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European drug trends 2018

In June 2018, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) published the *European drug report 2018: trends and developments*.¹ This report provides a snapshot of the latest drug trends across the 28 European Union (EU) member states, Norway and Turkey. Across Europe (EU 28, Turkey and Norway), drug availability is high and in some areas appears to be increasing. Latest figures show more than one million seizures of illicit drugs in 2016. Over 92 million adults in the EU (15–64 years) have tried an illicit drug in their lifetime and an estimated 1.3 million people received treatment for illicit drug use in 2016.²

In Ireland, the number of people aged 15–64 years reporting that they used illicit drugs in their lifetime has risen from 2 in 10 in 2002/3 to 3 in 10 in 2014/15. Cannabis remains the most commonly used illicit drug among this group, followed by MDMA and cocaine. A total of 9,227 cases presented for treatment in 2016.



L-R: Alexis Goosdeel, director EMCDDA, and the European Commissioner for Migration, Home Affairs and Citizenship, Dimitris Avramopoulos, at the launch of the 2018 *European drug report* in Brussels

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In brief

Community organisations working in disadvantaged areas contribute to the democratic process by giving a voice to the most marginalised and by building the capacity of citizens to organise and participate in decision-making around the issues that affect them.

Collective endeavour and empowerment are the mechanisms used to achieve social change and foster full, active participation in social and economic life. This contribution has been recognised in several Irish social and economic policy documents. The 2007 *National action plan for social inclusion 2007-2016* (NAPinclusion) identified a number of innovative actions under a special 'Communities' category, which were seen as key to achieving reductions in consistent poverty. The concepts of 'active inclusion' in the revised NAPinclusion for 2015-2017 and an 'integrated framework for social inclusion' in the Programme for Government 2016 both depend on active community engagement.

Reducing harm, supporting recovery: a health-led response to drug and alcohol use in Ireland 2017-2025 underlines the importance of strengthening the capacity of communities to respond to problem drug use and emphasises the need for meaningful involvement of service users and their families in the planning, design and delivery of effective services. Community development, community-based management of health and education services, and involvement in cultural activities are vital parts of local life, particularly in areas affected by socioeconomic disadvantage, marginalisation and exclusion.

These are the areas most impacted by problem drug use, a fact recognised by the framing of successive national drugs strategies within the context of social inclusion policy. Community-based organisations working in the drugs area deliver vital services at the local level, represent the interests and concerns of residents, and provide knowledge essential for the development of effective responses at the national level.

This issue of *Drugnet Ireland* includes a report of a conference organised by the Clondalkin Drug and Alcohol Task Force (CDATF). While recognising the important role that community-based organisations have in delivering services throughout successive drugs strategies, participants in the conference also expressed concern that decision-making had become more centralised and that the value of partnership needs greater acknowledgement and concrete support. In the last issue we looked at the effect of economic recession on illicit drug markets. Ireland departs slightly from European norms, possibly as a result of emigration trends. Nevertheless, the connection between difficult economic times and increased use of drugs in the population is well established. While the impact of the recession on drug services has not been rigorously calculated, it would be fair to say that the same economic factors that led to increasing demand on services have also resulted in a reduced capacity to meet this demand because of decreased funding. It is important that all stakeholders recognise these difficulties and take advantage of all opportunities to discuss them frankly and find new ways to develop and strengthen partnership through the current drugs strategy.

European drug trends continued

Speaking about the latest report, Minister of State for Health Promotion and the National Drugs Strategy, Catherine Byrne said:

The latest European drug report highlights the challenge of illicit drug use for Ireland and for Europe in general. The Department of Health will use the data gathered from across Europe to inform the ongoing implementation of our national drugs strategy, Reducing harm, supporting recovery. In particular, we must continue to be vigilant in responding to the emergence of new psychoactive substances. I therefore welcome the 75 per cent reduction in the use of new psychoactive substances by young adults in Ireland from 6.7 per cent in 2010/11 to 1.6 per cent in 2014/15. The high number of drug related poisoning deaths every year (350 people in 2015) greatly concerns me and we want to reduce this number. One public health measure to specifically address heroin related deaths (82 in 2015) is the establishment of a pilot supervised injecting facility in Dublin city centre in 2018.

The situation described in the *European drug report* is presented below under a series of headings. The EMCDDA used the most recent data available to provide aggregate figures. While data on some indicators, such as treatment demand, are supplied annually, the year of the most recent prevalence data can vary.

Cocaine

European situation

- The cocaine market in Europe is buoyant with a greater number of seizures and higher purity, possibly associated with rising production in Latin America. Further evidence of increased use comes from municipal wastewater analysis in several cities.
- Around 2.3 million young adults (15–34 years) have used cocaine in the last year across Europe.
- There has been an increase in Europe in the number of first-time entrants to drug treatment services with cocaine as a main problem drug.
- An estimated 8,300 clients entered treatment for primary crack cocaine use in 2016.

Irish comparison

- In Ireland, the most recent general population survey in 2014–15 shows that 2.9 per cent of 15–34-year-olds used cocaine in the last year, which had not changed since the 2010/11 survey. This is lower than the corresponding figure for the United Kingdom (UK) (4%) but roughly the same as Denmark, France and the Netherlands. Only these five countries report last-year prevalence of cocaine use among young adults of 2.5% or more.³
- Since 2014, there has been a steady increase in the proportion of new cases for treatment reporting cocaine as a main problem drug in Ireland, rising from a low of 297 cases in 2013 to 568 cases in 2016.
- In 2016, some 11.3% (112) of cocaine cases reported crack as their main problem drug, an increase from 9.1% (81) in 2010.

Cannabis: availability and use

European situation

- Cannabis remains the most widely used illicit drug in Europe, its prominence evident in data on prevalence, drug law offences, seizures, and new treatment demand.
- The EMCDDA estimates that 14% of young Europeans (15–34 years) used cannabis in the last year.
- Cannabis is responsible for the greatest share (45%) of new entrants to treatment, with numbers rising from 43,000 cases in 2006 to 75,000 in 2016.
- In 2016, some 763,000 seizures of cannabis products were reported in the EU.

Irish comparison

- Cannabis is also the most widely used illicit drug in Ireland, which is evident in prevalence, seizures, and new treatment demand.
- The 2014/15 general population survey reported that 14% of young adults (15–34 years) used cannabis in the year prior to the survey, similar to Europe. This is the same prevalence as the European average for this age group and below that of Spain (17%), France (21%) and the Netherlands (16%), but slightly above that of the UK (12%).
- Cannabis is responsible for 41% of new cases presenting for treatment, with numbers rising from 1,338 in 2010 to 1,452 in 2016.
- Between 2007 and 2015, the number of illicit drug seizures in Ireland has decreased. Cannabis seizures have also decreased over this time, but they remain the most commonly seized type of drug in Ireland.
- The 2014/15 ESPAD survey reported that 18.9% of 15–16-year-old students had used cannabis during their lifetime. This places Ireland slightly above the EU average of 16.5%.³

New psychoactive substances detected

European situation

- Data on new psychoactive substances (NPS) are based on notifications by member states to the EU Early Warning System (EWS). In 2017, some 51 new substances were reported for the first time (66 in 2016). By the end of 2017, the EMCDDA was monitoring more than 670 NPS, compared with around 300 monitored in 2013. Over 50% of the substances currently being monitored were still detected on Europe's drug market.
- Almost 70% of new substances identified through the EU EWS were detected in the last five years.
- In 2016, almost 71,000 seizures of NPS were reported through the EU EWS. Together, synthetic cathinones and synthetic cannabinoids accounted for almost 80% of all seizures and 80% of all quantities of new substances seized in 2016.
- Synthetic cannabinoids were the most frequently seized NPS in 2016, with just over 32,000 seizures reported. In total, 118 synthetic cathinones have been identified since 2005, with 14 reported for the first time in 2016, a decrease from the 31 reported in 2014.
- Overall, 38 new opioids have been detected on Europe's drug market since 2009 – including 13 reported for the first time in 2017.

European drug trends continued

- The EMCDDA estimates that 2.2 million young adults (15–34 years, or 1.8% of this age group) used MDMA/ecstasy in the last year. National estimates vary considerably with the Netherlands highest at 7.4%.
- While consumption levels of NPS are low overall in Europe, in a 2016 EMCDDA study over two-thirds of countries reported their use by high-risk drug users.⁴ In particular, the use of synthetic cathinones by opioid and stimulant injectors has been linked to health and social problems.

Irish comparison

- In 2010, more than 200 individual substances were controlled under the Misuse of Drugs Act 1977, and the Criminal Justice (Psychoactive Substances) Act 2010 was passed to prohibit the supply of harmful NPS. While the Court of Appeal effectively annulled earlier declaration orders banning numerous substances, the Misuse of Drug (Amendment) Act 2015 was introduced to control these substances in Ireland.
- The 2014/15 general population survey reported last-year prevalence of ecstasy of 4% for young adults (15–34 years), a significant increase from 0.9% recorded in the 2010/11 survey.
- Last-year prevalence of NPS, such as herbal smoking mixtures, party pills or herbal highs, or powders such as cathinones, was included as a drug category for the first time in the 2010/11 general population survey. In contrast to trends observed with other illicit substances, data from the 2014/15 study demonstrate a reduction in the use of NPS by young adults, from 6.7% to 1.6%. Last-month prevalence was less than 1% for respondents aged 15–64 years.
- There were 72 entrants to treatment in 2016 for whom an NSP was the main problem drug. The proportion of cases treated for this type of drug peaked in 2010 at 2.5% of all treatment episodes, but dropped to 0.2% in 2012 and has increased to represent 0.8% in 2016.
- In 2015, MDMA (alone or with other drugs) was implicated in eight deaths compared with 15 such deaths in 2014.
- In Ireland, 4.4% of 15–34-year-olds had used MDMA in the past year. Ireland is second after the Netherlands in Europe for prevalence of this drug.

Opioids (mainly heroin)

European situation

- There were an estimated 1.3 million high-risk opioid users in Europe in 2016.
- In 2016, use of opioids was reported as the main reason for entering specialised drug treatment by 177,000 clients or 37% of all those entering drug treatment in Europe. Of these, 35,000 were first-time entrants, 83% of whom reported heroin as their primary drug.
- It is estimated that at least 7,929 overdose deaths, mainly involving opioids, occurred in the EU in 2016. As in previous years, the UK (34%) and Germany (15%) together account for around one-half of the European total.
- Between 2002 and 2014, the quantity of heroin seized within the EU halved, from 10 to 5 tonnes, and has stabilised in recent years. A total of 4.3 tonnes were seized in 2016.

