

drugnet Ireland

Newsletter of the Drug Misuse Research Division

Issue 10, March 2004

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Welcome to Issue 10 of *Drugnet Ireland*. *Drugnet Ireland* is the newsletter of the Drug Misuse Research Division of the Health Research Board. The role of this publication is to disseminate information, news and research findings among those involved in the drugs area in Ireland.

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Groundwork for new EU Drugs Strategy to be laid during Irish presidency



The Irish EU presidency will oversee significant developments in relation to the drugs issue, with preliminary discussions taking place on the next iteration of the EU's drugs strategy, and the first meeting of national drugs co-ordinators from the 25 member states of the newly-enlarged Union.

EU drugs strategy conference

On 10–11 May a closed conference will be hosted by the Department of Justice, Equality and Law Reform in Dublin Castle to lay the groundwork for the development of a new EU Drugs Strategy 2005–2010. The main targets of the existing EU Drugs Strategy 2000–2004 are:

- to reduce significantly the prevalence of illicit drug use, as well as new recruitment to it, particularly among young people under 18 years of age
- to reduce substantially the incidence of drug-related health damage and the number of drug-related deaths
- to increase substantially the number of successfully treated addicts
- to reduce substantially the availability of illicit drugs
- to reduce substantially the number of drug-related crimes
- to reduce substantially money laundering and illicit trafficking of precursors

The Strategy is underpinned by the EU Action Plan on Drugs 2000–2004, which transposes the Strategy into concrete actions, and provides both a guide to specific actions to achieve the Strategy and a solid base for the evaluation of the Strategy.

A steering group has been established to oversee the final evaluation of the EU Drugs Strategy, and is due to report by the end of 2004. The Dublin conference, entitled 'EU Drugs Strategy – the Way Forward', will, among other matters, address the issue of involving civil society in the development of EU drugs policy.

National drugs co-ordinators' meeting

On 15 June, six weeks after the accession of 10 new member states to the EU, the Department of Community, Rural and Gaeltacht Affairs will host a meeting of the 25 EU national drugs co-ordinators in Clontarf Castle. The 2003 Annual Report of the European Monitoring Centre for Drugs and Drug Abuse (EMCDDA) on the drug situation in EU acceding and candidate countries noted that enlargement will present considerable challenges in terms of increased opportunities for drug trafficking in the EU, escalating drug use within the new member states and the spread of infectious diseases. As well as posing challenges, it was noted at the launch of the EMCDDA Report, that enlargement will present 'a unique opportunity to benefit from closer cooperation in the drugs area' (see *Drugnet Ireland* 9, September 2003, for a full account of the Report). (Bridgid Pike)

For further information, see:

Irish EU Presidency:

www.eu2004.ie

EU Drugs Strategy 2000–2004:

www.europa.eu.int/comm/external_relations/drugs/strat00_04.pdf

EU Action Plan on Drugs 2000–2004:

www.europa.eu.int/comm/external_relations/drugs/ap00_04.pdf

Annual Report on The State of the Drugs Problem in the Acceding and Candidate Countries to the EU:

www.candidates.emcdda.eu.int/download/candidates_ar2003-en.pdf



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New report on cocaine use in Ireland

In December 2003, the National Advisory Committee on Drugs (NACD) published a report entitled *An overview of cocaine use in Ireland*.¹ This report provides baseline information on cocaine, its use and treatment options.

The authors provide background information on the origins of cocaine, which is derived from coca bushes that grow mainly in South America. As the authors state, in Ireland, it is illegal to produce, possess or supply the drug except on prescription. When taken, cocaine heightens sensations of sight, sound and smell, as well as making the user feel more energetic, talkative, alert and euphoric. Chronic use of cocaine can lead to the development of mental health problems (for example, paranoia, hallucinations, anxiety attacks and agitation). The authors point out that repeated snorting of cocaine damages the membranes that line the nose. In addition, use of this drug can also lead to cardiovascular complications. Furthermore, if cocaine is injected, then complications such as abscesses and blood-borne viral infection may occur.

The authors describe a small but increasing trend in cocaine use in Ireland. The first general population survey designed to calculate the prevalence of drug use in Ireland was carried out by the NACD in 2003. It found that three per cent of the adult population (15 to 64 years) reported using cocaine (powder) in their lifetime. The highest lifetime prevalence rate (5%) of cocaine use reported was among young persons between 15 and 24 years. SLAN carried out a population survey in 1998 and found that just under two per cent of males and 0.6 per cent of females aged 18-64 had used cocaine in the previous year. In 2002 the rate among males had increased to three per cent and among females had more than trebled to almost two per cent. Data from the National Drug Treatment Reporting System (NDTRS) also highlighted an increasing trend in cocaine use. The number of treatment contacts who reported cocaine as their main problem drug increased from 25 in 1996 to 76 in 2000. In addition, the number who reported cocaine as their second problem drug increased substantially, from 121 in 1996 to 504 in 2000. In line with this, the number of cocaine-related offences increased substantially, from 11 in 1990 to 297 in 2001. Although, as a proportion of all drug-related offences, cocaine-related offences remain relatively low at three per cent in comparison to offences relating to cannabis (60% approximately) and ecstasy (27% approximately).

It is difficult to ascertain the nature of cocaine use in Ireland as very few studies have explored this issue in depth. Paula Mayock's study for the Health Research Board in 2001 provided information on the nature of recreational cocaine use. The vast majority of recreational users took cocaine orally or intranasally and consumed the drug at weekends. It was of note that recreational users did not consider their drug consumption damaging or problematic. Mayock reported that the nature and extent of

cocaine use was likely to differ substantially between her study group and opiate users. However, the author stated, there was little understanding of the nature of cocaine use among opiate users. As Mayock argued, this information was essential in order to increase service providers' knowledge and awareness of the health risks associated with this drug.



As part of the overview, the NACD commissioned two studies in two different settings so as to explore a wider spectrum of cocaine use in Dublin. The first study conducted by UISCE (Union for Improved Services, Communication and Education) used a purposive sampling technique in that interviewers used their networks and contacts to approach people they thought likely to be cocaine users. Merchant's Quay Ireland conducted the second study. They surveyed 100 clients who presented for treatment at their health promotion unit and who had used cocaine or crack in the previous year. The respondents' average age of first cocaine use was similar in the UISCE study and the Merchant's Quay study, 21 and 22 years respectively. In both studies almost half of the respondents used cocaine on a weekly basis. Twenty per cent of respondents in the Merchant's Quay study reported using cocaine on a daily basis, while this figure doubled to 40 per cent in the UISCE study. The discrepancy in the two figures may be due to the fact that the majority of respondents in the Merchant's Quay study (83%) reported using heroin in addition to cocaine, with almost three-fifths reporting heroin as their main problem drug. In contrast, just over two-fifths of cocaine users in the UISCE study reported heroin use. Participants in both studies reported high levels of polydrug use. A lower proportion of respondents in the UISCE study reported injecting cocaine than their counterparts in the Merchant's Quay study, 58 versus 82 per cent. As Merchant's Quay provides a needle exchange facility, this finding was not surprising.

In the study at Merchant's Quay, the majority of injector respondents did not mix the cocaine with another drug, while 41 per cent mixed it with heroin (as a snowball). In addition, 30 per cent of crack users reported injecting crack. As the authors state, these high rates of injecting cocaine, crack and 'speedball' indicate the high risks taken by this group. In this study, it was reported that 45 per cent of crack users and 23 per cent of cocaine users had not used the drug in the last month but three-quarters of the respondents reported binge use. The authors highlighted the high-risk practices

New report on cocaine use in Ireland (continued)

associated with binge use and stress this is an important issue for harm minimisation interventions. Many of the injecting cocaine users in the study reported a range of mental health problems, such as, depression and hallucinations. The authors stated that it was unclear whether the difficulties experienced by cocaine/crack users were due to intravenous heroin or cocaine use as 87 per cent of cocaine injectors were also using heroin. These issues were not reported for the cocaine users that participated in the UISCE study.

In the Merchant's Quay study, only 44 per cent of respondents said that their cocaine use was problematic, and of these, only 16 per cent had sought treatment. In contrast, three fifths of respondents in the UISCE survey felt that their cocaine use was problematic as almost all (98%) had experienced changes in behaviour since they started using cocaine. Despite this, only a small proportion of these (less than one third) had sought treatment. According to the authors, low levels of treatment seeking were related to the belief among cocaine users across both studies that treatment for cocaine use was futile due to the lack of a pharmacological substitute.

The authors reviewed approaches to treatment and some important issues were highlighted. The authors emphasised the need to attract problem cocaine users into services and the need to empower them to make lasting change. They found that the most effective method of achieving this was ensuring that there were no delays in starting treatment by providing early appointments.

According to the authors, assessments to classify the severity of the problem were essential in order to provide appropriate treatment. For example, providing outpatient programmes for moderate problems and providing residential programmes for complex cases were more likely lead to a successful outcome. The authors reported that the most effective methods of treating cocaine users were individual drug counselling, group therapy and counselling, self-help groups and peer leadership. The authors stated that treatment services need to cater for the wider spectrum of illicit drugs used rather than problem opiate use *per se*.

Finally, the authors emphasised the need for drug treatment agencies to establish services orientated toward the needs of cocaine and polydrug users. The report described two distinct groups of cocaine users: cocaine users who never used heroin, and existing heroin users. The non-heroin users perceive the drug as clean and acceptable with minimal health implications. The perception of cocaine as a safe drug needs to be tackled given the risk behaviours associated with administering the drug, which increase when it is used in combination with alcohol and other drugs. (*Fionnola Kelly and Jean Long*)

An overview of cocaine use in Ireland is available on the National Advisory Committee on Drugs website at www.nacd.ie

¹ National Advisory Committee on Drugs (2003) *An Overview of Cocaine Use in Ireland*. Dublin: NACD

Drug seizures down by thirty-nine per cent

The Annual Report of An Garda Síochána for 2002 was published in January 2004. The report is the main source of information on crime in Ireland. It includes information on crimes reported to and recorded by An Garda Síochána and in which criminal proceedings are taken. The report includes a specific chapter on drug offences. This details information such as the number of drug offences in which proceedings were taken, by police division and drug type, particulars of drugs seized, the number, age and gender of persons charged as well as the nature of the offence.

