drugnet IRELAND

Issue 45
Spring 2013

Alcohol and Drug Research Newsletter

Fourteenth annual Service of Commemoration and Hope

See page 5

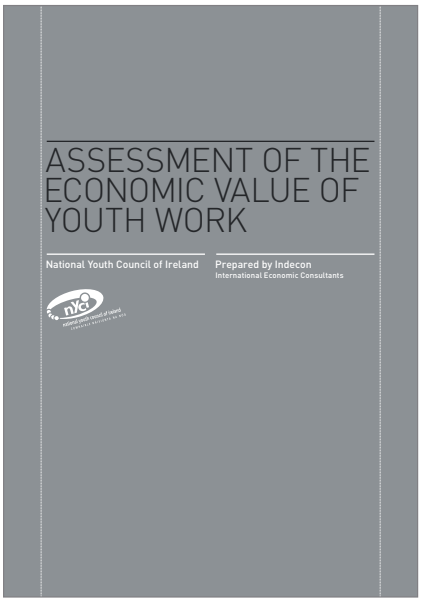
To have *Drugnet Ireland* delivered to your desktop, sign up on the NDC website

www.drugsandalcohol.ie

Assessment of the value of youth work in Ireland

The National Youth Council of Ireland (NYCI) recently published what they claim to be the first national comprehensive and rigorous economic assessment of youth work in Ireland.[1] The fieldwork and data collection and analysis were undertaken by Indecon International Economic Consultants.

The nature and extent of youth work in Ireland



The vast majority (80%) of youth work organisations provide recreational, arts and sports-related activities; over half provide activities focused on the welfare and well-being of young people, including measures that address substance misuse and early school-leaving; some provide activities to divert young people from crime and anti-social behaviour.

An estimated 312,615 young people aged between 10 and 24 participated in youth work during 2011; this figure represents 43.3% of this age cohort nationally; 54% of participants were female and 53.3% were believed to be socially or economically disadvantaged.

There are over 40 national youth work organisations in the sector responsible for providing services through local community-based projects and groups. It is estimated that 40,145 individuals work in a voluntary capacity in the sector and 1,397 full-time equivalents are employed in management, service delivery and training and support for volunteers.

The youth work sector received almost €79 million in public funding during 2011; the Department of Children and Youth Affairs (DCYA) provided €61.5 million, the Irish Youth Justice Service (IYJS) €8.8 million and the Health Service Executive (HSE) €8.3 million. This represents an investment by the State of €206 per young person participating in youth work activities in 2011.

A cost-benefit analysis of youth work

The economic assessment was guided by the following question: What would be the likely outcomes for young people participating in justice-, health- and welfare-related youth programmes, and the costs to the State if these programmes were not available? The assessment was undertaken on the assumption that annual funding to these programmes remains constant over the next 10 years.

Indecon estimates that the State will benefit by saving costs to the value of €2 billion for an €992 million investment over the next 10 years; benefits will exceed projected costs by a factor of 2.2. The projected €992 million investment is based on the assumption that the 2011 funding streams (total receipts of almost €79 million) are maintained and considering the relevant adjustments when undertaking such an assessment.

contents

Assessment of the value of youth work *(continued)*

In respect of the economic value of health-related youth work programmes which include the Young Person's Facilities and Services Fund (YPFSF) and HSE and local drugs task force funding streams, Indecon compared the cost of funding such programmes with the estimated cost to the State if these services were unavailable at the youth work organisation level. Funding provided through the YPFSF and local drugs task forces, with additional health-promotion-related funding provided by the HSE, is distributed to organisations whose programme are directed towards young people who are at risk of substance abuse and the associated adverse health-related impacts. If 2011 funding levels were to be maintained, the estimated cost of health-related funding to the youth sector over a 10-year period would be €420.5 million. Indecon assumes that in the absence of this funding an estimated 4% of beneficiaries of these youth-work programmes would have to receive treatment for substance abuse in adolescent treatment centres at a cost to the State of €60.6 million annually, or €509.9 million in present value terms over a 10-year period; maintaining health-related funding at 2011 levels would save the State an estimated €89.5 million over the projected 10-year period.

Qualitative evidence on the impacts of youth work in Ireland

The views of over 40 organisations working in the youth sector were sought in relation to the levels of significance they attach to their work with youth. According to the report (p.19), 'a large majority of organisations in the sector attach very significant or significant levels of importance to the following aspects of youth work:

- helping young people to gain practical skills,
- helping young people to gain education and training qualifications,
- helping to reduce costs associated with crime and anti-social behaviour,
- helping to reduce health and social care costs associated with substance misuse,
- helping to expand labour market and other economic opportunities for young people, and
- Helping to promote equal economic opportunity between women and men.'

The relative significance of these particular aspects of youth work, as reported by organisations involved in the youth sector in Ireland, reflects to a large degree the important aspects of youth work reported in the international literature and summarised in this report.

Conclusion

According to Indecon,

> The results of this cost-benefit analysis suggest that the public funding provided by the State for youth work services represents value for money. This reflects in particular the benefits of targeted programmes in the areas of justice, health and welfare, which address the needs of young people in a pre-emptive and holistic manner, compared to a scenario where the absence of these supports is likely to mean that the State would face substantially greater costs over the longer term. (p.119)

This report is timely and instructive. It is timely in that it presents a strong case for maintaining current levels of funding to the youth work sector, despite the many competing claims for State funding from the public purse. It is instructive in that it signals the changing nature of youth work in Ireland; it points to the large numbers of young people aged 10–24 who rely on the services of the youth sector, an estimated 43% of this age cohort nationally; it points to the challenging work undertaken by youth workers to prevent young people becoming embedded in a life of substance abuse and crime.

Finally, the report spells out the economic and socially disadvantaged conditions that underpin the lives of over half of all young people attending youth work services (based on 2011 figures); this is a reminder that the rationale for targeting funding to the most at-risk communities which underpinned the rationale and emergence of the YPFSF and the local drugs task forces remains relevant today. Taken together, these components which make up the nature of youth work in contemporary Ireland signal a clear need for maintaining current funding levels on the basis that this money and the work of this sector is an investment in the social capital of young people and the communities in which they live.

(Martin Keane)

1. Indecon International Economic Consultants (2012) *Assessment of the economic value of youth work*. Report prepared for the National Youth Council. Dublin: National Youth Council of Ireland. www.drugsandalcohol.ie/19045

Review of drugs task forces and national structures continues

On 18 December 2012 Alex White TD, Minister of State with responsibility for the National Drugs Strategy (NDS), published the Department of Health's 15 recommendations with regard to the first of the terms of reference for the review of drugs task forces (DTFs), i.e. the role and composition of DTFs and the national structures under which they operate.[1] The report on this first stage of the review proposes three main changes.

1. Rename the drugs task forces 'drug and alcohol task forces' (DATF). Their terms of reference are to implement the NDS at regional and local level and to support and strengthen community-based responses. As previously, this role includes maintaining an overview of regional and local developments, promoting strategies and monitoring, evaluating and assessing the impact of funded projects.
2. Reconstitute the Drug Advisory Committee as a National Co-Ordinating Committee for Drug and Alcohol Task Forces (NCC–DATF). Its terms of reference are to drive implementation of the NDS at local and regional level.
3. Reduce the number of task forces from 24 to 19 by merging some task forces and expanding the boundaries of others.

The governance framework within which these new structures are to operate has yet to be announced. For example:

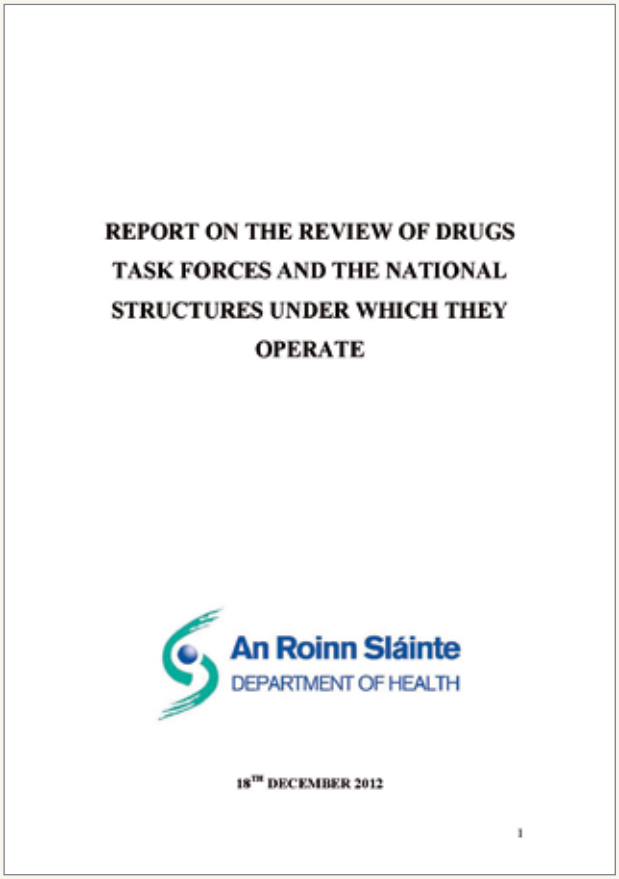
Alcohol –The newly-named task forces will have responsibility for alcohol as well as drugs. Which individuals or bodies at national level are to have responsibility for alcohol policy and how will the DATFs be accountable to these entities?

Organigram – A large number of individuals and bodies have responsibility for different aspects of drug and alcohol policy. Previous policy documents have explained in detail, and provided organigrams of, the relationships between these different entities.[2] While it may be surmised that some of the relationships have not changed in any material way, clarification is needed in some areas. For example:

How are drug and alcohol policies being handled at cabinet level?

How will the new NCC–DATF relate to the Minister of State and to the Oversight Forum for Drugs (OFD)? How will it relate to the Drugs Policy and Drugs Programmes units in the Department of Health? Which entities will have responsibility for which decisions? Recommendations 1 and 7 suggest that the NCC–DATF will have a mainly advisory role, while Recommendations 2, 8 and 9 suggest that officials in the Department of Health will have responsibility for performance, financial control and governance.

Finally, the status of the National Advisory Committee on Drugs (NACD) remains to be clarified. Under the 2009–2016 NDS, the NACD was subsumed under the Office of the Minister for Drugs (OMD). With the abolition of the OMD in early 2011, where does the NACD now fit?


REPORT ON THE REVIEW OF DRUGS TASK FORCES AND THE NATIONAL STRUCTURES UNDER WHICH THEY OPERATE

An Roinn Sláinte
DEPARTMENT OF HEALTH

18TH DECEMBER 2012

Task force areas – Recommendation 11 of the report states that local members of the Oireachtas and members of relevant local authorities should have 'automatic entitlement' to sit on DATFs. A quick look at a recent IPA *Administration Yearbook* suggests that some 860 elected representatives (including members of the Oireachtas and of county, city, borough and town councils) will be entitled to sit on one of the 19 DATFs – an average of 45 public representatives per DATF. Clarification is needed as to who precisely will have this entitlement and how the efficiency and effectiveness of the DATFs will be maintained.

Funding and governance to be addressed next

The second and third terms of reference specified for the review – streamlining the funding arrangements for drugs projects in DTF areas, and overhauling the accountability and reporting arrangements for drugs projects funded by DTFs – have yet to be delivered on. The December 2012 report states that Minister White has requested officials to bring forward proposals with regard to these matters. He has also invited stakeholders 'who may have further comments to make on this issue to submit their views to his office at the earliest opportunity'. No deadline for these submissions is specified.

Review of drugs task forces *(continued)*

Mid-term review of the NDS?

Arguably, the review of DTFs would have benefited from being undertaken within the context of an overall review of the current NDS, which passed its midway point in 2012. The mid-term review of the 2001–2008 national drugs strategy resulted in significant adjustments.[3] It seems reasonable to believe that a review of developments between 2009 and 2012, both in Ireland's wider socio-economic environment and in the drugs area, would also lead to changes that would enhance the NDS.