Irish comparison

- A prevalence estimate of opioid use in the Republic of Ireland in 2014, calculated using an analysis of four data sources, was between 18,720 and 21,454.⁵
- The estimates of prevalence of opioid use for Dublin in 2014 were 13,458 opioid users. The corresponding figure for 2006, the last time the study was undertaken, was 14,909. The prevalence for the rest of Ireland (excluding Dublin) was estimated to be 5,530, also a slight decrease from 2006.
- Opiates (mainly heroin) were the most common main problem drug reported by cases entering treatment in 2016. There were 4,202 cases (46.9%) in 2016, a continuation of the steady decrease in the proportion of the total number entering treatment in recent years.
- Between 2007 and 2010, opiates (mainly heroin) were the main problem drug reported by new entrants, but opiates were superseded by cannabis in 2011, and this trend continues with one-quarter of new cases in 2016 reporting heroin use.
- Methadone (alone or with another drug) was implicated in more than one-quarter of poisoning deaths and continues to be the opiate most commonly implicated in poisoning deaths. In 2015, there were 86 deaths where methadone was implicated, compared with 98 deaths in 2014. This is compared to a peak in 2011, when there were 119 deaths where methadone was implicated.
- In 2015, there were 82 deaths where heroin was implicated, compared with 90 in 2014.

Further reading

Accompanying the *European drug report 2018* are *Perspectives on drugs* (PODs), online interactive articles providing insights into specific issues in the drugs field. A number of these PODs have been updated and were published alongside the report.

Brian Galvin

- 1 European Monitoring Centre for Drugs and Drug Addiction (2018) *European drug report 2018: trends and developments*. Luxembourg: Publications Office of the European Union. <https://www.drugsandalcohol.ie/29135/>
- 2 For further information, visit <http://www.emcdda.europa.eu/edr2018>
- 3 Taylor K, Babineau K, Keogan S, Whelan E and Clancy L (2016) *ESPAD 2015: European Schools Project on Alcohol and Other Drugs in Ireland*. Dublin: Department of Health. <https://www.drugsandalcohol.ie/26116/>
- 4 European Monitoring Centre for Drugs and Drug Addiction and Eurojust (2016) *New psychoactive substances in Europe: legislation and prosecution – current challenges and solutions*. Luxembourg: EMCDDA–Eurojust joint publication, Publications Office of the European Union. <https://www.drugsandalcohol.ie/26385/>
- 5 Hay G, Jaddoa A, Oyston J, Webster J, Van Hout MC and Rael dos Santos A (2017) *Estimating the prevalence of problematic opiate use in Ireland using indirect statistical methods*. Dublin: National Advisory Committee on Drugs and Alcohol. <https://www.drugsandalcohol.ie/27233/>

POLICY AND LEGISLATION

Reclaiming community development

On 26 March 2018, Clondalkin Drug and Alcohol Task Force (CDATF) held a conference on 'Reclaiming community development as an effective response to drug harms, policy harms, poverty and inequality'.^{1,2} The conference marked the launch of the CDATF 2018–2025 strategic plan of the same title. Minister Catherine Byrne TD launched the strategy and welcomed the approach taken, noting that it reflects 'many of the themes' running through the national strategy.

Central to the conference and the strategy is the message that community development has a critical role to play in the effective delivery of the local and national drug strategies. There were calls for both a reversal of the perceived trend over recent years towards a more centralised approach to decision-making in the drugs field and a return to more meaningful ways of working in partnership.

CDATF strategy

CDATF took a systematic approach to the development of their new strategy. It is grounded in the findings of a 2015 report published by the task force on *Outcomes: drug harms, policy harms, poverty and inequality*.³ Among the findings identified as having had particular influence over the direction of the strategy are:

- Drug and alcohol misuse cannot be dealt with in isolation as they are inextricably linked with other factors associated with poverty and inequality.

- Government policies, particularly those linked to austerity, have resulted in negative outcomes for people living in the area.
- There has been a negative impact on users and their families as a result of a policy shift in Government towards seeing drug use as an individual behavioural issue.
- The task force was operating in an environment where the centralisation of decision-making had increasingly become the norm. This served to undermine the community-based interagency and partnership approach that had been a central feature of their way of working when originally established.

As well as the report, CDATF took into account the broader context of the new national drug and alcohol strategy, and an assessment of the existing strengths and assets of the work of the task force, its partners and their community. This was done through stakeholder consultations and working group discussions. To facilitate the process, CDATF engaged Brian Dillon of Nexus Research Cooperative. At the conference, he described the process undertaken in developing the strategy. He emphasised the need to 'reclaim community development' and for joint decisions on how best to address the causes and consequences of drug use at a community level, rather than waiting for 'central instructions' from Government. He described the approach taken by CDATF in their strategy as 'a courageous stand to make'.

The overall mission statement of the strategy is:

To re-establish and strengthen the role of the community in tackling the causes and consequences of drug and alcohol misuse; facilitate the re-establishment of meaningful and effective partnerships; and support the development of a holistic approach to dealing with both the causes and consequences of drug and alcohol misuse in the CDATF area.



Attending the launch of the CDATF 2018–2025 strategic plan (from L–R): Lara Fox (CDATF administrator), Jennifer Clancy (CDATF coordinator), Tara Deacy (CDATF prevention officer), Catherine Byrne TD (Minister of State for Health Promotion and the National Drugs Strategy), Ray McGrath (CDATF chairperson) and Sandra Mullins (previous CDATF coordinator)

Community development continued

There are three strategic goals, each of which has its own set of objectives and outcome indicators. These goals are:

- Dealing with the effects of drug and alcohol misuse
- Strengthening the role of the community in addressing the causes of drug and alcohol misuse
- Having a positive influence on mainstream services and contributing to more integrated responses

They identify four core values that underpin this work: community development; person centred; human rights based; and evidence based.

CDATF conference

As well as presentations by Minister Byrne and members of CDATF that focused on the new strategy, presentations were made on the conference theme more broadly:²

- Paul Ginnell, director of the European Anti-Poverty Network, spoke about European policy and how it relates to the Irish community and voluntary sector.
- Joe Larragy, lecturer in social policy in Maynooth University, presented on the challenges of making partnership between the State and community/voluntary sector work. He described the history of social partnership in Ireland and how the community and voluntary pillar became part of this in 1996, until it was dissolved in 2009. Larragy argued that despite a lack of bargaining power, the community and voluntary pillar can still have influence over policy. They should develop their own 'thoughtful policies' that can then be latched onto by politicians or political parties in opportune policy windows.
- Anna Quigley of CityWide Drugs Crisis Campaign presented on the role of community participation in the past, present and future national drugs strategies and their structures. Quigley described how from the beginning that Irish national drug strategies have been grounded in the principles of community development.

She argued that while community development is not mentioned specifically in the new strategy, the same principles underpin the current national strategy and that the community 'need to reclaim it'. Similarly, she noted that unlike in previous strategies, the link between broader social and economic issues and drug use is not made in the current strategy.

- Graham Atwell, an associate fellow at the Warwick Institute for Employment Research in the University of Warwick, spoke about measuring outcomes and demonstrating the value of community development approaches.
- There was also a screening of a short film *From Here* by THEATREclub, commissioned by CDATF. It illustrates the experiences of people trying to engage with State services and the perceived stigma attached to people living in certain communities.⁴

Concluding comment

The overall message from the day was that it was critical for a response to local drugs issues to be grounded in and supported by community development. This required all stakeholders to work together in a meaningful partnership and to take joint ownership of responses to the challenges faced.

Lucy Dillon

- 1 Clondalkin Drug and Alcohol Task Force (2018) *Clondalkin Drug and Alcohol Task Force strategic plan 2018–2025. Reclaiming community development as an effective response to drug harms, policy harms, poverty and inequality*. Dublin: Clondalkin Drug and Alcohol Task Force. <https://www.drugsandalcohol.ie/28841/>
- 2 The presentations are available to view at <https://www.clondalkindrugtaskforce.ie/>
- 3 O'Gorman A, Driscoll A, Moore K and Roantree D (2016) *Outcomes: drug harms, policy harms, poverty and inequality*. Dublin: Clondalkin Drug and Alcohol Task Force. <http://www.drugsandalcohol.ie/25577/>
- 4 *From Here* by THEATREclub can be viewed here: <http://www.theatreclub.ie/fromhere/>

Report on penal reform and sentencing

Increased interest in penal reform and sentencing in Ireland has resulted in the publication of several reports.^{1,2,3,4} An updated report, which re-examined this subject, was published by the Joint Committee on Justice and Equality in May 2018.⁵ The report brings together existing evidence and the views of key stakeholder groups, such as the Irish Penal Reform Trust (IPRT), Victims' Rights Alliance, Probation Service, Irish Prison Service, Jesuit Centre for Faith and Justice, Prison Officers' Association, and Simon Communities of Ireland. The overall aim was to determine what the main issues were and to identify 'specific actions' to overcome them. The themes that emerged from the engagement with stakeholders resulted in several recommendations by the committee.

Prison numbers and conditions

Although daily prison populations in Ireland are average compared with our European counterparts, committal rates were viewed as high. Overcrowding was identified as an issue in some prison estates along with problems such as safety of offenders and staff, health and wellbeing. The committee recommended that prison numbers should be capped, and a Government strategy should be implemented to decrease the prison population by 50%. A 'one size fits all' was not considered suitable for a prison setting nor was the over-reliance on closed prisons (p. 53). The committee urged that new prisons should be more flexible and utilise state-of-the-art, community-based, semi-open facilities.

The increase in female prisoners was viewed as dramatic. It was suggested that a possible way to reduce the number of females in prison was to provide step-down units post-release. However, the committee recommended that a Housing First approach should be used instead. It was proposed that young people aged 18–24 years should be recognised as a distinct group that comes under the remit of the Irish Youth Justice Service and the Department of

Penal reform and sentencing

continued

Children and Youth Affairs. In addition, each youth detention centre should be paired with third-level and further education colleges. Finally, the committee called for an accommodation policy which should ensure that all prisoners are in single occupancy cells.

Complaints and inspections

The committee recommended that a mechanism for considering prisoner complaints should be set up as well as a complaints procedure. The group also called for legislation to provide for inspections in all detention places within the Irish justice system and for the immediate ratification of the optional protocol to the United Nations Convention against Torture.

Family/visitation

The influence of family and children was highlighted as a driving force for behaviour change. The committee believed that these relationships should be promoted and maintained during incarceration and post-release. Establishing mother and baby units would further promote and support child wellbeing and family life.

Addiction and mental health

The evidence provided indicated that a large proportion of committals presented with addiction or substance abuse (70%) and mental health issues. Access to rehabilitation services is vital and prisoners need to be aware of what they can access. Currently, prisoners experience extensive delays in accessing services. The committee urged that it was imperative that sufficient resources were provided to help address prisoners' mental health needs.

