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Alcohol and Drug Research Newsletter

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Benzodiazepine use in Ireland

The latest addition to the HRB Trends Series, *Problem benzodiazepine use in Ireland: treatment (2003 to 2008) and deaths (1998 to 2007)*,[1] was published in December 2010. The paper describes treated problem benzodiazepine use as recorded by the National Drug Treatment Reporting System (NDTRS) for the years 2003–2008, and poisoning deaths where a benzodiazepine was implicated as recorded by the National Drug-Related Deaths Index (NDRDI) for the years 1998–2007. This is the first time that data from the NDTRS and the NDRDI have been presented together in a Trends Series paper, providing a more complete picture of problem benzodiazepine use and its consequences. The main findings are summarised below.

(l to r) Delphine Bellerose and Suzi Lyons, two of the authors of the report

Numbers treated and number of deaths

In the period 2003–2008 the annual number of treated cases reporting a benzodiazepine as a problem substance increased by just over 63%, rising from 1,054 in 2003 to 1,719 in 2008 (Table 1). The number of cases who reported a benzodiazepine as their **main** problem substance was relatively small, but increased by 120%, from 76 in 2003 to 167 in 2008. The number of cases who reported a benzodiazepine as an **additional** problem substance was much larger, and increased by 59%, from 982 in 2003 to 1,562 in 2008. These increases may be explained by a combination of factors: an increase in the number of treatment places, an increase in problem benzodiazepine use among the population and an increase in reporting to the NDTRS.

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New NDC resources and services

Over the past year the National Documentation Centre has developed several new online resources and has been involved in initiatives in the education and information literacy area. An insert is this issue of *Drugnet Ireland* provides details on our new interactive tables of drug-treatment data, a new database of evidence resources, the online directory of training courses, and other projects.

NDC staff, Mairea Nelson, Brian Galvin and Mary Dunne

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Benzodiazepine use in Ireland *(continued)*

Between 1998 and 2007 benzodiazepines were implicated in 649 deaths by poisoning, which accounted for 31% of all such deaths recorded by the NDRDI for the ten-year period. The annual number of deaths in which benzodiazepines were implicated was consistently high, and increased from 65 in 1998 to 88 in 2007 (Table 2).

Substances used in conjunction with benzodiazepines

The majority (78%) of cases treated for a benzodiazepine as their **main** problem substance used more than one problem substance. Alcohol was the most common **additional** problem substance, reported by 52% of cases, followed by cannabis (43%) and opiates (40%). The main problem substances reported where a benzodiazepine was the additional problem substance were opiates (80%), alcohol (9%), cannabis (5%), and cocaine (5%). It is generally accepted that the use of several substances increases the complexity of these cases and is associated with poorer treatment outcomes. Problem use of benzodiazepines needs to be approached in the context of multiple substance use. The types of intervention and treatment setting very much depend on the individual's current problem substances and history of substance use and on the treatment services available in the HSE area.

The additional substances most frequently involved in poisoning deaths where a benzodiazepine was implicated were alcohol (41%) and methadone (36%). Alone, these substances may not be sufficient to cause death, but it is likely that the respiratory depressant effect is amplified when these substances are taken together, increasing the risk of fatal overdose.

Age and gender

The median age of new cases entering treatment for a benzodiazepine as their **main** problem substance decreased from 34 to 25 years over the reporting period, while the median age of previously treated cases remained stable, ranging between 27 and 29 years. The median age of cases entering treatment and reporting a benzodiazepine as an **additional** problem substance increased from 24 to 26 years for new cases, and from 27 to 30 years for previously treated cases. Although the numbers were small, the proportion of cases aged under 18 years increased steadily between 2003 and 2008, and was highest among new cases who presented with a benzodiazepine as their **main** problem substance. This finding has implications for health promotion, drug awareness campaigns and service provision for this vulnerable age group.

The median age of those who died as a result of poisoning where a benzodiazepine was implicated ranged between 33 and 39 years over the reporting period. Just over half (51%) were not alone at the time of their death. The majority of poisonings occurred in a private dwelling.

Approximately 70% of all benzodiazepine cases treated in the period 2003–2008 were males and the proportion was the same for new cases and for previously treated cases. However, the male to female ratio differed depending on whether benzodiazepines were reported as a main or an additional problem substance. Over the six-year period, females accounted for 40% of cases with a benzodiazepine as their **main** problem and 30% of cases with a benzodiazepine as an **additional** problem substance. Among those who reported a benzodiazepine as their **main** problem substance and who had no history of opiate use, there were higher proportions of female cases in the older age groups and higher proportions of male cases in the younger age groups. Similarly, among those who died, there were higher proportions of females in the older age groups and higher proportions of males in the younger age groups.

Age, gender, history of opiate use and whether benzodiazepines are a main or an additional problem substance are all factors that need to be considered by services treating this population. The increasing number of cases in treatment and the number of deaths among the population support the findings of the most recent national drug prevalence survey, which showed that 11% of all adults had used sedatives or tranquillisers (which include benzodiazepines) at some point in their lives. Prescribers and users need to be made more aware of the potentially fatal effects of benzodiazepines used in conjunction with other substances. Identifying and controlling possible illicit sources of benzodiazepines is also necessary, but it is equally important to revisit the clinical guidelines on benzodiazepine prescribing.[2]

An online Appendix to this paper is available at www.drugsandalcohol.ie/14288

(Delphine Bellerose)

1. Bellerose D, Lyons S, Carew AM, Walsh S and Long J (2010) *Problem benzodiazepine use in Ireland: treatment (2003 to 2008) and deaths (1998 to 2007)*. HRB Trends Series 9. Dublin: Health Research Board. Available at www.drugsandalcohol.ie/14287
2. Department of Health and Children (2002) *Benzodiazepines: good practice guidelines for clinicians*. Dublin: Department of Health and Children. Available at www.drugsandalcohol.ie/5349

Benzodiazepine use in Ireland *(continued)*

Table 1 Benzodiazepine cases entering treatment by treatment status (NDTRS 2003–2008)

	2003		2004		2005		2006		2007		2008	
	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)	n	(%)
All benzodiazepine cases*	**1054**		**1026**		**1115**		**1222**		**1225**		**1719**	
– as a main problem	76	(7.2)	103	(10.0)	75	(6.7)	96	(7.9)	163	(13.3)	167	(9.7)
– as an additional problem	982	(93.2)	928	(90.4)	1044	(93.6)	1129	(92.4)	1064	(86.9)	1562	(90.9)
Previously treated cases*	**816**		**758**		**810**		**839**		**787**		**1113**	
– as a main problem	49	(6.0)	50	(6.6)	30	(3.7)	40	(4.8)	72	(9.1)	87	(7.8)
– as an additional problem	770	(94.4)	711	(93.8)	782	(96.5)	802	(95.6)	715	(90.9)	1032	(92.7)
New cases*	**214**		**231**		**275**		**352**		**415**		**576**	
– as a main problem	27	(12.6)	47	(20.3)	42	(15.3)	50	(14.2)	85	(20.5)	74	(12.8)
– as an additional problem	188	(87.9)	186	(80.5)	235	(85.5)	302	(85.8)	332	(80.0)	505	(87.7)
Treatment status unknown	**24**		**37**		**30**		**31**		**23**		**30**	

Table 2 Percentage of poisonings where benzodiazepines were implicated (NDRDI 1998–2007)

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Total poisonings (n = 2,120)	178	187	182	178	211	185	207	248	270	274
Benzodiazepines (n = 649)	65 (36.5)	56 (29.9)	61 (33.5)	47 (26.4)	61 (28.9)	54 (29.2)	63 (30.4)	66 (26.6)	88 (32.6)	88 (32.1)

National Drugs Conference of Ireland 2010

The Irish Needle Exchange Forum (INEF) in conjunction with the Ana Liffey Drug Project, Coolmine Therapeutic Community and the Irish Association of Alcohol and Addiction Counsellors (IAAAC) hosted the National Drugs Conference of Ireland (NDCI) on 4–5 November 2010 at the Radisson Hotel in Dublin 8.

The theme 'A Continuum of Care within Drug Services' focused on both harm reduction and abstinence models. The conference sought to highlight that, rather than being opposing ideologies, these models represent different places in the spectrum of service provision. It featured speakers and delegates from national and international drug and alcohol services and provided a forum for networking and sharing information, good practice and learning. Parallel sessions covered aspects of the continuum of care, including policy and practice, medical issues, research studies and personal experience of interventions provided at a local level. The conference presentations are available on the INEF website at www.inef.ie

The conference was launched by **Dagmar Hedrich**, a scientific analyst at the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). She highlighted trends in drug use across the EU, presented an overview of EU drug policies, and outlined the development of responses to drug use. She drew attention to the EMCDDA best-practice web portal, containing links to current evidence on interventions in prevention, treatment and harm reduction, tools for evaluating practices, and real-life examples of evaluated practices in the EU.

Rowdy Yates proposed that recovery does not mean abstinence, but is rather about empowerment, and that recovering drug users should be viewed as assets rather than as liabilities. **Jim McVeigh** spoke about the characteristics of drug users and concluded that, while substance users come in all shapes and sizes, the intervention principles remain the same. In looking at prevention we need to explore the individual motivations for substance use, and in harm reduction we need to identify specific behaviours. **Trutz Haase** presented findings from a study of the risk

National Drugs Conference of Ireland 2010 *(continued)*

Professor Pat O'Hare, honorary president of IHRA, speaking at the conference

and protective factors influencing substance use among young people.[1] **Pat O'Hare** spoke of his experiences in the area, giving examples of how drug users continue to be stigmatised and marginalised. He stressed the human rights agenda and the need to intensify efforts to engage with people who use harm reduction services.

Dr David Best speaking at one of the plenary sessions

David Best spoke of recovery in the context of harm reduction and outlined the principles that are common to both, including empowerment, choice, community focus, and personally defined goals. He said that recovery is an intrinsically social process and is not solely about the individual, but also about positive community engagement and the development of community-based assets. **Neil Hunt** spoke about harm reduction in the context of recovery. He concluded that a collaborative approach to policy and practice by recovery and harm reduction advocates is required to deliver the highest achievable level of health, well-being, civil rights and citizenship for current and former drug users.

Bríon Sweeney highlighted the role of 'brief interventions' in treatment, saying that they are hugely effective in the case of harmful substance use but less so in the case of dependent substance use. Brief interventions are useful for engaging people in treatment. **Austin Prior** presented the 12-step abstinence-based approach to treatment adopted by the Rutland Centre. This approach aims to increase self-belief and confidence,increase social support for sobriety, and improve coping skills. **Paul Conlon** and **Ger Twohig** outlined Coolmine Therapeutic Community's continuum of care supports from substance-free-contemplation through to aftercare. **Ger Twohig** spoke of how Coolmine harnesses the power of the peer group to effect change in attitudes and behaviour by inviting former clients to return and share their experiences of treatment and recovery.

Pat Leahy presented results from a study in Cork which found that community-based youth projects can be effective in delivering substance misuse interventions. **Lynn Ruane** spoke about the Get Active Group (GAP) in south Dublin, a local programme of activities for women who decide to stop using drugs. **Emmanuel Reynaud** presented on a study of a programme in Paris that uses syringe dispensing machines. **Dave Gordon** discussed the use of vending machines to facilitate needle exchange and spoke of harm reduction among young people. **Janet Robinson** presented a profile of Irish needle and syringe exchange services and services users in 2007/8.

Medical issues associated with drug use were also addressed. **Sandra Delamere** outlined the incidence of sexually transmitted infections in a drug-using cohort and **Gillian Farrell** spoke about hepatitis C and HIV co-infection, with particular relevance to injecting drug users. **Danny Morris** described the benefits of naloxone, which can save lives in the event of an opiate overdose, and of improving access and overcoming obstacles to its use.

Fiona O'Reilly presented results from a study of service user's involvement in methadone maintenance in general practice settings.[2] She also presented a review of the Safetynet Methadone Programme which aims to improve access to methadone for the homeless.[3] **Eoin Coughlan** presented a research project exploring the use of music as a therapeutic intervention within an Irish addiction service. **Joe Barry** charted the evolution of drug and alcohol responses in Ireland. He spoke of the impact of alcohol on Ireland's drug story. He pointed out that alcohol facilitates early induction to substance use, causes additional problems in drug treatment, and contributes to overdose. It also exacerbates liver damage in people who are hepatitis C positive, and leads to general health damage as drug users get older.

Brigid Pike presented a framework for thinking about strategy complexity. She examined how strategy works by exploring and applying a framework for interrogating how the national drugs strategy performs as a policy 'tool'. **Martin Keane** spoke of the obstacles to progression for methadone patients using a qualitative synthesis of the literature. **Johnny Connolly** discussed drug markets and drug-related crime, and spoke of building consensus and overcoming obstacles to partnership and communication between law enforcement, health and social services.

Research findings were presented from the national health information systems co-ordinated by the Health Research Board. The National Drug treatment Reporting System (NDTRS) is an epidemiological database on treated drug and alcohol misuse in Ireland, and the National Drug-Related Deaths Index (NDRDI) records cases of death by drug and alcohol poisoning, and deaths among drug users and those who are alcohol dependent. **Anne Marie Carew** presented a profile of cases from the Traveller community seeking treatment for substance misuse between 2007 and 2009. **Delphine Bellerose** presented a profile of benzodiazepine

National Drugs Conference of Ireland 2010 *(continued)*

use in Ireland using treatment figures (NDTRS) in conjunction with drug-related death data (NDRDI). **Simone Walsh** presented profiles of drug-related deaths and deaths among drug user in Ireland between 1998 and 2007. **Suzi Lyons** presented an overview of drug-related deaths among recently released prisoners in Ireland in the period 1998 to 2007.

Caroline Gardner outlined the QuADS (Quality in Alcohol and Drug Services) Support and Peer Review Project which illustrates that communal, cross-task-force and cross-continuum projects can successfully promote multi-project service development. **Roweena Russell** described the www.hiwecanhelp.co.uk website which helps front-line drug workers to facilitate fast and accurate referrals and offers a range of services and supports for drug users and their families. **Marie Phelan** spoke about the value of the European Harm Reduction Network as a filter for best practice, as a means of message amplification, as a convenor of different groups, and as a facilitator and community builder.

Scott Kellogg spoke about gradualism, an integrative framework for treating addictive disorders which draws on the positive aspects of the abstinence-oriented, scientific, and harm reduction treatment approaches. He explored gradualism in the context of building the harm reduction–recovery continuum.

(Ita Condron and Lorraine Caprani)

1. Haase T and Pratschke J (2010) *Risk and protection factors for substance use among young people: a comparative study of early school-leavers and school-attending students*. Dublin: Stationery Office. Available at www.drugsandalcohol.ie/14100
2. O'Reilly F, Reaper E and Redmond T (2005) *'We're people too.' Views of drugs users on health services*. Dublin: Mountjoy Street Family Practice, UISCE, PPR Project. Available at www.drugsandalcohol.ie/5989
3. Geraghty C, Harkin K and O'Reilly F (2008) *Evaluation of the Safetynet Methadone Programme pilot at the Dublin Simon emergency shelter*. Dublin: Primary Care Safetynet for Homeless People. Available at www.drugsandalcohol.ie/11724

The National Drugs Rehabilitation Framework

In line with the recommendations outlined in the report of the Working Group on Drugs Rehabilitation,[1] a National Drugs Rehabilitation Framework has been published.[2] Approved by the National Drugs Rehabilitation Implementation Committee (NDRIC), this Framework has been constructed to enhance the provision of rehabilitation services to current and former drug users by creating integrated care pathways (ICPs) with the co-operation of different service providers.

It is recognised that service users may present with diverse needs, including treatment, education, vocational training, employment support and accommodation, and that no single agency can cater for all possible needs. An individual care plan will be developed for each service user, and will be delivered by a multi-disciplinary team comprising the necessary range of disciplines and skills drawn from a variety of service providers. Where a service user has complex and multi-faceted needs, a more intensive case management approach may be used.