Drug seizures are considered as indirect indicators of the supply and availability of drugs. As the quantities of drugs seized can vary significantly over time the number of separate seizures is regarded as a more useful indicator. Figure A looks at drug seizure trends for a selection of drugs between 1998 and 2002. We can see that there was a 39 per cent drop in the total number of drug seizures in 2002, down from a

total of 9169 seizures in 2001 to 5603 seizures in 2002. This drop appears to have been caused by a 51 per cent decrease in cannabis seizures and a 31 per cent drop in seizures of ecstasy. One of the key performance indicators under the supply reduction pillar of the National Drugs Strategy 2001 – 2008 is to 'increase the volume of opiates and all other drugs seized by 25% by end 2004 and by 50% by end 2008 (using 2000 seizures as a base)¹.

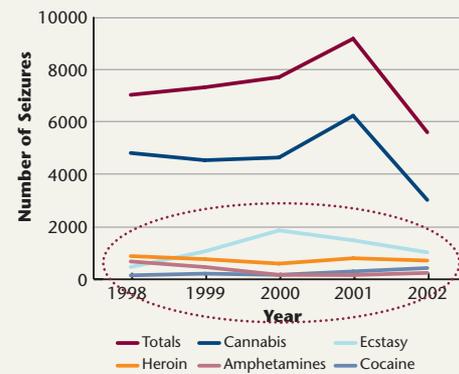
Figure A also shows, however, that over the same period, cocaine seizures have increased by 55 per cent, from a total of 151 seizures in 1998 to 429 seizures in 2002. Amphetamine seizures also increased during 2002.

The Annual Report 2002 is the first year when the full impact of the new Garda information technology system PULSE (Police Using Leading Systems Effectively) is seen in the statistics. For

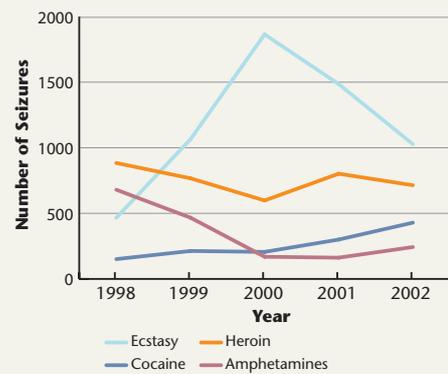
Drug seizures down by thirty-nine per cent (continued)

In 2002, approximately 65 per cent of drug offences where proceedings commenced were cannabis-related, 10 per cent were heroin-related and approximately 5 per cent related to cocaine.

Figure A



Source: Annual Reports of An Garda Síochána 1998 - 2002



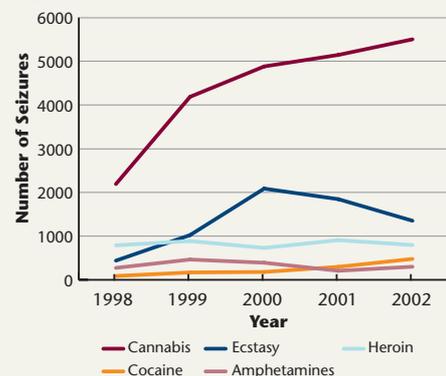
example, tables are presented outlining outcomes not only for what the Gardaí describe as 'headline' drug offences, but also more information is provided than heretofore regarding 'non-headline' drug offences. These terms are generally used to distinguish serious from less serious offences. As most drug offences fall into the 'non-headline' category and are dealt with summarily in the district court, the new format enhances the overall picture as to how drug offences are prosecuted in the courts.

In 2002, the total number of drug offences in which criminal proceedings commenced was 7,976. Three-quarters of these (75%) were for simple possession² while one in four (19%) were for drug dealing.³ Of the 'headline' drug offences in which criminal proceedings commenced (N=1800), approximately 15 percent led to a conviction on indictment (i.e. before a jury). Of the 6,176 'non-headline' drug offences in which criminal proceedings commenced, just over 32 per cent led to a conviction.

The report also provides information on drug offences where proceedings commenced, by drug type. In 2002, approximately 65 per cent of drug offences where proceedings commenced were cannabis-related, 10 per cent were heroin-related and approximately 5 per cent related to cocaine. Figure B shows trends in offences where proceedings commenced by drug category between 1998 and 2002. We can see a steady increase in cannabis-related prosecutions since 1998 and a decline in ecstasy-related prosecutions since 2000. Heroin-related prosecutions appear to have fluctuated from year to year, while cocaine-related prosecutions increased in 2002.

Despite recent improvements in the Annual Report, a number of shortcomings in the compilation and presentation of official crime statistics have been identified.⁴ Such problems are not confined to the Garda statistics alone but cut across the criminal

Figure B



Source: Annual Report of An Garda Síochána 1998 - 2002

justice system in general. The statistics are silent on the number of drug arrests which take place; we cannot track the course of prosecutions through the system or identify the nature of sentences passed. Action Four of the National Drugs Strategy identifies this as an issue requiring attention during the lifetime of the strategy. It is one of the matters currently being investigated by the Expert Group on Crime Statistics, which is due to report to the Minister for Justice, Equality and Law reform later this year. (Johnny Connolly)

The Annual Report of An Garda Síochána for 2002 is available on the Garda website at www.garda.ie

1 Government of Ireland (2001) *Building on Experience: National Drugs Strategy 2001 - 2008* p109.

2 Section 3 Misuse of Drugs Act, 1977.

3 Section 15 Misuse of Drugs Act, 1977.

4 For a recent consideration of this issue see Dr Ian O'Donnell 'Flawed Garda figures fail to give insight into crime' *Irish Times* 3rd February 2003.

National Drugs Awareness Campaign hits the road

On 25 January the Minister for Health and Children, Micheál Martin TD, launched the second phase of the National Drugs Awareness Campaign. A key initiative for 2004 is the 'Drugs. There are answers' Roadshow, which will be travelling to major population centres over the coming months providing people with the opportunity to meet with experts and to discuss all aspects of drugs misuse. In each centre the Roadshow will be backed by local press and radio advertising. A pilot for the Roadshow was successfully carried out in Clonmel, Co Tipperary, last November. A full schedule of the Roadshow will be announced shortly.

In addition to the Roadshow a month-long burst of television advertising will begin on RTE1, Network 2, TV3, TG4, Sky One, Sky News, Sky Sports and E4. Speaking at the launch, Minister Martin said 'Our current campaign forms part of a three-year campaign, aimed at ensuring that people know that information and help is available. It is also designed to ensure people know that such information can play an important role in dealing with drugs.'

Launched last May, the National Drugs Awareness Campaign is an important component of the Government's National Drugs Strategy 2001-2008. The overall aim of the Strategy is to reduce significantly the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research. A key objective in support of this aim is to promote throughout society a greater awareness, understanding and clarity about the dangers of drug misuse.

The Drugs Awareness Campaign has published two information booklets: *A parent's guide to drugs* and *How do I talk to someone about drugs?*. Both publications are aimed at creating a greater awareness and promoting communication and openness about drugs. They can be obtained free-of-charge by ringing the campaign information line on 1850 719 819. In addition, individuals wishing to speak confidentially to someone about their drugs problem can ring this number to be transferred directly to a Drugs Helpline staff member. (*Hamish Sinclair*)

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

Clients' satisfaction with methadone services

In Ireland there is very little published information that documents clients' satisfaction with methadone treatment services. This review presents the results of two studies. O'Connor¹ collected her data in 1999 while UISCE² collected their data in 2003.

O' Connor examined patient satisfaction with the pharmaceutical aspect of methadone treatment services provided between July 1998 and March 1999 using both quantitative (cross sectional survey, n=217) and qualitative techniques (combination of group and individual interviews, n=15). She acknowledges some limitations to the generalisability of her study due to the sampling methods.

According to the author, respondents were pleased to have access to treatment services, secure free treatment, and experience an improved standard of care. The clients expressed dissatisfaction with several issues. According to the respondents, there was a lack of choice with respect to substitution drugs. The respondents also reported that attendance at methadone treatment services could be a humiliating experience. Examples included, having to comply with punitive contracts, and

having to consume methadone in a public place in pharmacy retail outlets. According to the respondents, the services provided at drug treatment facilities were limited with respect to opening hours, and social and personal support. The respondents also reported a problem with exposure to fellow clients that continued to use street opiates and attended methadone treatment services.

In October 2003, the Union for Improved Services, Communication and Education (UISCE) published a study that examined clients' experiences and expectations of methadone treatment programmes. The study participants were taking long-term methadone maintenance and lived in the Dublin area. The researchers used both quantitative (survey) and qualitative (focus group) approaches to collect the information.

The sampling method for the survey, the rationale for the sample size chosen, and the response rate were not documented, so the generalisability of the study cannot be determined. Notwithstanding these possible limitations, the high levels of dissatisfaction with Methadone DTF compared with Physeptone were in line with O'Connor's study.

Clients' satisfaction with methadone services (continued)

According to the respondents, the services provided at drug treatment facilities were limited with respect to opening hours, and social and personal support

Focus groups were conducted as part feedback on the survey results, and part public consultation process. The number of focus groups and the numbers attending each of the groups were not presented in the published report. Several issues emerged from the focus groups' discussions: once again, respondents expressed high levels of dissatisfaction with Methadone DTF compared with Physeptone; respondents' impression of drug treatment service personnel was that they were impersonal and uncaring; participants reported over-use of sanctions by health professionals; respondents said that the individual pharmacy contracts provide rights for the retailers but not for the clients; participants questioned the use of urinalysis as the best method for detecting illicit drug use; participants questioned the actions of health professionals based on urinalysis; respondents reported lack of confidentiality among service providers; clients reported lack of participation in their treatment plan, and the absence of an independent complaints procedure.