Although the committee welcomed violent and disruptive prisoner (VDP) units in the Midlands Prison, the establishment of VDP units across the prison estate was recommended. Moreover, prison staff require support regarding their wellbeing as well as appropriate compulsory training to allow them to manage and help prisoners with health problems. Problems, such as addiction, homelessness and reoffending, are not isolated events but are often interconnected and hence a multiagency intervention should be applied pre- and post-release.

Education, retraining and therapeutic approach

The main argument put forward by stakeholders was that a therapeutic instead of a punitive prison setting was more helpful in the rehabilitation of prisoners to society. The committee called for a similar model to be used in Ireland. Moreover, education and training facilities were viewed as necessary to enable prisoners to develop skills that will hold them in good stead upon release. The committee believed that an opportunity to locate units of therapy and education in Irish prisons exists; this approach has already been shown to be successful in other countries, for example, the Villabona project in Spain.

Health

Due to recent criticisms of how healthcare is managed in Irish prisons by the European Committee for the Prevention of Torture, the committee recommended that the Health Information and Quality Authority (HIQA) should carry out a review of prison healthcare and that additional resources need to be assigned to allow the Health Service Executive to provide prison healthcare.

Solitary confinement and extended lock-up

Solitary confinement and extended lock-up should be phased out. The committee called on the Government to facilitate the passage of the Private Members' Bill entitled the Prisons (Solitary Confinement) (Amendment) Bill 2016 without delay. This Bill provides a definition of solitary confinement and provides that prisoners should not be held for 15 days or more in solitary confinement.

Sentencing and remission / early release policies

Greater emphasis should be placed on alternatives to imprisonment, such as community-based sanctions and non-custodial sentences. As many as 50% of committals are the result of unpaid fines, despite the existence of the Fines (Payment and Recovery) Act 2014, which allows for alternatives such as recovery orders and earnings orders. The committee has called for a review to determine whether these provisions are being used or not. They also contend that the payment threshold is too high (€100) and should be removed and the length of time taken to pay fines should be returned to two years, as stated in the original Fines Act 2010.

With regard to drug offences, the committee believed that non-custodial treatment options should be utilised more widely. Under current legislation, the court may place an offender under supervision of a named person or organisation for a certain period of time, and/or refer him/her for treatment or further education/training. The committee has called for a review to determine why these options are not being utilised. They further call for the expansion of Garda diversion and community projects as additional alternatives to imprisonment.

The committee welcomed the Community Return Scheme, which is an incentivised scheme where participants receive supervised community service rather than staying in prison. This programme allows qualifying prisoners to be released early to carry out unpaid community work. Prisoners that pose no threat, have served between one and eight years in prison, and at least one-half of their sentence are eligible to participate. Thus far, this programme has been shown to be successful and the committee believed that it should be expanded to release more prisoners.

Spent convictions

Limitations of the Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016 were highlighted and require immediate attention. Under this Act, circumstances such as being young, having an addiction or experiencing poverty are not considered as factors that may have influenced and/or resulted in criminal behaviour. In addition, although provisions exist for young people aged up to 18 years, none exist for those aged between 18 and 24 years. Moreover, the Act does not allow for the rehabilitation of offenders that have carried out more serious crimes.

Penal reform and sentencing

continued

Homelessness

The committee proposed that a Housing First approach should be used such that prisoners upon release from prison are provided with their own home and adequate supports. This approach has been shown to result in higher reintegration into society and lower risk of reoffending.

Parole

The transformation of the current parole system into a statutory parole board independent of government control and which uses transparent and just decision-making processes was viewed as essential.

Victims of crime

Rather than offenders paying a fine, a victim surcharge system was recommended by the committee, where offenders pay a surcharge to the victim. This charge would then go towards providing support to organisations that support victims.

Conclusion

The IPRT welcomed the recommendations of the committee, which it believed took into consideration many of the issues raised by the IPRT to the Oireachtas committee.^{6,7} Although progress has been made since the initial report in 2013,² clearly based on the evidence presented in the updated report, more work needs to be done.

To that end, 'the committee looks forward to working proactively and productively with the Minister to address issues in the penal system in the future' (p. 3).⁵

Ciara H Guiney

- 1 Thornton Hall Project Review Group (2011) *Report of the Thornton Hall Project Review Group*. Dublin: Department of Justice and Equality. <https://www.drugsandalcohol.ie/15678/>
- 2 Houses of the Oireachtas Joint Committee on Justice, Defence and Equality (2013) *Report on penal reform*. Dublin: Houses of the Oireachtas. <https://www.drugsandalcohol.ie/19618/>
- 3 Strategic Review Group on Penal Policy (2014) *Strategic review of penal policy: final report*. Dublin: Department of Justice and Equality. <https://www.drugsandalcohol.ie/22657/>
- 4 Joint Committee on Justice, Defence and Equality (2015) *Report of the committee on a harm reducing and rehabilitative approach to possession of small amounts of illegal drugs*. Dublin: Houses of the Oireachtas. <https://www.drugsandalcohol.ie/24750/>
- 5 Joint Committee on Justice and Equality (2018) *Report on penal reform and sentencing*. Dublin: Houses of the Oireachtas. <https://www.drugsandalcohol.ie/28994/>
- 6 Leogue J (2018) Report calls for range of prison reforms. *Irish Examiner*, 11 May 2018. Available online at: <https://www.irishexaminer.com/ireland/report-calls-for-range-of-prison-reforms-470508.html>
- 7 Irish Penal Reform Trust (2018) *Press release: report on penal reform and sentencing*. Dublin: Irish Penal Reform Trust. Available online at: <http://www.iprt.ie/contents/3283>

Same crime: different punishment? Sentencing disparities between Irish and non-Irish nationals

A central view of justice in democratic societies is that people are regarded equally and respectfully and are not exposed to discrimination, directly or indirectly (p. 1).¹ An area of concern worldwide is the occurrence of discrimination centred on ethnic, cultural or social groups within the criminal justice system.² Historically, Ireland has been associated with 'mass emigration' (p. 1).³ However, since the nineties and noughties, due to the economic downturn, this trend has been reversed and Ireland has become a multicultural society that is now home to many EU citizens.³ The change in Ireland's population has similarly been reflected within the Irish criminal justice system. Hence, the study described here by Brandon and O'Connell is timely and aimed at determining whether racial bias was present in Irish sentencing practices between Irish and non-Irish nationals.⁴

Based on the findings of the literature review, attention was paid specifically to offences that involved theft and robbery and those that were subject to ethnic profiling, such as motoring and drug offences. The research question that was addressed was: Are non-Irish nationals receiving harsher sentences than Irish nationals for the same offence?

Methods

The data, which was collated by the Irish Prison Service, covered a 12-month period between 2015 and 2017. Table 1 shows the prevailing characteristics of the prison population under examination. The final dataset comprised 35 offence categories.

Table 1: Summary of characteristics of participants examined

Protective factor	Total	Irish	Non-Irish
Cases	11158	9949	1209
Males	8691	7642	1049
Females	2467	2307	160
Age	17–90 years		
Mean age	33.41 (SD=10.43)	33.83	34.96

Source: Brandon and O'Connell, 2017, p. 11³

Sentencing disparities continued

Results

Non-Irish national representation

Across all offence categories, 10.84% of committals were non-Irish nationals. As shown in Table 2, cross-tabulation analyses indicated that although non-Irish nationals were under-represented in a range of offences, they were over-represented in four offence categories: driving under the influence; having no vehicle insurance; theft; and possession of drugs for sale or supply to the value of <€13,000.

Nationality bias in sentencing

Independent t-tests were applied to determine whether mean sentence length received by non-Irish nationals differed from sentences received by Irish nationals. The results showed that Irish nationals received significantly longer sentences for assault and no road tax. Non-Irish nationals received significantly longer sentences for estreatment of bail, using a vehicle without an NCT certificate, and failure to comply with a Garda.

Regarding offences for possession of drugs for sale or supply to the value of <€13,000, although non-Irish nationals received sentences 10.95 months longer than Irish males, Cohen's d was small ($d=0.33$). Similarly, a regression analysis by gender illustrated that sentences received by non-Irish males were 10.78 months longer than those received by Irish males ($p=0.018$).

Table 2: Under-representation and over-representation of non-Irish nationals across different offence categories

Offence categories	Under-represented	Over-represented
Attempted robbery	✓	
Vehicle theft	✓	
Criminal damage	✓	
Robbery	✓	
Parking fine offences	✓	
Assault causing harm	✓	
Intoxication in a public place	✓	
Threatening behaviour in a public place	✓	
Unlawful possession of drugs	✓	
No television licence	✓	
Driving under the influence		✓
No vehicle insurance		✓
Theft		✓
Possession of drugs for sale/supply (to the value of <€13,000)		✓

Source: Brandon and O'Connell, 2017, p. 11³

Impact of a previous custodial sentence

The authors examined the possibility that previous custodial sentences influenced sentencing outcomes; 66.9% had a previous custodial sentence. No difference was shown for possession of drugs for sale or supply. However, non-Irish nationals received longer sentences for two offences: estreatment of bail and using a vehicle without an NCT certificate.

Discussion

Although the findings of this study could suggest the presence of a racial bias within the Irish criminal justice system, the authors contend that other reasons could be put forward to explain the outcomes found. For instance, non-Irish nationals may not have a clear understanding of the Irish justice system. An earlier admission of guilt can result in community punishment instead of imprisonment or a reduction in custodial sentence by up to one-third, which could result in shorter sentences.

Additionally, how data are recorded may not be accurate. For example, the Irish Traveller community are deemed to be over-represented in the Irish criminal justice system; however, they are mainly invisible, in that any sentences received are included with the data for Irish nationals. Hence, the differences between Irish and non-Irish may be larger than this study shows. Likewise, some non-Irish residents and prisoners may in fact be British citizens, and hence may not be viewed as foreign at all. Some of those receiving custodial sentences for possession of drugs for sale or supply may not be resident in Ireland, yet the level of detail covered by this dataset does not cover this fact.

Limitations and future research

The authors acknowledged several limitations in the study. Although the number of cases and the timeframe of this study was a considerable strength for data analysis, the authors recognised that some factors could not be considered as they were not available, for example, mitigating and aggravating circumstances. With the aim of establishing a more in-depth picture of the link between ethnicity and sentencing, the authors have recommended that further research should consider including detailed measures of offence seriousness.

Conclusion

This is the first study to examine differences between Irish and non-Irish nationals within the Irish criminal justice system. It has demonstrated that even when other factors, such as gender and previous sentences, have been accounted for, non-Irish nationals received longer sentences than Irish nationals. The authors have recognised that this study is not without limitation; however, the results suggest that racial bias does occur in Ireland's criminal justice system and further investigation of this area is justified.