According to the authors of the Framework,

> The provision of rehabilitation pathways is a shared responsibility of the education, training and employment sectors alongside the health, welfare and housing sector, non-governmental organizations, communities, families and the individual themselves. (p. 7)

The ICP will comprise four steps, which will be linked to the four-tier model of service provision:

1. Initial contact (Tier 1 services): Screening and referral, using a brief intervention screening instrument.
2. Initial assessment and identification of appropriate service (Tier 2 services upwards): Matching person to service – the aim is to determine the seriousness and urgency of the drug/alcohol problem.
3. Comprehensive assessment – key working and care planning (Tier 3 services upwards): Matching services to the person, i.e. identifying appropriate services for service users with more complex needs. Following the comprehensive assessment, a case manager will be identified, who will support the individual on their rehabilitation pathway.
4. Implementation of the care plan to support an individual rehabilitation pathway.

Services drawn from the four-tier model of service provision will be characterised by the following attributes:

- Settings may include general healthcare, structured drug treatment, community-based specialist addiction services, and residential detoxification and treatment followed by supported step-down accommodation as part of aftercare.
- Services may include information and advice, brief interventions, methadone, harm reduction and therapeutic interventions.
- Target groups may range from those experimenting with drugs to those with drug-related problems and dependence.

The development of a competent workforce in the addiction services will be supported and maintained through the development of a quality standard framework. The national standards for drug and alcohol treatment services that have been agreed by the Health Service Executive are the Quality in Alcohol and Drug Services (QuADS) organisational standards.

The NDRIC has responsibility for developing national protocols and service-level agreements (SLAs) to facilitate the implementation of the National Drugs Rehabilitation Framework. The NDRIC is currently piloting the integrated care pathway model at regional and local levels, with a view to informing the development of the protocols.[3] Three drugs task force sites have been selected to participate in phase 1

The National Drugs Rehabilitation Framework *(continued)*

of the pilot process: North Inner City LDTF, Blanchardstown LDTF and North East RDTF. The objectives of the pilot projects are to:

- support the implementation of the National Drugs Rehabilitation Framework and integrated care pathways model in line with the recommendations of the report of the working group on drugs rehabilitation,
- build awareness and knowledge of the National Drugs Rehabilitation Framework among key stakeholders,
- identify progress in implementation,
- identify gaps in services and drivers/obstacles in respect of implementation,
- assess the initial impact of the Framework, and
- help to clarify roles and inform implementation of the Framework.

(Martin Keane)

1. Working group on drugs rehabilitation (2007) *National Drugs Strategy 2001–2008: rehabilitation. Report of the working group on drugs rehabilitation.* Dublin: Department of Community, Rural and Gaeltacht Affairs. Available at www.pobail.ie/en/OfficeoftheMinisterforDrugs
2. Doyle J, Ivanovic J (2010) *National Drugs Rehabilitation Framework Document*. Dublin: Health Service Executive. Available at www.drugsandalcohol.ie/13502
3. National Drugs Rehabilitation Implementation Committee (2010) *Terms of reference for pilot projects to inform the implementation of the National Drugs Rehabilitation Framework*. Dublin: HSE. Available at www.drugsandalcohol.ie/13502

Older drug users in Ireland

One of the key topics focused on by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in 2010 was older drug users (defined by the EMCDDA as those aged 40 years or over).[1] This article summarises the information on this topic provided by the EMCDDA Irish national focal point, which is based in the Health Research Board.

As the proportion of those aged over 40 in the general population increases, and improvements in drug treatment lead to better survival rates among drug users, the proportion of drug users over the age of 40 is also increasing. This trend is likely to continue and may present challenges for the health services, including the drug treatment service, in the near future. This issue has not been examined previously in Ireland. Data from the National Drug Treatment Reporting System (NDTRS), the Central Treatment List (CTL) and the National Drug-Related Deaths Index (NDRDI) were analysed to provide an overview of the total numbers and also to give a description of those drug users aged 40 or over in treatment, and those in this age group who have died due to drugs.

Treatment data

Between 1998 and 2008, the proportion of cases aged 40 or over reported to the NDTRS increased almost every year, rising from 3% of the total in 1998 to 9% in 2008. The increase was most evident in the 40–49-year age group, where the proportion of cases rose from 3% in 1998 to 8% in 2008 (Table 1).

The majority of those in the 40–49-year age group reported heroin as their main problem drug, with the proportion increasing from 53% in 1998 to 70% in 2006, and falling slightly to 66% in 2008.

The majority of those in the 50–59-year age group also reported heroin as their main problem drug, although the numbers were much smaller. Among this group, the proportion reporting heroin as their main problem drug increased over the 11-year period under review, from 27% in 1999 to 55%% in 2007, again showing a decrease in 2008, to 47%.

Other opiates and benzodiazepines were reported as the main problem drug for the majority of drug users aged 60 years or over.

Only a small proportion of older drug users reported cocaine as their main problem drug. The proportion fluctuated over the 11-year period, rising from 3% in 1998 and peaking at 7% in 2007, before dropping slightly in 2008 to 6.5%. Very few drug users aged over 50 years reported cocaine as their main problem drug.

Central Treatment List

Data provided by the Central Treatment List show that the number of individuals in methadone treatment has increased since 1994 (Figure 1). The proportion of drug users aged 40 or over registered on the CTL has more than quadrupled, from 4% in 1994 to 19% in 2008 (Figure 1).

Table 1 Numbers and percentages of clients in treatment in Ireland, by age group, NDTRS 1998–2008

	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
All cases	**5090**	**4394**	**4744**	**5135**	**5455**	**5560**	**4724**	**5039**	**5285**	**5775**	**6247**
< 40	4915	4246	4561	4841	5105	5218	4445	4673	4883	5313	5647
	(96.6)	(96.6)	(96.1)	(94.3)	(93.6)	(93.8)	(94.1)	(92.7)	(92.4)	(92.0)	(90.4)
40–49	135	104	144	221	255	276	233	309	336	383	497
	(2.7)	(2.4)	(3.0)	(4.3)	(4.7)	(5.0)	(4.9)	(6.1)	(6.4)	(6.6)	(8.0)
50+	23	26	32	45	49	46	40	55	58	67	88
	(0.5)	(0.6)	(0.7)	(0.9)	(0.9)	(0.8)	(0.8)	(1.1)	(1.1)	(1.2)	(1.4)
Age unknown	17	18	7	28	46	20	6	2	8	12	15
	(0.3)	(0.4)	(0.1)	(0.5)	(0.8)	(0.4)	(0.1)	(0.04)	(0.2)	(0.2)	(0.2)

Older drug users in Ireland *(continued)*

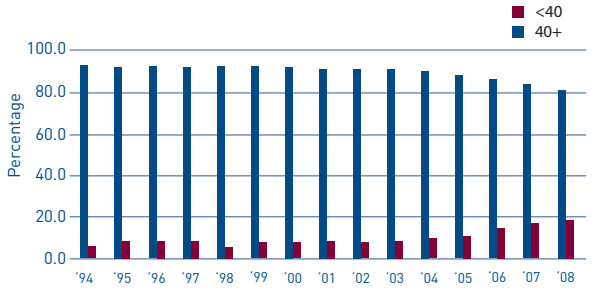


Figure 1 Proportion of drug users registered on the CTL aged 40 or over, 1994–2008

Source: Central Treatment List

Drug-related deaths

Analysis of NDRDI data showed that, of the total deaths owing to poisoning (as per EMCDDA Selection D definition[2]) between 1998 and 2007, 290 (22%) were of individuals aged 40 or over. The number of deaths in this group increased from 18 in 1998 to 45 in 2005, and decreased slightly to 38 in 2007 (Table 2). The majority (67%) of this group were in the 40–49-year age group. The majority (63%, 184) of older drug-related deaths were male.

Overall, opiates were the drugs most frequently implicated in poisoning deaths among older drug users, many of which were polysubstance poisonings. Cocaine was only occasionally implicated in deaths owing to poisoning in this group. For those aged 50 or over, the opiates implicated were rarely heroin or methadone. Overall, national data point to an increase in the number of problem drug users aged 40 years or over. This indicates an aging drug-user population, owing either to improved survival rates or to longer drug-using careers. The number of older drug users is likely to continue to increase over the coming years. Heroin continues to be the main problem drug for most users, irrespective of age. At policy level in Ireland to date, older drug users have not been identified as a vulnerable or high-risk group. This may need to be addressed if the number of older drug users continues to rise.

Table 2 Number of poisoning deaths (Selection D definition), by age group, NDRDI 1998–2007

	'98	'99	'00	'01	'02	'03	'04	'05	'06	'07
Total	**104**	**115**	**113**	**106**	**125**	**107**	**126**	**159**	**181**	**185**
<40	86	98	90	83	98	78	98	114	139	147
40–49	12	12	15	16	22	18	19	27	27	25
50+	6	5	8	7	5	11	9	18	15	13

(Suzi Lyons)

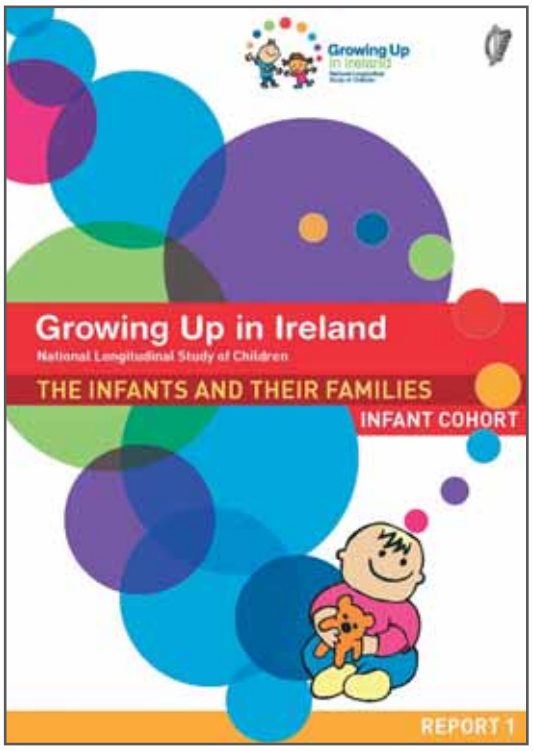
1. EMCDDA (2010) *Treatment and care for older drug users.* Luxembourg: Publications Office of the European Union. Available at www.emcdda.europa.eu/publications
2. For a precise list of the criteria applied in the EMCDDA Selection D definition of drug-related deaths, see www.emcdda.europa.eu/html.cfm/index107404EN.html

Growing up in Ireland: infants and their families

The first comprehensive set of results from the infant cohort in the Growing Up in Ireland study were published in November 2010.[1] The report provides a picture of the life of infants in Ireland today, across the main domains of their development, with a view to furthering understanding of the broad spectrum of their experiences and circumstances.[2]

A nationally representative sample of 11,100 infants born between December 2007 and May 2008 and their families was randomly selected from the Child Benefit Register maintained by the Department of Social Protection. The sample response was 65% of all families approached and 69% of valid contacts made in the course of fieldwork.

The first round of data collection took place between September 2008 and April 2009, when the children had reached the age of nine months. The main informants were the adults identified as the primary and secondary caregivers of the study child, who all completed detailed questionnaires. In the course of the household interview, the interviewer recorded the length, weight and head circumference of the study child as well as the height and weight of the primary and secondary caregivers. In addition, families were asked to provide contact information in respect of non-resident parents and other regular caregivers, where the latter delivered at least eight hours of care per week. The contact details were used to administer (by post) a short self-completion questionnaire.



Growing up in Ireland: infants and their families *(continued)*

Data were collected with regard to:

- circumstances surrounding the pregnancy,
- the child's health from birth onwards,
- the child's routines, such as sleeping and feeding patterns, the child's temperament and cognitive and physical development,
- childcare,
- parenting and support for parents in bringing up their child, and
- relationships between the mother and the world outside her home, both in the workplace and in her local community.

In order to examine how children's lives vary in different socio-demographic contexts, data were examined in relation to a relatively common set of variables, including family social class, family income, family type and mother's highest level of educational attainment.

Smoking and drinking during pregnancy

The research showed that most mothers refrained from smoking or drinking during their pregnancies. The findings also suggested that smokers may find it more difficult to give up cigarettes than drinkers find it to abstain from alcohol.

Just under one in five mothers (18%) had smoked at some stage during their pregnancy, with this being quite strongly related to level of educational attainment. The study reported that there was strong evidence to indicate that much higher percentages of those with lower levels of education smoked at some stage during pregnancy (40% among those with lower secondary level or below, compared to 6% among graduate mothers). It was also noted that mothers with lower levels of education were less likely to have changed their behaviour to avoid smoking during pregnancy than those with higher levels of education.

A total of 20% of mothers had consumed alcohol at some stage during pregnancy. In contrast to smoking in pregnancy, the highest prevalence of alcohol consumption was found among more advantaged mothers. However, further analysis of the data showed that, although the mothers with lowest levels of education were the most likely to abstain from alcohol entirely during pregnancy, those who did drink consumed more units of alcohol each week than more highly educated mothers.

As the Growing Up in Ireland study follows this infant cohort it will be possible to examine the longer-term impact of both smoking and drinking – and different levels of consumption of these substances – on child outcomes. Data have also been collected on the consumption of prescribed medications and illegal substances during pregnancy.

Quality of the neighbourhood in which mothers lived

The mothers of infants were asked to rate four items relating to the quality of the neighbourhood in which they lived on a four-point scale from *very common* to *not at all common*. The items were:

- rubbish and litter lying about,
- homes and gardens in bad condition,
- vandalism and deliberate damage to property,
- people being drunk or taking drugs in public.

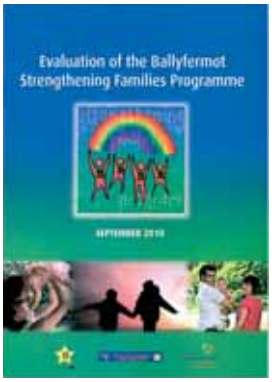
Rubbish and litter lying about was perceived to be the most pervasive neighbourhood problem, with 22% of mothers reporting this as being *very* or *fairly common*. The authors reported a strong relationship between family income and the other three neighbourhood characteristics, and also geographic location. For example, a total of 18% of families in the lowest income quintile agreed that people being drunk or taking drugs in public was *very* or *fairly common*. This compared with 6% among families in the highest income group. Mothers of nine-month-old infants in urban areas were at least twice as likely as their rural counterparts to report 'homes and gardens in bad condition', 'vandalism and deliberate damage to property' and 'people being drunk or taking drugs in public' as *very* or *fairly common*.

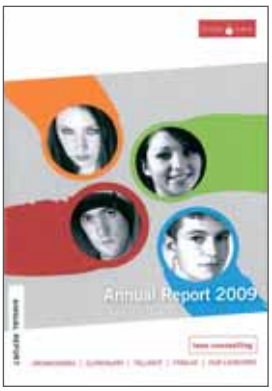
(Brigid Pike)

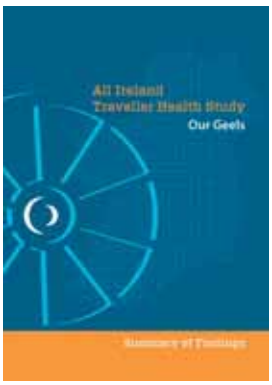
1. Williams J, Green S, McNally S, Murray A and Quail A (2010) *Growing up in Ireland – national longitudinal study of children: the infants and their families*. Dublin: Stationery Office.
2. The National Longitudinal Study of Children tracks the development of two groups of almost 20,000 children. Taking place over seven years, the study is following the progress of a child cohort of 8,500 children interviewed at nine and 13 years, and an infant cohort of 11,000 children interviewed at nine months and three years. The main aim of the study is to paint a picture of children in Ireland and how they are developing in the current social, economic and cultural environment. This information will be used to assist in policy formation and in the provision of services. The Department of Health and Children is funding the study through the Office of the Minister for Children and Youth Affairs in association with the Department of Social Protection and the Central Statistics Office. The Office of the Minister for Children and Youth Affairs is overseeing and managing the study, which is being carried out by a consortium of researchers led by the Economic and Social Research Institute (ESRI) and Trinity College Dublin.