Surprisingly, there were no positive experiences with the current methadone treatment programme reported in the document, which indicates a possible bias in the information presented or in the manner by which it was collected. Despite potential bias, the findings of this study indicate that clients on long-term methadone maintenance want:

- to participate in their treatment plan and its subsequent monitoring and evaluation;
- a service that caters for the other morbidities associated with problem opiate use, such as blood-borne viruses and psychiatric disorders;

- courtesy from service providers;
- an independent body to decide the course of action in the event of a disagreement.

It is also apparent that clients taking methadone maintenance require impartial information on policy decisions that affect their treatment. The time delay could explain the increasing levels of dissatisfaction expressed by the respondents.

Notwithstanding the limitations of this first study by drug users, clients reported high levels of dissatisfaction with aspects of the methadone treatment services. While the staff that run the service may be disappointed with the drug users' perception, these findings could be turned to opportunity and provide the first step in a partnership between clients and service providers to start to address these issues. The process could be conducted through the 'service user charter' in each health board area that was recommended in the current National Drugs Strategy 2001-2008. When addressing these issues it is important to develop an approach that ensures that rules are adhered to but which is not, at the same time, overbearing. (*Jean Long*)

- 1 O'Connor S (2002) *Pharmaceutical Services for Patients in Methadone Treatment in Ireland and the Introduction of the Methadone Protocol Scheme*. University of Dublin, Thesis for the degree of PhD. Available to read at the Library in Trinity College Dublin.
- 2 UISCE (2003) *Methadone: What's the Story?* Dublin: Union for Improved Services, Communication and Education (Internal Publication).

Final phase of National Alcohol Awareness Campaign launched

In October 2003 the Minister for Health and Children, Micheál Martin TD, launched the fourth and final phase of the National Alcohol Awareness Campaign. This final phase is aimed principally at women and sees the publication of an information booklet entitled *The Little Book of Women and Alcohol*. The booklet targets women between the ages of 18 and 35 years and aims to increase their understanding of the effects alcohol has on their bodies, and to clear up any misunderstanding they may have about alcohol and excessive drinking. Other initiatives include *A Guide to Rethinking Your Drinking*, a booklet intended as a resource for the general public and also for health professionals who may wish to stimulate discussion with their clients on drinking habits and on how to cut down.

The National Alcohol Awareness Campaign has been run by the Health Promotion Unit of the Department of Health and Children for the past three years. At the launch of the final phase Minister Martin said 'The objective of the campaign was and still is to increase the public's awareness of the problem and generate debate around the issue and the campaign has been hugely successful in achieving this. Alcohol is now uppermost on the public health agenda and I am anxious that it stays there until a reduction in alcohol consumption has been achieved.' The first phase of the campaign was launched in February 2001 and used the theme 'Less is More – It's Your Choice'. Aimed at young people, the message conveyed was that a person gets more out of life, has more fun, and enjoys better physical

Final phase of National Alcohol Awareness Campaign launched (continued)

health if they avoid drinking at an early age and then drink in moderation rather than binge drink. The second phase, launched in July 2001, used the theme 'Keep Kids Safe from Drink' and was aimed at buyers and suppliers of alcohol in an attempt to make alcohol less easy for under-age drinkers to get hold of. It set out to counter the culture of acceptance of alcohol as harmless and the tolerance that leads people to collude, often without realising it, with under-age drinking.

The third phase, launched in November 2002, used the theme 'Think before you Drink – Less is More' and highlighted the growing problem of excessive alcohol consumption or 'binge drinking' in the 18-29 year age group. (*Hamish Sinclair*)

For further information see the Health Promotion Unit website at www.healthpromotion.ie

Binge drinking and drinking-related harm: a European comparison

A recently published Health Promotion Unit research paper¹ examined Irish drinking habits and the extent to which drinking was associated with experiences of adverse consequences. Data were collected in a survey among a national representative sample of adults aged 18 years and older, carried out by Lansdowne Market Research for the Department of Health and Children. Using face-to-face interviews, 1069 respondents were asked questions about their drinking habits and experiences of adverse consequences from drinking. Fieldwork was carried out in September 2002. Since the survey contained questions similar to those used in a recent European comparative survey involving Finland, France, Germany, Italy, Sweden and the UK, known as the ECAS (European Comparative Alcohol Study) countries, it was possible to make a European comparison. Some of the main findings are presented below.

A large proportion (23%) of the Irish adult population do not drink any alcohol. This proportion was three times as high as in the two Nordic ECAS countries and almost twice as high as Germany (13%), the highest ECAS country. However, for the Irish who do drink the reported annual alcohol consumption per drinker was 12.1 litres, higher than in any ECAS country. While Ireland held a mid-position with the ECAS countries in terms of the yearly number of drinking occasions, Irish drinkers were more likely to indulge in binge drinking during these sessions. An expression of the high inclination to binge drink in Ireland is the fact that, out of 100 drinking sessions, 58 end up in binge drinking for men and 30 for women, rates which were much higher than in any ECAS country. These results suggest that among those consuming alcohol in Ireland, binge drinking is the norm among men and occurs on about one-

third of the drinking occasions of women. On average, Irish male drinkers reported 1.2 adverse consequences per year associated with their drinking (of a maximum of eight), which was about twice as high as the ECAS average and higher than in any ECAS country. Irish female drinkers also experienced high rates of adverse consequences; rates were similar to those in Finland but lower than those in the UK, the two highest ECAS countries. Irish male drinkers were more likely to experience fights, accidents and regrettable conduct as a consequence of their drinking than their ECAS counterparts. A similar pattern was also found for Irish female drinkers, with the exception that women in the UK experienced more fights and accidents.

For Irish women the experience of health problems (an indicator of problems caused by long-term drinking) was the lowest in any of the ECAS countries. Experience of health problems by Irish male drinkers was also below the ECAS average but not as low as Italy and Sweden. According to the authors, this finding 'may be related to the concentration of harm in the younger age groups. If this is the case, there is a risk that more long-term consequences will emerge in the future.'

The authors conclude that 'Ireland has a strikingly high prevalence of binge drinking and alcohol-related harm. It will be an important challenge to find preventive measures that can reduce these problems.' (*Hamish Sinclair*)

¹ Ramstedt M, Hope A (2003) The Irish drinking culture – drinking and drinking-related harm, a European comparison. Health Promotion Unit. This paper is available on the Health Promotion Unit website at www.healthpromotion.ie/uploaded_docs/Irish_Drinking_Culture.PDF

Reclassification of cannabis in the UK

On 29 January the UK government introduced a number of amendments to its Misuse of Drugs Act, 1971.¹ As a consequence, cannabis has been reclassified as a class 'C' rather than a class 'B' drug. Other class 'C' drugs include anabolic steroids, benzodiazepines and buprenorphine. Possession of cannabis or cannabis resin will remain an arrestable offence, although there will be a presumption against arrest for adults (i.e. those aged 18 or over) to be determined on the basis of police guidelines provided by the Association of Chief Police Officers (ACPO).² The maximum penalty for possession for personal use will reduce from 5 years to 2 years while the maximum penalty for the trafficking of any class 'C' drug will increase from 5 to 14 years imprisonment, with the maximum penalty for trafficking cannabis remaining at its current level of 14 years' imprisonment. The changes will apply in England, Wales and Northern Ireland. In Scotland, arrest for the possession of cannabis is not automatic and depends on the facts and circumstances of each case.

The changes came about following a recommendation from the Advisory Council on the Misuse of Drugs in March 2002. The Council concluded that although cannabis is harmful, its classification as a 'class B' drug was disproportionate in relation to its inherent harm, and to that of other substances, such as amphetamines, which are class B drugs. The Government justified its decision on the basis that 'an accurate reflection of the assessment of the relative harmfulness of drugs...would give the misuse of drugs legislation greater credibility and enable...a more effective message to be conveyed to young people about the dangers of misusing different types of drugs'. Reclassification would also highlight the Government's priority to tackle class A drugs, such as heroin, cocaine and crack cocaine.

The ACPO guidelines suggest that arrest powers might be used against those who disregard the law by smoking in a public place, repeat offenders, those whose use of cannabis causes or threatens to cause a public order problem or those in possession of cannabis in proximity to young people, such as near schools, youth clubs and play areas. Such people would be arrested and cautioned. However, it is anticipated that, for most offences of cannabis possession, a police warning and confiscation of the drug will be sufficient. Young people under 18 will receive a more formalised response, such as a reprimand, final warning and charge. Unlike the procedure for adults, such procedures will be administered at the police station.

A study by South Bank University's Criminal Policy Research Unit published in March 2002 represented the first detailed study of the policing of cannabis in England.³ The study focused on the offence of possession, drawing on case studies of four police 'basic command units' in two police forces. An examination of custody records and interviews with police officers and young people were complemented by national police and court statistics. The study found that the financial cost of policing cannabis was approximately £50 million a year (including sentencing costs) and that this activity absorbed the equivalent of 500 full-time police officers. Reclassification of cannabis to a class C drug would yield some financial savings, the study concluded, allowing officers more time to respond to other calls on their time. The main benefit of reclassification would, however, be non-financial, in removing a source of friction between the police and young people. It was anticipated that there would be a very small decline in the detection of serious offences, but this should be offset by the savings in police time.