Ciara H Guiney

- 1 Shute S, Hood R and Seemungal F (2005) *A fair hearing? Ethnic minorities in the criminal courts*. London: Willan.
- 2 Clark JW, Cramer RJ, Percosky A, Rufino KA, Miller RS and Johnson SM (2013) Juror perceptions of African American- and Arabic-named victims. *Psychiatry, Psychology and Law*, 20(5): 781-94.
- 3 Bracken DC (2015) Probation practice with non-Irish national offenders in the Republic of Ireland. *Irish Probation Journal*, 12: 95-112. Available online at: <http://www.probation.ie/en/PB/Pages/WP16000152>
- 4 Brandon AM and O'Connell M (2017) Same crime: different punishment? Investigating sentencing disparities between Irish and non-Irish nationals in the Irish criminal justice system. *British Journal of Criminology*, azx080: 1-20. <http://www.drugsandalcohol.ie/28629/>

Pre-sentence reports and individualised justice: consistency, temporality and contingency

With the aim of decreasing the dependence by criminal justice systems on imprisonment, numerous reports have encouraged drawing on a wider array of alternatives to prison, for example, pre-sentence reports (PSRs). PSRs are requested by judges from probation officers after a defendant is found guilty and before sentencing. They contain in-depth information about the defendant, such as personal circumstances, background, ability to engage in rehabilitation, risk of reoffending, and may also provide guidance on sentencing and rehabilitation, which may or may not inform sentencing. Primarily, research has highlighted the importance of PSRs; however, although they are regularly used in Ireland, despite no statutory requirement to do so, the process involved is not clearly understood.

This article presents the main findings of a study entitled *Individualising justice: pre-sentence reports in the Irish criminal justice system*, which was commissioned by the Probation Service to investigate the role of PSRs within the Irish criminal justice system.^{1,2} More specifically, this study:

- Investigated the circumstances in which pre-sentence reports are used by judges.
- Explored the construction of pre-sentence reports by probation officers and how they were interpreted by judges.
- Explored how PSRs impact on sentencing (pp. 9–10).¹

Methodology

The study was mainly qualitative and utilised a range of methods:

- Observation of probation interview practices (n=21), ranging from two to four per defendant

- Content analysis of pre-sentence reports from the District Court (n=5) and Circuit Court (n=4)
- Semi-structured interviews with probation officers (n=9) and judges (n=5)

Results

As shown in Table 1, three of the cases reviewed were related to drug offences.

Probation officer perspectives

Due to the high association between sentence recommendations and actual sentencing outcomes, probation officers felt confident that their reports were well received in court. However, they were uncertain as to whether judges read the reports in full or whether judges and probation officers had a shared understanding of risk assessment.¹

Judges perspectives

In the main, judges' perceptions of PSRs and their part in sentencing was positive. They welcomed 'clear direction' from probation officers because their expertise was in the 'social' area and risk assessment, which many judges did not understand (p. 110).¹ Feelings towards the Probation Service was also positive. Judges believed that imprisonment could have a harmful impact and thus community sentences were a step towards rehabilitation. However, referral decisions were moderated due to knowledge that resources were lacking and the belief that cases needed to be prioritised.

Limitations

As acknowledged by the authors, although the information gleaned provided an increased understanding of PSRs and the process involved in Ireland, this study centred on one metropolitan area. It is already known that court practices and cultures and the use of PSRs and community sanctions differ throughout Ireland. Consequently, generalisability of the findings of this study to other areas is questionable. Additionally, a central characteristic of the five judges who participated in this study was that they were all advocates of PSRs and community sanctions. Hence, the beliefs reported may not be reflective of judges who are not inclined to use PSRs or community sanctions. It was understood from the initial design of the study that defendant perceptions of PSRs and the process would be sought using interviews. However, the length of time taken between requesting a PSR and sentencing made it challenging and impossible to follow-up the defendants. If this information had been collected, it would have added another dimension to the findings.

Table 1: Overview of cases related to drug offences

Case	Offence	Sentence	Length of time between report request and court sentence
CC02	Possession of drugs with intent to supply	Suspended prison sentence (three years). No supervision	140 days
DC03	Unlawful possession of drugs (x2); Possession of drugs with intent to supply	Adjourned supervision – seven months, then case struck out	215 days
DC04	Possession of drugs for the purpose of sale or supply; Unlawful possession of drugs; Possession of a knife	Suspended prison sentence (nine months)	198 days

Source: Carr and Maguire, 2017, pp. 59–60²

Pre-sentence reports continued

Conclusion

The authors concluded that PSRs play a vital but somewhat unrecognised part within the Irish criminal justice system. They allow two diverse professional groups, probation officers and judges, to communicate and interact. Despite differences in the philosophical underpinnings of these professions, they both appreciate the functionality of the PSR, formally in assisting judicial decision-making and informally by providing a pause in the process, which gives defendants a chance to engage, thus illustrating their ability and commitment to change. Nevertheless, as evidenced by this study, there were variations in how PSRs are utilised, which could be explained by inadequate policy and legislative guidance.

As acknowledged by the authors, this study provided insight and further understanding of PSRs and the process involved in their utilisation from an Irish context. However, further research is required to address the limitations identified.

Ciara H Guiney

- 1 Maguire N and Carr N (2017) *Individualising justice: pre-sentence reports in the Irish criminal justice system*. Dublin: Probation Service. <https://www.drugsandalcohol.ie/27967/>
- 2 Carr N and Maguire N (2017) Pre-sentence reports and individualised justice: consistency, temporality and contingency. *Irish Probation Journal*, 14: 52–71. <https://www.drugsandalcohol.ie/28303/>

Attitudes to medicinal cannabis of patients with chronic pain

Both nationally and internationally there is ongoing debate about the medical use of cannabis for a range of conditions. The attitudes to medicinal cannabis of a sample of Irish patients experiencing chronic pain are the subject of a new study.¹ In a 2017 review on the topic by the Health Products Regulatory Authority (HPRA), the medical use of cannabis is defined as 'a situation where a doctor prescribes or recommends the use of cannabis for treatment of a medical condition in a patient under his/her care' (p. 9).² The review found three medical conditions for which there was 'some scientific evidence to support the use of cannabis or cannabinoids as a medical treatment in patients who have failed available treatments' (p. 16).²

These were spasticity associated with multiple sclerosis; intractable nausea and vomiting associated with chemotherapy; and severe, refractory (treatment-resistant) epilepsy. Based on these findings, the Minister for Health established an access programme for cannabis-based treatments for people with any of the three approved medical conditions. However, the review found insufficient evidence to support the use of medicinal cannabis for other conditions, including chronic pain.³ Therefore, patients experiencing chronic pain fall outside the access criteria for the access programme. It is within this context that Rochford *et al.* carried out their study.¹

Methods

The aim of the study was to explore the attitudes of patients experiencing chronic pain towards medicinal cannabis. The research team used a questionnaire that gathered basic sociodemographic information, had 12 statements on the topic, and used a five-point Likert scale to assess the extent to which they agreed with each statement.⁴ Data were collected from patients attending chronic pain clinics in University Hospital Limerick. While 96 surveys were completed, the overall response rate is not reported.

Therefore, while the authors generalise their findings to 'Irish patients experiencing chronic pain', it is unclear whether the sample is representative of this population.

Findings

Descriptive analysis was carried out on the data. The key findings were as follows.

Cannabis use

- 22.92% had tried cannabis before.
- 68.75% would try cannabis if it were prescribed for them.

Legal status of cannabis

- 86.46% agreed that cannabis should be legalised for medicinal purposes, and 88.54% agreed that it should be legalised for chronic pain. If legalised, 87.5% agreed that it should only be available through a consultant's prescription.
- A more general statement about the legal status of cannabis suggests that there is not as much support for a change in the law when it comes to the broader use of cannabis. Some 58.33% agreed that 'the criminal status of cannabis should be abolished'. However, this statement is unclear as to whether it refers to the decriminalisation of the use of cannabis or the legalisation of cannabis itself.

Perceived health benefits

- 80.21% agreed with the broad statement 'cannabis has health benefits when used appropriately'.

Social acceptability of cannabis

- 73.96% agreed that it would be socially acceptable to use cannabis for medicinal purposes.

Safety of cannabis

- 43.75% agreed with the statement that cannabis was a safe drug, with 42.71% responding 'neutral'.
- 51.04% agreed with the statement 'cannabis is safer than morphine', with 43.75% responding 'neutral'.
- 33.33% agreed that cannabis was addictive, with 43.75% responding 'neutral'.

Attitudes to medicinal cannabis

continued

In their discussion on the findings, the authors argue that while their study suggests that patients are in favour of the use of medicinal cannabis and that a majority believe it has health benefits, this is contrary to that found in studies of physicians. To support this, they cite a study of physicians from Colorado, USA that showed 'the opposite with a lack of support for medicinal cannabis and only a minority believing it confers a health benefit'.⁵

However, they do not refer to the findings of a study of Irish GPs' attitudes to cannabis, which found that 58.6% agreed that 'cannabis should be legalised for medical use' and that 63.5% agreed that 'cannabis has a role to play in pain management'.⁶ The authors conclude by saying that it is their opinion that patients with chronic pain should be included in the Government's access programme for medicinal cannabis.

Human rights and equality of drug treatment service users

Our life, our voice, our say is a report published in March 2018 by the Community Action Network (CAN).¹ It highlights a range of challenges faced by service users of opioid treatment in Ireland, framing them in the context of users' human rights and service providers' obligations under the Irish Human Rights and Equality Commission Act 2014 (IHRECA 2014). Since the introduction of the Act, public bodies have been required to take proactive steps to promote equality, protect human rights, and fight discrimination in relation to their functions and powers.

The report is the main output of a project on the topic. It was coordinated by CAN with support from the Irish Human Rights and Equality Commission (IHREC). It contains the findings of the project as well as a set of recommendations from the project's steering committee.

Methods

The report is heavily grounded in the views and experiences of service users. It draws on a number of strands of evidence: a service-user survey; a 'dialogue' event; an analysis of relevant legal frameworks; and analysis of relevant health policies and guidelines. The survey of service users had two rounds: the first was carried out in 2012 and the second in 2017.

Two dialogue events represented the 'microcosm of the drug services' and involved consultation between all stakeholders in opioid service provision. The first event was supported by President Michael D Higgins; the second was attended by Catherine Byrne TD, Minister of State for Health Promotion and the National Drugs Strategy.