Drugnet digest

This section contains short summaries of recent reports and other developments of interest.







Evaluation of the Ballyfermot Strengthening Families Programme

The report of an evaluation of the Ballyfermot Strengthening Families Programme[1] was launched by Pat Carey TD, Minister for Community Equality and Gaeltacht Affairs, on 10 September 2010.

The programme is a 15-week skills-training course for parents, teenagers and whole families. Eleven families, consisting of 14 parents, 20 young people and 10 children, commenced the programme, and 10 families completed it. The evaluation report presents participants' responses to semi-structured interviews conducted towards the end of the programme.

Programme graduates reported having gained from their engagement in the programme:

- All families reported improved communication skills.
- All parents reported improved parenting skills.
- The majority of young people reported an improved relationship with parents.
- All young people reported less conflict at home.
- The majority of parents and young people reported a greater understanding and respect for each other.

The programme is funded through the Dormant Accounts Programme and the Ballyfermot/ Chapelizod Partnership. The programme was delivered in 2009 and 2010 through a multi-agency collaboration in Ballyfermot including Ballyfermot STAR, Ballyfermot Chapelizod Partnership, Daughters of Charity Child and Family Centre Cherry Orchard, HSE local social work team, Candle Community Trust, The Base, Familiscope, the local drugs task force and Ballyfermot Social Intervention Initiative.

Crosscare Teen Counselling annual report 2009

The aim of Teen Counselling is to provide a professional service for teenagers who have behavioural and emotional problems, and to complement the role of other statutory and voluntary services. The annual report for 2009[2] states that Teen Counselling had 431 referrals and saw 248 new families in that year. There were 235 cases closed which involved over 2,000 counselling sessions.

The majority of referrals were for behavioural and family problems; 8% were for drug or alcohol use. This piece will focus on the information provided in relation to alcohol and drug use reported by the clients. Four per cent of clients aged under 16 years reported using drugs and 17% reported using alcohol. Nine per cent of clients aged 16 or over reported using drugs and 21% reported using alcohol. Slightly more boys then girls reported using drugs or alcohol. Of those who used drugs, almost all (94%) reported using cannabis; smaller proportions used ecstasy (15%), pills or medicine (15%), cocaine (12%), solvents (6%) and magic mushrooms (6%). It is notable that many of the clients reported addiction problems in their families, particularly among fathers.

The report notes that the percentage of clients who reported using drugs has fallen over the past number of years, from 18% in 2008 to 13% in 2009. The percentage who reported smoking has also fallen, from 19% in 2006 to 8% in 2009.

In 2009 Crosscare produced a manual for counsellors and reported that a controlled trial would be initiated in 2010, in collaboration with University College Dublin, to evaluate the effectiveness of the Teen Counselling model of work.

Smoking, alcohol and illicit drug use among Travellers

The All Ireland Traveller Health Study is a large-scale study which captures the complexity and heterogeneity of the Traveller community in Ireland. As part of the study, a census to enumerate the population and a health survey to examine health behaviours and health service utilisation were completed.[3]

The census, undertaken in 2008, recorded 36,224 Travellers living in Ireland and revealed high birth rates and low life expectancy among the community, for example:

- 63% were under 25, compared with 35% nationally.
- 42% were under 15, compared with 21% nationally.
- 3% were 65 years or over, compared to 13% nationally.

The health survey found that more than half (53%) of Travellers living in Ireland were current smokers; 44% were regular smokers, and a further 9% were occasional smokers. Current smoking rates were marginally higher for men (54.9%) than for women (50.7%), and the rate was higher among the Traveller population than among the general population.

Almost two-fifths (38%) of the Travellers surveyed said that they never drank alcohol, with rates of abstinence considerably higher among women (45%) than men (30%). Ten per cent drank more than twice per week. Of the Travellers who consumed alcohol, 66% of men and 42% of women drank six or more alcoholic drinks on a drinking occasion. Two-thirds (66%) of those surveyed said that illicit drugs were a problem in their community. There were no data on proportions using illicit drugs or cannabis.

Drugnet digest *(continued)*

Update on new psychoactive substances

EMCDDA risk assessment on mephedrone (4-methylmethcathinone)
On 15 July 2010 the EMCDDA extended Scientific Committee, with the participation of additional experts from the EU member states, the European Commission, Europol and the European Medicines Agency, undertook a formal risk assessment on the synthetic drug mephedrone (4-methylmethcathinone) and submitted it to the European Commission. The Commission considered the findings, and on 20 October 2010 recommended[4] that the Council advise member states

> ...to take the necessary measures, in accordance with their national law, to submit 4-methylmethcathinone (mephedrone) to control measures and criminal penalties as provided for under their legislation by virtue of their obligations under the 1971 United Nations Convention on Psychotropic Substances.

Mephedrone was controlled in Ireland in May 2010.[5]

Guide to psychoactive substances

O'Mahony Carey S (2010) *Psychoactive substances: a guide to ethnobotanical plants and herbs, synthetic chemicals, compounds and products.* Tipperary: Health Service Executive South. Available at www.drugsandalcohol.ie/13725

National poverty indicators

On 25 November 2010 the Central Statistics Office (CSO) published Survey on income and living conditions (SILC) 2009, including national poverty indicators.[6] The poverty indicators showed the following:

- *At risk of poverty*[7] the threshold fell by 3.1% during the year but there was no statistically significant change in the 'at risk of poverty' rate, which was 14.1% in 2009, as opposed to 14.35% in 2008. This was due to the fact that the decline in income was evident right across the income distribution and the rates of decline were broadly similar.
- *Enforced deprivation*[8] the percentage of individuals experiencing two or more forms of deprivation increased to over 17% in 2009, from 13.8% in 2008. Lone parent households reported the highest levels of deprivation, with almost 63% of individuals from these households experiencing one or more forms of deprivation, compared with almost 29% at state level. Individuals living in households with children showed an increase in reported deprivation rates of two or more forms; for example, households comprising two adults with one to three children, and other households with children, each reported an increase in deprivation rates of approximately 3% since 2008.
- *Consistent poverty rate*[9] this indicator shows that the proportion of Irish people living in consistent poverty increased by 1.3%, from 4.2% in 2008 to 5.5% in 2009. Children (aged 0–17) remain the most exposed age group, with a consistent poverty rate of 8.7% in 2009, up from 6.3% in 2008. Almost 17% of people living in lone parent households were in consistent poverty in 2009.

(Contributors: Anne Marie Carew, Suzi Lyons, Jean Long and Brigid Pike)

1. Howley D and Kavanagh M (2010) *Evaluation of the Ballyfermot Strengthening Families Programme.* Dublin: Ballyfermot Star.
   Available at www.drugsandalcohol.ie/13866
2. Crosscare (2010) *Teen Counselling annual report 2009.* Dublin: Crosscare.
   Available at www.drugsandalcohol.ie/13802
3. All Ireland Traveller Health Study Team (2010) *All Ireland Traveller health study: summary of findings. Dublin: Department of Health and Children.*
   Available at www.drugsandalcohol.ie/13791
4. European Commission (2010) *Proposal for a Council Decision on submitting 4-methylmethcathinone (mephedrone) to control measures.* COM(2010) 583 final. Brussels: European Commission. Available at http:// ec.europa.eu/justice/news/intro/doc/com_2010_583_en.pdf
5. Harney M (2010) *Minister for Health and Children announces immediate criminal ban on list of head shop products.* Press release issued 11 May 2010. Available at www.dohc.ie/press/releases/2010/20100511.html
6. The Survey on Income and Living Conditions (SILC) in Ireland is an annual household survey covering a broad range of issues in relation to income and living conditions. It is the official source of data on household and individual income and also provides a number of key national poverty indicators. The survey is also carried out in other EU member states allowing comparable statistics to be compiled on a pan-European basis. www.cso.ie
7. The 'at risk of poverty' threshold is 60% of median income.
8. 'Enforced deprivation' refers to the inability to afford basic specific goods or services. Eleven forms of enforced deprivation are associated with consistent poverty. An individual is considered deprived if they experience at least two of the eleven forms.
9. The 'consistent poverty' rate combines relative income poverty (i.e. the 'at risk of poverty' rate) with material deprivation to examine the percentage of individuals who are in consistent poverty.

2010 report on the drugs situation in Europe

The 2010 annual report of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) was published on 5 November.[1] The Health Research Board (HRB) provides the Irish figures for the EMCDDA report.

At least one million people across Europe are treated for problem drug use every year. People are treated for harmful use of, or dependence on, one or more drugs. In 2008 14,518 people in Ireland, about 1.4% of the European total, were receiving treatment for drug use. Opiates (mainly heroin) are the most common drug for which people seek treatment in Ireland, while cannabis is the most common drug used among the general population.

Opiates

There are between 1.2 and 1.5 million problem opiate users in the EU. Between 18,136 and 23,576 of these live in Ireland. The percentage of problem opiate users in opiate substitution treatment ranges from less than 10% in some member states to over 50% in other states. In 2007, the latest year for which we can estimate, 55% of problem opiate users in Ireland were in treatment. In some countries people wait for more than one year to commence treatment. In Ireland people living in Dublin wait for substitution treatment for an average of between two weeks and six months, depending on where they live, while people living outside Dublin wait between one month and two years. More than 85% of fatal overdoses in Europe are due to opiates. In Ireland 74% of fatal overdoses are due to opiates, either alone or in combination with another drug. The number of heroin seizures increased across Europe. In Ireland there was a steady rise in heroin seizures between 2004 and 2007, when the number peaked at 1,698; the number fell to 1,455 in 2009.

Cocaine

Ireland is classified as a high prevalence country for cocaine use, along with Denmark, Spain, Italy and the UK. The NACD general population survey for 2006/7[2] reported that 1.7% of adults used cocaine in the year prior to the survey and the percentage was higher among young adults (3.1%) and men (2.3%). In 2008 around 70,000 people entered drug treatment for problem cocaine use across Europe. In Ireland 761 entered treatment. Across Europe 25% of new entrants to treatment reported cocaine as their primary drug. The figure for Ireland is 17%. The number of cocaine related deaths increased in Spain, the UK and Ireland. In Ireland the number of cocaine deaths increased from 10 in 2003 to 63 in 2007. The number of cocaine seizures in Ireland increased from 566 in 2003 to 1,749 in 2007 and decreased considerably to 1,010 in 2008 and 635 in 2009.

Ecstasy

The NACD 2006/7 general population survey reported that 1.2% of the general population used ecstasy in the year prior to the survey, placing Ireland among the medium prevalence countries. Recent ecstasy use was higher among young adults (2.4%). The number of treated cases who reported ecstasy as a main problem drug decreased considerably, from 139 in 2003 to 103 in 2008. There were 90 ecstasy seizures in 2009, slightly less than the average over the preceding six years.

Cannabis

The NACD 2006/7 survey reported that 6.3% of the general population had used cannabis in the year prior to the survey. This places Ireland in the mid-range for cannabis use across Europe. The number of cannabis users attending treatment increased from 991 in 2003 to 1,191 in 2008, when it represented 19% of clients in treatment. The number of cannabis seizures in 2009 (2,314) was less than half that in 2008 (5,662).

New psychoactive substances

In the last eight years, the sale of new psychoactive substances in head shops or online emerged as a new phenomenon across Europe. On the 11 May 2010, the Irish government banned a number of psychoactive substances sold in head shops and online. These were synthetic cannabinoids, benzylpiperazine (BZP) and other piperazine derivatives, and six named cathinones (mephedrone, methylone, methedrone, butylone, flephedrone and MDPV). A Garda inventory indicated that at their peak in early 2010 there were 113 head shops in the country, with at least one in every county. On 12 May, the gardaí visited all head shops and warehouses and seized all banned products. On 13 May there were 34 head shops selling psychoactive substances. In early August the number increased to 39 shops. Following the introduction of the Criminal Justice (Psychoactive Substances) Act 2010, only 19 were open by early September and none were selling psychoactive substances.

Older drug users in treatment

The proportion of drug users aged 40 and over in treatment increased from 3.1% of all treated drug users in 1998 to 9.4% in 2008. This is lower than the European average of 20%. The lower rate in Ireland may be explained by the fact that drug use is a relatively new phenomenon in Ireland compared to other western European countries. Heroin is the most common main problem drug reported by older drug users in Ireland. The proportion of drug users aged 40 and over in methadone maintenance treatment increased from 4% in 1994 to 19% in 2008. Between 1998 and 2007 22% of the deaths due to poisoning recorded in Ireland (as per the EMCDDA's Selection D definition) were of individuals aged 40 and over; this percentage is in line with those in other European countries. There are no specialised services for older drug users in Ireland or elsewhere in Europe.

(Brian Galvin)

1. EMCDDA (2010) *Annual report 2010: the state of the drugs problem in Europe*. Luxembourg: Publications Office of the European Union. Available at www.emcdda.europa.eu/publications/annual-report/2010
2. National Advisory Committee on Drugs and Public Health Information and Research Branch (2008) *Drug use in Ireland and Northern Ireland: first results from the 2006/2007 drug prevalence survey*. Bulletin 1. Dublin: National Advisory Committee on Drugs and Public Health Information and Research Branch. Available at www.drugsandalcohol.ie/11529

First European conference on drug supply indicators

The European Commission and the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in association with Europol, convened the first European conference on drug supply indicators in Brussels in October. The conference came about as a result of 'major investments by the European Commission in research into drug markets and how to control them'.[1]

The purpose of the conference was to launch a process for designing a new European strategy for monitoring drug markets, drug-related crime and drug supply reduction. The specific aims were to achieve a consensus on a process for scaling up existing approaches and practices and to establish the basis for a network of both operational and scientific experts that will guide the future conceptualisation and implementation of European drug supply indicators.

The event gathered, for the first time at European level, around 120 European and international experts, such as law enforcement officers, forensic scientists, criminologists, national data-collection specialists, data analysts, economists, policy/intelligence analysts and technical staff of EU and international institutions. The objective of the conference was to devise a plan to implement the information tools needed to understand these key aspects of the drugs phenomenon.

The event is expected to make an important contribution to achieving the objectives of the EU drugs action plan (2009–2012) which calls for the design of standard European indicators on drug supply issues by 2012,[2] while also supporting the EMCDDA in its mission to develop indicators that can paint an overall picture of Europe's drugs phenomenon.

The EMCDDA news release[1] quotes Director Wolfgang Götz:

> The last two years have seen unprecedented interest, both technically and politically, in improving the evidence base for understanding issues of drug supply. It is now time to exploit this momentum and put in place the information tools needed to better understand this area of key importance for European drug policy. This is a prerequisite to designing more efficient interventions in future against drug trafficking and drug-related crime.

The conference heard a range of presentations on the following core themes:

- Current state of the art in data availability and reporting tools;
- Structural and practical barriers to data collection and how they could be overcome;
- New approaches and potential monitoring options;
- Possible new developments within the existing European monitoring framework.

In 2011, technical groups supported by the EMCDDA will take forward the work initiated at the conference. This will result in a concept paper and roadmap for implementing one indicator in each of the conference's three thematic areas (drug markets, drug-related crime and supply reduction). These documents will ultimately be presented to a second consensus meeting to be held in Lisbon in 2011. Conference material is available on the EMCDDA website at www.emcdda.europa.eu/events/supply-indicators.