Action 57 of the 2009–2016 NDS established an Office of the Minister for Drugs (OMD), which was abolished in March 2011. It marked a significant departure in how drug policy was co-ordinated.[4] It is regrettable that no review of this OMD, in place for some 18 months, has ever been published. The Steering Group that developed the OMD acknowledged that the previous national co-ordination structures had 'stimulated and promoted inter-agency working in a difficult cross-cutting policy and service area', but that there were 'capacity and structural limitations'. The Steering Group argued that the OMD model would facilitate 'greater coherency in policy-making and service delivery … [and] provide a more cohesive and integrated framework that promotes closer co-operation and accountability between the different players, as well as greater transparency for expenditure'.[5]

(Brigid Pike)

1. Department of Health (2012) *Report on the review of drugs task forces and the national structures under which they operate*. Dublin: Department of Health. www.drugsandalcohol.ie/19054
2. See Working Group on Drugs Rehabilitation (2007) *National drugs strategy 2001–2008: rehabilitation*. Dublin: Department of Community, Rural and Gaeltacht Affairs www.drugsandalcohol.ie/6267/, and Department of Community, Rural and Gaeltacht Affairs (2009) *National drugs strategy (interim) 2009–2016*. Dublin: Department of Community, Rural and Gaeltacht Affairs. www.drugsandalcohol.ie/12388/
3. Steering Group for the Mid-term Review of the National Drugs Strategy (2005) *Report of the steering group on the mid-term review of the national drugs strategy 2001–2008*. Dublin: Department of Community, Rural and Gaeltacht Affairs. www.drugsandalcohol.ie/3887/
4. For a full discussion, see Pike B (2009) Taoiseach launches new national drugs strategy: Co-ordination pillar. *Drugnet Ireland*, (31): 6–8. www.drugsandalcohol.ie/12450/
5. Department of Community, Rural and Gaeltacht Affairs (2009) *National drugs strategy (interim) 2009–2016*. Dublin: Department of Community, Rural and Gaeltacht Affairs (paras 6.44–6.45). www.drugsandalcohol.ie/12388/

HSE targets for drug-related services in 2013

Each year the Health Service Executive (HSE) publishes a 'national service plan' (NSP). The plan sets out the type and volume of services to be delivered during the year. In 2013, according to the newly released NSP,[1] service activity volumes in relation to drug-related treatment are expected to be similar to last year's targets (see following table). A new performance indicator (PI), monitoring the number of unique individuals attending a pharmacy needle exchange, has been included.

NSP 2013 is a much shorter document than previous years' plans.[2] Deliverables, including priorities, key actions and measures, are not included. Moreover, there is no discussion of the past year's performance vis-à-vis that expected in the coming year, for instance, how the reported 19% shortfall in the delivery of treatment to substance misusers over the age of 18 within one month of assessment in 2012 will be corrected in 2013, or how the roll-out of pharmacy-based needle exchanges will be speeded up in the current year.

Broader challenges

The HSE's drug-related services may be expected to be influenced by the two broader challenges outlined in NSP 2013. First, in November 2012 the Minister for Health published *Future health*, the framework for 'the most radical reform of our health services in the history of the state'.[3] The core of this reform is a single-tier health service, supported by universal health insurance (UHI). The government is seeking innovative ways of care delivery and in particular integrated care pathways, to be achieved under the most stringent fiscal constraints experienced for decades.

	Expected activity 2012	Projected outturn 2012	Expected activity 2013
Methadone treatment Number of clients in methadone treatment (outside prisons) (monthly target)	8,640	8,855	8,650
Substance misuse Number of substance misusers (aged over 18 years) for whom treatment has commenced within one calendar month following assessment	1,260	1,025	1,260
Needle exchange Number of pharmacies recruited to provide needle exchange programme	45 in Q1 65 in Q3	65	130
Number of unique individuals attending pharmacy needle exchange	New PI 2013	New PI 2013	200 in Q1 250 in Q2 300 in Q3 400 in Q4

Source: NSP 2013, p. 24

HSE targets for drug services *(continued)*

Thus, the HSE will proceed with 'business-as-usual' in 2013, while also implementing structural reforms including changes to the way that hospital services are funded and managed, disaggregating childcare services from the HSE and establishing a child and family support agency, setting up a new directorate structure, establishing a patient safety agency, and ensuring that social care services including mental health, disability and primary care are fit for purpose.

A second key priority for drug-related treatment services will be to ensure that financial and service performance is reported on and managed in a timely and proactive manner. Building on the work of recent years, the 2013 accountability framework is intended to ensure that performance is measured against agreed plans that specify access targets, service quality and volumes. These plans will be monitored through a range of scorecard metrics. Service managers will be held to account and under-performance will be addressed.

The financial framework is intended to ensure that all areas of the health care system have budgets that are achievable, while also delivering the savings necessary. For the first time, the allocations outlined in the plan are based on the projected spend rather than on historic budgets, with a view to ensuring sustainable budgets.

(Brigid Pike)

1. Health Service Executive (2013) *Health Service Executive national service plan 2013*. Dublin: Health Service Executive. www.drugsandalcohol.ie/19102/
2. See for example Pike B (2012) HSE plans to maximise efficiencies. *Drugnet Ireland*, (41): 10–12. www.drugsandalcohol.ie/17273/
3. Department of Health (2012) *Future health: a strategic framework for reform of the health service 2012–2015*. Dublin: Department of Health. www.drugsandalcohol.ie/18790/

Fourteenth annual Service of Commemoration and Hope

On Friday 1 February, the Family Support Network (FSN) held its fourteenth annual Service of Commemoration and Hope, entitled 'Our Children, Our Family', in remembrance of loved ones lost to substance misuse and related causes and to publicly support families living with the devastation that substance misuse causes.

The service in Our Lady of Lourdes Church, Sean McDermott Street, was attended by Mr Alex White TD, Minister of State, Commandant Michael Treacy, aide de camp to the Taoiseach, Assistant Garda Commissioner John Twomey, Counsellor Ray McAdam representing the Lord Mayor of Dublin, Bishop Eamonn Walsh, Fr Tim Wrenn and other religious representatives, as well as family members, friends and representatives from family support groups throughout Ireland, and many people working in this area.

In her address to the gathering, Sadie Grace of the FSN spoke about the impact of substance misuse on children and the family. Children who have been affected by parental substance misuse often have to be cared for by grandparents and other family members. She stressed the importance of providing services for young people. In response to this the FSN has developed a sibling support programme (for those aged 12 to 18 years). Sadie also spoke about the stigma of parents being abused by their children, and said that the FSN hope to hold a seminar on the topic this year. The FSN will continue to roll out their training programme 'Responding to Intimidation Policy' in different parts of the country. Finally, Sadie spoke about the difficulty of maintaining services in light of recent cuts to the network's budget and urged that support of family members living with substance misuse be prioritised.

Attending this service for the first time, Minister White said he recognised what an important event it was for family members, one that allowed them to mourn openly, but also to celebrate the lives of those who had been lost to substance misuse. He felt it also provided an opportunity to look forward and build hope. He acknowledged that it was all too often the children who were affected by drug problems in the family. Minister White stated that his department will continue to provide funding to support the work of the FSN. He also spoke about the problem of alcohol misuse and said that his department would be working on that issue in the coming weeks.

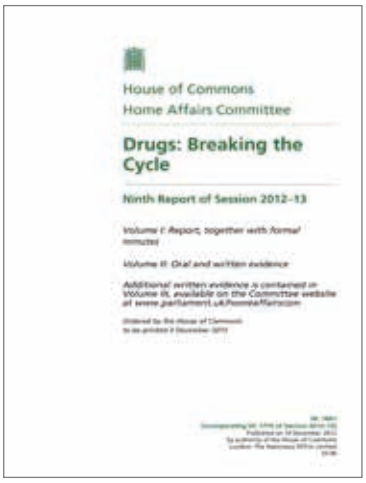
There were a number of personal pieces included, always a central part of the service. Gordon Jeyes, National Director of Children and Family Services, recited poetry by Mervyn Peake. Fr Edmond Grace gave a reflection. Mr Brendan Doyle, a member of the Wexford FSG, gave a moving testimony about the experience of his family. Ms Michelle Kavanagh (on behalf of UISCE and SAOL project) recited her own poem about recovery. Mr Reginald Oko-Flex Inya of the New Communities Partnership said a prayer. Music was provided by the soprano Nickola Hendy and St Mary's Youth Club Drama Group. In keeping with the theme 'Our Children, Our Family', the girls of the Francesca Arkins Dance and Stage Academy performed a dance recital to a musical accompaniment at the beginning of the service, which was very well received.

The service was attended by many members of family support groups from all over the country, including Northern Ireland, reflecting the growth and success of the FSN.

(Suzi Lyons)

Contact the Family Support Network at 16 Talbot Street, Dublin 1. Tel: 01 836 5168; email: info@fsn.ie; web: www.fsn.ie

Drugs: breaking the cycle



On 10 December 2012 the UK Home Affairs Select Committee published its report on the illicit drugs issue.[1] It was the first such parliamentary review of drug policy as a whole since 2002. It reveals a shift in opinion among some key policy makers, away from an enforcement-led strategy towards a more nuanced drug policy. The key recommendations are listed below.

Drug education in schools

'The evidence suggests that early intervention should be an integral part of any policy which is to be effective in breaking the cycle of drug dependency. We recommend that the next version of the drugs strategy contain a clear commitment to an effective drugs education and prevention programme, including behaviour-based interventions.' (para. 75)

Residential rehabilitation treatment

'Different treatment régimes will work for different patients. It is clear that, for some people, residential rehabilitation is the most effective treatment, backed by proper aftercare in the community. We recommend that the Government expand the provision of residential rehabilitation places. In addition, we recommend the Government review the guidance for referrals to residential rehabilitation so that inappropriate referrals are minimised.' (para. 94)

'Outcomes which range from 60% of patients overcoming their dependence to just 20% suggest that the quality of provision is very variable. We recommend that, in line with the publication of certain outcome statistics for National Health Service providers, publicly-funded residential rehabilitation providers should be required to publish detailed outcome statistics so that patients and clinicians can make better-informed choices of provider.' (para. 96)

Opioid substitution treatment

'Policy makers should … continue to keep sight of a greater emphasis on buprenorphine relative to methadone prescription to lead to better patient and societal outcomes.' (para. 100)

Prescription drug dependence

'Prescription drugs are becoming more widely available, through diversion of prescriptions and unregulated sales via the internet. Having seen first-hand the scale and impact of prescription drug use in Florida, we recommend that the Government publish an action plan of how it intends to deal with this particular issue as part of the next version of the drug strategy to prevent the situation here in the UK deteriorating further.' (para. 122)

Royal Commission on how to reduce drug-related harm

'Our predecessor Committee's recommendation for an independent assessment of the Misuse of Drugs Act 1971 was rejected on the basis that it gives effect to the UK's international obligations in this area. That is not, in our view, a compelling reason for refusing to review our own domestic legislative framework, particularly given the growing concern about the current international regime in many producer nations. … We are not suggesting that the UK should act unilaterally in these matters, but our Government's position must be informed by a thorough understanding of the global situation and possible alternative policies.'

'… We recommend the establishment of a Royal Commission to consider the best ways of reducing the harm caused by drugs in an increasingly globalised world. In order to avoid an overly long, overly expensive review process, we recommend that such a commission be set up immediately and be required to report in 2015. (paras 131 and 132)

New psychoactive substances

'The market in new psychoactive drugs is changing quickly, too quickly for the current system of temporary banning orders to keep up. … We recommend that the Government issue guidance to Local Authority trading standards departments, citizens advice bureaux and other interested parties on the action which might be taken under existing trading standards and consumer protection legislation to tackle the sale of these untested substances.' (para. 170)

Drugs in prisons

'We recommend that the Ministry of Justice introduce mandatory drug-testing for all prisoners arriving at and leaving prison whether on conviction, transfer or release. Tests should be carried out for both illegal and prescription drugs. This should be in addition to the existing random testing regime, the principal purpose of which is deterrence. The information obtained from such a test would be very valuable in evaluating the effectiveness of the current systems in place and identifying those prisons which have a serious problem.' (para. 211)

Evidence-based policy

'We were impressed by what we saw of the Portuguese depenalised system. It had clearly reduced public concern about drug use in that country, and was supported by all political parties and the police. … Following the legalisation of marijuana in the states of Washington and Colorado and the proposed state monopoly of cannabis production and sale in Uruguay, we recommend that the Government fund a detailed research project to monitor the effects of each legalisation system to measure the effectiveness of each and the overall costs and benefits of cannabis legalisation.' (paras 243 and 248)

'We recommend the Government allocate ring fenced funding to drugs policy research going forward.' (para. 257)

Need for debate

'We recommend that the Government instigate a public debate on all of the alternatives to the current drugs policy, as part of the proposed Royal Commission.' (para. 260)

Following the release of the report, Prime Minister David Cameron rejected the recommendation with regard to a Royal Commission. In contrast, Deputy Prime Minister Nick Clegg committed his party to pledging a major review of how to tackle the drug problem in its 2015 election manifesto.