In Ireland, since 1977, possession of cannabis or cannabis resin has been treated differently to other drugs. Possession for personal use is punishable by a fine on first or second conviction. From a third offence, possession for personal use incurs a fine and/or a term of imprisonment up to one year on summary conviction and up to three years and/or a fine if convicted on indictment. The reclassification of cannabis in the United Kingdom has contributed to a renewed debate as to its legal status in Ireland. In rejecting suggestions that Irish law should be changed in this area, on 31 January 2004, Noel Ahern TD, Minister of State with responsibility for the National Drugs Strategy stated that, 'We're quite happy with how the law stands...In the UK, even after reclassification, in theory, you can still get a tougher prison sentence than here, so in many ways they are more or less coming into line with how we are.'⁴ (*Johnny Connolly*)

1 UK Home Office Circular 005/2004 Controlled Drugs.

2 Association of Chief Police Officers of England, Wales and Northern Ireland 12 September (2003) Cannabis Enforcement Guidelines. London: ACPO

3 May T, Warburton H, Turnbull PJ and Mike Hough (2002) *Times they are a-changing: Policing of Cannabis*. York: Joseph Rowntree Foundation

4 Where the grass is greener *The Irish Times* 31 January 2004.

Opportunities to provide successful treatment for hepatitis C in drug treatment centres

In Ireland the only published data on compliance with treatment for hepatitis C is a small on-site hepatitis C treatment pilot study that was commenced at the Drug Treatment Centre Board, in liaison with the infectious diseases unit in St James's Hospital. On 10 December, Dr Shay Keating presented the results of this pilot study that examined the potential for 'treating hepatitis C at the same location at which clients receive their methadone with a view to retaining the patients in treatment.' Dr Keating cautioned that any centre providing hepatitis C treatment required referral pathways to specialist hepatology and psychiatric care. Access to psychiatric care is required because many of those with hepatitis C may have a history of psychiatric illness, and depression is a side effect of interferon (one of the two drugs used to treat hepatitis C). The specialist hepatology care included the services of a nurse-specialist and a medical officer. Nine patients commenced treatment during the study period and to

date only one has defaulted. Dr Keating concluded that hepatitis C treatment in drug treatment centres is ideal as it improves patient compliance and permits a rapid response to incidences of illicit drug use and psychiatric illness. Hepatitis C treatment alongside methadone treatment was also more convenient for clients. He also said that increased treatment costs at the drug treatment centres could be offset by reduced costs at hospital level. It should be noted that the study methods would have been strengthened by the inclusion of larger numbers of subjects and the recruitment of a comparison group receiving treatment through a specialist centre. (Jean Long)

The complete presentation is available on the Drug Treatment Centre Board website at www.addictionireland.ie.

Keating S (2003) *On-site treatment of hepatitis C: a pilot study*. Dublin: Drug Treatment Centre Board.

Hepatitis C becomes a notifiable disease

Important changes to infectious disease legislation were introduced on 1 January 2004. The report, *Review of Notifiable Diseases and the Process of Notification*¹ recommended these changes. The Infectious Disease Regulations 1981 were amended to establish a revised list of notifiable diseases and, for the first time, their causative pathogen.² As part of the revised legislation, laboratory directors as well as clinicians are required to report the named notifiable diseases. Hepatitis C is now specified as a notifiable disease. The changes to the list of notifiable diseases are consistent with a European Commission Decision on communicable diseases.³ (Jean Long)

Complete information is available on the National Disease Surveillance website at www.ndsc.ie. See

the Changes to Notification of Infectious Diseases section of the site at www.ndsc.ie/IDStatistics/ChangestoNotificationofInfectiousDiseases/

- 1 Notifiable Diseases Sub-Committee of the Scientific Advisory Committee, National Disease Surveillance Centre (2001) *Review of Notifiable Diseases and the Process of Notification*. Dublin, National Disease Surveillance Centre. This report is available on the NDSC web site at www.ndsc.ie/IDStatistics/ChangestoNotificationofInfectiousDiseases/IDfinal.pdf
- 2 Infectious Diseases (Amendment)(No.3) Regulations (2003) Statutory Instrument No. 707/1998, Dublin: Stationery Office.
- 3 Commission Decision of 22 December 1999 on the communicable diseases to be progressively covered by the Community network under Decision No 2119/98/EC of the European Parliament and of the Council (notified under document number C(1999) 4015)

Hepatitis C explained

Dr Shay Keating of the Drug Treatment Centre Board, has updated the booklet, *Hepatitis C: A Guide for Drug Users and their Families*. The updated booklet was launched on 10 December 2003. The information in this booklet is essential for drug users, in particular injecting drug users at risk of or diagnosed with hepatitis C. It is also a useful tool for doctors, nurses and counsellors who educate drug users about hepatitis C. The booklet is laid out in a question and answer format that addresses issues commonly raised by patients and their families. It provides updated information on the condition itself and its treatment. The booklet also provides

transparent information on the criteria for entering treatment and the side effects of treatment. As the treatment section has been revised substantially, it is strongly recommended that health service providers, drug users and their family members access a copy of the revised booklet. (Jean Long)

The booklet is available on the Drug Treatment Centre Board website at www.addictionireland.ie or from Drug Treatment Centre Board, Trinity Court, 30-31 Pearse Street, Dublin 2.

Calls for an extended surveillance system for hepatitis B and hepatitis C

In December 2003, the National Disease Surveillance Centre published its Annual Report for 2002. This report includes surveillance information (up to 2001 or 2002) on a number of diseases of interest to those working with drug users, including HIV, viral hepatitis, other sexually transmitted infections and tuberculosis. The HIV data presented were reported in Drugnet Ireland Issue 9.

The number of hepatitis B cases continued to increase, from 342 in 2001 to 458 in 2002. Just over half of all notified cases were aged between 25 and 34 years and the proportion of male cases was approximately equal to the proportion of females. The data collected with respect to hepatitis B do not include risk factor status, therefore trends in this infection among injecting drug users cannot be ascertained.

Up to the end of 2003, hepatitis C was not specified as a notifiable disease and may be reported as unspecified hepatitis. In 2002, there were 89 cases of unspecified hepatitis C notified, of whom, 93 per cent of cases were identified as hepatitis C. According to data from the Hospital In-Patient Enquiry Scheme, there were 1,100 hospital discharges with a principal diagnosis of hepatitis C

and a further 4,985 discharges with a subsequent diagnosis of hepatitis C between 1999 and 2001. Taken together, this would indicate a low level of reporting for hepatitis C. The inclusion of hepatitis C as a notifiable disease (from 2004 onwards) will provide data on new cases of hepatitis C in the general population but will not specify risk populations (such as injecting drug users).

Once again it must be stressed that the inability to analyse hepatitis data by risk populations leads to poor targeting of interventions and an inability to comply with the data requirements of one of the five key indicators (namely, the drug-related infectious diseases indicator) identified by the European Monitoring Centre for Drugs and Drug Addiction. The authors of the report state that hepatitis surveillance data would be more useful if an enhanced surveillance system were introduced. An enhanced surveillance system would include the specification of risk factors for each case notified with hepatitis. (*Jean Long*)

The 2003 Annual Report of the National Disease Surveillance Centre is available on the NDSC website at www.ndsc.ie

Lofexidine and naloxone in the management of opiate dependence: increasing choice

Opiate dependency continues to be a cause of morbidity and premature mortality among the inhabitants of the European Union. Although many treatment modalities have been used, methadone therapy (maintenance and detoxification) has proved most beneficial to date and is the mainstay of treatment in the Irish setting.

The Working Party at the National Medicines Information Centre at St James's Hospital in Dublin were commissioned by the National Advisory Committee on Drugs to review the use of lofexidine and naloxone in the management of opiate dependence.

A systematic review was undertaken in order to evaluate the potential usefulness of lofexidine and naloxone treatment options in the management of opiate dependency. All available data were retrieved by means of a comprehensive search of the published literature. Contact was made with experts nationally and internationally to evaluate the practical issues associated with use of these

drugs in a clinical setting. The authors' findings are presented by pharmaceutical agent.

Lofexidine

According to the Working Party at the National Medicines Information Centre,¹ evaluation of clinical trials data for lofexidine showed that it appeared to be at least as effective as clonidine and reducing doses of methadone, the other treatment regimens currently used in the treatment of opiate withdrawal. It was not possible to define the optimal dosage regimen for this indication because of the lack of data from clinical trials but, in general,



Lofexidine and naloxone in the management of opiate dependence: increasing choice (continued)

incremental dosing was used, reaching a maximum of around 2.2mg per day by day three or four, with gradual tapering-off to zero by day ten.

The authors also reviewed studies of its use in clinical practice and showed that it was considered as effective as clonidine for managed withdrawal but had a better safety profile (that is, lower number of cases experienced low blood pressure). Experts have suggested that lofexidine detoxification requires intensive input from all members of the drug treatment team and should be followed up by further treatment to prevent relapse. Although there were insufficient data to evaluate its use in specific subgroups, most workers have suggested that lofexidine was more effective in younger patients and those who had a shorter, less entrenched history of opiate use.

The authors reviewed the availability and, where data were available, treatment outcomes. In Dublin, three outpatient treatment centres and one inpatient facility were offering lofexidine to clients. Staff at one of the outpatient centres recorded and analysed the treatment outcome data. In total, 84 clients (98 cases) participated in the ten-day treatment regime between December 2000 and December 2002. Successful detoxification was achieved if the client's urine was free of opiates at the end of the programme. Lofexidine was administered in conjunction with full medical and counselling support and patients were seen on a daily basis, including weekends. Following successful detoxification, patients were offered naltrexone and counselling to prevent relapse. The overall treatment completion rate for cases was 38 per cent (37/98). Success was highest among those stable on methadone (8/10) and heroin smokers (13/33). Cases that had not yet stabilised on methadone had a very low success rate (2/14). There were no serious episodes of hypotension (low blood pressure).

According to the authors, lofexidine may be useful as an additional treatment for managed opiate withdrawal in Ireland.

Naloxone

There are two clinical indications for the use of naloxone: to facilitate withdrawal for opiates and as part of the management of an opiate overdose. The review of naloxone in the management of opiate withdrawals is presented here. (A review of the use of naloxone in the management of overdose is presented elsewhere in this issue).