(Johnny Connolly)

1. EMCDDA news release, available at www.emcdda.europa.eu/news/2010/9
2. Action 67 of the EU drugs action plan reads: 'To develop key-indicators for the collection of policy-relevant data on drug-related crime, illegal cultivation, drug markets and supply reduction interventions and to develop a strategy to collect them'. The plan is available at www.emcdda.europa.eu/html.cfm/index66221EN.html

ESSD conference 2010

The 21st annual conference of the European Society for Social Drug Research (ESSD) took place in Dubrovnik, Croatia, from 30 September to 2 October 2010. The principal aim of the ESSD is to promote social science approaches to drug research, with special reference to the situation in Europe. The three-day conference covered the following themes in drug research:

- New drugs.
- Combined drug use.
- Drug using lifestyles and music.
- Drug and cannabis markets.
- Methodological perspectives in drug research.
- Theories, concepts and analysis in drug research.

The conference included seven presentations from researchers based in Ireland.

ESSD conference 2010 *(continued)*

Researcher and affiliated institution	Title of presentation	Study methods
Christina Marie O'Neill Queen's University Belfast	'Getting mowed' on mephedrone	In-depth interviews with mephedrone users in Northern Ireland and data from a longitudinal ethnographic study with recreational drug users
Paula Mayock Trinity College Dublin	Cocaine users' narratives of self and social enhancement	In-depth interviews with recreational cocaine users in Northern Ireland
Aileen O'Gorman University College Dublin	From boom to dust: an analysis of the rise and fall of the Irish cocaine market during the Celtic tiger era	A multi-site ethnographic longitudinal study in four disadvantaged urban neighbourhoods
Aisling McLaughlin Queen's University Belfast	The family, peers and adolescent drug use: the challenges and benefits of a mixed-methods research design	Focus groups, surveys and participatory workshops with a sample of school-attending young people in Northern Ireland
Leeanne O'Hara Queen's University Belfast	The association between Strengths and Difficulties Questionnaire (SDQ) patterns and substance use in 15-year-olds	Survey of adolescents aged 14– 15 years who were participating in the Belfast Youth Development Study
Claire Meehan University of Ulster	Is 'Just say No' still an acceptable basis for informing young people about drugs?	A survey of pupils over two time points, focus groups with pupils and interviews with teachers and youth workers in 12 post-primary schools in Northern Ireland
Martin Keane Health Research Board, Dublin	Obstacles to progression for methadone patients: a qualitative synthesis of the literature	Meta-ethnography of peer-reviewed studies

The presentations by researchers based in Ireland, a fifth of the total number of presentations delivered at the conference, illustrate the strength of social drug research in this country. They were based on a mix of ongoing and completed empirical studies, focusing on a number of topical issues and using both traditional and new methods of social investigation. The book of abstracts of the 2010 conference is available at www.drugsandalcohol.ie/14196

The ESSD is always ready to welcome new members. Membership is free and open to European social scientists in the fields of anthropology, criminology, economics, epidemiology, social psychology, social medicine, social history and sociology. The society holds annual conferences and publishes an annual book with chapters by ESSD members. If you are interested in joining the ESSD or want more information about the society, please visit the website at www.essd-research.eu/en/index.html

(Martin Keane)

Combating underage alcohol abuse through sport

A recent report from the Joint Committee on Tourism, Culture, Sport, Community, Equality and Gaeltacht Affairs[1] examines alcohol use and its harmful effects among young people and considers how sport might be used to address this problem. A substantial proportion of young Irish people drink alcohol. The 2006 Health Behaviour in School-aged Children (HBSC) study survey found that 1 in 5 16-year-olds were weekly drinkers, half reported having ever been drunk and 1 in 7 had been drunk at least 10 times, with rates of consumption and drunkenness increasing with each year of age.[2] Using figures from a 2006 study by the Office of Tobacco Control[3] we can estimate that 12–17-year-olds in Ireland spend €144,056,552 per year on alcohol.

According to the Joint Committee's report, sport is integral to a healthy lifestyle; it is an outlet for all age groups and can provide physical and mental benefits to participants, improving their life expectancy, quality of life and mental health. Urging that society 'must utilise every opportunity to take advantage of the positive impact of sporting activities to offer an alternative to underage drinking', the report recommends the following actions:

- Actively increase the participation level of young people in sport.
- Obtain the support and involvement of young people and those most at risk for initiatives aimed at tackling underage drinking.
- Encourage the network of Local Sports Partnerships to engage with young people, schools, and sporting organisations on a local level in promoting alcohol-free policies for local clubs and organisations.

Combating underage alcohol abuse through sport *(continued)*

- Provide alcohol-free and affordable sporting facilities for young people where they can go at night and engage in sports activities of their choice. Consult with young people on what these facilities should provide and involve them in their management.
- Develop the physical education syllabus and sporting activities within schools, to encourage physical activity among young people. Increase the number of qualified physical education teachers and ensure that all students receive a minimum of two hours physical education per week.
- Provide exchequer and lottery funding for alcohol-free sports within defined criteria.
- Examine the feasibility of phasing out, in as short a time as possible alcohol sponsorship of sport.

The report states that the issue of underage drinking and the attitudes which young people hold towards alcohol must be addressed. It claims that Irish society continues to demonstrate a worrying ambivalence in its attitude towards alcohol and that this hinders the many positive initiatives aimed at combating the problems associated with underage drinking. It concludes that using sport as a means to tackle underage alcohol use is just one part of the solution; it is also necessary to introduce policy measures which deal with overall alcohol consumption in Ireland.

(Deirdre Mongan)

1. Joint Committee on Tourism, Culture, Sport, Community, Equality and Gaeltacht affairs (2010) *Combating underage alcohol abuse through sport*. Fourth report. Dublin: Houses of the Oireachtas.
   Available at www.drugsandalcohol.ie/14054
2. Doyle P, Molcho M and Nic Gabhainn S (2009) *HBSC Ireland: age related patterns in alcohol consumption and cannabis use among Irish children between 1998–2006*. Short report. Galway: Health Promotion Research Centre, National University of Ireland.
3. Office of Tobacco Control (2006) *Children, youth and tobacco: behaviour, perceptions and public attitudes*. Naas: Office of Tobacco Control.

Report of AAI conference, 'Have we bottled it?'

Alcohol Action Ireland's conference 'Have We Bottled It? Alcohol Marketing and Young People' on 15 September brought together national and international experts in the area of alcohol marketing to discuss what alcohol marketing is, how it works, and what can be done to reduce its impact, particularly on young people. Alcohol is one of the most heavily marketed products on our shelves, with an estimated market value of €6 billion in Ireland in 2010.

Extent of alcohol-related harm in Ireland

The conference was opened by Dr Tony Holohan, chief medical officer in the Department of Health and Children. He described the extent of alcohol-related harm in Ireland, stating that:

- One hundred people die each month from alcohol-related causes.
- More than four times as many people die from alcohol than from all other drugs combined.
- One in four deaths involving males aged 15–34 is caused by alcohol, compared to one in 25 being due to cancer.
- Half of suicides by young males are alcohol related.
- One in six child abuse cases are attributed to alcohol.
- Half of the perpetrators and victims of sexual assault are drunk at the time of the assault.
- Alcohol is responsible for 2,000 beds occupied in hospitals every night.

Attitudes to the sale and marketing of alcohol

Fiona Ryan, director of Alcohol Action Ireland, described the results of an AAI-commissioned survey that aimed to measure attitudes to alcohol purchasing and consumption and to the sale and marketing of alcohol. This survey had a national representative sample of more than 1,000 adults aged 16 and over and was conducted in August 2010. The main findings of the study included:

- 92% stated that the overall attitude towards drinking alcohol and the behaviour that goes with it need to change.
- 81% said there should be a ban on all alcohol advertising on television and radio until after 9.00 pm.
- 52% said that all outdoor advertising for alcohol brands should be banned.
- 50% said that there should be a ban on alcohol companies sponsoring sports teams or events.

The survey also found that two out of three Irish adults favour a minimum price for alcohol, with almost half saying they would buy less if the price was increased by just 10%. The survey also looked at the awareness of alcohol advertising and merchandise among 16–17-year-olds:

- 39% owned alcohol-branded merchandise, such as clothing.
- 26% had a sports jersey with an alcohol brand on it.
- Five of their top-10 favourite television advertisements were alcohol-related.
- 30% had viewed an alcohol advertisement on the online social networking site Facebook.

Ms Ryan said the findings illustrate how deeply alcohol marketing infiltrates the lives of children and that it contributes to the normalisation of alcohol among young people. She also stated that alcohol-related harm costs this country around €3.7 billion a year, including health, absenteeism and crime-related costs – that means €3,318 for everyone paying income tax

Report of AAI conference, 'Have we bottled it?' *(continued)*

Impact of marketing on children and limitations of current regulations

Professor Gerard Hastings of the University of Stirling said that longitudinal studies consistently suggest that exposure to media and commercial communications on alcohol is associated with the likelihood that adolescents will start to drink alcohol, and with increased drinking among baseline drinkers. He also said that the existing Irish regulations do not work and do not limit the exposure of children to marketing. In conclusion, he said that we need a major reduction in the amount of alcohol marketing.

Dr Bobby Smyth, child and adolescent psychiatrist, outlined the harms arising from drinking in adolescence. In relation to the current system of monitoring alcohol marketing, he said that advertising guidelines were nonsense and that society had been tricked by a hugely resourced industry.

Marketing lecturer Pat Kenny spoke of the increase in online marketing and described how this form of marketing provides more meaningful interaction with the consumer compared to traditional forms of advertising. He also said that the industry guidelines were not being adhered to online.

Interviews with the speakers and copies of their presentations can be accessed at http://alcoholireland.ie/?page_id=3158.

(Deirdre Mongan)

Living with a problem drinker

Thousands of Irish families are trapped by one family member's alcohol-related patterns of behavior, with devastating effects. Relationship breakdown, illness, child abuse and neglect, domestic violence, sexual problems and mental health problems such as depression or suicide are some of the consequences of living in alcohol-fuelled unhappy relationships.

After more than 30 years' experience working as an alcohol and addiction counsellor in Dublin, Rolande Anderson has written a short jargon-free book on how those trapped in such relationships can go about improving their situation.[1]

Recognise the signs of an unhealthy alcohol-fuelled relationship

For those trapped in unhealthy alcohol-fuelled relationships, the first and most challenging task can be to recognise that there is a problem and that it needs to be addressed. Anderson takes the reader through a range of scenarios showing how a person's alcohol-related problems may be concealed, either wittingly or unwittingly, and gives a checklist of possible signs that a person has an alcohol problem. Both partners in a relationship may be contributing to the problem drinking as a partner's actions can reinforce inappropriate drinking patterns. Anderson devotes a whole chapter to the plight of children in alcoholic homes, including a list of specific conditions that they may develop and which might indicate the existence of an alcohol problem in their family.

Focus on the broader context

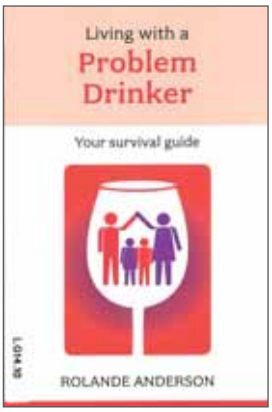
Labelling a person is unhelpful, according to Anderson. To call someone an alcoholic or a binge drinker does not help find a solution. He suggests it is more useful to focus on the consequences, to explore how alcohol-fuelled anger, hatred, fear, abuse and neglect lead to a state of uncertainty, unpredictability and anxiety. This approach allows those involved to focus on what is rather than on what should be; it strips away the preconceptions and leaves the way open for clear, unprejudiced thinking. Anderson discusses how problematic drinking may be a symptom of a deeper issue, such as living in an unhappy relationship or suffering some other unspoken unhappiness; it is necessary to bring these underlying sources of distress out into the open in order to address the alcohol-related behaviours effectively.

Take practical steps to help the person with the drinking problem and other family members

Finally, Anderson provides practical advice – how people living with a person who has an alcohol problem can look after themselves, develop coping skills, and make changes in their way of life that will provide psychological and emotional help both for themselves and for all the members of the family. He also outlines the types of help available, e.g. counselling, self-help groups and treatment centres, what to expect from a professional service provider and how to get the best out of the service.

Anderson's 'final summarized message is that people are very resourceful and can live with all sorts of difficulties, but you do not have to accept behaviour that is unacceptable and you certainly can access help. That process is not usually quick, but if you stick with it you can "unstick" yourself from the worst aspects of alcohol problems. The goal is to live rather than to survive.' (pp. 99–100)

(Brigid Pike)



1. Anderson R (2010) *Living with a problem drinker: your survival guide*. London: Sheldon Press.

NACD study on risk and protective factors for substance use among young people

A study commissioned by the National Advisory Committee on Drugs (NACD) reported findings in relation to drug use among 479 early school leavers and 512 school attendees aged 16–18 years, and identified risk and protective factors for substance use.[1] Data were collected throughout Ireland in March–May and September–December 2008. The participants were interviewed face-to-face. A second questionnaire on the attributes of the schools or education centres was completed by the school principal or education/training centre manager.

The drugs used and the proportions using each drug are presented in Table 1. It is clear that use of substances other than alcohol was more common among early school leavers than among school attendees. Table 2 presents the prevalence of drug use among the school attendees in this NACD study compared to that reported by participants in the 2007 European School Survey Project on Alcohol and Other Drugs (ESPAD) survey. With the exception of crack cocaine and solvents, the proportions reporting use of each drug were similar in both studies.

Table 1 Proportion of early school leavers (479) and school attendees (512) using each substance, 2008

	Lifetime		Year prior to survey		Month prior to survey	
	Early school leavers %	School attendees* %	Early school leavers %	School attendees* %	Early school leavers %	School attendees* %
Tobacco	81.6	53.3	73.7	38.3	68.9	27.1
Alcohol	89.6	85.7	84.3	78.1	65.3	54.4
Cannabis	57.0	24.2	43.0	14.5	33.6	7.6
Cocaine	25.9	3.7	14.8	2.5	5.4	0.2
Crack	1.3	1.2	0.4	1.0	0.0	0.0
Amphetamines	18.4	3.1	5.6	1.0	0.8	0.0
LSD	5.6	2.0	2.3	2.0	0.0	0.0
Magic mushrooms	12.1	2.5	5.4	0.4	0.4	0.0
Heroin	1.3	0.0	0.4	0.0	0.0	0.0
Tranquillisers	3.8	1.2	1.9	0.2	0.8	0.0
'Legal' party pills	23.4	6.8	13.2	3.9	2.9	0.2
Anti-depressants	8.4	2.0	5.4	0.4	2.1	0.4
Ecstasy	27.3	4.9	17.5	2.3	7.1	0.4
Solvents	14.4	5.5	2.9	0.4	0.8	0.0
Anabolic steroids	0.8	0.02	0.2	0.2	0.2	0.0

Source: Haase and Pratschke (2010)

*Proportions for school attendees are adjusted by age and gender to match the composition of early school leavers.

NACD study on risk and protective factors *(continued)*

Table 2 Proportion of school attendees using each substance, NACD 2008 (512) and ESPAD 2007 (2,249)

	Lifetime		Year prior to survey		Month prior to survey	
	NACD (16-18 years) %	ESPAD (15-16 years) %	NACD (16-18 years) %	ESPAD (15-16 years) %	NACD (16-18 years) %	ESPAD (15-16 years) %
Tobacco	53.3	52	38.3		27.1	33
Alcohol	85.7	86	78.1	78	54.4	56
Cannabis	24.2	20	14.5	15	7.6	9
Cocaine	3.7	4	2.5		0.2	
Crack	1.2	4	1.0		0.0	
Amphetamines	3.1	3	1.0		0.0	
Magic mushrooms	2.5	4	0.4		0.0	
Heroin	0.0	1	0.0		0.0	
Ecstasy	4.9	4	2.3	3	0.4	1
Solvents	5.5	15	0.4	8	0.0	3
Anabolic steroids	0.02	2	0.2		0.0	

Source: Haase and Pratschke (2010) and ESPAD (2008)

In order to examine the relationship between drug use and other attributes or factors, the types of drugs used were classified into four groups: 1) tobacco or cigarettes, 2) alcohol and legal party pills, 3) cannabis, and 4) other drugs (Table 3). Use of the four groups of drugs was examined across three time periods: lifetime use, use in the 12 months prior to the survey, and use in the 30 days prior to the survey.