(Brigid Pike)

1. Home Affairs Committee (2012) *Drugs: breaking the cycle*. Ninth report of House of Commons Home Affairs Committee. London: The Stationery Office. www.drugsandalcohol.ie/18933/

New EU drugs strategy reflects 'new thinking'

In December 2012 the Council of the European Union adopted a new drugs strategy for the next eight years (2013–2020).[1] As before, the new strategy identifies priorities in five thematic areas – co-ordination, demand reduction, supply reduction, international co-operation, and research, evaluation and information. It will be implemented by means of two consecutive four-year action plans.

The new strategy reveals new thinking on some aspects of drug policy. While drug policy lies within the competence of individual member states, it may be expected that the new thinking will trickle down to member states' drug policies.

Evidence-based policy

The word 'evidence' did not occur once in the 2005–2012 drugs strategy. It appears 13 times in the new strategy. While the former strategy called for a 'balanced, integrated approach to the drugs problem', the new strategy calls for a 'balanced and integrated and evidence-based approach to the drugs phenomenon'.

Under the supply reduction pillar, priority is to be given to expanding and improving the knowledge base with regard to supply reduction and to developing accurate indicators of progress. Under the demand reduction pillar, while the Council acknowledged that there had been some success in promoting evidence-based approaches,[2] the new strategy prioritises the need for greater uniformity across all member states in implementing harm reduction and treatment measures.

Not all drug use is problematic

The term 'drug problem', which was used throughout the 2004–2012 drugs strategy, has been replaced by the more neutral term 'drug phenomenon', implying that not all drug use is viewed as problematic. MacGregor (2012) comments that the distinction between abstinence and addiction, which implies all drug use is 'problematic', is not useful. She suggests that the way forward is 'to develop more nuanced responses to the range of different substances [including alcohol and tobacco] available, which are used in different ways by different people in different situations and at different times.'[3]

Human rights

Human rights is more strongly emphasised in the new strategy. Although referred to in the previous strategy, the new strategy names the specific international human rights agreements that underpin the EU's drug policy – the Universal Declaration on Human Rights, the European Convention on Human Rights and the EU Charter of Fundamental Rights.

Policy coherence

The new EU drugs strategy mentions the concept 'policy coherence' in relation to ensuring coherence between drug demand reduction policies and broader health, social and justice policies, and between the internal and external aspects of the EU's drugs policies and responses towards third countries in the field of drugs. However, it has not extended the concept to include licit substances such as alcohol, tobacco or prescribed or over-the-counter medicines or to include other addictive behaviours such as gambling or Internet usage.

The Council of Europe's Pompidou Group has gone to this next stage. Its guidance to policy makers on coherent policies for licit and illicit drugs states:[4]

> The fact that often substance abuse and other addictions are interrelated calls for coherence and consistency between policies dealing with licit and illicit drugs as well as those dealing with other forms of addiction and dependency, notably addiction to medicines, gambling or Internet usage. As a result, public health and increasingly 'well-being' are becoming the overarching starting point for policy approaches that embrace both licit and illicit substances …' (para. 3.5)

While not using the terms 'policy coherence', the authors of the independent assessment of the 2005–2012 EU drugs strategy noted the emergence of the concept.[5] They observed that drugs supply was increasingly being considered within the broader context of EU policy on organised crime and security, but that this 'horizontal integration' had not taken place on the demand side. They further noted that there was a desire among many stakeholders to consider drug use in such a policy framework, including both licit and illicit substances and other addictive behaviours.

Co-ordination

According to paragraph 23 of the new EU drugs strategy, co-ordination has two objectives: 'to ensure synergies, communication and an effective exchange of information and views in support of the policy objectives, while at the same time encouraging an active political discourse and analysis of developments and challenges in the field of drugs at EU and international levels'. The participation of NGOs, young people, drug users and the EU Civil Society Forum on Drugs in the development of drug policies are particular priorities in terms of co-ordination.

Governance

Whereas monitoring and reporting on the implementation of the new EU drugs strategy and action plan formerly rested with the European Commission, these tasks are now the responsibility of the holders of the EU presidency. Thus, Ireland, which has the presidency of the EU from January to June 2013, is responsible for drawing up the first four-year action plan to accompany the new strategy.

(Brigid Pike)

1. Council of the European Union (2012, 11 December) EU drugs strategy (2013–2020). 17547/12, JAI 901 CORDROGUE 101 SAN 324 JAIEX 124. www.drugsandalcohol.ie/19034. The preliminary deliberations on the shape of the new EU drugs strategy were described in Pike B (2012) EU drugs policy – what next? *Drugnet Ireland*, (43): 6. Available at www.drugsandalcohol.ie/18456
2. Council of the European Union (25 May 2012) Draft Council conclusions on the new EU drugs strategy. 10231/12, CORDROGUE 37 SAN 121 ENFOPOL 145 RELEX 455. http://register.consilium.europa.eu/pdf/en/12/st10/st10231.en12.pdf
3. MacGregor S (2012) Do we need an EU drugs strategy? *Drugs: education, prevention and policy*, 19 (6): 429–435.
4. Pompidou Group (2011) *Policy paper providing guidance to policy makers for developing coherent policies for licit and illicit drugs*. Adopted at the 69th meeting of permanent correspondents, P–PG (2011) 4 final 14. www.drugsandalcohol.ie/17318; R Muscat, B Pike and members of the Coherent Policy Expert Group (2012) *Reflections on the concept of coherency for a policy on psychoactive substances and beyond*. Strasbourg: Council of Europe Publishing.
5. Culley DM, Skoupy J, Rubin J, Hoorens S, Disley E and Rabinovich L (2012) *Assessment of the implementation of the EU drugs strategy 2005–2012 and its action plans*. Technical Report prepared for European Commission Directorate General for Justice. Santa Monica, CA: RAND Corporation. www.drugsandalcohol.ie/17312

EU drug markets – a strategic analysis

An EU drug markets report, jointly published by the EMCDDA and Europol, is the first comprehensive overview of illicit drug markets in the European Union.[1] It covers issues such as drug production, consumer markets, trafficking, organised crime involvement and policy responses, along with a review of the markets for heroin, cocaine, cannabis, amphetamine, methamphetamine, ecstasy and new psychoactive substances. It concludes with concrete action points for the areas where the current EU response to the drug market and its consequent harms may be improved. The report highlights a number of factors relevant to the Irish illicit drugs market, and Ireland's response to the 'head shop' phenomenon, an issue of growing concern throughout Europe.

A comparative study of this nature can be useful, even in terms of trying to understand national developments in drug markets. For example, in late 2011, information was gathered in an attempt to understand anecdotal reports of a reduction in the supply of heroin in Europe: 'Evidence of this phenomenon was collected between November 2010 and March 2011 from Bulgaria, Ireland, Hungary, Slovakia, the United Kingdom, Switzerland and some regions in Russia, whereas heroin remained available, with possible increases in purity, in Belgium and France' (p.30). Although the causes of these developments remain unclear – they may relate to a shift in demand towards alternative drugs, such as fentanyl, or the possible disruption of heroin supply routes through Turkey owing to law enforcement efforts – research of this nature at an international level can help explain national trends.[2]

With regard to cocaine consumption among young adults in Europe, Ireland is included in a list of relatively high-prevalence countries, which also includes Spain, the UK, Italy and Denmark: 'These five countries alone account for 1.7 million (or 62%) of the estimated 2.7 million users "in the last 12 months" in the 15–34 age group, with prevalence levels of between 2.6% and 4.4%. The European prevalence rate for "last 12 months" use amongst young adults stands at 2.1%' (p.42).

Ireland is also among a number of countries that have experienced increases in the domestic cultivation of herbal cannabis in the last five years. The others are Austria, Belgium, the Czech Republic, Denmark, Finland, Germany, Hungary, Poland, the Netherlands, Norway, Slovakia, Sweden and the UK (p.59). Using drug seizure size as an indicator, the report also provides a useful picture of cannabis resin supply routes into and throughout Europe. It is reported that Ireland is a transit point for cannabis en route to the UK and onwards into mainland Europe:

> Average seizure sizes greater than 1kg suggest that Ireland is…an entry point for Moroccan resin into Europe. Resin seizures represent about 15% of estimated national consumption; it is likely that some of the resin entering Ireland eventually ends up in the United Kingdom, where the market for resin, although smaller than the market for herb, is still rather large, estimated to be about seven times the size of the Irish market. Seizures in the United Kingdom are on average smaller than in Ireland (under 1kg) and represent one-third of estimated national demand… (p.62)

The report also considers the involvement of organised crime groups (OCGs) in drug production and trafficking. With regard to herbal cannabis it is reported that 'Vietnamese OCGs have become prominent in the indoor cultivation of cannabis in many EU countries, particularly Belgium, the Czech Republic, Germany, Ireland, France, Hungary, the Netherlands, Poland, Slovakia and the United Kingdom'(p.64). These OCGs are described as 'hierarchical in structure', incorporating a range of specialised personnel, including 'electricians, plumbers and managers of cultivation facilities' (p.64). The report also alludes to the social factors that can lead to people becoming involved with such illegal activities. In relation to herbal cannabis, 'Gardeners tending the plants are often illegal migrants working to pay off their passage' (p.64).

Synthetic drugs are produced mainly in Belgium and the Netherlands. However, police intelligence suggests 'the growing prominence of Polish and Lithuanian OCGs in trafficking drugs obtained in the Netherlands to various Nordic and Baltic States, Ireland and the United Kingdom' (p.78).

The report also looks at the increasing importance of the internet as a source of supply of new psychoactive substances and 'legal highs', an issue that has featured on the political agenda in Ireland.[3] EMCDDA data show that the number of online shops offering these substances increased from 170 in January 2010 to 693 in January 2012 (p.106). A recent Eurobarometer survey referred to in the report found that, among 15–24-year-olds, 'lifetime use of "legal highs" in most Member States was 5% or less', whereas 'use in the United Kingdom, Latvia, Poland and Ireland was 8%, 9%, 9% and 16% respectively' (p.106). The high rate in Ireland can be traced to the significant number of 'head shops' operating in this country in the years covered by this report.

The report also describes the legislative approaches adopted in different member states, particularly in response to the growing number of new drugs. While some member states, such as Ireland and the UK, have adopted a 'generic' approach, whereby families of substances are scheduled on the basis of their chemical make-up, in other countries 'legislation covers a wider range of derivatives of controlled drugs with similar structures or effects', known as an 'analogue' approach (p.113).

According to the report: 'The rapid spread of new drugs is prompting some Member States to rethink their response to the problem.' Recently enacted legislation in Ireland, in the form of the Criminal Justice (Psychoactive Substances) Act 2010, and similar legislation introduced in Poland, are mentioned in this regard. In each case the new law defines proscribed drugs in functional terms rather than in terms

EU drug markets *(continued)*

of their chemistry: 'This required careful legal definitions of such substances. Briefly, the Irish law defines them as psychoactive substances not specifically controlled under existing legislation. The Polish law refers to "substitute drugs", defined as a substance or plant used instead of, or for the same purposes as, a controlled drug, and whose manufacture or placing on the market is not regulated by separate provisions' (p.113).

The report concludes by highlighting a number of action points that need to be adopted across the EU in response to the various issues raised. These cover such areas as organised crime; the global nature of the drugs market and the engagement with producer and transit countries; the importance of the internet; as well as specific actions in relation to cannabis, heroin, cocaine, synthetic drugs and new psychoactive drugs. Finally, the report highlights the importance of developing high-quality indicators of drug supply, further integrating forensic science information and enhancing the evidence base through the identification of research needs and the promotion of cross-national and multidisciplinary studies.

(Johnny Connolly)

1. European Monitoring Centre for Drugs and Drug Addiction, Europol (2013) *EU drug markets report: a strategic analysis*. Luxembourg: Publications Office of the European Union. www.drugsandalcohol.ie/19227
2. For a discussion of the heroin drought in Ireland see Stokes S (2012) Quantitative evidence of a heroin drought. *Drugnet Ireland*, (40): 21–23. www.drugsandalcohol.ie/16882
3. Connolly J (2012) Impact of legislation to control head shops. *Drugnet Ireland*, (40): 29. www.drugsandalcohol.ie/16890

European Drug Prevention Prize: experiences of an Irish juror

The European Drug Prevention Prize was launched by the Pompidou Group of the Council of Europe in 2004. It is awarded every two years to innovative drug prevention projects led by young people for young people. The objective is to recognise the importance of active youth participation in creating a better and healthier environment for all communities in Europe.