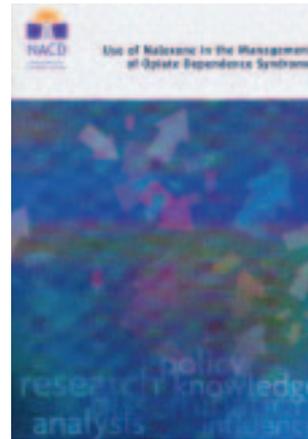
According to the Working Party at the National Medicines Information Centre,² naloxone had been used, with or without naltrexone, to effect rapid opiate withdrawal. Results of studies have shown that the withdrawal occurred earlier and was more severe with use of naloxone compared with alpha 2-adrenergic agents such as clonidine or lofexidine. However, it resolved more quickly leading to an earlier transition to maintenance antagonistic treatment. According to the authors, the long-term benefits of rapid withdrawal had not been compared with those from standard withdrawal regimens. Data were insufficient to identify the most appropriate dosage regimen.

The authors reported that a combination preparation of buprenorphine and naloxone (4:1 ratio) for sublingual use has recently been developed. It was shown to be effective as a maintenance treatment for opiate dependence, while the presence of naloxone reduced the risk of misuse of the buprenorphine component. Data were insufficient to identify the optimal treatment regimen. The combination was shown to be equipotent to buprenorphine alone. Subutex® is authorised for use in opiate dependence in Ireland, but there is no combination of buprenorphine and naloxone currently authorised.

There are no published data on the use of naloxone to effect rapid opiate withdrawal in Ireland. (*Jean Long*)

Copies of these reports are available on the National Advisory Committee on Drugs website at www.nacd.ie

- 1 National Medicines Information Centre (2003a) *Use of Lofexidine in the Management of Opiate Dependence Syndrome*. Dublin: National Advisory Committee on Drugs.
- 2 National Medicines Information Centre. (2003b) *Use of Naloxone in the Management of Opiate Dependence Syndrome*. Dublin: National Advisory Committee on Drugs.



Multi-dimensional approach required to prevent overdose

The management of opiate overdose requires a multi-dimensional approach, careful planning and continuous monitoring in order to learn from experience

Overdose is common among drug users, in particular among those who use opiates. The Economic and Social Research Institute was requested to provide data from the Hospital In-Patient Inquiry Scheme (HIPE), in order to ascertain the number of hospital admissions (using discharge data as a proxy) classified as overdoses. Data were requested on the number (per cent) of cases admitted to an acute hospital with poisoning as a result of opiates, sedatives, hypnotics, stimulants and psychotropic agents by drug-dependency status and recorded on the HIPE between 1996 and 2001.

The numbers of patients admitted to an acute hospital (discharge data used as a proxy) having overdosed were stable at around 2,500 each year between 1996 and 2001. Overall, a very small number of cases (49) died during the period under review. Between two and four per cent of those admitted with an overdose had a history of drug dependence. The average number of overdoses among those with drug dependency was 93 per year between 1996 and 2000, with a decrease to 59 in 2001. Of those with a history of drug dependence, 98 per cent were aged between 15 and 64 years, 68 per cent were male, 76 per cent were treated in the Eastern Regional Health Authority area and one-third were treated for a narcotic-related overdose.

It has been suggested that most deaths from overdose occur in the community. Between January 1998 and December 2001, the Dublin City and County Coroners investigated 332 opiate-related deaths in Dublin. Byrne¹ collated and analysed this data. Over the four years, over two-thirds (67% 224/342) of those who died were between 15 and 34 years old and the majority (87%) were men. Fifty-six per cent were alone when they died. Over half died in their homes and 16 per cent died in a public space.

When cross-referenced with other sources of mortality data (the Coroners' Office and the Central Statistics Office), incidence of death once the person was admitted to hospital was very low. This suggests that the highest risk of mortality occurs prior to reaching hospital and indicates that overdose prevention and management must be delegated to ambulance crews and possibly to drug users themselves.

On the international scene, Sporer² reviewed the international evidence on overdose prevention and reported that heroin overdose has become a common and preventable cause of death in recent years. Some combination of increasing treatment with opiate substitutes, community peer education, family support groups, supervised injecting facilities, and making naloxone (the antidote to opiates) available at home may be needed to have

any practical effect on mortality from overdose. A number of pilot programmes involving education of users and distribution of naloxone have begun. These programmes' effects on drug-related mortality, risks and benefits in relation to the use of naloxone, and on patterns of consumption of heroin by established users and by novices, have not been reported and should be studied carefully.

The National Medicines Information Centre³ reviewed the use of naloxone in the management of opiate-dependence syndrome. The authors reported that naloxone has been used for many years as an emergency room treatment for the management of opiate overdose. According to the authors, evaluation of its use in this setting suggests that it was associated with a low rate of serious adverse effects but the data involved small numbers of patients. Its administration by trained ambulance staff in the pre-hospital setting resulted in fewer hospital admissions, but follow-up data on the patients were lacking in many cases. Although the availability of take-home naloxone for use by friends and relatives of an opiate user has been recommended by several workers, the authors report that there were no controlled trials evaluating such usage. Furthermore, records of use from pilot studies were insufficient to undertake a benefit versus risk analysis of the use of naloxone in this setting. However, preliminary results suggested that it might be of use in these areas. The authors stressed that naloxone administration was just one action in a sequence of actions required to prevent overdose and cautioned against a one-dimensional approach. They highlight the need for a combination of the following approaches:

- education on the effects of polydrug or concomitant alcohol use and the usefulness of naloxone in this situation;
- stressing the dangers of solitary injection;
- importance of calling an ambulance;
- knowledge of and practice in basic resuscitation techniques.

Further information on the feasibility of naloxone use as an emergency treatment in the community setting would be needed before any such programme could be implemented. According to the authors, there are many logistical and medico-legal issues that would need to be dealt with before such a programme could be implemented in practice.

Taken together, these two reviews present similar findings and indicate that the management of opiate overdose requires a multi-dimensional approach, careful planning and continuous monitoring in order to learn from experience. (*Jean Long*)

Multi-dimensional approach required to prevent overdose

Thanks are due to Ms Anne Clifton and Ms Aisling Mulligan for abstracting the data from the HIPE scheme.

1 Byrne R (2002) *Opiate-Related Deaths Investigated by the Dublin City and County Coroners 1998 to 2001*, Briefing No 2. Dublin: University of Dublin, Addiction Research Centre.

2 Sporer KA (2003) Strategies for preventing heroin overdose. *British Medical Journal*, 326: 442-444.

3 National Medicines Information Centre (2003) *Use of Naloxone in the Management of Opiate Dependence Syndrome*. Dublin, National Advisory Committee on Drugs. (This report is available on the National Advisory Committee on Drugs website at www.nacd.ie)

EDDRA Column

Welcome to the seventh 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 to those working in the drugs area on current demand reduction actions across Europe, and to promote the role of evaluation in the reducing demand for drugs. The database is co-ordinated by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

At the end of last year there was a total of 463 projects on the database in the areas of drug prevention, treatment, rehabilitation, harm reduction and criminal justice. A total of 38 (8%) of these projects are from Ireland. During 2003 a total of ten new projects representing good practice in Ireland were entered into the EDDRA database. A brief description of each these projects is presented below.

Ana Liffey Children's Project. The project promotes and supports high-quality parenting and enhances the quality of life for children of parents who use drugs.

Rinn Development Drug Rehabilitation Sail Training Initiative. This initiative offers drug users an adventure –sailing - that challenges them mentally, socially and physically.

Tallaght Rehabilitation Project. This project provides a rehabilitation service to stable drug users that are receiving methadone treatment at community-based drug treatment centres.

Merchant's Quay Outreach Service. This service was set up to target problematic drug users who were not linked to any of the mainstream drug treatment services.

Aislinn Adolescent Addiction Treatment Centre. This service provides a residential treatment programme for young people aged between 15 and 21.

The Labour Market Inclusion Programme. This project integrates former drug users into the workplace through offering training and employment placements.

The Soilse-Rutland Partnership Project. In this partnership project, Soilse provides the social rehabilitation and Rutland provides the residential treatment programme.

The CUMAS Project. Cumas helps families to cope with the impact of drug misuse on the family and within the community by offering individual support services, group work and drug-related information.

CARP Killinarden Childcare Services. The CARP childcare service responds to the needs of the children of opiate-using clients that use the CARP drug treatment services.

Health Advice Café. This service provides information, referral and alternatives to substance use for young people located in the Western Health Board region.

During the months of October and November 2003 the EDDRA website recorded an average of 500 unique visitors per month, with the average length of each visit lasting between eight and ten minutes.

More information on these and other Irish projects can be obtained from the EDDRA website at http://www.emcdda.eu.int/responses/methods_tools/eddra.shtml

Alternatively, you can contact the EDDRA Manager for Ireland, Mr Martin Keane, at the Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2. Tel: 01 6761176 or Email: mkeane@hrb.ie.

In addition, if you wish to contribute to the knowledge base of good practice interventions by adding your own particular project to the database, then contact the EDDRA Manager for Ireland at the address above. (*Martin Keane*)



Tommy Larkin 1951 - 2004 An appreciation

Tommy Larkin established the first drug-users' forum in Merchants Quay Ireland and was a co-ordinator with the Union for Improved Services, Communication and Education (UISCE) Tommy, whom I first met in 1995, had an almost encyclopaedic knowledge of the history of drug use in Ireland and he recently played a central role in ensuring that drug users were provided a voice in ongoing drug policy. In his descriptions of the drug-using experience, Tommy complemented his in-depth knowledge with humility, compassion and humour. His advocacy of the interests of drug users was not grounded in sentimentality but reflected his sense of justice. At another level, through publications such as Brass Munkie, Tommy used his artistic talents to encourage awareness and harm reduction practices within the drug-using community.