Table 3 Proportion of early school leavers (479) and school attendees (512) by drug group 2008

	Lifetime		Year prior to survey		Month prior to survey	
	Early school leavers %	School attendees* %	Early school leavers %	School attendees* %	Early school leavers %	School attendees* %
Tobacco	81.6	53.3	73.7	38.3	68.9	27.1
Alcohol and/or legal party pills	89.8	86.7	84.3	78.1	65.6	56.4
Cannabis	57.0	24.2	43.0	14.5	33.6	7.6
Other drugs†	40.9	11.1	25.9	6.1	11.5	0.8

Source: Haase and Pratschke (2010)

*Proportions for school attendees are adjusted by age and gender to match the composition of early school leavers.

†Includes cocaine, crack, amphetamines, LSD, magic mushrooms, heroin, tranquillisers, anti-depressants, ecstasy, solvents and anabolic steroids

Seventy attributes or factors which described the young people studied were identified and grouped into five categories: 1) personal characteristics and attitudes, 2) factors related to parents and home, 3) factors related to the education centre or school, 4) substance use within the peer group, and 5) characteristics of the neighbourhood in which the young person lived. The relationships between drug use and other factors were analysed using multi-level models. The main relationships are highlighted below.

Factors related to the young person

Age had a minor influence on drug use. Alcohol consumption increased with age among students attending school, particularly among those aged over 18 years. **Gender** had no influence on alcohol, tobacco or other drug use. **Ethnicity** influenced alcohol consumption and cannabis use among early school leavers. Travellers and non-white ethnic minorities were less likely to use alcohol and cannabis than white Irish early school leavers. **Ethnicity** had no

NACD study on risk and protective factors *(continued)*

influence on alcohol, tobacco, cannabis or other drug use among students attending school.

Low self-concept or self-esteem increased the likelihood of smoking cigarettes among both groups. **Aggressive 'acting-out' behaviour** was associated with use of alcohol among both groups.

Having a **girl or boy friend** increased the likelihood of smoking cigarettes among both groups, and of cannabis use among early school leavers.

There were **strong interactions between the use of one substance and the use of another**. Among both early school leavers and students attending school, having tried cigarettes was a strong predictor of drinking alcohol and using cannabis. Having drunk alcohol at least once predicted having smoked cigarettes. For both groups, having used cannabis increased the likelihood of using other drugs, and for students attending school, having dabbled in drugs increased the odds of using cannabis.

Factors related to the young person's parents and home

Parental involvement and concern were protective factors, although they appeared to affect different substance classes in each of the two groups. For school attendees, parental concern reduced the likelihood of drinking alcohol. For early school leavers, parental concern reduced the likelihood of drinking alcohol and using cannabis. Parental involvement and concern did not influence whether or not those in either group smoked.

Substance use by parents or siblings increased the risk of a young person using the same substance. If parents or siblings drank alcohol, smoked cigarettes used cannabis or used other drugs, there was an increased likelihood that the school attendee did likewise. If the parents of early school leavers smoked cigarettes or used cannabis, the odds were increased that the young person did likewise.

Factors related to the training centre or school

Factors relating to the centre or school were measured at the individual level and at the level of the educational establishment. The latter data were collected through a separate questionnaire completed by the person in charge of the training centre or school.

A **positive relationship with supportive teachers or a positive school experience** had a beneficial effect on school attendees in terms of reducing the risk of drinking alcohol and of using cannabis or other drugs. However, it had no effect on the likelihood of smoking cigarettes. These positive effects were not detected among the early school leavers. The authors state (p. 14):

> Two considerations follow from this observation. First, the relationship between these aspects of the school experience, on the one hand, and substance use, on the other, is likely to involve reciprocal effects. Students who have a satisfying and enjoyable school experience are less likely to use substances, and those who do not use substances are more likely to have a good relationship with teachers and school. Secondly, this effect is remarkable by its absence among early school-leavers, suggesting that those who have left school early are relatively homogeneous in relation to this characteristic. These are, as other studies have shown, young people who have not had a positive experience of school or good relationships with teachers in general This underlines the close, internal relationship that exists between early school-leaving and substance use, which forms the backdrop to this study.

Small effects were identified in relation to the educational establishment: the provision of **drug awareness and information sessions for staff working in training centres** reduced the likelihood that early school leavers used cannabis or other drugs. The **unmet counselling needs** of early school leavers who attended training centres were associated with higher alcohol consumption. Within the school sector, the **number of substance use classes or information sessions for parents** was associated with a lower risk of cigarette smoking among students attending school, and small positive effects were observed for schools with substance use policies.

Factors linked to the young person's peer group

Substance use by the peer group was a risk factor rather than a protective factor for both groups. Positive peer group activities, such as playing sport, were not examined. If most of the interviewee's friends smoked cigarettes, drank alcohol, or used cannabis or other drugs, there was a greater likelihood that he or she did likewise. The authors state 'it is equally possible that young people choose their friends, at least in part, on the basis of prior substance-use behaviour or factors that are causally related to this'.

Rates of cigarette smoking were not affected by ease of access in the case of either group. **Ease of access** to alcohol did not influence consumption among early school leavers; interestingly, however, it did increase the likelihood of consumption among those still attending school. Among both groups, rates of cannabis and other drug use were significantly higher where access to the specific drug was easier.

Factors related to the neighbourhood

The influence of factors related to the neighbourhood was comparatively small. The neighbourhood relationships identified were not easy to explain and may mask other unanswered questions.

Conclusion

This study identifies a number of risk and protective factors which can increase or decrease the risk of using substances among 15–18-year-olds in Ireland. The authors conclude: 'When attention is focused on those factors that are amenable to change, the most important conclusion is that both the family (the young person's parents above all) and the educational institution can have a major impact on this decision' (p. 16). In addition, we need to examine how we provide interventions targeted to the individual and his/her peer group. The article on below comments on the risk and protective factors identified in the NACD study and in other research literature, and may facilitate the development of such interventions.

(Jean Long and Martin Keane)

1. Haase T and Pratschke J (2010) *Risk and protection factors for substance use among young people: a comparative study of early school-leavers and school-attending students.* Dublin: Stationery Office.
Available at www.drugsandalcohol.ie/14100

Commentary on NACD study on risk and protective factors

There are similarities and differences between the findings reported in the National Advisory Committee on Drugs (NACD) study by Haase and Pratschke (2010) on risk and protective factors for substance use among young people and the findings in the international literature.

Thomas and colleagues (2008) undertook a substantive review of the evidence on effective early interventions for at-risk youth, which included a review of existing systematic reviews and meta-analysis; the authors identified the key categories of risk factors relating to poor outcomes for at-risk youth. From this review of the literature, they concluded that family, school, individual and peer, and community were the key risk factor categories. They investigated other risk factors for poor outcomes, including teenage pregnancy, youth homelessness, mental health, youth offending and alcohol and drug use, but did not include these factors in their final analysis. The NACD study used similar categories to group 70 potential risk factors for substance use into five broad domains: individual, peer, family, school and community. The NACD authors developed an approach and questionnaire based on their reading of individual academic studies.

Frischer and colleagues (2007) undertook a systematic review of the literature when investigating predictive factors for illicit drug use among young people and presented an alternative typology. They grouped the findings of 62 high-quality quantitative studies into four domains: personal (biological and psychological), personal (behavioural and attitudinal), interpersonal relationships, and structural (environmental and economic). These domains differ from those used by the NACD and by Thomas and colleagues. When Frischer and colleagues completed the synthesis, they were able to explore the nature of the behavioural and attitudinal domain, which is perhaps the most amenable to change and receptive to interventions to prevent alcohol and other drug use; the more we know about why and how young people make decisions about substance use, the better interventions can be tailored to intervene in this decision-making process. Frischer and colleagues reported that 'the available evidence indicates that higher levels of drug use are strongly associated with young people's reasons for using drugs after controlling for risk factors' and they noted that 'qualitative research shows that the context in which young people experience drugs is crucial for understanding how risk and protective factors operate in relation to experimental and sustained drug use'. The authors' finding that 'the key predictors of drug use are parental discipline, family cohesion and parental monitoring' is echoed in the NACD study. However, they did not find, as the NACD study did, that the school environment strongly influenced the decision to use drugs. Frischer and colleagues found that 'age is strongly associated with prevalence of drug use among young people', while the NACD study found that age, after controlling for other factors, has a minor influence on the decision to use drugs.

Scaife and colleagues (2009) developed a theoretical framework to assist with the design of interventions based on the findings of Frischer and colleagues' systematic review. Scaife and colleagues argued that the work of Frisher and colleagues shows that '[young people's] beliefs explain just as much variance in drug [use] as risk factors do...[consequently]...we need to consider more explicitly the extent to which such beliefs are linked in with psychologically meaningful group membership, and then transmitted into group behaviours'. According to Scaife and colleagues, young people's primary group membership derives from their peers; they are often part of one or a number of friendship-based groups. The sociological literature, drawing on the school of symbolic interactionism, refers to such groups as 'reference groups' and, according to Scaife and colleagues, these 'reference groups' are important sources of norms. The authors highlight a number of studies that show how young people's motivations for engaging in risky drinking are linked to social group memberships, activities and cultures. One example is drinking to gain respect and image in the social group. The NACD study did not explore whether the substance-use behaviour reported by young people was influenced by the norms, real or perceived, that they associated with their peer group.

While the NACD study identified risk and protective factors, it did not answer the question 'Why do some young people decide to use drugs while others do not? Ajzen (1991, cited in Scaife *et al.* 2009) developed the 'theory of planned behaviour' and hypothesised that young people possess the capacity to perform a cost-benefit analysis of a situation, regardless of their family or school experience; their behaviour is intentional, it symbolises and affirms their group membership and it resonates with the norms of the peer group. This hypothesis by Ajzen could explain an important finding in the NACD study, 'if friends use substances, the young person is at a considerably greater risk of using the same substances'. For example, if young people perceive substance use to be a norm among their peers, this perception, real or imagined, reduces its risk profile. In effect, young people may actually perceive substance use as a protective factor, as it may constitute an important symbolic ritual of connectedness with their peers and in some cases may protect and enhance group identity. Such considerations need to be built into prevention interventions that seek to tackle and reduce the risk factors associated with substance use.

(Martin Keane)

Ajzen I (1991) *The theory of planned behaviour*. Milton Keynes: Open University Press.

Frisher M, Crome L, Macleod M, Bloor R and Hickman M (2007) *Predictive factors for illicit drug use among young people: a literature review*. Home Office Online Report 05/07. London: Home Office. Available at http://rds.homeoffice.gov.uk/rds/pdfs07/rdsolr0507.pdf

Haase T and Pratschke J (2010) *Risk and protection factors for substance use among young people: a comparative study of early school-leavers and school-attending students*. Dublin: Stationery Office. Available at www.drugsandalcohol.ie/14100

Scaife V, O'Brien M, McEune R, Notley C, Millings A and Biggart L (2009) Vulnerable young people and substance misuse: expanding on the risk and protection-focused approach using social psychology. *Child Abuse Review*, 18(4): 224–239.

Thomas J, Vigurs C, Oliver K, Suarez B, Newman M, Dickson K and Sinclair J (2008) Targeted youth support: rapid evidence assessment of effective early interventions for youth at risk of future poor outcomes. In *Research Evidence in Education Library*. London: EPPI-CentreUniversity of London. Available at http://eppi.ioe.ac.uk/cms/Default.aspx?tabid=2417

Mental health recovery conference 'Critical positions on and beyond recovery'

A two-day conference organised by the Catherine McAuley School of Nursing and Midwifery and the School of Applied Social Studies, University College Cork, took place on 10 and 11 November 2010.[1] This free conference was dedicated to the life and work of consultant psychiatrist Dr Michael Corry. Michael died earlier this year after a short illness. He was a fearless campaigner for the rights of mental health service users and all those experiencing psychological distress. He was an opponent of bio-psychiatry and its sole reliance on psycho-pharmacology, a campaigner for the abolition of ECT and a compassionate healer appreciated by thousands of patients.

The conference provided a forum for people from diverse backgrounds to present, discuss and debate critical perspectives on and beyond recovery, with a view to establishing an Irish forum or movement for critical voices in mental health. The forum is intended as a coalition of service users, carers, professionals, academics and interested others who want to develop a mental health system which is not overpowered by the traditional bio-medical model. Such focus is in congruence with *A vision for change* [2] and with the Mental Health Commission (MHC) recovery approach, as described in a recent publication:[3]

> ...the recovery approach challenges the privileging of one theoretical perspective as the primary explanation for and the treatment of mental distress and the privileging of professional interpretations and expertise over expertise by experience and personal meaning. The biomedical model and medical treatments may have an important place for some people in the recovery process, but as an invited guest, rather than the overarching paradigm. (p. 11)

Interestingly, similar sentiments concerning recovery from addiction were expressed at the recent Irish National Drugs Conference.[4] For example, Dr David Best's presentation, What does recovery mean for harm reduction?, highlighted the shared components of recovery from addiction and mental health problems, such as empowerment, choice, community focus, personally defined goals, and the diminishing power of psychiatry and the biomedical model.

Keynote speakers at the UCC conference included: Dr Pat Bracken (consultant psychiatrist and clinical director, Centre for Mental Health Care and Recovery, West Cork), Dr Ivor Browne (retired psychiatrist and Professor Emeritus, University College Dublin), Grainne Humphrys (mental health campaigner, West Cork), John McCarthy (founder of Mad Pride Ireland), Donna English (artist, carer and campaigner), Dr Aine Tubridy (psychotherapist and partner of the late Dr Michael Corry), and two members of the Hearing Voices Movement in the Netherlands, Erica van den Akker (psychiatric social worker), and Suzanne Engelen (behavioural scientist, voice hearer, and trainer in Experience Focussed Counselling[5]).

Dr Pat Bracken, a keynote speaker at the conference

One of the key messages of the conference was that the current movement of critical positions on recovery presents not only a challenge to psychiatry, but also an opportunity for it to engage creatively with the service user movement, especially in the context of the forthcoming review of the Mental Health Act 2001. In his keynote presentation, Dr Bracken stressed that, whereas many service users accept that some form of legal protection is needed for those who lose capacity to care for themselves and may put themselves or others at risk, many are angry that the Mental Health Act gives sole authority to doctors to make decisions about what should happen to them. It is hoped that the critical recovery movement will help to incorporate perspectives of service users, carers and other professionals into mental health legislation and recovery-oriented mental health care.