Participation has expanded dramatically, from 18 countries submitting 44 projects in 2004 to 24 countries submitting 83 projects in 2012, the most recent year in which the prize was awarded. Ireland has entered projects over the years, and was a winner in 2006 with a project entitled *421*.[1]

The jury for the European Drug Prevention Prize comprises six young people, aged between 18 and 23. The jury is supported by an advisory group of three experts. The young jurors autonomously select the three prize-winners from among the applications submitted. The three projects which they consider to be the most innovative regarding drug prevention and the active involvement of young people from the setting-up to the running of the project are awarded the prize, which comprises a trophy, a diploma and €5,000 in prize money.

A young Irish woman, Rachel Walsh, was a member of the jury for the 2010 and 2012 awards. She describes her experiences as a juror.

My journey as a jury member began when I was in Transition Year in secondary school. I got involved with a peer drug education programme called *421*.[1] Set up in 2004 by Mel Bay and Susan Barnes of Ossory Youth, Kilkenny, the programme consisted of 12 peer educators including 11 girls and myself. We received training in how to create and deliver a drug education class to a group of first-year students once a week over a six-week period.

In 2006 Mel and Susan decided to enter the *421* programme for the 2006 European Drug Prevention Prize. The Pompidou Group secretariat invited a representative of *421* to a European Drug Forum in Vilnius, Lithuania. I was the peer educator lucky enough to represent the *421* programme at the Forum, during which I got the opportunity to meet with other people who work in drug prevention around Europe and learn about the work they do. Our programme was one of two winners of the prize in 2006; the other winner was a project from Norway. Three years later the Pompidou Group secretariat was recruiting young people to serve on the jury via a network of youth associations involved in drug prevention activities. Mel Bay was invited to nominate someone and he suggested that I should apply. My application was successful and a few months later I joined the jury for the 2010 and 2012 prizes.

For each prize, the jury met twice. At a preparatory meeting in Strasbourg, we discussed the rules and procedures, the selection criteria by which we would evaluate the applications and the information which should be provided in the application form. We were assisted by three experts in the field of drug prevention whose role was to answer any queries and to offer us advice if we needed it. When the official call for applications for the prize was issued, all the required information was publicised and sent to networks concerned with drug prevention and youth activities. Following the closing date for applications for the prize, the jury held a selection meeting to discuss and evaluate the applications, and to decide on the shortlisted projects.

In 2012, at the selection meeting, we had 83 applications from 24 countries to consider. The three winning projects were selected from a shortlist. We chose those that we considered had active youth participation and which were the most innovative in their drug prevention activities. The winning projects came from Lebanon, Germany and Spain. Ten other shortlisted projects were nominated for their noteworthy work in drug prevention with the active involvement of young people.

European Drug Prevention Prize *(continued)*

The participation of a broad range of countries adds considerable value not only to the prize but also to European drug prevention as a whole. It is uplifting to see what great work is being done by inspirational people in their respective countries and regions. We examined and read about many worthy and encouraging projects that benefit so many people. They all displayed the same hard work, dedication, heart and soul. That is why jurors have such a difficult job to pick just three winning projects.

There are many benefits to the projects which win the European Drug Prevention Prize; not only from the financial aspect but also recognition of their hard work on a European level, which in turn can raise media awareness and reach out to more people. I hope the prize continues to be supported because it is important to recognise and encourage young people to stay active and involved in such important work in the area of drug prevention and harm reduction.

According to the programme co-ordinator, Mel Bay, *421* is still being delivered in a number of schools in Kilkenny City and County, but it has been adapted to the particular circumstances of schools; for example, in some schools it is targeted at young people identified as being involved with drug use; in other schools it has broadened out to focus on mental health and individual development, which will naturally cover drugs education but also issues such as sexual health, self-harm and bullying, and is targeted at the whole school community.

I have recently got re-involved with Ossory Youth (www.ossoryyouth.com), working with young people and hoping to give back to the people that gave me my start in drug prevention.

Sadly, my time on the jury of the European Drug Prevention Prize has ended. The experience has been wonderful. I feel privileged that I have been involved in something so worthwhile on a European level. I will keep those experiences with me forever – and I hope my drug prevention work in the future will be better because of it.

(Rachel Walsh)

1. See Keane M (2006) Peer drugs education programme in Kilkenny wins major European award. *Drugnet Ireland*, (19): 10. www.drugsandalcohol.ie/11280/

The next European Drug Prevention Prize will be awarded in 2014. The call for applications is due to be issued in late 2013. For further information, visit www.coe.int/T/DG3/Pompidou/Initiatives/PreventionPrize/default_en.asp

National Advisory Committee on Drugs and Alcohol

Minister of State at the Department of Health, Mr Alex White TD, has reconstituted the National Advisory Committee on Drugs for the period until the end of 2016, in line with the timescale of the National Drugs Strategy. The Committee is being extended to incorporate alcohol as well as drugs and, to reflect this, it will henceforth be known as the National Advisory Committee on Drugs and Alcohol.

The role of the new Committee will be to advise government on the prevalence, prevention, treatment, rehabilitation and consequences of substance use and misuse in Ireland, based on the analysis of research findings and information available to it.

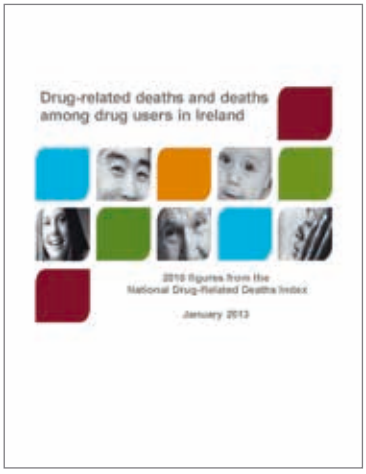
Minister White is pleased that Professor Catherine Comiskey has agreed to become the Chairperson of the Committee. The Committee comprises representatives from government departments and state agencies and from the community and voluntary sectors.

The first meeting of the Committee was held on 18 February 2013.

Clarification

The article 'Monitoring centre report reveals latest drug trends in Europe' in Issue 44 of Drugnet Ireland (Winter 2012) contained an incorrect statement in relation to the stimulant drug 4-methylamphetamine (4-MA). We wish to clarify that 4-methylamphetamine is a controlled drug in Ireland under the Misuse of Drugs Act 1977, using a generic definition of phenethylamines.

Update on drug-related deaths and deaths among drug users



National Drug-Related Deaths Index (NDRDI) figures on drug-related deaths and deaths among drug users reported in 2010 are now available online.[1] The figures in this update supersede all previously published figures. Similarly, figures for 2010 will be revised when data relating to new cases becomes available.

In the seven-year period 2004–2010 a total of 3,972 deaths by drug poisoning and deaths among drug users met the criteria for inclusion in the NDRDI database. Of these deaths, 2,364 were due to poisoning and 1,608 were due to traumatic or medical causes (non-poisoning) (Table 1).

Poisoning deaths in 2010

The annual number of deaths increased from 267 in 2004 to 388 in 2007, but decreased in subsequent years, to a total of 323 in 2010 (Table 1). This appears to reflect a downward trend in the number of drug-related deaths in Europe in 2009 and 2010.[2] As in all previous years, males accounted for the majority of deaths (74% in 2010). The majority were aged between 20 and 44 years; the median age was 40 years.

Just over half (52%) of all poisoning deaths involved more than one substance (polysubstance cases). In 2010 the number of deaths in which heroin was implicated decreased by 39%, to 70 compared to 115 in 2009. The well-documented heroin drought in Ireland in December 2010 and the early part of 2011 may well have been a factor in this reduction.[3] However, further analysis of the data and trends in 2011 deaths need to be considered before the full impact of that event can be understood.

Since 2007 there has been a 70% decrease in the number of deaths where cocaine was implicated, with 20 deaths in 2010 compared to 66 in 2007. This again reflects a downward trend in the number of cocaine-related deaths in some European countries.[2]

Alcohol was involved in 46% of all poisoning deaths in 2010, more than any other drug. Benzodiazepines, which include diazepam and flurazepam, were the second most common drug group implicated in poisoning deaths.

Non-poisoning deaths in 2010

The number of non-poisoning deaths decreased slightly to 252 in 2010, compared to 278 in 2009 (Table 1). It was possible to categorise 243 of the deaths in 2010 as being due either to trauma or to medical causes.

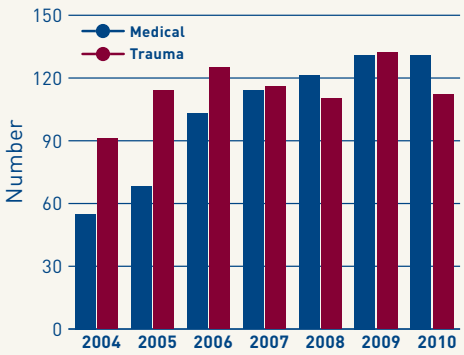


Figure 1 Non-poisoning deaths among drug users, NDRDI 2004–2010 (N=1,523)

Deaths due to trauma

The number of deaths due to trauma decreased to 112 in 2010, down from 132 in 2009 (Figure 1). The majority (68%) of those who died were aged under 39 years. The median age was 33 years. As in previous years, the majority were male (78% in 2010). The most common causes of death due to trauma were hanging and drowning.

Deaths due to medical causes

The number of deaths due to medical causes remained stable in 2010. However, the numbers have risen steadily over the reporting period, increasing from 55 in 2004 to 131 in both 2009 and 2010 (Figure 1). The majority (63%) of those who died were aged between 30 and 49 years. The median age was 43 years. Males accounted for 76% of those who died. The most common medical causes of death were cardiac events and respiratory problems.

(Suzi Lyons and Simone Walsh)

1. Health Research Board (2013) *Drug-related deaths and deaths among drug users in Ireland: 2010 figures from the National Drug-Related Deaths Index*. www.drugsandalcohol.ie/18905
2. European Monitoring Centre for Drugs and Drug Addiction (2012) *Annual report 2012: the state of the drugs problem in Europe*. Luxembourg: Publications Office of the European Union. www.drugsandalcohol.ie/18783
3. Stokes S (2011) Quantitative evidence of a heroin drought. *Drugnet Ireland*, (26): 21–23.

Table 1 Number of deaths, by year, NDRDI 2004 to 2010 (N=3,972)

	2004	2005	2006	2007	2008	2009	2010
All deaths	431	501	561	628	624	652	575
Poisoning (n=2,364)	267	300	326	388	386	374	323
Non-poisoning (n=1,608)	164	201	235	240	238	278	252

Trial of group psychological intervention for psychosis with cannabis dependence

There are few proven effective interventions for psychotic patients who also have a substance dependency. Among those diagnosed with schizophrenia, cannabis is the most common substance misused. Research points to the fact that cannabis use can be a causal factor in both the development of psychotic illness and the severity and duration of symptoms. Few studies have identified interventions that reduce cannabis use and improve clinical outcomes in this population. However, a recent UK study found that a psychological intervention could help to reduce substance misuse in this group of patients.[1]

In light of the limited evidence on effective interventions, researchers in Ireland carried out a randomised controlled trial comparing a group-based psychological intervention with standard care among patients in the early course of psychotic illness who were also cannabis dependent.[2] The primary outcome measure was the extent of cannabis misuse and the secondary outcome measures were: positive and negative symptoms, depressive symptoms, global functioning, insight, attitude to treatment and quality of life.

Participants were recruited from three different sites in Ireland: the DETECT service in South County Dublin/North Wicklow; the National Drug Treatment Centre Board in Dublin city centre; and Cavan-Monaghan Mental Health Service. Participants had either experienced their first psychotic episode or were within three years of onset of non-affective or affective psychosis.

Participants were randomly assigned (by computer) to one of two groups. One group received a group-based psychological intervention (GPI) that integrated cognitive behavioural therapy with motivational interviewing, in addition to standard care. The other group, the treatment as usual (TAU) group, received standard care but not the additional group-based psychological intervention. A clinical nurse specialist used a range of standardised measures and questionnaires to rate the outcome measures at follow up. Participants were followed up at three months and at one year.