On the last occasion we met, Tommy talked favourably about the meetings held with drug service users in Liberty Hall on the impact of the Methadone Protocol. One of the outcomes of that process, UISCE'S recent ground-breaking study, *Methadone: What's the Story*, portrays Tommy's understanding and vision. Several hundred drug-service users attended the Liberty Hall meetings and participated in the surveys that formed the basis for that study. Providing such a voice to the marginalised was a focus of Tommy's work over the past ten years. As Irish society learns to listen to that voice, so his legacy will be realised. (Johnny Connolly)

National Documentation Centre - first year

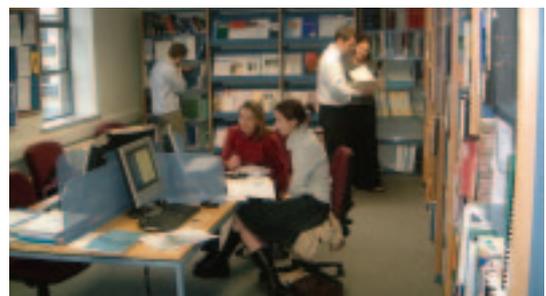
In December the National Documentation Centre on Drug Use celebrated its first year in operation. The documentation centre was officially opened by Noel Ahern TD, Minister of State with special responsibility for drugs strategy, on 9 December 2002. Since then it has become an essential information resource for researchers in the drugs area. There are currently more than 2,200 volumes in the documentation centre library in Holbrook House, comprising 1,500 separate titles. The number of titles is growing steadily and there will be a substantial increase in this figure this year. The electronic library of research material is easily accessible through the documentation centre website and now contains more than 370 full-text documents comprising journal articles, reports, conference papers, book chapters and theses. More than 13,000 copies of these documents were downloaded by visitors to the website during 2003.

Interest in the various information services provided by the documentation centre has grown steadily since it opened. There is an average of 860 visits to the website every week with each visitor spending an average of 13 minutes availing of the various information resources it supports. These include a news section which currently contains over 800 separate items with several new items being added every day. The numbers registering as users of the website surpassed expectations and there are now more than 300 registered users. National Documentation Centre staff dealt with over 700 queries during 2003. Staff carried out literature searches for users of the service, supplied documents, arranged inter-library loans and provided expert advice on a huge range of research

topics. Visitors can undertake literature reviews using the library's excellent online databases or by searching the collection of electronic journals available.

The documentation centre is planning major additions and enhancements to its services over the coming months. A monthly electronic newsletter will be delivered directly to users' desktops and will provide information on, and links to, recent publications and current news stories and will also include tables of contents of journals from which users can select articles to be delivered to them. The Current Research and Evaluation Database will be launched shortly and will become a highly valuable source of information for those carrying out or commissioning research or evaluation work in the drugs area in Ireland. (Brian Galvin)

For further information on these resources contact the National Documentation Centre on Drug Use, Health Research Board, Holbrook House, Holles Street, Dublin 2. Tel: 01 6761176, Email: ndc@hrb.ie or visit the website at www.hrb.ie/ndc



From *Drugnet Europe*

Expert meeting on drug-related infectious diseases

Cited from Lucas Wiessing, Drugnet Europe No. 44, November–December 2003

Experts from all current and future EU Member States met in Lisbon from 20–21 October for a meeting on drug-related infectious diseases. The general aim of the meeting was to investigate ways to improve the surveillance of blood-borne infections (hepatitis B and C, HIV) among injecting drug users (IDUs).

Three complementary approaches were discussed at the meeting to improve current data availability, comparability and quality:

- To make better use of the drug treatment system for surveillance purposes and for improving coverage of screening and access to antiviral treatment (this entails developing a core set of behavioural items and good practice guidelines);
- To investigate the feasibility of collecting HCV test results from public health laboratories at EU level, using a very minimal core data set, and if possible, with recognition of first positive tests;
- To develop an EU consensus protocol, or 'tool-kit', for new seroprevalence and incidence studies, and for providing a framework for combined data analyses of existing studies.

Despite limited resources, the EMCDDA, in collaboration with its partners, aims to develop these three areas through working groups composed of the meeting participants and other interested experts.

Progress in drug population surveys in the EU

Cited from Julián Vicente, Drugnet Europe No. 44, November–December 2003

Good-quality population surveys on drugs are a key source of information for assessing the drug situation and planning and evaluating national drug strategies. Recent positive developments in this area have been the launching of comparable national population surveys in some Member States, and the repeating of surveys in others, in order to help gain an insight into the prevalence, incidence and patterns of drug use in Europe.

The first prevalence survey of households in Ireland and Northern Ireland was carried out recently in line with criteria set by the EMCDDA's key indicator on population surveys, developed in collaboration with a European network of national population surveys.

The increased number of countries now conducting comparable population surveys means that we now have at our disposal an ever more comprehensive picture of the European drug situation. (Brigid Pike)

Drugnet Europe

Drugnet Europe is the bimonthly newsletter of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The Lisbon-based EMCDDA is an autonomous agency of the European Union established in 1993 to provide the Community and its member states with 'objective, reliable and comparable information' on drugs and drug addiction. An electronic version of *Drugnet Europe* is available from the EMCDDA's web site at www.emcdda.org

If you wish to have your name included on the mailing list for *Drugnet Europe*, please send your contact details to: Drugnet Ireland, Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2. Tel: + 00 353 1 676 1176, ext. 160; Email: mdunne@hrb.ie

Drugs in Focus - Policy Briefings

No. 10: Drug use amongst vulnerable young people

There is an urgent need to investigate and monitor drug use and vulnerability factors among young people who may be at significantly greater risk of developing chronic drug problems. The 10th in the EMCDDA's series of policy briefings states that, while experimentation with drugs is increasingly widespread among young people in Europe, levels of drug use and the risks of developing drug-related problems are much higher among vulnerable groups.

Research has identified a range of risk factors for developing drug problems. Some risk factors are associated with characteristics of the individual while others are linked with family or neighbourhood

characteristics. These factors are highly interconnected and are best understood as a 'web of causation'.

According to the briefing, groups of young people vulnerable to developing drug problems – and settings where young people are most at risk – are rarely identified explicitly in national drug-prevention strategies. Universal, school-based prevention programmes are in place in most European countries. However, these do not address the specific needs of young people most vulnerable to becoming problem drug users. The briefing stresses that selective prevention that seeks to address the needs of vulnerable groups is a vital complement to universal prevention programmes. The briefing notes that recent European policy

Drugs in Focus - Policy Briefings

documents have called for targeted, evidence-based action to reduce risks, and notes exceptions to the universal approach to prevention, including Ireland's Youthreach and Springboard projects. In calling for selective intervention strategies, the policy briefing calls for:

- information exchange between European countries on effective practice in addressing the needs of groups with specifically defined vulnerability factors;
- effective targeted programmes, which avoid contributing to negative labelling, through good communication between services and agencies and the insertion of drug prevention into umbrella social policies; and
- rigorous evaluation of the outcome of selective prevention programmes to ensure that projects achieve their objectives and to check there are no unforeseen negative consequences.

No. 11: Hepatitis C: A hidden epidemic

Subtitled 'a major challenge to public health', the 11th policy briefing from the EMCDDA suggests that, although the total number of people within the EU infected with hepatitis C is unknown, it is likely that it exceeds one million and could be considerably higher. Hepatitis C is a highly infectious and potentially fatal disease that attacks the liver. Yet people who have contracted the virus often remain symptom-free for many years and most cases are undiagnosed.

On a positive note, the briefing records that, since the introduction of screening of blood and blood products for hepatitis C, transmission of the virus has been 'dramatically reduced'. Injecting drug users are now the group at greatest risk of infection, accounting for up to 60–90 per cent of new infections.

The briefing argues for health promotions that discourage people from injecting drugs or that change their behaviour to reduce the risk of contracting the virus. Public and professional awareness of the disease also needs to be raised to encourage people at risk to come forward for testing and referral for treatment where appropriate. Referring to the drugs challenge posed by EU enlargement, the briefing states: 'Young and new injectors are at high risk of contracting hepatitis C shortly after they begin injecting. Wherever injecting drug use is likely to increase, such as some of the

new EU Member States, new epidemics of hepatitis C are likely to emerge.'

The briefing document identifies six policy priorities:

- 1 It is important that policy-makers acknowledge the future impact of hepatitis C infection and place prevention and treatment of the disease high on the policy agenda.
- 2 All EU States face escalating costs due to the hidden hepatitis C epidemic. Each year of delay in preventing new hepatitis C infections in the EU may lead to an increase in treatment costs of an additional 1.4 billion Euro.
- 3 The risk of transmission of hepatitis C can be reduced through measures to alter high-risk behaviour such as sharing needles and other injecting equipment, as well as through action to reduce injecting drug use.
- 4 There is a short window of opportunity for prevention with young and new injectors. It is vital that interventions are targeted at this group, and at new populations where drug injecting may be spreading, including in the new member states.
- 5 Improved screening and monitoring systems for hepatitis C infection would help ensure that people needing treatment for hepatitis C are identified early. They would also enable both trends in hepatitis C infection and the effectiveness of preventative strategies to be monitored.
- 6 There is a need to review treatment guidelines for hepatitis C and to develop strategies for interdisciplinary co-operation between hepatologists and addiction specialists to include drug users in treatment. (*Brigid Pike*)

In just four pages, the Drugs in Focus policy briefings address a specific theme and include the latest findings and statistics, key policy issues and considerations, web information and further reading. The entire Drugs in Focus series may be downloaded from the EMCDDA website (www.emcdda.org).