Lucy Dillon

- 1 Rochford C, Edgeworth D, Hashim M and Harmon D (2018) Attitudes of Irish patients with chronic pain towards medicinal cannabis, *Ir J Med Sci*. [Early online] <https://www.drugsandalcohol.ie/28551/>
- 2 Health Products Regulatory Authority (2017) *Cannabis for medical use: a scientific review*. Dublin: Department of Health. <http://www.drugsandalcohol.ie/26784/>
- 3 Dillon L (2017) Cannabis for medical use: a scientific review, *Drugnet Ireland*, 62: 9–10. <https://www.drugsandalcohol.ie/27735/>.
- 4 The choices given were strongly disagree, disagree, neutral, agree, and strongly agree.
- 5 Kondrad E and Reid A (2013) Colorado family physicians' attitudes toward medical marijuana, *J Am Board Fam Med*, 26(1): 52–60.
- 6 Crowley D, Collins C, Delargy I, Laird E and Van Hout MC (2017) Irish general practitioner attitudes toward decriminalisation and medical use of cannabis: results from a national survey, *Harm Reduct J*, 14(1): <https://www.drugsandalcohol.ie/26675/>

Key issues

The report is structured around four main sections. Each section explores service users' experiences, the legal framework, and any relevant guidelines as they relate to the topic under consideration. The four topics are:

- The practice and frequency of supervised urine sampling
- The meaningful engagement of service users in drug treatment service delivery
- Treatment choices and care plans
- Effective complaints mechanism

Recommendations

The project steering committee made a set of recommendations based on the findings. It is beyond the scope of this article to list all 28 recommendations but a selection is reported below.

Supervised urine sampling

The report is highly critical of the practice of supervised and frequent urine sampling. It is recommended that the Health Service Executive (HSE) provides training and awareness for medical and administrative staff on the following:

- More evidence-based approaches to providing adequate levels of treatment and care to service users, including the limitations of urine sampling as a condition for service users accessing treatment.
- The diverse experience of people accessing drug services, including specific issues arising from urine sampling for particular groups. For example, women, transgender people, people with disabilities or people who may have suffered abuse.

Meaningful engagement of service users in drug treatment service delivery

Recommendations under this topic include that:

- The HSE ensures an end to the culture of blame, stigma and punishment that is reflected in the experiences of the service users documented in the report.

Drug treatment service users' human rights continued

- The HSE puts a greater emphasis on building a positive relationship and open dialogue between service users and service providers and for a deeper and more meaningful service-user engagement.
- The HSE designs and promotes dispensing and treatment structures that are person-centred and flexible; recognises the diversity of service users; and aims to facilitate service users to engage in employment, training, education and carrying out family and caring duties.
- The HSE recognises the value of consultation and that service users are diverse and are not represented by one umbrella organisation.

Treatment choices and care plans

The project steering committee recommends that:

- The HSE engages with service users to review the provision on treatment choice – including Suboxone®, Subutex®, methadone maintenance, methadone detox, methadone tablets, residential and community detox – and ensures it is accessible and usable for service users in all drug services.
- The HSE ensures that all drug treatment services provide meaningful holistic care plans that are informed by service users' personal goals and clearly documented in an accessible manner, and are subject to regular review and update.

Effective complaints mechanism

Recommendations under this topic include that:

- The HSE engages with service users to develop and implement a positive action plan to ensure that information on a complaints system is available in an accessible manner.

- The HSE ensures that all service users are informed of their right to make a complaint, through an independent system of complaints.

Concluding comment

This report provides valuable insights into challenges facing service users of opioid treatment services in Ireland and the obligations of providers under various elements of legislation and guidelines. As mentioned in a previous *Drugnet* article,² under the IHREC Act 'in preparing strategic plans, public sector bodies must assess and identify the human rights and equality issues that are relevant to their functions. These issues must relate to all of its functions as policy maker, employer and service provider' (p. 4).³ Despite this, a human rights and equality assessment was not reported to have been carried out as part of the methodology used to develop the new national drug and alcohol strategy.⁴ This report highlights the opportunities for services to be more proactive in this area. As recommended by the authors, the report could be a useful document to disseminate to service providers to encourage a more client-centred approach to service delivery.

Lucy Dillon

- 1 Community Action Network (2018) *Our life, our voice, our say: applying a public sector equality and human rights duty approach to the human rights and equality issues identified by service users of opioid treatment services*. Dublin: Community Action Network. <https://www.drugsandalcohol.ie/28876/>
- 2 Dillon L (2017) Human rights and the new drugs strategy. *Drugnet Ireland*, 63: 12. <https://www.drugsandalcohol.ie/28231/>
- 3 Irish Human Rights and Equality Commission (2016) *The public sector duty: eliminating discrimination, promoting equality and protecting human rights*. Dublin: Irish Human Rights and Equality Commission. <http://www.drugsandalcohol.ie/27649/>
- 4 Department of Health (2017) *Reducing harm, supporting recovery: a health-led response to drug and alcohol use in Ireland 2017–2025*. Dublin: Department of Health. <http://www.drugsandalcohol.ie/27603/>



PREVALENCE AND CURRENT SITUATION

The untold story: harms experienced in the Irish population due to others' drinking

In the last decade there has been a substantial increase in research relating to alcohol's harm to others; and international research indicates that a significant proportion of the population has experienced harm from other people's drinking. On 16 April 2018, the Health Service Executive (HSE) launched the results of the first dedicated Irish survey on alcohol's harm to others.¹ The survey was undertaken in 2015 using CATI (computer assisted telephone interviewing) and employed a probability sample. The total completed sample was 2,005 and the response rate was 37.2%. The survey comprised three main parts:

- Harm from others' drinking (including strangers, co-workers and known drinkers); harm to children from others' drinking; and alcohol-related domestic problems due to others' drinking.
- The burden on those around the drinker, for example, caring for the drinker; the burden of specific harms from drinkers with a cost impact; and having to seek help due to the drinking of others.
- The financial burden of harms from others' drinking, including the estimated cost of caring for the drinker; having to seek public services due to others' drinking; out-of-pocket expenses; and estimated workplace costs related to co-workers' drinking.

Main findings

Harm from others' drinking

- In the 12 months prior to the survey, 51% reported experiencing harm due to strangers' drinking. The most common specific harms reported were being kept awake at night by drunken noise (26%), harassed on the street (23%), and feeling unsafe in public places (19%). The profile of those more likely to report harm from strangers' drinking were men, those under 60 and those with higher education.
- Two in five (44%) reported experiencing harm from known drinkers in their life. The most common of these harms were being stressed or anxious (22%), called names or insulted (16%), and harassed in private (16%). More women than men reported the psychological harm items of stress, family problems, feeling threatened at home, feeling depressed, and having financial trouble due to the drinking of known drinkers, while more men reported the tangible harm items of being a passenger with a drunk driver and of ruined belongings.

- Among respondents who were in paid employment, 14% reported harm due to co-workers' drinking. The specific harms most often mentioned were reduced productivity (7%) and having to cover for co-workers due to their drinking (7%). Those more likely to report harm from co-workers' drinking were men and those in the youngest age group (18–29 years).
- Overall, one in six carers (16%) reported that children for whom they had parental responsibility experienced harm as a result of someone else's drinking. The most common specific harms were a child negatively affected (12%), followed by verbal abuse (9%), and a child witnessing serious violence in the home (4%). Carers from the lowest household weekly income group and those separated were most likely to report harm to children due to others' drinking.
- Among respondents who reported being negatively affected by the drinking of people they knew, 42.5% experienced alcohol-related domestic problems. The most common specific harms were family problems, feeling threatened at home, shoved or pushed, and having less money for the household. Those more likely to experience alcohol-related domestic problems were women, those under 45 years of age, those with lower secondary education, and those who were separated.

Burden on those around the drinker

Three in five (61%) reported having a known heavy drinker in their life or someone who drinks a lot sometimes. Of those with a known heavy drinker in their lives, 53% reported some form of lost time due to caring duties because of the known heavy drinker's drinking in the previous 12 months. The most frequently reported caring duties were taxiing (32%), caring for the drinker (28%), cleaning-up after the drinker (24%), and taking on extra responsibilities caring for children or others (17%). One in five (19%) respondents reported experiencing harm due to others' drinking that had a financial cost. The harms that resulted in a financial cost included ruined clothing or other belongings, property damage, less money for household expenses, stolen money, financial trouble, and a traffic accident due to others' drinking.

Table 1: Costs associated with alcohol's harms to others

Cost area	Cost estimates
Caring for the drinker	€456,513,453
Cost burden of specific harms from others' drinking (out-of-pocket expenses)	€129,906,901
Seeking help services – law enforcement and health services	€126,724,568
Seeking health services (out-of-pocket expenses)	€27,004,933
Workplace costs	€122,598,569
Estimated total costs	€862,748,424

Overall financial burden of harms from others' drinking

The total estimated cost of alcohol's costs to others was €862.75 million (see Table 1). Over one-half (53%) of the cost was accounted for by the cost of caring for the known heavy drinker. The authors state that a conservative approach was used in estimating the cost of caring for a known drinker, which was confined to two of the caring duties (caring for the drinker and caring for children and others). The second most significant element of costs (14.8%) was the cost of

Harms due to others' drinking

continued

out-of-pocket expenses related to specific harms due to drinking by others. The cost of seeking help due to drinking by others (14.5%) was the third most significant element of the total costs. Finally, the cost of drinking by others in the workplace accounted for 14% of total costs. However, this only represents the cost of additional days that had to be worked due to co-workers' drinking and the cost of days lost from work due to others' drinking.

Conclusion

The results presented in this survey indicate that the harms from others' drinking is evident across Irish society and is experienced by the family, friends and work colleagues of

the drinker and is also felt by strangers in public spaces. The annual estimated cost of harm due to others' drinking in Ireland is just under €863 million. This cost estimate only includes tangible costs and not the intangible cost (fear, pain, suffering, lost quality of life) of alcohol's harm to others, which are likely to be substantial. It also excludes information from health and social agencies, including police data, road crash mortality and morbidity, deaths statistics, hospital records, child protection agency data, alcohol and drug services and helpline data. This report highlights that preventing and reducing harm to others is an urgent public health goal.

Deirdre Mongan

1 Hope A, Barry J and Byrne S (2018) *The untold story: harms experienced in the Irish population due to others' drinking*. Dublin: Health Service Executive. <https://www.drugsandalcohol.ie/28839/>

Detecting problem alcohol use in Irish general practice

A recent report from the World Health Organization (WHO) demonstrated that almost one-half of Irish drinkers engage in heavy drinking on a regular basis, placing Ireland's binge drinking rates at the second highest of 174 countries studied.¹ In addition, per capita alcohol consumption in Ireland has trebled over the past four decades,² an increase that has been associated with an earlier age at commencing drinking, with research indicating a rise in alcohol use among students in Ireland and increasing levels of high-risk drinking.³ Policymakers have attempted to combat this problem, as tailoring effective public health policy is crucial in tackling this burgeoning issue. Nevertheless, successive legislation has so far been largely ineffective in addressing the alcohol crisis in Ireland.