Of the 88 participants recruited, 59 were randomly allocated to the GPI group and 29 were randomly allocated to the TAU group. Data were analysed on an intention-to-treat basis. Mean lifetime use of cannabis was 9.6 years in the GPI group and 7.5 years in the TAU group. Other baseline demographic characteristics are shown in Table 1.

At three months and one year no differences were found between the two groups in the primary outcome measure, frequency of cannabis misuse. There were no differences between the two groups in any of the secondary outcome

Table 1 Baseline demographic characteristics of participants

	GPI		TAU	
	Mean		Mean	
Age (years)	27.6		28.2	
Duration of untreated psychosis (months)	14.4		12.2	
	n	(%)	n	(%)
Gender				
Male	46	(78)	23	(79)
Female	13	(22)	6	(21)
Education				
Primary	3	(5)	0	(0)
Secondary	26	(44)	11	(38)
Third level	24	(41)	15	(52)
Masters/professional	6	(10)	3	(10)
Employed	17	(29)	10	(35)
Diagnosis				
Schizophrenia	25	(42)	13	(44)
Schizophreniform disorder	6	(10)	3	(10)
Bipolar disorder	10	(19)	4	(16)
Schizoaffective disorder	1	(2)	0	(0)
Delusional disorder	2	(3)	3	(10)
Brief psychotic disorder	3	(5)	3	(10)
Major depressive disorder	5	(9)	1	(3)
Substance-induced disorder	3	(5)	2	(7)
Psychosis not otherwise specified	4	(7)	0	(0)

Source: Adapted from Madigan *et al.* (2013)

What is a randomised controlled trial (RCT)?
An RCT is an epidemiological study in which participants are randomly allocated to a *study* group or a *control* group to receive or not to receive an intervention (such as an experimental treatment, drug or procedure). The results are assessed by measuring and comparing the outcomes (rates of disease, death, or recovery) in the study and control groups. RCTs are considered the most scientifically rigorous method for testing new or experimental interventions, but they are not without their limitations. They may lack generalisability if, for instance, the participants recruited are not fully representative of the population.

What is intention-to-treat analysis?
This is the principal method used to analyse subjects in an RCT. All participants, as randomised into either study or control group, are analysed by group, whether or not they actually received or completed the intervention. If this method is not used, there is the risk of introducing serious bias into the results of the study. Intention-to-treat analysis is essential if the objective of the study is to influence clinical or public health practice, but it can underestimate the efficacy of an intervention.

Source: Porta M (ed.) (2008) *A Dictionary of Epidemiology*. 5th Edition. Oxford: Oxford University Press. pp. 130 and 206.

Trial of intervention for psychosis with cannabis dependence *(continued)*

measures, with the exception of subjective quality of life scores, which were significantly higher in the GPI group at both three months and one year compared to the TAU group. This is noteworthy as research shows that a reduction in negative outlook is an important outcome of treatment for people with schizophrenia.

The authors state that this is the first randomised controlled trial to look at group-based psychological interventions to reduce cannabis use among those in the early stages of a psychotic illness. The study found that the intervention had no effect on reducing cannabis use. The authors suggest that the intervention may have been given for too short a period (18 weeks) to have sufficient impact on the outcome measures. They also point out that they recruited only 88 participants from 230 patients referred and that they did not compare relapse rates between the two groups because of variations in admission procedures in the participating centres. The authors recommend that more trials involving psychological interventions be carried out with this client group.

(Suzi Lyons)

1. Barrowclough C, Haddock G, Wykes T, Beardmore R, Conrod P, Craig T *et al.* (2010) Integrated motivational interviewing and cognitive behavioral therapy for people with psychosis and comorbid substance misuse: randomized controlled trial. *BMJ*, 341: c6325. www.bmj.com/content/341/bmj.c6325
2. Madigan K, Brennan D, Lawlor E, Turner N, Kinsella A, O'Connor JJ, Russel V, Waddington J, O'Callaghan E* (2013) A multi-center, randomized controlled trial of a group psychological intervention for psychosis with comorbid cannabis dependence over the early course of illness. *Schizophrenia Research*, 143: 138–142.

* Professor Eadbhard O'Callaghan died in in May 2011 and the article is dedicated to his memory.

Substance misuse in the eastern counties of HSE South

The Health Service Executive (HSE) South published the report *Data co-ordination overview of drug misuse 2011* in November 2012.[1] This overview reports on treated substance misuse in the south-eastern counties of Carlow, Kilkenny, South Tipperary, Waterford and Wexford. The report comprises sections relating to treatment services and substance-related offences in the region.

The section on treatment services analyses data collected from statutory and voluntary drug and alcohol treatment agencies, acute general hospitals and psychiatric hospitals in the region. Data from the drug and alcohol treatment services are returned to the National Drug Treatment Reporting System in the Health Research Board.

The total number of individuals seeking treatment in 2011 was 3,736, an increase of 218 on the 2010 figure. Some 217 concerned persons (family members or close friends of substance users) contacted treatment services in the south east in 2011.

Excluding clients who were assessed only and those who were treated for addictions other than substance misuse, the combined total of continuous care clients and new referrals treated for substance misuse in 2011 was 3,022. Of these:

- 69% were male and 31% were female.
- 7% were under the age of 18, and 22.5% were aged between 18 and 24.
- 57% were aged under 35.
- Alcohol (61%) was the most common main problem substance for which treatment was sought, followed by cannabis (16%), heroin (15%), and cocaine (3%). Heroin, which had been second in this ranking between 2008 and 2010, was overtaken by cannabis in 2011.

- Between 2010 and 2011 the number of clients treated for alcohol as their main problem substance increased by 15%, the number treated for cannabis use increased by 9% and the number treated for benzodiazepine use increased by 21%. The figures for treated cocaine use continued to fall, with a decrease of 32% between 2010 and 2011.

A total of 2,540 clients exited the services in 2011. Less than half (41%) of these clients completed treatment; 30% refused further sessions or did not return for subsequent appointments; 14% did not wish to attend further sessions as they considered themselves to be stable; 9% were transferred to another site for further treatment; 2% exited because of non-compliance, 3% exited for other reasons, and 0.6% had died.

(Ita Condron)

1. Kidd M (2012) *Data co-ordination overview of drug misuse 2011*. Waterford: HSE South. www.drugsandalcohol.ie/19088

Approaches to drug decriminalisation in disparate countries

As part of its campaign, 'Drugs – it's time for better laws', the UK-based advocacy group Release has published a report, *A quiet revolution: drug decriminalisation policies in practice across the globe*.[1] The report identifies a trend over the past decade towards the decriminalisation of drug possession and use, suggesting a 'growing recognition of the failures of the criminalisation approach and a strengthening political wind blowing in the direction of an historic paradigm shift' (p.9).

Although the decriminalisation of drug possession and use in Portugal in 2001 has attracted a good deal of attention throughout Europe,[2] the report shows that the trend towards decriminalisation has not been centred in one continent or in richer or poorer nations: 'Countries as disparate as Armenia, Belgium, Chile, the Czech Republic, Estonia, Mexico' have all adopted some form of decriminalisation (p.9). The report describes and assesses decriminalisation approaches in 21 countries. It presents case studies from jurisdictions that have adopted 'good models of decriminalisation and those that have adopted what could be described as hollow examples' where 'the possession thresholds are so low that the system is effectively unenforceable and most people are criminalised' (p.13).

The decriminalisation policies and models adopted in different countries are extremely varied, which renders an assessment of their impact quite challenging. The impact of decriminalisation on such factors as 'prevalence of drug use, problematic drug use, drug-related disease and death, and criminal justice costs' is complicated by the wide range of policy variables adopted in different countries (p.10). These variables include the following:

- Threshold quantities: Many policies use maximum-quantity thresholds to distinguish between trafficking and personal possession offences. For example, 'Mexico allows possession of up to 0.5 grams of cocaine without prosecution, while Spain allows up to 7.5 grams – a difference of 1400%'.
- Types of administrative penalties: Different sanctions for possession offences may include 'fines, community-service orders, warnings, education classes, suspension of a driver's licence…travel bans…administrative arrest, or no penalty at all'.
- Roles of the judiciary and police: Some jurisdictions allow the police to issue an 'on the spot' penalty while others require the offender to appear before a judge.
- The role of medical professionals and harm reduction programmes: Some countries, such as Portugal, have integrated public health and law enforcement systems so that offenders appear before a panel that includes medical professionals for an assessment of their treatment needs.
- Records and statistics-measurement capacity: The availability and quality of data in the system can determine the 'assessment of the impact of a decriminalisation policy'.
- Implementation challenges: The introduction of a decriminalisation policy in law can be undermined and effectively neutralised where law enforcement refuses to apply it in practice. The report gives the example of New York where possession of one ounce of marijuana is not a crime unless the drug is 'burning or in open view'. However, it is reported that police officers 'often trick young people… into revealing the marijuana; thus the offence is committed as the drug is in "open view" ' (p.11). The authors state that this practice 'has led to a significant increase in arrests, with 50,300 people arrested for simple marijuana possession in 2010 alone compared to a total of 33,700 for the period 1981 to 1995' (p.11)

Despite these many policy variables however, the report does offer a number of broad observations. Acknowledging that 'decriminalisation is not a panacea' for problematic drug use, it states that 'a country's drug enforcement policies appear to have but a minor effect on the impact of drugs in a society. … Decriminalisation does appear to direct more users into treatment, reduce criminal costs, and shield many drug users from the devastating impact of a criminal conviction' (p.12).

Based on the case studies provided in this report, the authors conclude that 'governments and academics must invest more in researching which policy models are the most effective in reducing drug harms and achieving just and healthy policy outcomes'. In proposing such an evidence-based approach, they state that 'more and better data will bolster the existing research and provide a sound foundation on which to build and design drug policies of the future' (p.40).

Although drug law reform has never been high on the political agenda in Ireland, a recent policy document launched by the CityWide Drugs Crisis Campaign calls for a debate on drug decriminalisation.[3] Topics for such a debate include the view that 'much of the harm related to drug use and drug dealing occurs because of their illicit nature' and that 'the global war on drugs has failed and it is time for us to challenge rather than reinforce common misconceptions about drug markets, drug use and drug dependence' (p.5)

(Johnny Connolly)

1. Rosmarin A and Eastwood N (2012) *A quiet revolution: drug decriminalisation policies in practice across the globe*. London: Release. www.drugsandalcohol.ie/18327
2. Connolly J (2009) Reports examine effects of decriminalisation of drugs in Portugal. *Drugnet Ireland*, 30: 22–23. www.drugsandalcohol.ie/12204
3. Higgins M (2012) *The drugs crisis in Ireland: a new agenda for action. CityWide policy statement February 2012*. Dublin: CityWide. www.drugsandalcohol.ie/17145

Investigating the links between substance misuse and crime

A report by the Probation Service presents the findings of the first large-scale, nationwide survey conducted by the service on drug and alcohol misuse among the adult offender population on probation supervision.[1] Although earlier research in Ireland has highlighted a link between substance misuse and offending behaviour,[2] the identification of the precise causal connection between drugs and crime remains a complex and much-debated area of criminological research.[3]

A better understanding of the nature of the connection between drug use and offending has implications for drug and crime prevention and for treatment and criminal justice interventions. A major impediment to research in this area in Ireland, however, is the absence of data from within the criminal justice system. For example, it is clear from prison drug seizures, prison drug testing and methadone maintenance uptake in prison, that a significant proportion of Irish prisoners are problematic drug users.[4]

We also know from data provided in the annual reports of the Irish Prison Service the number of people imprisoned for drug offences under the Misuse of Drugs Acts, such as drug possession or supply. However, most problematic drug users are imprisoned not for breaches of the drug laws but for *drug-related* offences, that is, offences such as theft committed as a consequence of their addiction, to fund their drug habit. It is in highlighting this particular aspect of the drugs–crime nexus that this report is particularly important.

The survey involved a representative sample of 2,963 adult offenders on probation officers' caseloads on 1 April 2011. Questionnaires, developed specifically for the purpose of the study were completed by the supervising probation officers, based on their case records and knowledge of the offenders on their casebooks.

The main objectives of the study were as follows:

- Ascertain the number of adult offenders on probation supervision who misuse drugs and/or alcohol.
- Examine the nature and frequency of drug and alcohol misuse.
- Establish if there is a correlation between drug and/or alcohol misuse and offending behaviour.
- Identify the level and nature of engagement with drug and alcohol treatment services.