(Yulia Kartalova)

1. For further details of the conference, see www.ucc.ie/en/nursingmidwifery/NewsEvents/bodytext-109234-en.html or contact Dr Harry Gijbels, School of Nursing and Midwifery, UCC at H.Gijbels@ucc.ie
2. Department of Health and Children (2006) *A vision for change: report of the expert group on mental health policy.* Dublin: Stationery Office. Available at www.drugsandalcohol.ie/6154
3. Higgins A (2008) *A recovery approach within the Irish Mental Health Services: a framework for development.* Dublin: Mental Health Commission. Available at www.lenus.ie/hse/handle/10147/75113
4. Conference presentations are available on the website www.inef.ie
5. For details see www.efc-institut.de/index.php?article_id=71&clang=1

Substance use among students in Cork

Alcohol and drug use among third-level students in Ireland is a concern and has been reported in the CLAN survey.[1] In a later study,[2] students aged 18 and over attending the student health department of University College Cork over a two-day period in November 2008 were invited to complete a questionnaire on alcohol and drug use. The questions were based on the items used in the CLAN survey, with some minor changes. The aim of the study was to estimate the use of alcohol and other drugs among students attending health services in the college. The study also described adverse consequences associated with alcohol use among students attending the centre. The response rate was high, with 181 (91.4%) of 198 questionnaires completed. Three quarters (137) of the respondents were female. This mirrors the 3:1 ratio of female to male attendance at the centre. Over half (53%, 96) of the participants were under 21 years of age.

Alcohol use

Almost all (98.3%, 178) drank alcohol at some point in their life and the average age at first use was 15.9 years. Just over three quarters (76.2%, 138) had consumed at least one alcoholic drink in the last week. The preferred types of alcohol consumed by females were spirits (95.6%, 131), followed by beer or cider (77.4%, 106) and wine (75.2%, 103), those favoured by males were beer or cider (95.5%, 42), spirits (93.2%, 41) and wine (72.7%, 32).

Binge drinking was defined as drinking at least four pints of beer or cider or a bottle of wine or its equivalent on a single drinking occasion. Binge drinking was a frequent occurrence; 151 (83.4%) students reported binge drinking in the previous 12 months. A significant number of students (81, 44.8%) binge drank once a week or more. Men (45.5%, 20) were more likely to binge drink than women (44.5%, 61).

The positive reasons students gave for drinking alcohol were sociability, enjoyment and as a means of relaxation. One in 20 students drank because they were lonely or depressed.

All students who drank alcohol reported experiencing at least one adverse consequence as a result of their own drinking. The majority (63%, 114) reported suffering at least one adverse consequence of someone else's drinking.

Illegal drug use

Cannabis was the illegal drug most commonly used by students: 49.2% (89) had used it at some point in their lives, 26.5% (48) had used it in the year prior to the survey, and 12.7% (23) had used it in the last 30 days. Of those who had used cannabis in the past year, 43.8% (21) used it on more than ten occasions. Approximately 15% (24) of students did not answer the questions on cannabis use. Cocaine ranked second among the illegal drugs most commonly used, with 6.9% (12) reporting use in the previous year; ecstasy was in third place at 4.0%. Ecstasy use was confined to female students, while cocaine use was more common among male students. Eight students declined to answer the questions on cocaine and ecstasy use. No respondent had used heroin, drugs by injection, or crystal meth.

It would not be appropriate to compare the findings of this study to those of the CLAN survey as this study was conducted among a sub-sample of students who were attending a health service rather than among the general population of students.

(Jean Long)

1. Hope A, Dring C and Dring J (2005) *College lifestyle and attitudinal national (CLAN) survey*. Dublin: Department of Health and Children. Available at www.drugsandalcohol.ie/4327
2. Cahill E and Byrne M (2010) Alcohol and drug use in students attending a student health centre. *Irish Medical Journal*, 103(9). Available at www.imj.ie//ViewArticleDetails.aspx?ArticleID=6382

Exhibition by artists working with RADE

Pat Rabbitte TD opened the RADE exhibition

RADE (recovery through arts, drama and education) aims to engage drug users with the arts and therapeutic supports and provide a platform for their artistic expression. An exhibition of art work organised by RADE was held in the National College of Art and Design (NCAD) between 10 September and 23 October.

Participants in the RADE programme develop their creative potential by working on painting, drawing sculpture, film making and creative writing, and can apply these skills in other aspects of their lives, such as education and employment. Several of those involved in the creative programme read from their work at the opening of the exhibition on the themes 'nobody knows' and 'time machine'.

Declan McGonagle, director of the NCAD, welcomed the artists and those attending the opening. He placed the exhibition and the colleges' work with RADE in the context of the NCAD's ongoing involvement with community projects in the Dublin 8 area. Pat Rabbitte TD, whose 1996 report led to the setting up of the local drugs task forces, opened the exhibition. He said that there was no more progressive way to rehabilitation than through the arts, and welcomed the NCAD's involvement in this and other projects.

(Brian Galvin)

Dublin Simon health survey 2010

The staff at Dublin Simon Community completed a health survey of clients attending its services between 26 July and 1 August 2010.[1] The services included emergency accommodation, supported housing projects, alcohol and other drug treatment facilities, and settlement services.

Of the 729 clients who used the services, 349 (48%) participated in the survey. Not all respondents answered all the questions so denominators vary throughout the report. The survey collected data on a range of complex issues that influence homelessness, including demographics, reasons for becoming homeless, length of time homeless, access to benefits and allowances, behavioural issues, and drug and/or alcohol consumption.

The survey respondents were 80% men and 20% women. The youngest respondent was aged 18 and the oldest was aged over 75. The highest proportion (30%) of respondents was aged between 36 and 45 years and second most common age group (at 26%) was 26–35 years. The majority (95%) of respondents were Irish. Two-fifths were in emergency accommodation. The other types of accommodation used were: high support (14%), local authority (8%), private rented (8%), low support (7%) and sleeping rough (7%). Excluding respondents in tenancy sustainment, 37% of those surveyed were homeless for over five years, and 34% were homeless for between one and five years. Of the respondents in tenancy sustainment, 25% had been homeless for over five years, and 33% for between one and five years. Excluding respondents in tenancy sustainment, the primary or secondary reasons for becoming homeless were personal alcohol use (29%), personal drug use (26%), family conflict (25%), relationship breakdown (14%), personal mental health problems (8%), being asked to leave by family (8%), and eviction from local authority or private rented accommodation (5%). The proportion registered as homeless was 78%, while 22% were not registered. The majority of those not registered as homeless were in a long-term supported housing project. The benefits received were medical card (80%), social welfare (80%) and disability allowance (48%).

The health-related findings were as follows:

- Of 329 clients who responded to the question ascertaining diagnosed physical health conditions, just under 60% had one or more condition and just over 30% had two or more conditions. The most common conditions were hepatitis C (18%), asthma (10%), dental carries (9%) and epilepsy (6%).
- Of 309 clients who responded to the question ascertaining undiagnosed physical health symptoms or conditions, just under 27% had one or more problem. The most common problems were wounds and injuries, muscle and bone problems, and respiratory problems.
- Of 328 clients who responded to the question on diagnosed mental health conditions, 44% had one or more such condition and 11% had two or more conditions. The most common were depression (24%) schizophrenia (9%), bipolar (5%), and panic attacks (5%).
- Overall, 24% of the 349 respondents had both a physical and a mental health condition. Over 10% reported undiagnosed mental and physical health conditions.
- Of 345 clients who responded to the question on challenging behaviour, 16% reported at least one incident of aggression, violence or withdrawn behaviour.
- Of 286 clients who responded to the query about self-harm, just under 15% reported such an incident.
- Of 278 clients who responded to the query about suicide ideation, almost 17% reported suicidal thoughts while 25 people reported attempting suicide in the six months prior to the survey.
- Of 349 clients who responded to the question about complications arising from alcohol consumption, 27% had experienced such complications. The complications most commonly experienced were: memory loss (39%), falls and head injuries (37%), liver damage (34%), seizures (18%) and gastric problems (13%) .
- Of the 349 clients who responded to the survey, just under 44% (153) were current drug users. Among these, the main drugs consumed were heroin (68%), benzodiazepines (35%) and methadone (31%). Cannabis and head-shop substances were reported to a lesser extent. Of the people using drugs, 57% use two or more drug types (excluding alcohol).
- Overall, 24% of respondents used both alcohol and drugs.
- Of the 153 active drug users, 54% had complications arising from their drug use. The most common complications were vein damage (46%), hepatitis B and/or C (43%), and soft tissue abscesses (24%). Forty three per cent of the active drug users were diagnosed with a mental health condition
- Eighty-one of those who took part in the survey were intravenous drug users, of whom 40% had not had a viral screening in the last 12 months.
- Of those surveyed, over 86% were registered with a GP, while 12% were not.
- In the month prior to the survey, 58 respondents had 85 attendances at emergency departments, 48 had attended an outpatient department and 27 had been inpatients.

This survey describes some of the health and welfare problems of people who are experiencing homelessness. It is a repeat of a survey completed in 2009 and shows broadly similar results, apart from an increase in the number of people with a diagnosed mental health condition, which rose from 40% in 2009 to 44% in 2010.

(Jean Long)

1. Dublin Simon Community. (2010) *Homelessness makes you sick: Dublin Simon Community snap shot health survey report 2010*. Dublin: Dublin Simon Community. Available at www.drugsandalcohol.ie/14001

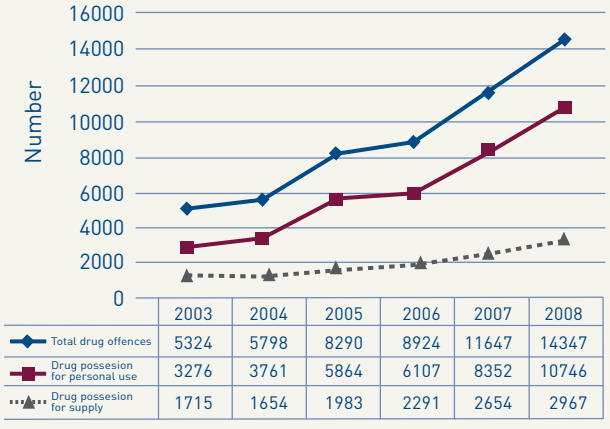
Drug-related crime statistics

In 2006, responsibility for reporting crime statistics was transferred from the Garda Síochána to the Central Statistics Office (CSO). The vast majority of drug offences reported come under one of three sections of the Misuse of Drugs Act (MDA) 1977: section 3 – possession of any controlled drug without due authorisation (simple possession); section 15 – possession of a controlled drug for the purpose of unlawful sale or supply (possession for sale or supply); and section 21 – obstructing the lawful exercise of a power conferred by the Act (obstruction). Other MDA offences regularly reported on relate to the unlawful importation into the State of controlled drugs contrary to section 21; permitting one's premises to be used for drug supply or use contrary to section 19; the use of forged prescriptions (section 18); and the cultivation of cannabis plants (section 17).

In this article we look at trends in reported drug offences from 2003 to 2008, the latest year for which detailed figures are available. We also consider trends in reported drug seizures from 2003 to 2009. It should be noted that drug offence and seizure data are primarily a reflection of law enforcement activity. Consequently, they are affected in any given period by such factors as law enforcement resources, strategies and priorities, and by the vulnerability of drug users and drug traffickers to law enforcement activities. Having said that, drug seizures are also considered as indirect indicators of the supply and availability of drugs.

Drug offences

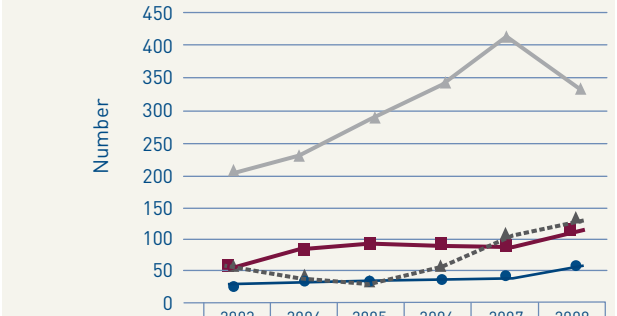
Figure 1 shows trends in proceedings for drug offences from 2003 to 2008. Criminal proceedings for the possession of drugs for personal use (simple possession) continued to increase. Possession offences accounted for almost 75% of the 14,374 drug offences in 2008. The sharp upward trend in total drug offences since 2003 is largely accounted for by the increase in simple possession offences. Proceedings for drug supply continued to increase marginally, from 2,654 in 2007 to 2,967 in 2008.



	2003	2004	2005	2006	2007	2008
Total drug offences	5324	5798	8290	8924	11647	14347
Drug possesion for personal use	3276	3761	5864	6107	8352	10746
Drug possesion for supply	1715	1654	1983	2291	2654	2967

Figure 1 Trends in relevant legal proceedings for drug offences, 2003-2008
Source: Central Statistics Office

Figure 2 shows trends in legal proceedings for a selection of other drug offences between 2003 and 2008. Although the offence of obstructing the lawful exercise of a power conferred by the Misuse of Drugs Act 1977 (s.21) continues to be the largest category, proceedings for such offences decreased in 2008, following a steady increase since 2003. Obstruction offences often involve an alleged offender resisting a drug search or an arrest or attempting to dispose of drugs to evade detection. In 2008 there was an increase in the number of proceedings for drug importation and forging a prescription to obtain drugs in a pharmacy. Proceedings for the cultivation or manufacture of drugs continued to increase, rising from 29 in 2005 to 136 in 2008. It is unclear whether this increase reflects a genuine growth in the commission of such offences or a greater concentration of law enforcement on detecting them.



	2003	2004	2005	2006	2007	2008
Obstruction	208	239	290	349	407	348
Forged/altered perscriptions	51	85	95	91	90	121
Cultivation or manufacture	50	32	29	54	109	136
Importation	24	27	29	32	35	56

Figure 2 Trends in relevant legal proceedings for selected drug offences, 2003-2008
Source: Central Statistics Office

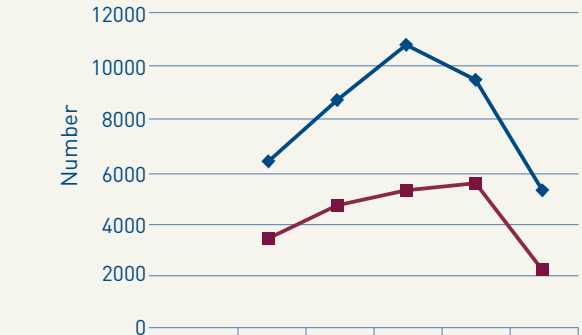
Drug seizures

The data presented looks at trends in the number of drugs seized by law enforcement (Revenue Customs Service and An Garda Síochána) and analysed and reported by the Forensic Science Laboratory (FSL). It should be noted that not all drugs seized by law enforcement are necessarily analysed and reported by the FSL. For example, if no individual is identified in relation to the drug seizure, and no prosecution takes place, the drugs may not be sent for analysis and may be destroyed. In other circumstances, there may be some large cannabis/cannabis resin cases without a suspect where no analysis is conducted and no quantification (purity determination) is carried out.

Cannabis seizures account for the largest proportion of all drugs seized. Figure 3 shows trends in cannabis-related seizures and total seizures between 2003 and 2009. The total number of drug seizures increased between 2005 and 2007 and decreased in each of the following two years. The decrease in total seizures in 2009 can be partly explained by the significant decrease in cannabis-type substances seized. The number of cannabis-related seizures decreased by just over 59% between 2008 and 2009. In 2009 there were fewer reported cannabis seizures (2,314) than there were in 2005 (3,555). It is difficult to know if the reduction in

Drug-related crime statistics *(continued)*

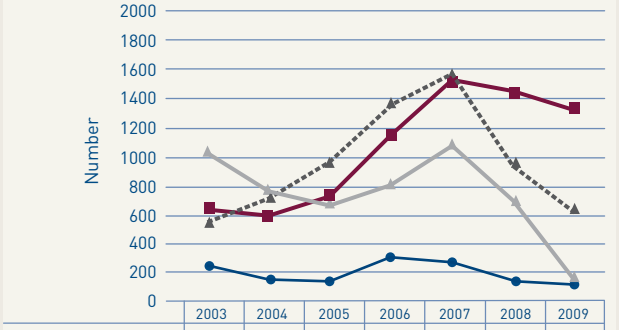
cannabis-related seizures reflects a decline in cannabis use or a reduction in law enforcement activity. However, it should be noted that drug offence prosecutions, most of which are cannabis-related, continued to increase (Figure 1).