Alternatively, if you would like to receive a hard copy of the current or future issues, please contact Mary Dunne, Administrative Assistant, Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Street, Dublin 2, Tel: + 353 1 676 1176, ext 160, Email: mdunne@hrb.ie

Prevnet Conference

The second annual Prevnet Conference of Telematics in Addiction Prevention was held in Naas on 23-25 October. Prevnet is a network of European organisations who have a shared interest in promoting the use of telematics for the prevention of the misuse of drugs and other substances. These organisations bring a broad

range of experience and expertise to the work of Prevnet in the areas of health education, prevention, addiction treatment, information services, training and research. Among its recent initiatives is PrevNet Quality, an online tool for testing websites concerned with the prevention of drug abuse and related fields. This year's

Prevnet Conference

conference included sessions on evaluating telematic drug prevention, online drug information and help services, and online counselling. The session on drug-related websites included a paper on online pharmacies by Dr Paolo Deluca of St George's Hospital Medical School in London. Dr Deluca's Pychonaut Project is attempting to catalogue the several thousand websites currently offering drugs normally only available on

prescription. Representatives from all EU member states attended the conference, which was opened by Tim O'Malley TD, Minister of State at the Department of Health and Children. (*Brian Galvin*)

More information on the conference on the work of Prevnet is available on the Prevnet website at www.prevnet.net.

Recent Publications

Books

Living with heroin: Identity, social exclusion and HIV among the Russian-speaking minorities in Estonia and Latvia

Downes P *Legal Information Centre for the Humanities, Tallinn; Educational Disadvantage Centre, St Patrick's College, Drumcondra, Dublin* 2003
ISBN 9985 9410 4 7

This book explores the inner world of heroin users in Tallinn, Estonia. Between 1999 and 2000 university students conducted 27 intensive, standardised open-ended interviews with mainly Russian-speaking heroin users concerning their emotions and their attitudes to drug taking, social relationships, and the social world and political context in which they found themselves.

The research was undertaken in the context of a pending HIV epidemic in Estonia, the evidence for which was the exponential rate of increase in hepatitis B and hepatitis C cases among Russian-speaking intravenous drug users in Estonia and parallels with the growth of the HIV epidemic in Odessa in the Ukraine. The research was intended to help understand the psychology of injecting heroin users.

The transcripts of the 27 interviews are reproduced in the book. Author Paul Downes (a lecturer in educational and developmental psychology at St Patrick's College, Drumcondra, Dublin City University) interprets the interviews from the perspectives of individual identity and social context. He argues that traditional neo-Freudian models of individual identity do not adequately explain the data: ongoing connection to a parent, usually the addict's mother, facilitated rather than hindered connection to peers, and emotional separation and distance from parents was associated with a similar distance in communication with peers. He finds that among the respondents, the maternal influence acted as a positive resource for social support and that, in analysing the heroin addict's social networks, there is a need to distinguish between genuine friends and other peers. He also cites responses that challenge the view of the addict as a rebel rejecting society's values. In the context of Estonia, he suggests that heroin addiction is not reducible to

explanation simply or even predominantly in terms of difficult family relationships but frequently involves issues of social and ethnic identity.

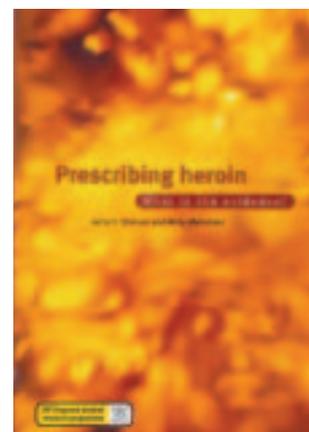
Reviewing recent research on heroin use and the incidence of HIV cases in the Baltic states (Estonia, Latvia and Lithuania), Downes finds that Russian-speaking minority youth populations in both Estonia and Latvia display exceptionally high levels internationally of (a) use of hard drugs at an early age as first drug of use, (b) rates of increase in use of hard drugs, and (c) HIV rates. Downes argues that the current Estonian and Latvian State Integration Programmes, designed to integrate Russian-speaking minorities in the two countries, present serious risk factors for youth from the Russian-speaking minorities. He argues that these programmes' narrow conception of social competence and their focus on academic achievement have led to a 'failure identity' for many among the Russian-speaking minority and demotivation, which, in turn, increase the risk of falling into a cycle of social marginalisation, early school-leaving, heroin use and HIV.

In conclusion, Downes suggests: 'A fragmented approach which ignores the systematic interrelation between the needs of less academic students, early school leavers, heroin addicts and those at risk of HIV, both in Estonia and Latvia, needs to be overcome.'

Prescribing heroin: What is the evidence?

Stimson GV and Metrebian N *Joseph Rowntree Foundation* 2003
ISBN 1 85935 028 8

The authors of this publication claim that the UK is one of only three countries where heroin is included in the range of legally sanctioned treatments for opiate dependence (of recent date, Switzerland and the Netherlands have authorised the prescription of heroin in strictly limited circumstances). *Prescribing heroin* presents an overview of how and why heroin is prescribed in the UK, and brings together research evidence from the UK and elsewhere to provide a comprehensive review of its benefits and drawbacks. Currently, a small number of UK doctors prescribe heroin (to some 448 users) and the government is planning a cautious and modest expansion of this treatment. The authors point out that the evidence base for the



Recent Publications (continued)

effectiveness of heroin as a treatment is rather limited, and highlight some of the problems in conducting research in this area. Based on the available evidence, the study considers whether heroin prescription is effective in the short and the long term. This overview covers: the reasons put forward for prescribing heroin, and why the expansion of this treatment is being considered; the history of prescribing heroin and how the practice and goals of prescribing have changed over time; how illicit heroin is manufactured and used, and the harms associated with its use; current approaches to heroin problems in the UK; the range of services and interventions provided for heroin users. It concludes with a summary of the research, clinical, political and practical challenges for expanding heroin prescribing in the twenty-first century.

Addiction and change: how addictions develop and addicted people recover

DiClemente C *The Guilford Press* 2003
ISBN 1 57230 057 4

This book is presented as a practical guide to help clinicians, prevention specialists, policy makers and students navigate their way through competing theories, data and dogma on how addiction can best be prevented and treated. It deals with such diverse problems as nicotine dependence, alcohol and other drug abuse, compulsive gambling and eating disorders, and begins with a review of traditional theories of addiction and the research supporting them. DiClemente makes the case that inconsistencies in society's attitudes to addictions give rise to policies ranging from prohibition and criminalisation to hospitalisation and mandated treatment – all of which, in his view, have serious shortcomings. The author's premise is that both addiction and recovery can be managed more effectively when viewed as a process of behaviour change. The book addresses the problem of addiction in terms of the Transtheoretical Model (TTM) of intentional behaviour change (co-developed by DiClemente and refined in his research and writings over the past 20 years). He points out that addictions are multi-determined and take hold over time, and that recovery is also a journey that takes time and effort and is often filled with false starts and failed attempts. While the factors that lead a particular individual into addiction and out of it are unique to that individual, the process of becoming addicted and of recovery follow a common path – a continuum of addictive behaviour change.

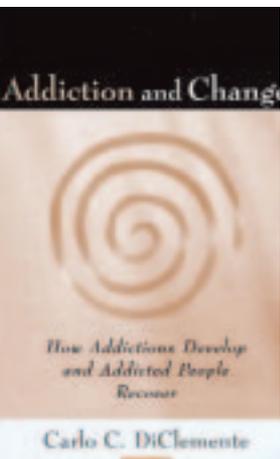
The book is organised into four parts. Part I introduces addiction and recovery as a process of change; it gives the historical perspective to addiction theories, describes the current understanding of the process of behaviour change as embodied in the TTM, and details the fully developed final stage in the path to addiction, which is, at the same time, the starting point of the stages of recovery. Part II deals with the behaviour changes involved at different stages on the road to addiction. Part III describes in

detail each of the stages of recovery, discusses the critical goals and tasks of each stage, and outlines how the change dimensions of the TTM interact in the transition from one stage to the next. Part IV addresses prevention and treatment, discussing ways to tailor interventions more effectively to people at different points in the change process. The final chapter examines several broad areas of intervention and evaluation research and explores how the TTM can contribute to current topics such as cultural competence, pharmacological treatments, harm reduction and dual diagnosis.

The politics and economics of drug production on the Pakistan-Afghanistan border

Amir Zada Asad, Harris R
Ashgate, 2003
ISBN: 0-7546-3037-4

This book examines the socio-economic and political factors which have led to an explosion in opium production in Pakistan's North Western Frontier Province (NWFP) over the past twenty-five years. Pakistan now contains 25 per cent of the world's heroin addicts and each year 100,000 new addicts are reported. The NWFP region also supplies much of Europe's heroin. The mountainous NWFP is the poorest of Pakistan's four provinces, with little agriculture or industry to support its population of almost 16 million. One of the authors, Amir Zada Asad, is a tribesman from the region and was able to do the type of fieldwork which would have been impossible for an outsider. Opium production is important to NWFP farmers as it produces yields between three and ten times higher than other crops. Besides these economic factors, the authors highlight three important political events which contributed to the narcotics boom: the Hudood Ordinance; the Soviet intervention in neighbouring Afghanistan; and the Iranian revolution. In 1979 under pressure from the UN to outlaw opium production the Pakistani Government issued the Hudood Ordinance, an Islamic law that banned the use, traffic and production of all intoxicants, including opium, and abolishing the centuries-old vend system. However, it did not ban heroin, and Pakistan's existing opium-using population became a captive market for heroin. Others, including Alfred Mc Coy, have highlighted the CIA involvement with the Mujahideen and drug trafficking in neighbouring Afghanistan. Iran for centuries had imported opium to satisfy its large addict population and also served as a base for opium production and trafficking to Western Europe. With the fall of the Shah and the Iranian revolution strict anti-narcotic laws forced drug lords to move to neighbouring Pakistan. These factors combined meant that by 1981 Pakistan had accounted for 73 per cent of all heroin seized in Europe, the Middle East, Africa and Central Asia. It also accounts for 90 per cent of all seized heroin in the United Kingdom.



Recent Publications (continued)

Articles

The following are brief summaries of a selection of articles published in international journals during 2003 and 2004, relating to the drugs situation in Ireland or written by Irish authors.