Included among the key findings in relation to the first two aims (p.4) are the following:

- 89% of the adult offender population on probation supervision had misused drugs or alcohol either 'currently' (at the time of the survey) or in the 'past'.
- Of those who misused either alcohol/drugs, 27% misused drugs only, 20% misused alcohol only and 42% misused both drugs and alcohol.
- While females comprised only 12% of the adult offender population, both male and female adult offenders exhibited similar drug and alcohol misuse levels.
- The Dublin probation regions exhibited the highest levels of overall misuse among their offender populations, at 91%.
- Almost 21% of offenders were currently misusing two or more substances and over 9% were misusing at least three substances. This includes misuse of alcohol.

Chapter five of the study considers the relationship between drug/alcohol misuse and crime among the adult offender population on probation. The study found that, based on the probation officers' professional judgement, 'there were a substantial number of cases where drug misuse (74%) and alcohol misuse (71.3%) were linked to the offence committed', although the author adds the important caveat that the complexity of the issue meant that a 'strong association' between the drug use and the offence should not be interpreted as meaning that one necessarily caused the other (p.38). In this respect, and consistent with other research in this area, the study found that many 'other factors associated with offending behaviour', such as 'the offender's anger…mental health and mild learning difficulties…disrupted family background, lack of parental control, low education, child abuse and domestic violence were also stated as risk factors in offending behaviour' (p.38).

With regard to gender issues, the study found that drug misuse among female offenders was marginally more likely to be linked to the offence than that among male offenders; the opposite was the case in relation to the link between alcohol and the offence committed. The study also found that the link between drug misuse and offending was more pronounced among the younger age groups. In terms of the offence type, of those whose drug misuse and offence were linked, 31% of offences were drug law offences (such as drug possession), while 36.8% were linked to acquisitive crimes (theft, burglary, robbery, property offences) (p.33). The study also highlights the link between alcohol and crime, particularly violent and public-order-related crime: the alcohol misuse of 71% of alcohol-misusing offenders was linked to the current offence committed, and the majority of alcohol-related offences were crimes against the person and public order offences, at almost 40% (p.37).

The final aim of the study was to consider treatment uptake among the offender population. It found that 'of those who misused drugs, 48.4% appeared to be not currently engaging with any drug treatment service' (p.42). It is unclear why this is the case as the views of offenders were not incorporated into the study, one of the acknowledged limitations of the research (p.8). Nevertheless, this study is an important contribution towards the development of evidence-based criminal justice interventions in response to crime related to drug and alcohol misuse.

(Johnny Connolly)

1. The Probation Service (2012) *Drug and alcohol misuse among adult offenders on probation supervision in Ireland: findings from the drugs and alcohol survey 2011*. Navan: The Probation Service. www.drugsandalcohol.ie/18746
2. Two important early studies are: O'Mahony P (1997) *Mountjoy prisoners: a sociological and criminological profile*. Dublin: Stationery Office; Keogh E (1997) *Illicit drug use and related criminal activity in the Dublin Metropolitan Area*. Research Report No. 10/97. Dublin: An Garda Síochána.
3. For a discussion see Connolly J (2006) *Drugs and crime in Ireland*. HRB Overview Series 3. Dublin: Health Research Board.
4. For a broader discussion on this issue see Health Research Board (2011) *2011 National Report (2010 data) to the EMCDDA by the Reitox National Focal Point. Ireland: new developments, trends and in-depth information on selected issues*. Dublin: Health Research Board. Chapter 12.

Driving under the influence in Europe

This report, *Driving under the influence of drugs, alcohol and medicines in Europe – findings from the Druid project*, presents the key findings from one of the most comprehensive research projects ever carried out in the EU on drugs (including alcohol) and driving.[1] The DRUID research project was established in September 2006 with the aim of estimating the size of the drug-driving problem in a comparable way across Europe and to examine the range of appropriate countermeasures. The project ran for five years and involved 38 consortium partners from 17 EU member states and Norway. The project deliverables include 50 research reports and these inform its recommendations, which look at measures to combat alcohol-impaired driving, illicit drug-impaired driving and medicine impaired driving.[2]

(Johnny Connolly)

1. EMCDDA (2012) *Driving under the influence of drugs, alcohol and medicines in Europe – findings from the DRUID project*. Luxembourg: Publications Office of the European Union. www.drugsandalcohol.ie/19002
2. These reports are listed in Annex 3 of the publication and can be downloaded from the DRUID project website at www.druid-project.eu

Vocational training, employment and addiction recovery

The *Report of the working group on drugs rehabilitation*[1] recommends that measures to improve the employability of current, former and recovering drug users should form a key part of rehabilitation care plans, with the overall aim 'to maximise the quality of life, re-engagement in independent living and employability of the recovering problem drug user, in line with their aspirations' (p.21). Action 32 of the National Drugs Strategy[2] calls for implementation of the working group's recommendations. The current Programme for Government[3] includes a commitment 'to assist drug users in rehabilitation through participation in suitable local community employment schemes' (p.50).

However, the most up-to-date report on the employment status of people presenting for treatment for drug misuse shows a steady trend downwards.[4] According to the authors, there was a 'drop in the proportion of **all cases** in employment, from 22% in 2005 to 9% in 2010 (Table 1).

Table 1 Number and percentage of treated cases in employment, 2005–2010

	2005		2006		2007		2008		2009		2010	
	n	%	n	%	n	%	n	%	n	%	n	%
All cases	1025	(21.8)	1071	(21.0)	1059	(18.9)	921	(15.0)	689	(10.9)	670	(9.1)
New cases	542	(29.7)	590	(28.0)	592	(25.6)	524	(20.8)	386	(13.9)	357	(11.7)

Source: Bellerose *et al.* 2011

Training, employment and recovery *(continued)*

This is most likely a reflection of the current economic climate, and highlights the continued importance of social and occupational reintegration interventions as part of the drug treatment process' (p.2).

There was an even greater drop in the proportion of **new cases** (those presenting for treatment for the first time) who were in employment, from 29.7% in 2005 to 11.7% in 2010.

A comprehensive review of the literature on unemployment and substance use spanning the period 1990–2010[5] found that (i) problematic substance use increases the likelihood of unemployment and decreases the chances of finding and retaining a job, (ii) unemployment is a significant risk-factor for substance use and the subsequent development of substance use disorders, and (iii) unemployment increases the risk of relapse after treatment.

The logic of this aspiration to improve employment prospects for individuals affected by the use of drugs is supported by research from the US,[6] which found that clients in employment stayed in treatment longer and achieved better outcomes than their unemployed counterparts. There is no 'gold standard' in vocational interventions or programmes for any client population or treatment modality in the addiction field, although some initiatives, primarily in the US, have shown promise.

Measures taken to improve the employability of recovering drug users in Ireland through Special Community Employment schemes have been reviewed in recent years.[7,8,9] All three reviews concluded that the scheme was less focused on improving employability and more inclined to operate in a crisis management mode by providing generic support to recovering drug users.

A 2012 review of the literature on vocational training for drug users in treatment[10] refers to a 2004 review and synthesis of three decades of research in this area[11] and concludes that: 'Most interventions reviewed were shown to have no significant effects, limited effects or results that were confounded by poor study design' (p.95). The 2012 review did not uncover any research in the intervening years that disputed this conclusion. Furthermore, the authors highlight the lack of rigorous evaluation of vocational training interventions for recovering drug users in Europe and caution against drawing inferences of transferability from studies undertaken outside the European context. They describe a number of primary studies from within the European context and beyond, but claim that because of differences in approach it is not possible to draw any meaningful conclusions about their effectiveness.

Despite the lack of consensus in the literature on 'what works' to improve employability among drug users in treatment, there remains a commitment among policy makers and practitioners to support drug users in accessing and maintaining employment. This commitment is important, as the benefits that accrue from being in employment are well documented. For example, one study identified the benefits that can contribute to an individual's ability to create and sustain a drug-free life.[12] According to the authors (p.38), being in paid employment:

- enables the recovering drug user to fill his or her time constructively
- promotes economic independence
- helps reintegration to wider society by moving the individual away from the drug-using network and towards drug-free social relationships
- enhances self-esteem and helps build new sense of self, which protects against relapse
- conveys status, which acts as an important symbol to the individual of their ability to return successfully to a conventional life.

On the other hand, the challenges facing recovering drug users in their attempts to gain employment are well documented in two studies that highlight the continuing interplay of personal and structural barriers that often prevent recovering drug users from accessing and securing paid employment.[13,14]

(Martin Keane)

1. Working Group on drugs rehabilitation (2007) *National Drugs Strategy 2001–2008: rehabilitation*. Dublin: Department of Community, Rural and Gaeltacht Affairs. www.drugsandalcohol.ie/6267
2. Department of Community Rural and Gaeltacht Affairs (2009) *National Drugs Strategy (interim) 2009–2016*. Dublin: Department of Community, Rural and Gaeltacht Affairs. www.drugsandalcohol.ie/12388
3. Fine Gael and the Labour Party (2011) *Towards recovery: programme for a national government 2011–2016*. Dublin: Fine Gael, and the Labour Party. www.drugsandalcohol.ie/14795
4. Bellerose D, Carew AM and Lyons S (2011) *Trends in treated problem drug use in Ireland 2005–2010*. HRB Trends Series 12. Dublin: Health Research Board. www.drugsandalcohol.ie./16381
5. Henkel D (2011) Unemployment and substance use: a review of the literature (1990–2010). *Current Drug Abuse Reviews*, 4(1): 4–27.
6. Platt JJ (1995) Vocational rehabilitation of drug abusers. *Psychological Bulletin*, 117(3): 416–433.
7. Bruce A (2004) *Drugs task force project activity for FÁS Community Employment and Job Initiative participants*. Dublin: FÁS. www.drugsandalcohol.ie/6020
8. Lawless K (2006) *Listening and learning: evaluation of special community employment programmes in Dublin North East*. Dublin: North Dublin City and County Regional Drugs Task Force. www.drugsandalcohol.ie/6122
9. Van Hout MC and Bingham T (2011) *Holding pattern: an exploratory study of the lived experiences of those on methadone maintenance in Dublin North East*. Dublin: Dublin North East Drugs Task Force. www.drugsandalcohol.ie/16231
10. Sumnall H and Brotherhood A (2012) *Social reintegration and employment: evidence and interventions for drug users in treatment*. Luxembourg: Publications Office of the European Union. www.drugsandalcohol.ie/18596
11. Magura S, Staines G, Blankertz L and Madison E (2004) The effectiveness of vocational services for substance users in treatment. *Substance Use and Misuse*, 39(13&14): 2165–2213.
12. McIntosh J, Bloor M and Robertson M (2008) Drug treatment and the achievement of paid employment. *Addiction Research and Theory*, 16(1): 37–45.
13. Bauld L, Hay G, McKell J and Carroll C (2010) *Problem drug users' experiences of employment and the benefit system*. Research Report No. 640. Norwich: HM Stationery Office.
14. Simonson P (2010) *Pathways to employment in London: a guide for alcohol and drug services*. London: Drugscope.

Soilse graduation

Minister of State Alex White TD at the Soilse Project graduation event with, from left: Mel MacGiobúin, Co-ordinator of the North Inner City Drugs Task Force (NICDTF); Martin Keane, Health Research Board; Gerry McAleenan, Manager of Soilse; Joe Barry, Chairman of the NICDTF; and Tom O'Brien, HSE Addiction Services Manager.

Soilse, the HSE's Addiction Rehabilitation Service based in Dublin, held a graduation event on 28 February 2013 at their premises in Green Street, Dublin 7. Alex White TD, Minister of State with responsibility for the national drugs strategy presented FETAC certificates to 22 former Soilse participants. Of these, nine received a major award at Level 3, and six received Level 5 awards. The FETAC certificates recognise academic work by the participants during their time in Soilse.

'Let's talk about drugs'

The 'Let's talk about drugs' National Media Awards competition encourages public discussion of drug-related issues by inviting secondary school students and aspiring journalists to create a feature about drugs. The age categories are 12–14, 15–17, 18–20, and 21+.

Co-ordinated by the Greater Blanchardstown Response to Drugs, the competition is free to enter and is being supported by Drugs.ie, the HSE, the Department of Health, Crimestoppers and the Irish Examiner.

John O' Mahony, News Editor of the Irish Examiner, is joining the judging panel this year. Henry McKean from Newstalk 106–108fm and Caroline Twohig from the television channel, 3e, are also on the panel.