It is recognised that general practitioners (GPs) commonly see patients with a range of alcohol-related risks and problems. GPs have thus been identified as appropriate professionals to screen for those at risk of problem alcohol use and to conduct brief interventions to influence patients to think more actively about their alcohol consumption. Nevertheless, despite the magnitude of the national alcohol problem and the detrimental effects on health and society, there is a surprising lack of data from general practice in Ireland on the documentation of alcohol use and treatment.

Recent research aimed to investigate the prevalence of documentation of problem alcohol use in patient records in Irish general practice and to describe the documentation of its diagnosis and treatment.⁴ In this study, published in the BMC journal *Family Practice*, GPs affiliated with the Graduate Entry Medical School of the University of Limerick were invited to participate in the study. Seventy-one per cent of the practices participated. One hundred patients were randomly selected from each participating practice and the clinical records were reviewed for evidence of problem alcohol use. Evidence included text in consultation notes; evidence of a pharmacological treatment or psychological intervention by

the GP; evidence of a referral to another primary healthcare professional or specialist agencies, and/or diagnostic coding.

Key findings from the study included the following:

- Only 57 patients (1.5%, 95% CI: 1–2%) were identified as having problem alcohol use in the previous two years.
- Of the 40 participating practices, 14 (35%) had no patients in their sample with documented problem alcohol use.
- Patients with problem alcohol use were more likely to be male than those without any problem alcohol use documented (65% vs 47%, $p=0.007$).
- 23 patients (0.6%, 95% CI: 0.4–0.9%) were identified as having substance use other than alcohol documented in the previous two years.
- 29 (51%) of those with documented problem alcohol use were referred to other specialist services; 28 (49%) received a psychological intervention, mostly counselling or a brief intervention.

As this is the first large-scale study of patient records in general practice in Ireland looking at documentation of screening and treatment of problem alcohol use, the study authors highlight the current lack of documentation of alcohol problems and the need to reinforce positive attitudes among GPs in relation to preventive work.

Seán Millar

- 1 WHO (2014) *Global status report on alcohol and health, 2014*. Geneva: World Health Organization. <https://www.drugsandalcohol.ie/21884/>
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- 3 Davoren MP, Shiely F, Byrne M and Perry IJ (2015) Hazardous alcohol consumption among university students in Ireland: a cross-sectional study, *BMJ Open*, 5(1): e006045. <https://www.drugsandalcohol.ie/23350/>
- 4 O'Regan A, Cullen W, Hickey L, Meagher D and Hannigan A (2018) Is problem alcohol use being detected and treated in Irish general practice?, *BMC Family Practice*, 19: 30. <https://www.drugsandalcohol.ie/28595/>

A national survey of online gambling behaviours

A recent study published in the *Irish Journal of Psychological Medicine*¹ aimed to examine attitudes and behaviours of persons who engage in online gambling, a topic under-researched in Ireland to date. Modelled on previous research in the UK context,² the current study sought to explore attitudes towards and reasons for online gambling, as well as the consequences of online gambling for those who partake.

The ease and anonymity afforded by online gambling has led to growing concern about its addictive qualities and the potential for an increase in the incidence and prevalence of problem gambling as well as harmful effects. In this study, problem gambling is defined as 'an urge to gamble despite harmful negative consequences or a desire to stop' (p. 1).³ Some existing research suggests that certain behaviours may be indicative of problem gambling; for example, engaging in two or more activities online, or in certain activities such as live action sports betting and poker.^{2,4} Other research has examined the effects of problem gambling on mental health,⁵ and has characterised 'responsible gambling' as gambling for leisure, and problem gambling as gambling in order to alter one's mood state.⁶ Differences also exist between those who gamble offline and those who gamble online, with the latter more likely to report alcohol and cannabis misuse.⁷

Methodology

The authors analysed data from 208 participants (178 males and 30 females), who voluntarily and anonymously completed an online survey advertised for seven months on internet sites and within general media outlets. The survey contained items addressing behavioural aspects of online gambling (e.g. types of activities, devices used, and time spent gambling); reasons for and attitudes towards online gambling; and mental health and financial consequences of online gambling. The survey contained the nine items that comprise the Problem Gambling Severity Index,⁸ a scale measuring the severity and impact of online gambling in the lives of people who engage in this behaviour. While the final sample included respondents from across Ireland and Northern Ireland, the majority (42%) were from Dublin. The mean age of respondents was 38.9 years (39 years for males and 38.5 years for females).

Key findings

Horse-race betting (27%) and sports betting (24%) were the most common activities for those regularly (most days) gambling online, while lottery (26.9%) was the most common activity engaged in infrequently (less than once per month). The findings suggest that males gamble online more regularly than females, and that females are likely to spend less time gambling than are males. Among respondents, the most common reasons for online gambling were to win money (84.6%), enjoyment (76%), access (71.2%) and availability (65.4%). The most common emotion experienced was excitement (60.6%), followed by happy (35.5%) and no difference (31.7%). Around one-quarter of respondents reported feeling frustrated (27.4%) and irritable (24.5%) while gambling online.

In terms of the consequences of online gambling, around three-quarters of respondents had to borrow money or sell something to get money to gamble (75%) and had experienced financial problems in their household as a result of their online gambling (74.5%). In addition, 67.3% of respondents reported health problems including stress and anxiety as a result of gambling; 64.4% felt they might have a problem with gambling; and more than one-half (53.4%) went back another day to try to win back money they had lost. Although 64.4% of respondents felt they have a problem with online gambling, at least 80% had never received treatment. Among those that received treatment, Gamblers Anonymous was the most accessed option (10.3%), followed by counselling (8.8%) and medication (1.6%). Finally, around three-quarters (76%) of respondents agreed that the potential dangers of gambling should be advertised.

Conclusion

Negative financial and mental health consequences were evident for high percentages of respondents and are suggestive of problem gambling. However, scale scores were not reported. Although many respondents experienced negative effects, the majority had never received any treatment. Previous research suggests that those who engage in conventional (offline) gambling (versus online gambling) are more likely to acknowledge the need for treatment.⁹ This suggests the specific targeting of information and support to those gambling in online environments. The authors conclude that similar behavioural profiles exist among their sample as among samples in studies from the UK and beyond. As the sample was self-selecting, it may not be representative of the wider population of persons who gamble online. Reliance on respondents' estimations of their online gambling experiences may further introduce bias, as self-reporting may lack accuracy. It is also worth noting that no information is provided on conventional gambling behaviours among the sample studied.

Cathy Kelleher

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- 2 McCormack A, Shorter GW and Griffiths MD (2013) An examination of participation in online gambling activities and the relationship with problem gambling, *J Behav Addict*, 2(1): 31–41.
- 3 Jazaeri SA and Habil MH (2012) Reviewing two types of addiction – pathological gambling problems, *Indian J Psychol Med*, 34(1): 5–11.
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- 7 Kairouz S, Paradis C and Nadeau L (2012) Are online gamblers more at risk than offline gamblers?, *Cyberpsychol Behav Soc Netw*, 15(3): 175–80.
- 8 Currie SR, Hodgins DC and Casey DM (2013) Validity of the Problem Gambling Severity Index interpretive categories, *J Gamb Stud*, 29(2): 311–27.
- 9 Blaszczynski A, Russell A, Gainsbury S and Hing N (2016) Mental health and online, land-based and mixed gamblers, *J Gamb Stud*, 32(1): 261–75.

DOVE Clinic, Rotunda Hospital annual report, 2016

The DOVE Clinic in the Rotunda Hospital, Dublin was established to meet the specific needs of pregnant women who have, or are at risk of, blood-borne or sexually transmitted bacterial or viral infections in pregnancy. Exposure may also occur through illicit drug use. Figures from the clinic for 2016 were published in the hospital's annual report in 2017.¹

The number of women admitted to the DOVE Clinic for antenatal care for the years 2006–2016 by diagnosis is shown in Figure 1. During 2016, some 201 women booked into the DOVE Clinic for antenatal care. Of these:

- 27 (13%) were positive for HIV, an increase of 13% compared to 2015.

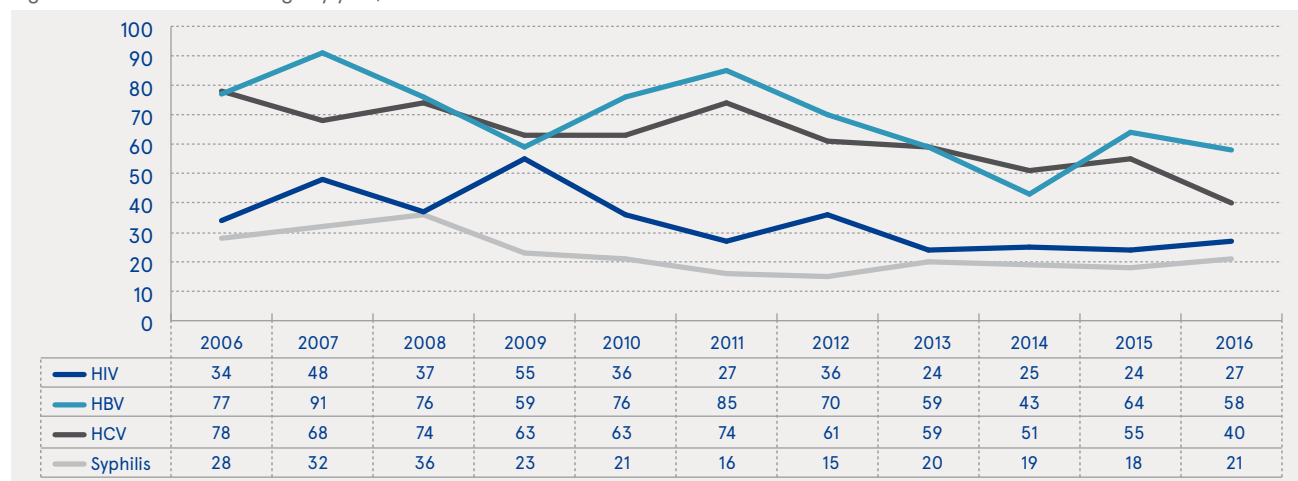
- 58 (29%) were positive for hepatitis B (HBV) surface antigen, representing a decrease of 11% compared to 2015.
- 40 (20%) were positive for hepatitis C (HCV) antibody, a decrease of 27% compared to 2015.
- 21 (11%) had positive treponemal serology (syphilis), an increase of 17% compared to 2015.
- 59 (29%) women attended for addiction support services, 38 of whom were participating in a prescription methadone maintenance programme, an increase of 14% compared to 2015.

