will include light entertainment in the form of dance, competitions, music, DVD, presentations and refreshments.

Friday, 5 May 2006
Cork Communities Response to Drug and Alcohol
Venue: City Hall, Cork
Time: 2:00 pm–5:00 pm

11–13 May 2006
3rd UK/European Symposium on Addictive Disorders. Careplans: creation to completion
Venue: Grange City Hotel, London
Organised by /Contact: Addiction Recovery Foundation
Tel: +44(0)20 7233 5333
Email: info@ukesad.org
www.ukesad.org
Information: This three-day event will incorporate 11 streams of presentations, aimed at practitioners, commissioners and researchers. Delegates will have the opportunity to: address dysfunctional behaviour at its root cause; sit in on expert assessments of clients; and deepen their understanding of dependency and thus the implications for policy and programmes.

25 May 2006
Child protection – a sobering reality: supporting children and families affected by substance misuse
Venue: The Everglades Hotel, Derry, Northern Ireland
Organised by / Contact: British Association of Social Workers (BASW) and OiWillow Training and Practice development
Tel: Amanda or Eileen at BASW (NI) +44(0)28 9064 8873 or Glenn Hinds +44(0)776 376 4486
Information: This multidisciplinary conference, organised by the British Association of Social Workers (BASW) and OiWillow Training and Practice development, represents an opportunity for everyone involved at all stages of the child protection process to come together and contribute to the debate on how best to respond to the needs of the children and families affected by substance misuse.

September

3–7 September 2006
What makes good practice – 49th International Council on Alcohol and Addictions (ICAA) Conference on Dependencies
Venue: Edinburgh
Organised by / Contact: www.icaa-uk.org
Information: The conference will provide a broad platform of dialogue and enlightenment for professionals in the fields of substance-abuse prevention, treatment, research and policymaking.

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 Charlene Lydon, Drug Misuse Research Division, Health Research Board, Knockmaun House, 42–47 Lower Mount Street, Dublin 2. Tel: 01 676 1176 ext 127; Email: dmrd@hrb.ie

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

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: 676 1176 ext 175; Email ndc@hrb.ie