Themes for 2013

- Theme 1: Alcohol and sport – who is the real winner?
- Theme 2: Weed and health – are we making a hash of it?

Media categories

- Newspaper article
- Video/animation feature
- Audio recording
- Cartoon
- **Special Poster Category**
  Poster to include the message:
  'If you have information on Drug Dealing you can call Crimestoppers on Freephone 1800 25 00 25.'

How to enter

Pick one of the themes above and create a piece of original content, based on your chosen theme, in a format suitable for one of the media categories listed. Read the Tips on Entering and Terms and Conditions, and then fill in the entry form. **There are no entry fees.**

Deadline and prizes

Get your entry in by **Friday 31 May 2013** and be in with a chance to win €1,000 and have your work published or broadcast! All category winners will receive an Android tablet and trophy.

Get more information at www.drugs.ie/resources/awards/about_the_awards

In brief

On 16 November 2012 ***Dealing with the stigma of drugs: a guide for journalists*** was issued by the UK Drug Policy Commission and the Society of Editors. Rather than telling editors and journalists what to think or say or write, this guide sets out to explain the problem and to help journalists report accurately and objectively so that stigma born of ignorance can be replaced with proper understanding and support for drug users. www.ukdpc.org.uk or www.societyofeditors.org

On 27 November 2012 the **UN General Assembly** unanimously agreed to hold a **General Assembly Special Session (UNGASS)** to review current policies and strategies to confront the global drug problem. Ninety-five UN member countries sponsored the draft resolution, presented by Mexico, on international co-operation on the global problem of drugs, including various countries in Latin America and the Caribbean and in the European Union, as well as Japan, China, Australia, and the United States. The UNGASS will take place at the beginning of 2016 after an intense preparatory process. The last UNGASS on drugs took place 14 years ago, in 1998. UN General Assembly 4 December 2012, A/67/459

On 29 November 2012 ***Growing up in Ireland. Key findings: 13-year-olds. No 4. The lives of 13-year-olds: their relationships, feelings and behaviours*** was launched at the 4th annual Growing Up in Ireland Research Conference in Dublin. It reports on data from the second wave of interviews with Growing Up in Ireland's Child Cohort. The children and their families were first interviewed when the children were nine years old, and then again at age 13 years, between August 2011 and February 2012. In general, 13-year-olds had a positive self-image. Boys had a more positive self-image than girls. An exception to this was the higher self-image that girls had in terms of their behaviour, indicating less problematic behaviours among girls than boys. A very large majority (91%) of 13-year-olds had never smoked a cigarette, 7% had smoked at some point but not in the last year and 2% said they currently smoked. Similarly, a large majority (85%) had never taken alcohol. A small percentage (0.6%) of 13-year-olds recorded that they drank alcohol once a month or more. www.growingup.ie

On 30 November 2012 the **International Drug Policy Consortium (IDPC)** published a briefing to highlight the effects of drug policy on women as producers, suppliers and consumers of drugs, in order to inform and guide policy makers on practices that should be avoided, as well as to highlight those policies which effectively incorporate and address women's needs. www.idpc.net

As of 1 December 2012 **cigarettes in Australia** must be sold in plain packaging. Talks on plain packaging began years ago with legislation introduced by the Australian Government in 2011, but almost immediately tobacco companies mounted an expensive legal challenge. The legislation was upheld in August 2012. News item from *The Lancet* (1–7 December 2012), 380(9857): 1896. http://dx.doi.org/10.1016/S0140-6736(12)62096-0

On 21 December 2012 the ***Mid-term review of the National Strategy on Domestic, Sexual and Gender-based Violence 2010–2014*** was published. Focusing on implementation of the strategy, rather than evaluation, the report found that co-ordination, involving co-operation and collaboration, was a highly contentious issue: 'The main divide is in the relationship between the statutory agencies and the NGOs …. If allowed to continue, this has the potential to impact adversely on strategy implementation. There are also challenges with regard to collaboration between the national level and regional level …. [and] evidence of some issues or tensions within sectors.' www.cosc.ie

In December 2012 the **Irish Youth Justice Service** published its ***Report on the implementation of the National Youth Justice Strategy 2008–2010***. It concludes: 'We can now say that a) we know more about the nature of the youth crime problem and this has allowed us to be more data driven and evidence informed, b) this has corresponded with a falling detected youth crime rate, c) these positive changes have occurred at the same time as Ireland's relatively low level of youth detention has also experienced further downward trends and d) this correlates with a more effective use of money and offers the prospect of better outcomes for children and communities.' www.iyjs.ie

In January 2013 the **British Medical Association's Board of Science** published a report ***Drugs of dependence: the role of medical professionals***. It says the focus on health is currently 'inadequate', warning that some users may be discouraged from seeking help for fear of being treated as criminals. Produced with the help of an expert reference group of specialists, the report examines the legal framework underpinning the current strategies and assesses the role that doctors and other medical professionals have in tackling drug misuse. It says that people who are addicted to illegal drugs have a medical condition that should be treated like any other illness, and it adds that doctors should help to refocus the debate to ensure that it is based on public health principles and results in 'better health outcomes for all illicit drug users'. www.bmj.com/content/346/7891 or www.drugsandalcohol.ie/19112.

On 10 February 2013 **Bolivia** re-acceded to the **1961 Single Convention on Narcotic Drugs**, as amended, with a reservation on the chewing of coca leaf, a traditional practice among its people. Bolivia had withdrawn from the Convention on 1 January 2012. Its re-accession could have been blocked if a third of the 183 states party to the Convention, that is 61 states, objected to the proposed reservation by the deadline of 10 January 2013. Only 15 countries (United States, Mexico, Japan, Russia, Canada, the UK, Germany, France, Italy, the Netherlands, Sweden, Finland, Portugal, Israel and Ireland) objected, and thus the reservation was permitted. www.unodc.org

On 11 February 2013 the **RAND Drug Policy Research Center** hosted a conference ***Developing public health regulations for marijuana: lessons from alcohol and tobacco***. With the states of Colorado and Washington both passing initiatives to legalise the commercial production, distribution, and possession of marijuana for non-medical purposes, US policymakers now need to better understand the possible consequences of these decisions. Rather than asking whether these state initiatives were good or bad, the session focused on the multitude of regulatory issues facing agencies trying to design a comprehensive policy. There was a special focus on how different alcohol and tobacco regulations (e.g. licensing, advertising restrictions, user/sales restrictions) influence youth access and minimise public health harms. www.rand.org/multi/dprc.html

(Compiled by Brigid Pike)

From *Drugnet Europe*

Drug policy profile — Ireland

Cited from *Drugnet Europe*, No. 81, January–March 2013

The national drug policy of Ireland comes under the spotlight in the latest volume in the EMCDDA series of *Drug policy profiles* published in February. Examining the evolution of Irish drug policy through four periods of historic development, the report explores: the country's national strategies; the legal context within which they operate; the public funds spent, or committed, to implement them; and the political bodies and mechanisms set up to coordinate the response to the problem. The profile sets this information in context by outlining the size, wealth and economic situation of the country as a whole, as well as the historical development of the current policy. Also described is the manner in which events in Ireland bear similarities with, and differences from, developments in other European countries. This EMCDDA series aims to describe some of the main characteristics of national drug policies in Europe and elsewhere in the world. The profiles do not attempt to assess national policies, but instead outline their development and main features.

www.emcdda.europa.eu/publications/drug-policy-profiles/ireland

Measuring daily cannabis use

Cited from article by Danica Thanki in *Drugnet Europe*, No. 81, January–March 2013

A recent EMCDDA Thematic paper entitled *Prevalence of daily cannabis use in the European Union and Norway* presents a new overview of this issue in Europe. Daily cannabis consumption is defined in the study as use on 20 days or more in the month preceding interview. Self-reported data regarding the frequency of cannabis use from large, probabilistic, nationally representative samples of general population surveys were collected from 20 countries. …

The analysis offered by the report enhances our understanding of the marked increases in the demand for treatment associated with cannabis problems over the last 15 years. The study found that, on average, 25% of last-month cannabis users consume the substance daily. This pattern of use is more prevalent among young adults (15–34 years), who represent around 70% of daily users, and among males (almost 3.5 male cases to one female case). The EMCDDA estimates that there are around 3 million daily cannabis users in the EU and Norway. Relatively large country variations in prevalence exist.

For more, see www.emcdda.europa.eu/publications/thematic-papers/daily-cannabis-use

Multidimensional family-therapy and cannabis use

Article by Marica Ferri in *Drugnet Europe*, No. 81, January–March 2012

The EMCDDA has recently conducted a meta-analysis of a multi-site European study and US studies on multidimensional family-therapy (MDFT). This integrative, family-based treatment is specifically targeted at adolescent drug use and related behavioural problems. Encouraging results have been noted in particular with MDFT and young cannabis users. Users enrolled in this type of treatment were seen to attend all scheduled sessions and, as a result, to reduce their cannabis consumption and to experience fewer symptoms of dependence. These results are of particular importance considering the rising demand for the treatment of cannabis use in Europe (see above).

MDFT will be one of the issues examined later this year in a new EMCDDA Insights publication on the *Treatment of cannabis-related disorders* and will be the subject of an upcoming EMCDDA Thematic paper.

See the EMCDDA Best Practice portal www.emcdda.europa.eu/best-practice/treatment/cannabis-users

Drugnet Europe is the quarterly newsletter of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).
Drugs in focus is a series of policy briefings published by the EMCDDA. Both publications are available at **www.emcdda.europa.eu**.

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

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

Recent publications

Journal articles

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

An alcohol and other drugs library: building capacity and adding value

Dunne M
Addiction, 2013, 108(2): 431–432
www.drugsandalcohol.ie/19172

Letter to the Editor: Staff of the National Documentation Centre on Drug Use (NDC) outline how a special alcohol and other drugs (AOD) library may provide considerable added value to those researching and working in this area.

The Irish National Drugs Strategy is unusual as it includes research as one of its five pillars. This recognises the need to have a thorough knowledge of the drugs situation and to respond in an evidence-based way. The NDC was created to facilitate this approach. Through our online repository, we provide access to all relevant Irish news, journal articles, reports, books, theses, conference proceedings and parliamentary debates. The collection has grown from 1,200 bibliographic records in 2002 to more than 10,000 records in 2012.

Behavioural change in relation to alcohol exposure in early pregnancy and impact on perinatal outcomes – a prospective cohort study

Murphy D, Mullaly A, Cleary B, Fahey T and Barry J
BMC Pregnancy and Childbirth, 2013, 13(8)
www.drugsandalcohol.ie/19224

This study involved 6725 women who booked for antenatal care and delivered in a large urban teaching hospital in 2010–2011. A detailed history of alcohol consumption pre-pregnancy and during early pregnancy was recorded at the first antenatal visit, with follow-up of the mother and infant until discharge following birth. Adverse perinatal outcomes were compared for 'non-drinkers', 'ex drinkers' and 'current drinkers'. Factors associated with continuing to drink in early pregnancy were examined.

Of the 6017 (90%) women who reported alcohol consumption prior to pregnancy 3325 (55%) engaged in binge drinking and 266 (4.4%) consumed more than 14 units on average per week. At the time of booking 5649 (94%) women were ex-drinkers and of the 368 women who continued to drink 338 (92%) had a low intake (0–5 units per week), 30 (8%) an excess intake (6-20+ units per week) and 93 (25%) reported at least one episode of binge drinking.

The authors conclude that Public Health campaigns need to emphasise the potential health gains of abstaining from both alcohol and smoking in pregnancy.

The journey into injecting heroin use

Barry D, Syed H and Smyth BP
Heroin Addiction and Related Clinical Problems, 2013, 14(3): 89–100
www.drugsandalcohol.ie/19149

Drug injection carries with it many risks and it is therefore important to understand its origins. We interviewed 104 young opioid users with median age of 22 years. The median age of first opioid use was 16 years, this being heroin chasing in 91% of cases. Friends or sexual partners played an important role in both initial introduction to opiates and in the switch to injecting. Curiosity was the most important factor in first heroin use and the second most important factor, after escalating tolerance, in influencing the decision to first inject.