It should be noted that these numbers refer to patients who booked for care during 2016. Table 1 summarises the outcome of patients who actually delivered during 2016. Of these patients, 27 were HIV-positive, 66 were HBV-positive, and 40 were HCV-positive. A total of 60 deliveries were to mothers attending the drug liaison midwife.

Seán Millar

¹ Rotunda Hospital (2017) *The Rotunda Hospital: Annual report 2016*. Dublin: Rotunda Hospital. <https://www.drugsandalcohol.ie/28546/>

Figure 1: DOVE Clinic bookings by year, 2006–2016



Source: *The Rotunda Hospital: Annual report, 2016*

Table 1: Deliveries to mothers attending the DOVE Clinic who were positive for HIV, HBV, HCV or syphilis or who were attending the drug liaison midwife, 2016

Mother's status	HIV (+ve)	HBV (+ve)	HCV (+ve)	Syphilis (+ve)	DLM
Total mothers delivered	27	66	40	16	60
Total mothers delivered <500g (incl. miscarriage)	0	0	2	1	1
Total mothers delivered >500g	27	66	38	15	59
Live infants	27	66	40/41*	16/18**	59/60**
Miscarriage	0	0	2**	0	0
Stillbirth	0	0	1	1	1
Infants <37 weeks' gestation	3	4	6	3	10
Infants >37 weeks' gestation	24	62	34	13	50
Caesarean section	12	14	14	6	21
HIV, HBV, HCV or syphilis-positive infants	1	0	1	0	–
Maternal mean age	31	30	33	33.5	–

Source: *The Rotunda Hospital: Annual report, 2016*

*Including three sets of twins.

**Including one set of twins.

DLM = Drug liaison midwife.

Frequently used drug types and intentional drug overdoses in Ireland

Intentional drug overdose (IDO) is the most common form of hospital-treated self-harm, involved in 65–85% of presentations in Ireland, as reported by National Self-Harm Registry Ireland.¹ However, no national study has systematically classified the range of drugs involved using a validated system in Ireland. The Anatomical Therapeutic Chemical (ATC) system is a World Health Organization-recommended classification system designed to measure drug utilisation at an internationally comparable level.² Recently conducted research aimed to examine drugs taken in IDO according to the ATC classification.³

In this study, published in the *European Journal of Public Health*, presentations of IDO in the Republic of Ireland for the period 1 January 2012 to 31 December 2014 were examined and information on demographic and overdose characteristics obtained. Drugs were classified according to their use at the time of ATC system application (December 2016). Illegal drugs were identified using the Misuse of Drugs Acts.⁴

Results

During the study period, there were 18,329 self-harm presentations involving IDO, representing 67.6% of all self-harm presentations. The majority (58.7%) of presentations were made by females. The majority of IDO presentations involved

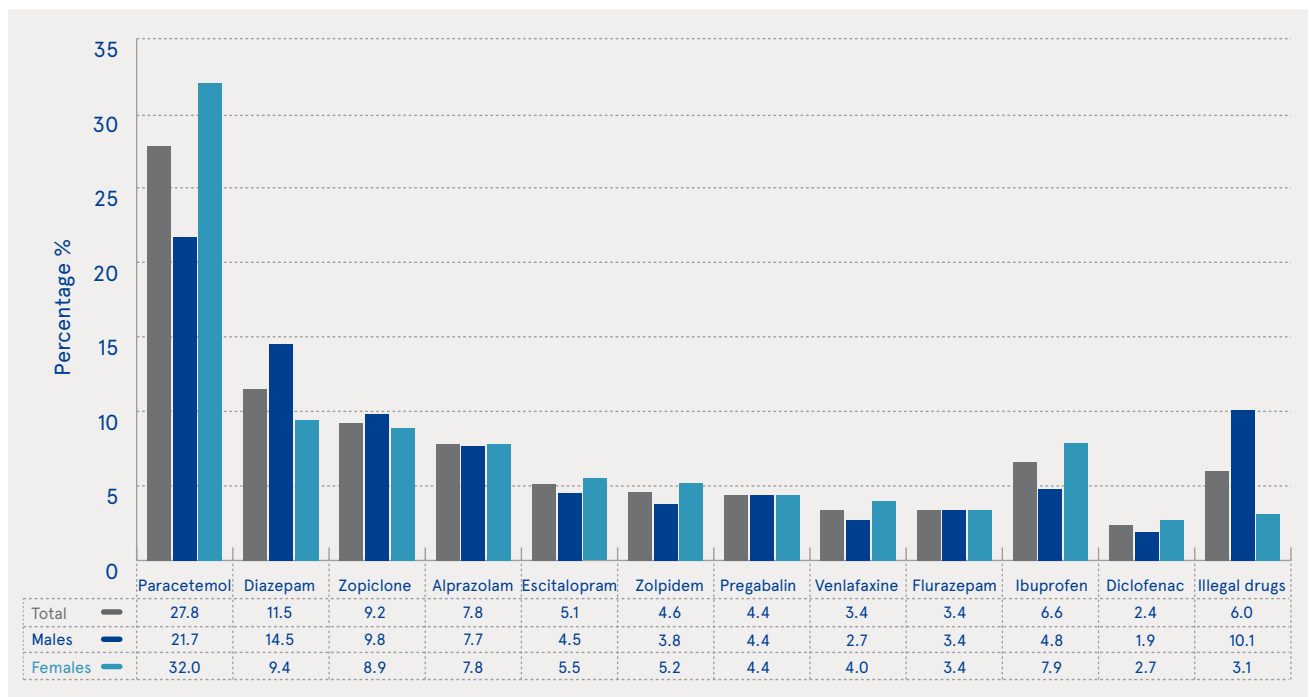
overdose only (89.5%), with self-cutting identified as the most common combined method, involved in 6.5% of IDOs. Alcohol was present in 40.6% of IDOs and was more common in male presentations (44.7% vs 37.8%, $p < 0.01$). The median number of total tablets taken per IDO case was 23 for males and 20 for females, with over one-third of presentations involving the ingestion of between 20 and 49 tablets.

The drugs that were most frequently used in IDO are shown in Figure 1. The most frequently used drug was paracetamol, which was involved in 27.8% of IDOs. Anti-inflammatory drugs (ibuprofen and diclofenac) and antidepressant drugs (escitalopram and venlafaxine) were also frequently taken in IDO (6.6%, 2.4%, 5.1% and 3.4%, respectively). Illegal drugs were involved in 6.0% of IDOs.

Other key findings from the study included the following:

- Significant gender differences were found in relation to drugs involved in IDO. Musculoskeletal system drugs were significantly more common in female IDOs compared with male IDOs (14.0% vs 9.2%, $p < 0.01$). Similarly, IDOs involving analgesics and antidepressants were significantly more common in female presentations (36.4% vs 26.7%, $p < 0.01$ and 23.9% vs 19.1%, $p < 0.01$). In particular, paracetamol was involved significantly more often in female IDOs (32.0% vs 21.7%, $p < 0.01$).
- Illegal drugs were three times more common in male compared with female presentations (10.1% vs 3.1%, $p < 0.01$).
- Alcohol involvement in IDO was significantly higher in male compared with female presentations (44.7% vs 37.8%, $p < 0.01$).
- Alcohol was most frequently consumed in presentations involving illegal drugs (47.8%) followed by anxiolytics (49.3%, $p < 0.01$).

Figure 1: Drugs frequently involved in IDO in Ireland, total and by gender, 2012–2014



Source: Daly et al., 2018³

Intentional drug overdoses

continued

Conclusions

The results from this research suggest that people who engage in IDO frequently take prescription only or sales-restricted drugs, and that IDOs often involve alcohol and/or polydrug use. The authors concluded that the findings highlight the importance of addressing drug and alcohol misuse, potential inappropriate prescribing, and the enforcement of legislation restricting specific drug sales.

Seán Millar

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- 3 Daly C, Griffin E, Ashcroft DM, Webb RT, Perry IJ and Arensman E (2018) Frequently used drug types and alcohol involvement in intentional drug overdoses in Ireland: a national registry study. *Eur J Public Health* 28(4): 681–86. <https://www.drugsandalcohol.ie/28709/>
- 4 Misuse of Drugs Act 1984. *Irish Statute Book*. Available online at: <http://www.irishstatutebook.ie/eli/1984/act/18/enacted/en/print.html>

How illegal drugs sustain organised crime in the EU

A report published in December 2017 by Europol provided an overview of how illegal drugs sustain organised crime within the European Union (EU).¹

Introduction

European drug markets

Drug markets continue to be the most important illegal market in the EU. Over 33% of organised criminal groups (OCGs) have participated in the production, trafficking and supply of illicit drugs, resulting in extensive profits that have enabled a range of illegal activities to be funded. OCGs that participate in the drugs trade are mainly 'poly-criminal', that is, they mainly traffic more than one product. Moreover, many OCGs participate in other illegal activities, for example, counterfeit goods, trafficking human beings and migrant smuggling, at the same time. In addition, drugs are utilised as a form of payment among OCGs; for example, cannabis may be exchanged for cocaine.

The drug market has become more and more competitive, which can and has resulted in violent rivalries between OCGs as they mark their territories. Advanced technology, such as climate control systems, CO₂ and ozone generators, and chemical equipment, have further enabled OCGs to increase production, while advanced communication, such as encryption, have made disruption by law enforcement more challenging. Advancements in drone technology are likely to create further problems, enabling OCGs to avoid checks at borders, airport and ports.

Europol

The main agency involved in law enforcement in the EU is Europol. Its key role is to support EU member states combat serious international crime and terrorism (p. 7). A designated team of experienced specialists and analysts based in Europol's European Serious and Organised Crime Centre (ESOCC) are available to liaise with and support member states in the fight against illegal drugs. The most commonly shared information between Europol and EU law enforcement agencies is on drug-related investigations and operations.

EU policy cycle

The EU policy cycle, EMPACT (European Multidisciplinary Platform against Criminal Threats), provides the framework that brings member states, law enforcement agencies, Europol and other multidisciplinary agencies together to combat serious and organised crime. The priorities identified are centred on analyses carried out by the EU Serious and Organised Threat Assessment (EU SOCTA) and the Justice and Home Affairs Council of the EU. The production, trafficking and distribution of illegal drugs have been identified as one of the key areas to be targeted between 2018 and 2021.²

Emerging threats

Darknet

A platform increasingly utilised by OCGs in the sale of illegal drugs is the darknet market. There are several reasons for this:

- It is hard to control by police but easily accessed.
- It offers anonymity.
- It makes a secure environment available from which to sell a range of illegal drugs and other illegal products.

Darknet markets have resulted in a substantial increase in EU drug trafficking via postal and parcel services. In 2017, following an international collaboration between EU and United States law enforcement agencies, two platforms, AlphaBay and Hansa, were taken down.