	2005	2006	2007	2008	2009
All seizures	6362	8417	10444	9991	5494
Cannabis-type substances	3555	4243	5176	5652	2314

Figure 3 Trends in the total number of drug seizures and cannabis seizures, 2005–2009
Source: Compiled by the Forensic Science Laboratory drug section and reported by the Central Statistics Office

The reduction in the total number of reported seizures in 2009 shown in Figure 3 may also be explained by a reduction in the number of seizures of other drugs since 2008. Figure 4 shows trends in seizures for a selection of drugs, excluding cannabis, between 2003 and 2009. There has been a significant decline in cocaine, heroin and ecstasy-type substances seized since 2007. In 2007 there were 1,173 ecstasy-type substances seized, in 2009 this figure was 90; in 2007 there were 1,749 cocaine seizures, while in 2009 there were 635 cocaine seizures. In 2007 there were 1,698 heroin seizures while in 2009 there 1,455 heroin seizures. It appears, then that the significant reduction in total drug seizures reported in 2009 can be explained primarily as the result of a reduction in seizures of cannabis and cocaine.



	2003	2004	2005	2006	2007	2008	2009
Ecstasy-type substances	1083	806	689	858	1173	730	90
Heroin	660	612	763	1254	1698	1611	1455
Cocaine	566	753	1045	1500	1749	1010	635
Amphetamines	211	145	125	277	235	126	72

Figure 4 Trends in the number of seizures of selected drugs excluding cannabis, 2003-2008
Source: Central Statistics Office

(Johnny Connolly)

CityWide conference discusses drug-related intimidation

Brian Harvey, keynote speaker at the conference

CityWide Drugs Crisis Campaign hosted a conference titled 'A community drug problem: defining the problem – defending the responses' in October 2010. The conference was opened by Minister Pat Carey TD. The lord mayor of Dublin, Councillor Gerry Breen, also attended. According to Daithi Doolan, CityWide co-ordinator, the purpose of the conference was to provide an opportunity for those working in local community projects and groups to come together with local and regional drugs task force community representatives to discuss some of the key issues currently being confronted in relation to the drugs issue. In his opening address to the conference, the 'community drugs problem' was defined by Mr Doolan in the following terms:

> There is no home in Ireland that does not have a battle with addiction being waged within its four walls. But addiction becomes a community drugs problem when our very community becomes undermined by the drug related problems. In many areas across the country when families are faced with the challenges of addiction, the solution is to access treatment and rehabilitation services… But unfortunately for many communities

CityWide conference discusses drug-related intimidation *(continued)*

the problem of addiction is compounded by public drug dealing, lack of access to services, waiting lists, intimidation on a nerve shattering level, inadequate public services. A community drug problem is when schools, play grounds, recreational areas are embroiled in the drugs trade. When parks become no go areas, streets become no go areas, services become no go areas.

In order to provide solutions to these problems, 'a holistic, integrated, partnership based approach' is needed, according to Mr Doolan.

Speakers addressed three broad conference themes:

- Engaging 'communities of interest' (including Travellers, new communities, drug users, lesbian/gay/bisexual/transgender groups);
- Changing patterns of drug and alcohol use;
- Community responses to issues of safety and intimidation.

The keynote speaker was Brian Harvey, who has recently completed research on the impact of the 2010 budget on the community and voluntary sector. Mr Harvey spoke about the impact of government cuts on community drug services. More details about the conference and the speakers, with summaries of their contributions, can be found at www.citiwide.ie/news/newsletter/2010/11

(Johnny Connolly)

Soilse FETAC awards presentation

On Tuesday 12 October 2010, Soilse participants celebrated their achievements in adult education when they received Further Education and Training Awards Council (FETAC) qualifications. The event was held in the Sean O'Casey Community Centre in East Wall, Dublin 3, and the guest speaker was Pat Carey TD, Minister for Community, Equality and Gaeltacht Affairs, a portfolio that includes the national drugs strategy.

Soilse is an addiction rehabilitation service operated on behalf of the Health Service Executive. The service operates from two buildings in Dublin, Henrietta Street (stabilisation) and North Frederick Street (drug-free and rehabilitation). The main aim of the service is to enable participants to become and remain free from dependence on substance use. Soilse places great importance on the value of adult education as a vehicle of personal empowerment and social reintegration. It has developed strong links with adult education providers in Dublin and many of its past and current participants have gone on to study at University College Dublin (UCD), Trinity College and NUI Maynooth.

The night belonged to the 96 candidates who were awarded certificates of FETAC Level 3 qualification following a combined total workload of 389 portfolios completed. From the perspective of Soilse, FETAC qualifications are an important step in progressing to further education and training. Six participants also received certificates for completing the Soilse–NUI Maynooth Return to Learning (RTL) course which has been designed and implemented by Soilse. The RTL course was designed to meet the needs of participants who were in full-time education and who were having difficulty dealing with the demands of academic life and college culture.

A number of participants performed monologues, poetry and drama sketches to illustrate the nature of their experience of addiction and their road to recovery. The performances were warmly received by the Minister and a large audience of family, friends and other past and present participants of Soilse.

Prior to presenting participants with their certificates, Minister Carey said: 'Soilse is one of the best-thought-through programmes that you will see anywhere.' This was a fitting tribute to the achievements of management and participants in navigating the difficult journey from addiction to recovery.

Martin Keane from the Health Research Board addressed the audience on the role of education in recovery from addiction and spoke about the contribution that education can make in developing recovery capital, a concept developed to illustrate the different resource dimension that can assist with addiction recovery.[1] Recovery capital is the sum of resources consisting of social, physical, human and cultural capital that is necessary to initiate and sustain recovery from addiction. Education can play a role on all four dimensions; for example, it can improve social capital by opening up opportunities to develop new networks of friends, it can improve physical capital by increasing job opportunities which can improve living standards and conditions and it can improve cultural capital by exposing people to new values, beliefs and attitudes. Finally, perhaps the main contribution that education can make to recovery capital is through improving human capital, empowering people to look after their health, develop achievable goals and help with the day-to-day problem solving that is part of the process of addiction recovery.

(Martin Keane)

1. Cloud W and Granfield R (2009) Conceptualising recovery capital: expansion of a theoretical construct. *Substance Use and Misuse*, 42(12/13): 1971–1986.

MQI annual review 2009

The Merchants Quay Ireland (MQI) annual review for 2009 was launched on 24 September 2010 by Mr John Lonergan, former governor of Mountjoy prison.[1]

According to the review, MQI's open-access drug services are often the first place to which drug users turn for help. The review is particularly useful, therefore, in providing additional information that is not fully reflected in the treatment figures recorded by the National Drug Treatment Reporting System (NDTRS).

MQI's needle-exchange service recorded just under 30,000 client visits in 2009, a decrease of some 10,000 on 2008 figures. The report highlights a continuing high level of demand for homeless services, with 45,725 meals provided in 2009. The number of health care interventions provided decreased by 28% from 4,469 in 2008 to 3,216 in 2009.

In 2008 MQI completed the implementation of a national prison-based addiction counselling service to 13 prisons. In excess of 1,000 counselling hours per month were provided in 2009 and the service engaged with 1,196 prisoners, of whom 57% had never engaged in treatment before.

In late 2008 MQI in association with the Midland Regional Drugs Task Force introduced the Midlands Family Support and Community Harm Reduction Service, providing outreach and working with families of those actively using drugs. The family support service provided services to 449 people in the Midlands between July 2009 and July 2010. The harm reduction service provided needle exchanges to 497 clients in the same period.

The services offered by MQI and the numbers of people accessing them in 2009 are shown below.

Service	Type of intervention	No. of participants	Outcomes
Needle-exchange and health-promotion services	Promotes safer injecting techniques HIV and hepatitis prevention Safe sex advice Information on overdose Early referral to drug treatment services	4,092 used needle-exchange services,of whom 642 were new clients 1,112 safer injecting workshops	
Stabilisation services	Methadone substitution Supportive day programmes Gateway programme Counselling	19 95 (monthly average)	
Settlement service	Assists service users to access interim and long-term accommodation	92	43 resettled, of whom • 10 returned to family home • 9 moved into housing without need for further support • 24 moved into housing with on-site or visiting support
Integration programmes	Access to transitional accommodation Ballymount House Group and one-to-one therapeutic sessions	5	4 clients moved to longer-term accommodation
Training and work programmes	FÁS Community Employment scheme	121	Of the 49 who completed FÁS placement at Merchants Quay, 47% secured permanent employment or moved to further education
High Park	17-week, drug-free residential programme including individual counselling, group therapy, educational groups, work assignments and recreational activities	46 (of whom 13 were admitted for detoxification)	19 completed detox
St Francis Farm	Therapeutic facility offering a 6–12-month programme	31	10 completed three months or more

(Anne Marie Carew)

1. Merchants Quay Ireland (2010) *Annual review 2009*. Dublin: MQI. Available at www.drugsandalcohol.ie/13922

In brief

On 20 July 2010 the **Victims charter and guide to the criminal justice system** was launched. It sets out the service victims in Ireland can expect from 10 state agencies in the criminal justice area and from one of the voluntary organisations that has contact with victims. The Irish Prison Service's victim charter states: 'In order to prevent prisoners from re-offending when they get out of prison, we aim to rehabilitate all offenders. Rehabilitation services treat and address issues such as offending behaviour, drug and alcohol addiction, lack of education and training, anger management and self-management. This encourages the personal development of prisoners and prepares them for their release when they will have to resettle into the community.' www.victimsofcrimeoffice.ie

In October 2010 the annual report of the **UN Human Rights Council's Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health**, Anand Grover, was submitted to the UN General Assembly (A/65/255).[1] In the report, Mr Grover wrote: 'People who use drugs may be deterred from accessing services owing to the threat of criminal punishment, or may be denied access to health care altogether. Criminalization and excessive law enforcement practices also undermine health promotion initiatives, perpetuate stigma and increase health risks to which entire populations – not only those who use drugs – may be exposed.' He continued, 'The primary goal of the international drug control regime, as set forth in the preamble of the Single Convention on Narcotic Drugs (1961), is the "health and welfare of mankind", but the current approach to controlling drug use and possession works against that aim. Widespread implementation of interventions that reduce harms associated with drug use – harm-reduction initiatives – and of decriminalization of certain laws governing drug control would improve the health and welfare of people who use drugs and the general population demonstrably.' www.ohchr.com

On 5 November 2010 ***Prison staff and harm* reduction** was launched at the second meeting of the Health Promotion of Young Prisoners (HPYP) project, hosted by the EMCDDA. This training manual is the main output of an EU-funded project, 'Training criminal justice professionals (TCJP) in harm reduction services for vulnerable groups'. As well as a section on harm reduction, the training package includes modules on infectious diseases, mental health and working with women prisoners. http://tcjp.eu/LIVE/PAGES/manual.php

On 16 November 2010 the **Simon Community** held a discussion on ***The way home***, the national Homeless Strategy, with the Joint Oireachtas Committee on Health and Children. Niamh Randall, Simon's national research policy manager, stated: 'We need improved access to health care for those [homeless people] who have many related needs. Drug and alcohol services must be extended all around the country. This includes detoxification, rehabilitation and harm reduction services. It is essential to maintain existing specialist services and to expand those into the areas where they are needed.' www.simon.ie / www.oireachtas.ie

In November 2010 the **UNICEF Innocenti Research Centre (IRC)** published ***The children left behind***. Ninth in a series of report cards, the study presents an overview of inequalities in child well-being in 24 OECD countries, including Ireland. It gauges inequality by focusing on the relative gap between children in the bottom of the distribution with those occupying the median. Three dimensions of well-being were examined: material, education, and health. Overall, Ireland was ranked among the top third of countries in terms of how well it attends to its children. www.unicef-irc.org

On 1 December 2010, **World AIDS Day**, two international agencies published documents highlighting the risks of injecting drug users contracting the AIDS virus and calling for a stronger focus on harm reduction measures.

- **International Federation of Red Cross and Red Crescent Societies (IFRC)** launched ***Out of harm's way: injecting drug users and harm reduction***. A central message of the report is the importance of prioritising harm reduction over the criminalisation of drug use – because 'it works and is a human-rights based approach'. www.ifrc.org
- **European Monitoring Centre for Drugs and Drug Addiction (EMCDDA)** launched new guidelines for HIV testing among injecting drug users. The guidelines propose a series of standard tests to be undertaken regularly on a voluntary and informed basis. They also offer a package of prevention, primary care and referral routines in relation to IDUs and infections. www.emcdda.europa.eu

On 8 December 2010 ***Drug strategy 2010: Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life*** was launched by Britain's coalition government. Innovations include: (1) greater emphasis on recovery as an achievable strategic outcome, in addition to harm reduction; (2) all drugs, including prescription and over-the-counter medicines, are considered; (3) severe alcohol dependency is also addressed, as it is recognised that it raises similar issues and that treatment providers are often one and the same; and (4) new implementing structures are proposed in order to shift power and accountability from the national to the local level. www.homeoffice.gov.uk/publications/drugs/drug-strategy/

On 17 December 2010 the **UK Drug Policy Commission** published ***Getting serious about stigma: the problem with stigmatising drug users.*** It reports on a wide-ranging research project looking at the extent and nature of stigmatisation of current and former drug users and their families. The research shows that people with a history of drug problems are heavily stigmatised and are seen as both blameworthy and to be feared. As a result they are subject to exclusion and discrimination in many areas. The UKDPC argues that stigmatisation of people with drug problems has serious consequences for government policy: policies seeking greater reintegration and recovery and moving people from benefits into work will not succeed while stigmatising attitudes are pervasive and, as a result, drug problems will remain entrenched rather than overcome. Experience from other fields, such as mental health, shows that stigma can be reduced and the report suggests key areas for action. www.ukdpc.org.uk

(Compiled by Brigid Pike)

1. Special rapporteurs are independent experts appointed by the UN Human Rights Council to examine and report back on a country situation or a specific human rights theme. The position is honorary and the expert is not a staff member of the UN nor paid for his/her work. He/she expresses his/her view in an independent capacity.

From *Drugnet Europe*

Over 1 million drug users a year in treatment, but considerable challenges remain

Cited from article in *Drugnet Europe,* No. 72, October–December 2010

Offering effective treatment to those with substance use problems is a central pillar of Europe's response to drugs. According to the Annual report 2010, both the quality and quantity of care available to drug users has improved considerably since the 1990s when better access to drug treatment became a drug policy priority.

The report explains how the expansion of treatment has been largely due to the substantial growth in outpatient care, such as psychosocial interventions and substitution treatment. But while underlining the 'considerable level of treatment provision' in Europe today, it describes the inequalities that still exist in access to care.

Today, substitution treatment is available in all 27 EU countries, as well as Croatia and Norway, and it is thought to be reaching in total around half of Europe's problem opioid users. The extent to which this treatment is meeting users' needs varies greatly between countries.

The diverse patterns of drug use in Europe today call for treatment services to respond to a more complex set of needs than a decade ago. The report explores progress made in addressing problems other than opioid use. Measures responding to cannabis problems in Europe, for example, now include Internet-based treatment designed to reach those reluctant to seek help within the drug treatment system. And socially integrated powder cocaine users, who may be reluctant to enter services tailored to opioid users, are offered opening hours to accommodate work commitments and provide discretion. Over 50 medical drugs have been evaluated for treating cocaine dependence but, as yet, none have been proven effective. However, more than 100 ongoing randomised controlled trials with new substances are now registered.

Treatment services are more attuned to the needs of users of amphetamines in countries where their problematic use is long established. New attention is paid to these drugs in some countries (e.g. via treatment protocols to guide professionals).

Drugnet Europe is the quarterly newsletter of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), and is available at www.emcdda.europa.eu.