Avoiding action: Ireland, alcohol, intoxication and workplace safety

Houghton F
Irish Journal of Medical Science, 2012, 29 November, Online first
www.drugsandalcohol.ie/19079

Letter to the Editor: The latest Summary of workplace *injury, illness and fatality statistics* from the Health and Safety Authority (HSA) makes for sobering reading. As well as 54 fatalities, 6,956 non-fatal injuries were reported to the HAS in 2011. The report also notes that based on CSO data, there were an estimated 666,553 days lost due to injury in 2010.

However, examination of HSA annual reports and summaries of statistics reveals an almost complete absence of the mention of alcohol or intoxicants of any kind. ...

Methadone treatment in Irish general practice: voices of service users

Latham L
Irish Journal of Psychological Medicine, 2012, 29(3): 147–156
www.drugsandalcohol.ie/19006

This study sets out to make a meaningful contribution to the discussion surrounding the treatment of heroin addiction in Ireland. The study took place in nine general practices in Dublin city. Twenty-five service users were interviewed in depth. A phenomenological approach drawing on the psychological research methods of Colazzi for data analysis informed this study.

Four themes were identified: service user's experiences of attending general practice for methadone treatment; the significance of methadone for the service user; service users' understanding of the Methadone Treatment Protocol; and the experience of addiction and its effect on families.

This paper reports on the experiences of service users receiving methadone treatment in urban general practice in Dublin and in so doing highlights the influence of the GP in supporting recovery. These accounts provide insight into the harm reduction policy of methadone maintenance and highlight how, from the service users' experience, the implementation is falling short.

Recent publications *(continued)*

Methadone dosing and prescribed medication use in a prospective cohort of opioid-dependent pregnant women

Cleary BJ, Reynolds K, Eogan M, O'Connell MP, Fahey T, Gallagher PJ *et al*.

Addiction, 2012, 7 December, Early online
www.drugsandalcohol.ie/18937

This study aimed i) to describe methadone dosing before, during and after pregnancy, ii) to compare the incidence of neonatal abstinence syndrome (NAS) between those with dose decreases and those with steady or increasing doses, and iii) to describe prescribed medication use among opioid-dependent pregnant women.

Of 89 women treated with MMT throughout pregnancy, 36 (40.4%) had their dose decreased from a mean pre-pregnancy dose of 73.3mg (Standard Deviation 25.5) to a third trimester dose of 58.0mg (SD 26.0). The corresponding figures for those with increased doses (n=31, 34.8%) were 70.7mg (SD 25.3) and 89.7mg (SD 21.0), respectively. The incidence of medically-treated NAS did not differ between dosage groups. Antidepressants were dispensed for 29 women (25.7%) during pregnancy, with the rate decreasing from pre-pregnancy to postpartum. Benzodiazepines were prescribed for 43 women (38.0%).

In the Irish health service, opioid-dependent women frequently have their methadone dose decreased during pregnancy but this does not appear to affect the incidence of neonatal abstinence syndrome in their babies.

The symbolic politics of the Dublin drug court: the complexities of policy transfer

Butler S
Drugs: education, prevention and policy, 2013, 20(1): 5–14
www.drugsandalcohol.ie/18888

This article, based on qualitative interviews with experienced professionals and bureaucrats involved in the management of drug-using offenders in Ireland, looks at the Dublin pilot drug court as an example of policy transfer between countries. Those interviewed were generally unconvinced that the American drug court model was technically more effective than more traditional methods of diverting offenders from custodial sentencing into treatment, and tended to see political support for the initiative in terms of the symbolic value of this liberal, humanistic alternative to imprisonment. They also agreed, however, that the Dublin drug court was not true to the American model in that it did not embody the philosophy of therapeutic jurisprudence which is central to American drug court practice.

Situational and psycho-social factors associated with relapse following residential detoxification in a population of Irish opioid dependent patients

Ducray K, Darker CD and Smyth BP
Irish Journal of Psychological Medicine, 2012, 29(2): 72–79
www.drugsandalcohol.ie/18862

This study aimed to identify and describe the context and factors involved in the opioid lapse process following discharge from an Irish inpatient opioid detoxification treatment programme.

Of 109 people interviewed at follow-up, 102 (94%) reported at least one episode of opioid use after leaving the residential treatment programme. Eighty eight patients (86% of the lapsers) identified more than one major factor contributing to their recidivism. The median number of factors identified as having a major role in the lapse was four. The most frequently reported major contributors to lapse were low mood (62%), difficulties with craving (62%), ease of access to heroin (48%) and missing the support of the treatment centre (43%).

Conclusions: Early lapse was common following inpatient treatment of opioid dependence. Lapse tended to result from a number of common, identifiable, high-risk situations, feelings and cognitions which may assist clinicians and patients develop lapse prevention strategies to anticipate and interrupt this process.

Cognitive behavioural coping skills therapy in cocaine using methadone maintained patients: a pilot randomised controlled trial

Darker CD, Sweeney B, El Hassan HO, Kelly A and Barry J
Heroin Addiction and Related Clinical Problems, 2012, 14(3): 101–110
www.drugsandalcohol.ie/18861

A pilot randomised controlled trial to test the effectiveness of delivering cognitive behavioural coping skills (CBCS) to reduce cocaine usage in methadone maintained patients. Recruitment was stopped after forty-five patients were recruited, with twenty-two randomised to TAU and twenty-three to CBCS. CBCS group significantly reduced their cocaine powder usage compared to the TAU group (DiD = -6.65, $p<0.03$). There was a significant reduction in both cocaine powder (DiD = -7.66, $p<0.002$) and crack cocaine (DiD = -4.88, $p<0.04$) between baseline and follow-up across both groups. However, urine toxicology results indicate a slightly larger drop in the percentage positive urines (relative to baseline) occurred in the TAU group. Attendance at counselling sessions was very low, averaging 25% at CBCS sessions and 13% at TAU sessions. Participants who did attend counselling showed a marked decline in the proportion of cocaine positive urines (during treatment and again at week 52).

Upcoming events

Compiled by Joan Moore (jmoore@hrb.ie)

April

18 April 2013

Drugs Awareness Training – Foundation
Venue: MQI, 28 Winetavern Street, Dublin 8

Organised by / Contact: Merchants Quay Ireland / Miriam Kane

Email: training@mqi.ie

Tel: (01) 524 0934

Information: This course is aimed towards project workers, health care workers, social workers, people working in community settings and other who are interested in gaining a basic level of understanding of the main issues and concepts relating to problem drug use in Ireland. The aim of the course is to raise awareness and introduce participants to key issues associated with problem drug use. Participants completing this course will have a sound understanding of various drugs including how they are used, the equipment involved, common terminology, drug effects and the patterns of drug use. Participants will also have gained an understanding of their own personal attitudes regarding drug use and that of others and an appreciation of the policy and practice of harm reduction.

24 April 2013

Legal Highs/Research Chemicals Training
Venue: Oxford House, Bethnal Green, London E2 6HG

Organised by / Contact: Tony d'Agostino

Email: tonydaguk@gmail.com

www.tonydagostino.co.uk/drug-training-events.htm

Information: A one-day course, at beginner to intermediate level, on mephedrone, methoxetamine (MXE), synthetic cannabinoids and other commonly used legal / illegal drugs. This course focuses on the different types of research chemicals, prevalence, health and interventions.

May

7–10 May 2013

Global Addiction and Europad Joint Conference
Venue: Pisa, Italy

Organised by / Contact: Global Addiction / Cortex Ltd

Email: mc@cortexcongress.com

www.globaladdiction.org/

Information: Global Addiction is a knowledge-sharing facility for all those involved in the understanding and treatment of addiction. It offers the opportunity for all to link both on-line and at the biennial conference. This year we are pleased to launch our new **Policy Considerations** stream on the website which will develop into a subsection geared more towards policy makers, influencers and initiators. This section will include topics of relevance more to the wider societal aspects of addiction. The open-access part of the website is geared towards **Clinical Aspects** of understanding and treating all addictions.

16–17 May 2013

Managing Drug and Alcohol Problems in Primary Care
Venue: National Motorcycle Museum, Birmingham, UK

Organised by / Contact: Royal College of General Practitioners

www.rcgp.org.uk/courses-and-events

Information: This, the 18th national conference, will once again examine the critical role primary care plays in working with drug users, their families and carers. The conference is the largest event in the UK for GPs, shared care workers, drug users, nurses and other primary care staff, specialists, commissioners and researchers interested in and involved with the management of drug users in primary care.

June

9–12 June 2013

The Value(s) of Harm Reduction
Harm Reduction International Conference
Venue: Vilnius, Lithuania

Organised by / Contact: Harm Reduction International / Eurasian Harm Reduction Network

Email: conference@ihra.net

www.ihra.net/about-the-event-2

Information: Harm Reduction International (HRI) was formerly known as the International Harm Reduction Association (IHRA). The theme of this conference calls on the urgent need to provide sufficient political and financial support to address the HIV epidemic driven by injecting drug use in many parts of the world, as well as the ethical basis of the harm reduction philosophy. It will focus on key issues affecting the Eurasian region including the retreat of donors, the lack of national government funding for harm reduction, the influence of repressive law enforcement and human rights abuses that currently take place in the countries of Eurasia.

July

1–12 July 2013

Illicit drugs in Europe: supply, demand and public policies
European Summer School on illicit drugs Europe
Venue: Lisbon, Portugal

Organised by / Contact: University Institute of Lisbon, with the EMCDDA

Email: drugsummerschool.cies@iscte.pt

www.drugsummerschool.cies.iscte-iul.pt/np4/home

Information: Two-week summer school in Lisbon on the drugs problem in Europe and beyond, involving scientific experts from the European Monitoring Centre for Drugs and Drug Addiction and the following guest lecturers: Prof Björn Hibell, Prof Robert West and Dr Gabriele Fischer. This course counts for 6 ECTS Credits for undergraduate and graduate students.

Upcoming events *(continued)*

August

21–23 August 2013

***Contemporary Drug Problems* Conference**
Complexity: Researching alcohol and other drugs in a multiple world
Venue: Aarhus University, Denmark

Organised by / Contact: Aarhus University Conference organisers

Email: CDP@curtin.edu.au

www.psy.au.dk/en/research/research-centres-and-units/centre-for-alcohol-and-drug-research/research/conferences/contemporary-drug-problems/

Information: An interdisciplinary conference for international researchers in drug use and addiction studies from a range of research disciplines. This conference offers a forum in which the issues and dilemmas of complexity in alcohol and other drug research can be explored. It welcomes research based on quantitative and qualitative methods, and encourages innovative use of methods, concepts and theoretical approaches. Following the conference, *Contemporary Drug Problems*, an interdisciplinary quarterly and one of the driving forces behind the conference, will publish a special issue featuring selected papers from the conference.

September

17–20 September 2013

14th conference of the European Federation of Therapeutic Communities
Venue: Prague, Czech Republic

Organised by / Contact: EFTC

Email: eftc@conference.cz

www.conference.cz/EFTC2013/index.htm

Information: This conference will be hosted by the non-governmental organisation for the treatment of addiction, Magdaléna, ops, and the Clinic of Addictology, First Faculty of Medicine, Charles University, Prague. Prague is the historical pearl of Europe and one of the most beautiful cities in the world.

The purpose of the conference is to discuss the pressing issues we all face in this changing world of addiction: development trends in the therapeutic community; research and education; and special populations and approaches. This topic not only invites us to reflect upon the basic and classical therapeutic ideas from a contemporary perspective, but also proposes to discuss their current transformation, modification, and new developments.

October

23–26 October 2013

Addictions and other Mental Disorders
Third International Congress on Dual Disorders
Venue: Barcelona, Spain

Organised by / Contact: Spanish Society of Dual Disorders (SEPD)

Email: secretariat@cipd2013.com

www.patologiadual.es/cipd2013/index.htm

Information: This multidisciplinary congress is expected to attract in excess of 1,500 mental health professionals, researchers, educators, healthcare workers, administrators, policy makers, academics, consumers, careers and field workers from across the globe. After the successful second congress held in Barcelona in 2011, the aim of this new edition is to consolidate a platform on which professionals in the field of mental health and addictions, together with the main opinion leaders in this area, can review and share recent knowledge and developments. The themes to be addressed are the etiopathogenesis, diagnosis and therapeutics of dual disorders, from molecular biology to daily clinical practice and from prevention strategies to recovery programmes.

***Drugnet Ireland* is published by:**

Health Research Board
Knockmaun House
42–47 Lower Mount Street, Dublin 2
Tel: + 353 1 2345 148
Email: drugnet@hrb.ie
Managing editor:
Brian Galvin

Editor:
Joan Moore