Alcohol and drug use amongst young attenders to A+E

Eager R, Barton D

Irish Medical Journal 2003 Nov/Dec; 96 (10): 311-312.

The authors carried out a three-month prospective study of all patients up to the age of thirty years who attended the emergency department. A standard questionnaire was completed on young patients presenting with alcohol or drug use, both recreational and deliberate self-harm (DSH). All appropriate attendances were identified by extraction of patient lists for the study period from the hospital information system. The study shows that alcohol and drug use are common causes of attendance at this emergency department. It represents a potential cause of significant morbidity to the young in this catchment population. In most cases, management of these patients was uncomplicated. An observation unit adjacent to the emergency department would benefit patient and staff alike.

High morbidity expected from cirrhosis in injecting drug users

Kavanagh P, Moloney J, Quinn C.

Irish Medical Journal 2003 Nov/ Dec; 96 (10): 303-305

Hepatitis C infection commonly complicates injecting drug use. The outcome of end stage liver disease for this cohort in Ireland has not been estimated. The objectives of this study were: to estimate the prevalence of persistent hepatitis C viraemia and distribution of genotypes in a drug using cohort; to measure the frequency of poor prognostic co-factors; to extrapolate the burden of hepatitis C related disease nationally for this route of infection. A cross section survey of attendees at an East Coast Area drug treatment clinic was prepared. Of 94 patients studied (63 male), 70 were hepatitis C antibody positive and 39 were PCR positive. Twenty-six had genotype 1 and 11 had genotype 2 or 3. Most displayed factors associated with a poor prognosis: 72% male, 83% problem drinkers and 87% abnormal liver blood tests. Using published data, we extrapolate over 1,214 cases of cirrhosis via this route of infection nationally, leading to approximately 35, 60 and 50 cases of hepatocellular carcinoma, hepatic decompensation and liver related death respectively per annum. A high prevalence of hepatitis C infection in injecting drug users, compounded by a high frequency of poor prognostic co-factors, means a significant burden of disease can be expected from this group.

Specialized drug liaison midwife services for pregnant opioid dependent women in Dublin, Ireland

Scully M, Geoghegan N, Corcoran P, Tiernan M, Keenan E

Journal of Substance Abuse Treatment 2004 Jan; 26 (1): 329-335.

The health needs of pregnant opioid dependent women are increasingly being recognized by health care professionals. These women generally receive limited antenatal care. Maternal and neonatal outcomes are also poorer compared to non-drug using women. The number of pregnant opioid dependent women accessing drug treatment services in the Irish Republic has increased. A specialist Drug Liaison Midwife service was created in March 1999 to liaise between the three Dublin Maternity hospitals and the Drug Treatment Services. This paper surveys the first year of operation of one of these posts. It documents socio-demographic background, substance use, and medical histories of these women in addition to maternal and neonatal outcomes. Higher maternal methadone dose was associated with an increased risk of neonatal withdrawals among these women. The experience of this specialist liaison service indicates that it is possible to build effective working relationships between opioid dependent pregnant women and the Obstetric and Drug services involved in their care.

Paying the Price for Extended Opening Hours: a comment from Ireland

Butler S

Drugs: education, prevention and policy 2003 Nov; 10(4): 293-296.

The author traces the development of Ireland's parallel, and contrasting, alcohol-policy processes. National Alcohol Policy Ireland (1996) contained no realistic strategy for the implementation of its proposals to control consumption. The first piece of licensing legislation, the Intoxicating Liquor Act 2000, enacted after publication of the national alcohol policy document made hardly any reference to this policy. It considerably extended the opening hours of pubs. The four reports of the Liquor Licensing Commission, which was set up by the Minister for Justice, Equality and Law Reform immediately after the new legislation was passed, saw alcohol primarily as a commodity to be distributed according to market principles. The *Interim Report* of the Strategic Task-force on Alcohol (2002) detailed the rapid increase in alcohol consumption on the years between 1989 and 1999 and the consequent increase in alcohol-related harm. The Intoxicating Liquor Act 2003 can be seen as a compromise between the contrasting strands of alcohol policy. It allowed for a slight reduction in opening hours. However, the emphasis in the effort to reduce alcohol-related harm is on combating drunkenness rather than the use of consumption control measures.

(Joan Moore, Louise Farragher, Damien Walshe)

Upcoming Events in 2004 – A Selection

March

4 – 5 March 2004

2nd UK National Drug Treatment Conference

Venue: Victoria Park Plaza Hotel, London.

Organised by/Contact:

UK National Drug Treatment Conference,

PO Box 36646, London, SE1 9ZT

t +44 (0)20 7928 9152

e monique@exchangeconferences.org

w www.exchangesupplies.org/conferences/

UKNDTC/ukndtcsecondconf.html

Information: This will be the most important drug treatment conference of the year for drug workers, drug activists, criminal justice workers, prison healthcare staff, clinicians, researchers, policy makers, service providers and commissioners. In order to support and encourage good practice and research, abstracts are invited for either oral paper presentations or poster displays during the two-day event.

9 – 10 March 2004

Using research to influence drug communications

Venue: Birmingham

Organised by/Contact:

Sonia Russo, Calder Conferences

t +44 (0)113 258 8020

f +44 (0)113 2583344,

e dcs@caldercom.co.uk

w www.calderconferences.co.uk

Information: This two-day conference will be an invaluable one-stop shop covering a wealth of research into the motivations and behaviour of drug users - combined with studies on how to communicate/market drug prevention messages effectively. This conference is aimed at drugs workers who are responsible for drafting and delivering communications strategies on drugs.

11 March 2004

Effective Strategies to Tackle Drug-Related Crime.

Venue: London

Organised by/Contact:

Gemma Suter

t +44 (0) 207 324 4363

e gemma.suter@neilstewartassociates.co.uk

w www.neilstewartassociates.com

Information: This national one-day conference will examine in detail the key issues in tackling drug-related crime, including prevention measures, working with young people, reducing the supply of drugs, actively engaging the community, effective treatment and partnership working.

27 March 2004, 9.30am - 5.15pm

Drugs: Issues and Experiences

Venue: Purcell House Conference Centre, All Hallows College, Drumcondra, Dublin 9

Organised by/Contact: Community

Awareness of Drugs, 31/31a Central Hotel Chambers, Dame Court, Dublin 2.

t 01 679 2681

f 01 679 7818

e communityawareness@eircom.net

w www.aboutdrugs.ie

Information:

Principal speakers:

Dr Des Corrigan

Senior Lecturer at the School of Pharmacy,

Trinity College Dublin, and Chair of the

National Advisory Committee on Drugs

Audrey Kilgallon (to be confirmed)

An addiction counsellor at the National Drug Treatment Centre, Trinity Court, with vast experience of working with both young people and their families.

Coolmine Therapeutic Community & Merchants Quay Ireland

Young people in recovery and representatives from family support groups will share their personal experiences.

Cost: Education Day €60 (includes refreshments and lunch). Certification of attendance available. To reserve a place please return the registration form and the full €60 non-refundable fee to the CAD office as soon as possible. Bursaries are available in exceptional circumstances.

April

20 April 2004

15th International Conference on the Reduction of Drug Related Harm

Venue: Melbourne, Australia

Organised by/Contact: International

Harm Reduction Association and the

Australian Drug Foundation.

t +00 61 3 9278 8137 or +00 61 3 9278 8101

f +00 61 3 9328 3008

e ihrc2004conference@adf.org.au

w www.ihra.net

Information: The theme for the 2004 conference will be 'Minimising the harm: maximising the impact'. This theme will run through every Conference activity – how can we use our evidence base and our alliances to change the world? As well as the normal wide range of topics, speakers and styles of presentation or discussion, the Conference will also concentrate on a number of major themes, including: Policing and harm minimization; The economics of drugs; Local government, drug policy and harm reduction; International treaties; Indigenous

populations, drugs and harm reduction; Pharmacotherapies; Needle and syringe exchange and harm reduction; Public health law and harm reduction; Alcohol and harm reduction; The media and harm reduction. The call for abstracts is now open.

21 – 22 April 2004

Consensus Conference on Hepatitis C

Venue: Royal College of Physicians of Edinburgh, Edinburgh, Scotland.

Organised by/Contact: Margaret

Farquhar, Royal College of Physicians of

Edinburgh, 9 Queen Street, EDINBURGH,

EH2 1JQ

t +44 (0)131 225 7324

f +44 (0)131 220 4393

e m.farquhar@rcpe.ac.uk

w www.rcpe.ac.uk/events/hep_c_04.html

Information: The key questions which a multidisciplinary panel will aim to answer from the presented evidence and open discussion raised during the conference are: What is the nature of the problem? Who is at risk and how do we identify them? How should we manage the patient? What is the best treatment? What lies ahead and can we afford it? Abstracts are invited for poster presentation.

May

10 May 2004

Crack Cocaine: patterns of use, effective services and treatment

Venue: The Celtic Royal Hotel Caernafon, Wales

Organised by/Contact: Dianne Lewis

e Dianne.Lewis@nww-tr.wales.nhs.uk

e info@celtic-royal.co.uk

Information: A one-day conference focusing on the epidemiology of crack cocaine use, treatment options for crack cocaine and setting up services for delivering treatment. Sessions include: physiology and implications for health, service provision, patterns of use and the criminal justice perspective.

If you have information on upcoming conferences or other events, please let us know so that we can include it in future issues of *Drugnet Ireland*.

Send information to Drugnet Ireland, Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Steet, Dublin 2.

Tel: (01) 676 1176;

Email: bgalvin@hrb.ie.

Drugnet Ireland Mailing List

If you wish to have your name included on the mailing list for future issues of *Drugnet Ireland*, please send your contact details to: Mary Dunne, Administrative Assistant, Drug Misuse Research Division, Health Research Board, Holbrook House, Holles Steet, Dublin 2. Tel: (01) 6761176; Email: mdunne@hrb.ie

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