If you would like a hard copy of the current or future issues, please contact:

Health Research Board
Knockmaun House
42–47 Lower Mount Street
Dublin 2
Tel: 01 2345 148; Email: drugnet@hrb.ie

'Let's Talk about Drugs'

The fifth 'Let's Talk About Drugs' media awards competition was launched in early January. These awards were created to encourage the journalists and reporters of tomorrow to start writing and talking about the drugs issue in Ireland today. Organised by the Greater Blanchardstown Response to Drugs (GBRD), the awards are aimed at primary and secondary school students, college students and aspiring members of the media, to stimulate debate around the drugs issue in Irish communities.

Three new media categories have been added this year, alongside the more established newspaper article category. For the first time, entrants can submit original work around one of the official themes in the form of a cartoon strip, audio feature, film or animated video, or newspaper article. Prizes will be awarded in four age categories: age 12–14; age 15–17; age 18–20; and age 21 and over. The winning submissions will be published or broadcast through local papers, digital TV and community radio in April.

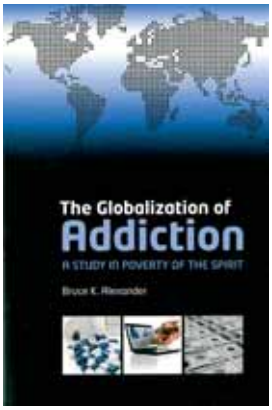
The awards are supported through the County Dublin VEC and the Health Service Executive/Drugs.ie. The Dublin People Group and City Channel were confirmed as media partners for the 2011 competition. Full competition details are available on the GBRD website at www.gbrd.ie or by phoning (01) 8262364.

Official themes for 2011 awards	Important dates
Theme 1: Prescription Drugs – problem or solution?	Closing Date: 5pm on 16 March 2011
Theme 2: Alcohol – is cost the only price?	Judging: Late March 2011
Theme 3: Drug Rehabilitation – recovery is possible?	Awards ceremony: 11 April 2011

Recent publications

On our shelves

Books recently acquired by the National Documentation Centre on Drug Use

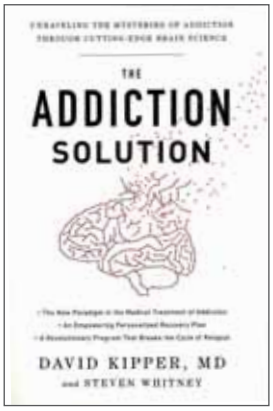


The globalization of addiction: a study in poverty of the spirit
by Bruce K Alexander

Publisher: Oxford University Press (2010)
ISBN: 978-0-19-958871-8 (paperback)
www.drugsandalcohol.ie/14351

This book is reviewed by Tony Jordan and Shane Butler in an article in *Drugs: education, prevention and policy* at

http://informahealthcare.com/toc/dep/0/0



The addiction solution: unraveling the mysteries of addiction through cutting-edge brain science
by David Kipper and Stephen Whitney

Publisher: Rodale (2010)
ISBN: 978-1-60-529291-5

www.drugsandalcohol.ie/14519

Journal articles

The following abstracts are cited from recently published articles relating to the drugs situation in Ireland.

Area of residence and alcohol-related mortality risk: a five-year follow-up study
Connolly S, O'Reilly D, Rosato M and Cardwell C
Addiction 2011; 106(1): 84–92
www.drugsandalcohol.ie/14503

Design: A 5-year longitudinal study of individual and area characteristics of those dying and not dying from alcohol-related deaths.

Participants: A total of 720 627 people aged 25–74, enumerated in the Northern Ireland 2001 Census, not living in communal establishments.

Findings: There was an increased risk of alcohol-related mortality among disadvantaged individuals, and divorced, widowed and separated males.

The risk of an alcohol-related death was significantly higher in deprived areas for both males [hazard ratio (HR) 3.70; 95% confidence interval (CI) 2.65, 5.18] and females (HR 2.67 (95% CI 1.72, 4.15); however, once adjustment was made for the characteristics of the individuals living within areas, the excess risk for more deprived areas disappeared. Both males and females in rural areas had a reduced risk of an alcohol-related death compared to their counterparts in urban areas; these differences remained after adjustment for the composition of the people within these areas.

Conclusions: Alcohol-related mortality is higher in more deprived, compared to more affluent areas; however, this appears to be due to characteristics of individuals within deprived areas, rather than to some independent effect of area deprivation per se. Risk of alcohol-related mortality is lower in rural than urban areas, but the cause is unknown.

Addiction counsellors in the Republic of Ireland: exploring the emergence of a new profession
Butler S
Drugs: education, prevention and policy 2010; Early Online: 1–8
http://informahealthcare.com/doi/pdf/10.3109/09687637.2010.519360

This article reviews the emergence and expansion of addiction counselling as a specialist form of professional practice with problem drinkers and drug users in Ireland, over the past 30 years. It sees addiction counselling as having its roots in a widely shared disenchantment with the 'medical model' of addiction treatment, and identifies the main factors which have shaped the growth of this new profession over this period.

It is argued that statutory health authorities have largely allowed addiction counselling to evolve in an ad hoc style: ceding maximum discretion to individual counsellors and teams of counsellors, while making minimal efforts to standardize counsellor training or to integrate the counsellors' work into a broader, coherent health service response.

Reference is made to attempts currently under way to establish statutory registration systems for addiction counsellors in this country, which, if successful, should raise standards of practice and provide greater protection for members of the public availing themselves of such services. It is also argued, however, that both statutory registration and implementation of Tiered Care models of service delivery are likely to reduce the level of autonomy which addiction counsellors have traditionally enjoyed vis-a-vis service managers.

Cocaine-related admissions to an intensive care unit: a five-year study of incidence and outcomes
Galvin S, Campbell M, Marsh B and O'Brien B
Anaesthesia 2010; 65(2): 163–166
www.drugsandalcohol.ie/13153

Cocaine misuse is increasing and it is evidently considered a relatively safe drug of abuse in Ireland. To address this perception, we reviewed the database of an 18-bed Dublin intensive care unit, covering all admissions from 2003 to 2007. We identified cocaine-related cases, measuring hospital mortality and long-term survival in early 2009. Cocaine-related admissions increased from around one annually in 2003-05 to 10 in 2007. Their median (IQR [range]) age was 25 (21-35 [17-47]) years and 78% were male. The median (IQR [range]) APACHE II score was 16 (11-27 [5-36]) and length of intensive care stay was 5 (3-9 [1-16]) days.

Recent publications *(continued)*

Ten patients died during their hospital stay. A further five had died by the time of follow-up, a median of 24 months later. One was untraceable. Cocaine toxicity necessitating intensive care is increasingly common in Dublin. Hospital mortality in this series was 52%. These findings may help to inform public attitudes to cocaine.

Substance use among HIV patients

O'Connor MB, O'Connor C, Saunders A, Sheehan C, Murphy E, Horgan M *et al.*
Irish Journal of Medical Science 2010; Letter to the editor. Published online
http://springerlink.com/content/v4h454734n7488n4/fulltext.html

Substance use among patients with HIV attending an outpatient clinic in Ireland was examined between June and December 2005. The respondents completed an anonymous questionnaire. The average age of patients was 36.2 years, while the average age at diagnosis was 31 years (range 19–58) and the average length of time diagnosed was five years (range 1–15) Over two-thirds (67%) were male, of whom 31% reported having sex with other men. The predominant nationalities or ethnicity were Irish (47%), followed by African (42%) and British (5%).

Recreational drug use (which is not defined in the letter) was relatively common among the patients; 28% had used recreational drugs at some point in their life and 12% were using such drugs at the time of the survey. Four per cent had ever injected drugs and 7% reported that they were dependent on recreational drugs at some point in their life. Thirty four per cent were current smokers and 52% were current alcohol drinkers. Seven per cent reported that they were dependent on alcohol at some point in their life.

Analysis of the impact of treatment setting on outcomes from methadone treatment

Comiskey C and Cox G
Journal of Substance Abuse Treatment 2010; 39(3): 195–201
www.drugsandalcohol.ie/13488

How methadone setting, duration of drug career, and dose impact on treatment are assessed. Two hundred and fifteen participants were recruited. Analysis revealed significant reductions in drug use at one year within all settings, but the pattern varied. Proportions using heroin reduced in all settings, unprescribed benzodiazepines reduced in community, and general practitioner settings and cocaine use reduced in community and government health board settings. A logistic model controlling for intake methadone dose, setting, previous treatments, and intake heroin use revealed that setting was a significant factor in predicting heroin use at 1 year but was not significant in predicting changes in health.

Findings illustrate that drug outcomes improved across all settings, and health did not improve in any setting. For optimum outcomes to be achieved, opiate users must be directed to settings that best match their needs and that the 'one-stop shop' for methadone is not the most effective solution.

Use of analgesics in intentional drug overdose presentations to hospital before and after the withdrawal of distalgesic from the Irish market

Corcoran P, Reulbach U, Keeley HS, Perry IJ, Hawton K and Arensman E
BMC Clinical Pharmacology 2010; 18(10): 6
www.ncbi.nlm.nih.gov/pmc/articles/PMC2858125

The withdrawal of distalgesic from the Irish market resulted in an immediate reduction in sales to retail pharmacies from 40 million tablets in 2005 to 500,000 tablets in 2006 while there was a 48% increase in sales of other prescription compound analgesics. The rate of intentional drug overdose (IDO) presentations to hospital involving distalgesic in 2006–2008 was 84% lower than in the three years before it was withdrawn (10.0 per 100,000). There was a 44% increase in the rate of IDO presentations involving other prescription compound analgesics but the magnitude of this rate increase was five times smaller than the magnitude of the decrease in distalgesic-related IDO presentations. There was a decreasing trend in the rate of presentations involving any paracetamol-containing drug that began in the years before the distalgesic withdrawal.

Conclusions: The withdrawal of distalgesic has had positive benefits in terms of IDO presentations to hospital in Ireland and provides evidence supporting the restriction of availability of means as a prevention strategy for suicidal behaviour.

(Compiled by Joan Moore)

Upcoming events

(Compiled by Joan Moore – jmoore@hrb.ie)

February

10 February 2011

Seize the day! DDN's 4th service user conference
Venue: Holiday Inn, Birmingham, B5 4EW
Organised by / Contact: Drink and Drugs News
Email: lexy@cjwellings.com

www.cjwellings.com/seizetheday/booking_form.php

Information: With recent changes in government and an increasingly difficult economy, what can service users do to ensure their voice continues to be heard? Budget cuts mean that services are looking to make 'efficiency savings' - and it is up to the service user to make sure that your voice is not lost in the fight for survival. We will look at innovative ways to keep your service user group going, and to find solutions to work together - service users, drug and alcohol workers, and treatment services - to make sure that support does not suffer. This is a crucial time in the development of care and treatment services, and we need to stick together and stand up to hard times ahead.

March

March – November 2011

Managing the performance, safety and health risks of employee drug and alcohol use
Venues: 2 March: Ashling Hotel, Dublin

2 June: City Hall, Waterford

6 October: Clarion Hotel, Limerick

17 November: National College of Ireland, Dublin

Organised by / Contact: EAP Institute / Anita Furlong, Conference Administrator
Tel: 353 51 855733

www.eapinstitute.com

Information: The purpose of this seminar is to outline an approach that companies can take, in the absence of regulations, in managing the performance, safety and health risks of employee drug and alcohol abuse. The seminar will also outline policies and procedures to manage the situation where an employee reports for, or is on duty, under the influence of an intoxicant.

8 March 2011

Children affected by parental substance misuse: getting it right for every family
Venue: Radisson Blue (SAS) Hotel, Edinburgh
Organised by / Contact: Medineo
Email: info@medineo.org

www.medineo.org

Information: We cannot eliminate risk, neither should we. What we should do is enable supported risk taking. Learning how to manage and contain risk helps to build resilience and should not unduly interfere with the rights of families to lead the live they choose. What we can do is listen. We can support families in practical ways and build capacity in carers, whether they are the parents who are using the substances, the kinship carers who step in, or teachers and neighbours. Evidence is emerging that building whole family resilience is the most effective way forward. This conference will give delegates space to explore these thorny issues, hear the emerging evidence and begin with the help of some examples of best practice and experts in the field to work out the next steps in support for such families.

9 March 2011

Capital concerns - the future for drug and alcohol services
Venue: The Resource Centre, 356 Holloway Road, London N7 6PA
Organised by / Contact: London Drugs and Alcohol Network (LDAN)/ DrugScope
Email: conferences@drugscope.org.uk

www.drugscope.org.uk

Information: The new drug strategy sets out a 'new ambition' to improve treatment outcomes and support recovery. The conference will examine how wider policy changes will impact on the drug and alcohol sector in London. At a time of spending cuts, can we be more ambitious for recovery? What are the challenges and potential opportunities for treatment services? The agenda includes a question time panel with key London leaders including David Burrowes MP for Enfield, Southgate, and presentations from the NTA, LDAPF, UKDPC and the GLA. There will be workshops on employment, housing and homelessness, domestic violence and alcohol misuse.

April

3–7 April 2011

Building capacity, redressing neglect: 22nd IHRA international conference
Venue: Beirut, Lebanon
Organised by / Contact: International Harm Reduction Association
Email: conference@conferenceconsortium.org

www.ihraconferences.net

Information: The annual international conference is a key event for all those interested in harm reduction around the world. The 2011 conference will include high profile keynote speeches, plenary sessions, major sessions, concurrent sessions, workshops, a film festival, poster exhibition, exhibition areas, a dialogue space, social and networking events, and the annual IHRA award presentations.

Upcoming events *(continued)*

9 April 2011

Effective drugs and alcohol interventions
Venue: All Hallows College, Dublin 9
Organised by / Contact: Community Awareness of Drugs (CAD)
Email: info@cadaboutdrugs.ie

www.cadaboutdrugs.ie

Information: CAD is pleased to announce that it will hold its popular training day for service providers on effective drugs and alcohol interventions in a variety of settings. The topics to be covered at this event include: Drugs and their effects, presented by Dr Des Corrigan, chair of the National Advisory Committee on Drugs; Motivating change, presented by Mr Brendan Murphy, accredited therapist and trainer; and Shared personal experiences, presented by Coolmine Therapeutic Community and Merchants Quay Ireland.

This training will be held on three occasions in 2011. Future dates are: Saturday 18 June, and Thursday 20 October 2011. The venue for all three events will be All Hallows College.

May

2–4 May 2011

6th international conference on drugs and young people: making the connections
Venue: Melbourne Convention Centre, Australia
Organised by / Contact: Australian Drug Foundation
Email: dyp@adf.org.au

www.adf.org.au

Information: Our theme 'Making the Connections' reflects a number of important issues: understanding the complexity and interaction of factors which influence and impact on young people lives; the opportunity for diverse sectors to meet and exchange knowledge and expertise; and translating research into practice. The theme also refers to the growing importance of social media and technology in young peoples' lives today and its potential role. Another major focus of the conference will be to recognise and celebrate the role that young people themselves are playing in addressing drug use in the community.

23–24 May

International Society for the Study of Drug Policy 5th annual conference
Venue: Utrecht, Netherlands
Organised by / Contact: Trimbos Institute
Email: issdp@trimbos.nl

www.issdp.org/conferences.htm

Information: The conference should be of interest to policy makers, practitioners and academics from a wide array of disciplines who are engaged in drug policy analyses pertaining to drug markets, the harms caused by both the supply of and demand for drugs, and the intended and unintended consequences of policy. Areas of particular interest this year are: supply reduction indicators; improving cross-national comparisons of problems and policies; harm reduction principles and practices in the supply field; regulating regimes as alternative to prohibitionist regimes; applicability and use of evaluations and other policy (relevant) studies; cost-benefit analysis of policies and measures; and assessing the major influences on drug policy decision processes.

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