Illegal drugs and organised crime

continued

New psychoactive substances

New psychoactive substances (NPS), which cover a diverse range of substances that mimic the effects of traditional drugs like cannabis and cocaine (e.g. synthetic cannabinoids, stimulants, opioids and benzodiazepines), continue to emerge on EU markets. The consumption of NPS places considerable risk on the health and wellbeing of users and has been associated with death. Currently, 670 NPS are being monitored by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).³

Fentanyl and its analogues

Fentanyls, which are viewed as 'highly potent opioid narcotic drugs' (p. 10), are utilised as medicines (anaesthesia and pain relief) and for controlling large animals. They are used as substitutes for heroin and other illegal opioids. New fentanyls are not regulated under the International Drug Control Conventions put forward by the United Nations. As a result, they are produced and sold openly in several EU member states.

Situational picture

The trafficking and distribution of illegal drugs, such as cannabis, cocaine, heroin, synthetic drugs and NPS, have proven to be lucrative for OCGs and resulted in extensive profits for all involved.

Links to the trade in illegal drugs

Two main activities are associated with the illegal drugs trade: terrorism and money laundering.

Terrorism

In the previous 10 years, terrorism and how it is carried out has changed. The EU has been subjected to numerous attacks and plots. It is believed that terrorist activities have been financed within and outside the EU from revenue obtained through smuggling and supplying illegal drugs. This is not something new; the routes utilised to smuggle drugs have long been linked to terrorist-related activities.

Money laundering

Criminal activity centred on illegal drugs results in large-scale profits for OCGs. Money laundering enables OCGs to move the proceeds of crime into economies that are lawful. This can be done in two ways: OCGs can launder funds themselves into businesses and real estate or they can avail of money-laundering syndicates who charge a fee. Money-laundering activities are particularly challenging for EU law enforcement, who have been shown to be unsuccessful in detecting and taking control of illegal funds generated by OCGs. New technological developments, for example, cryptocurrencies and anonymous payment methods, further amplify these issues.

Ciara H Guiney

- 1 European Union Agency for Law Enforcement Cooperation (Europol) (2017) *How illegal drugs sustain organised crime in the EU*. The Hague: Europol. <https://www.drugsandalcohol.ie/28319/>
- 2 European Union (2017) *The EU fight against organised crime*. Available online at: <http://www.consilium.europa.eu/en/policies/eu-fight-against-organised-crime-2018-2021/>
- 3 European Monitoring Centre for Drugs and Drug Addiction (2018) *European drug report 2018: trends and developments*. Luxembourg: Publications Office of the European Union. <https://www.drugsandalcohol.ie/29135/>



RESPONSES

A decade of the Strengthening Families Programme in Ireland

The Strengthening Families Programme (SFP) was first introduced in Ireland in 2007. To mark the 10th year of the programme here, the National Strengthening Families Programme Council of Ireland (NSFPCI) collaborated with its members to collate data collected on the programme over the decade. It presented the findings at the 8th Conference of the European Society for Prevention Research (EUSPR), 'Quality in Prevention', held in September 2017.¹ This has been followed up with the report, *Family effects: Strengthening Families Programme 10 year outcomes in Ireland*, which was published in March 2018.²

Strengthening Families Programme

The Strengthening Families Programme was developed in the USA in 1982 and is now being delivered in an estimated 36 countries. It is a parenting and family skills training programme for high-risk and general population families. Internationally, there are a number of variants of the programme. In Ireland, the focus has been on the 14-week model that works with families with children aged 12–16 years, although some sites also deliver the programme for families with children aged 6–11 years. It is designed to build parents' and children's healthy skills and create positive relationships within families.³

Outcomes in Ireland

Family effects provides an overview of the programme and a summary of key – largely positive – findings from evaluations of its delivery in Ireland over the past 10 years.⁴ It also presents the findings of an effort to capture collective outcomes at a national level. Analysis was carried out on data collected from 573 of the families who completed the programme in Ireland. Data were only collected from parents using a questionnaire that aimed to capture how their and their family's behaviour had changed from before to after completing the programme (a retrospective pre- and post-test design questionnaire). This standardised instrument was developed by the programme developers in the USA. It was designed to assess 'child and parent mental health, substance abuse, risk and resiliencies, family management and cohesiveness, and parent and child social skills and attitudes' (p. 20).

While there are limitations to the methods used to look at these outcomes, the overall findings were positive:

- The authors found a positive effect on parenting outcomes across parental involvement, parental supervision, parenting efficacy, positive parenting, and SFP parenting skills. They only found a small effect in relation to parent drug or alcohol use but explain this as either due to parents having low levels of use at the start of the programme or that it would be too soon to measure any such change at the end of the programme.
- Positive effects were also found for children or young people for decreased overt/covert aggression and depression, and increases in concentration and positive social behaviour.
- At a family level, positive outcomes were found for conflict, communication, strengths and resilience.

The report concludes with a set of recommendations, including:

- To explore the cost-effectiveness of SFP as a family-based prevention programme.
- To work with academic institutions to improve the collection of national data on the programme, including that on outcomes.
- To explore ways in which to capture the longer-term effects of the programme, with a particular focus on teens who have participated in the programme and are now parents themselves.

Lucy Dillon

1 Dillon L (2018) EUSPR conference: quality in prevention, *Drugnet Ireland*, 64: 22–23. <https://www.drugsandalcohol.ie/28573/>

2 National Strengthening Families Programme Council of Ireland (2018) *Family effects: Strengthening Families Programme 10 year outcomes in Ireland*. Dublin: NSFPCI. <https://www.drugsandalcohol.ie/28737/>

3 For further information on the programme, visit <https://www.strengtheningfamiliesprogram.org/>

4 One of these evaluations was covered in an earlier *Drugnet Ireland* article. See Keane M (2012) Evaluating the Strengthening Families Programme, *Drugnet Ireland*, 41: 18–19. <https://www.drugsandalcohol.ie/17281/>

Preventing and reducing alcohol-related harm: the Sligo city alcohol strategy

The Sligo Healthy Ireland Project, in conjunction with the Northwest Regional Drug and Alcohol Task Force (NWRDATF), has developed an alcohol-related harm reduction strategy for Sligo city.¹ This five-year strategy will focus on four key areas: prevention, supply (including access and availability), screening (including treatment and support services), and research (including monitoring and evaluation). The overall goals are to address alcohol-related harm; ensure factors influencing alcohol supply are regulated and controlled; advocate for a range of alcohol treatment and support services; and use evidence and research to inform decisions in preventing and reducing alcohol-related harm in Sligo city.

Prevention

Specific goals with regard to prevention include raising public awareness of the burden of alcohol-related harm and of the benefits of effective action to prevent alcohol-related harm. To this end, the strategy will develop and implement a communication plan in relation to the harm caused by alcohol. The plan will focus on communicating the link between alcohol and health issues, family relationship issues, and social harms such as crime, violence, and public disorder. Effective measures to prevent and reduce alcohol-related harm will also be communicated.

Supply, access and availability

The strategy will aim to reduce the availability of alcohol in Sligo city, reduce the marketing of alcohol in public places, and promote responsible drinking practices. This will include a review of the density of alcohol outlets in Sligo city, the possibility of strengthening zoning regulations to reduce the availability of alcohol in the town, and limiting the availability of alcohol at civic, sporting and public events. In particular, the strategy will advocate for statutory regulations at a national level in relation to alcohol marketing to protect children and assist licensed traders to be aware of regulations on the sale of alcohol and underage drinking.

Screening, treatment and support services

The alcohol strategy aspires to increase the availability of alcohol screening and promote and advocate the development of treatment services to meet the needs of people affected by alcohol misuse. Specifically, the strategy will encourage the use of appropriate screening and brief advice tools across a range of services; assess and strengthen referral systems for existing alcohol treatment services in Sligo city; and advocate for additional services where gaps in service provision have been identified. In addition, the strategy will aim to facilitate the development of family supports for those affected by alcohol and support the development of a range of services for young people affected by alcohol.

Research, monitoring and evaluation

A survey will be conducted to assess behaviours, attitudes and awareness in relation to alcohol use in Sligo city. During the five-year rollout, a system will be developed to track the progress of the strategy. This will include assessing the impact at appropriate stages and the level of public support. The NWRDATF is keen to engage the public in the discussion and debate on both the issues and the possible solutions to alcohol-related harm. As Seán O'Connor, coordinator of the NWRDATF, explained:

There are strategies which can be put in place that are shown to reduce the amount of alcohol-related harm without interfering with anyone's enjoyment of a night out. We are hoping to enlist enough support from local people and local agencies to implement an appropriate strategy for Sligo city.

Seán Millar

1 Northwest Regional Drug and Alcohol Task Force (2018) *Sligo city alcohol strategy: prevent and reduce alcohol related harm 2018–2023*. Sligo: Northwest Regional Drug and Alcohol Task Force. <https://www.drugsandalcohol.ie/28725/>

Environmental prevention

The field of substance misuse prevention continues to evolve. There is increasing interest in environmental prevention and the role it can play in this field, although to date it has remained ill-defined and tends to be poorly understood. In February 2018, the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) set out to address this deficit and published their first significant report on the topic: *Environmental substance use prevention interventions in Europe*.¹ The report is made up of two sections: the first provides an operational definition of environmental preventions (see Box 1 on the right) and a short overview of how it has evolved; the second presents the findings of a survey of prevention experts that explores the current availability in Europe of environmental prevention measures for substance use.

What is environmental prevention?

While there has been growing recognition of the importance of environmental factors in the context of the wider determinants of health, the authors identify the prevention field as having been 'slow to adapt to this broader focus' (p. 8). The report outlines the established prevention traditions and explains what environmental prevention can add to this field. Traditionally, substance use prevention has been based on two broad approaches. First, interventions provide warnings about the risks and consequences of substance use and offer information on safer ways to use substances. Second, they develop young people's social skills and competencies to avoid substance use. Both of these approaches focus on the individual as the main driver of change. In contrast, environmental prevention interventions aim to limit the individual's exposure to unhealthy or risky behaviour opportunities, or to promote the availability of healthy options. The focus therefore is on changing the environment so that it supports the prevention of drug use.

Environmental prevention interventions in Ireland are focused around increasingly restrictive alcohol and tobacco controls; for example, the standardised packaging provisions of the Public Health (Standardised Packaging of Tobacco) Act 2015, which came into force in September 2017. Illustrations of typical interventions in Europe are outlined in Box 1.

Environmental prevention in Europe

The authors surveyed prevention experts across Europe. They were interested in assessing what environmental prevention interventions exist for illicit drug, alcohol and tobacco use, and the extent to which they were being implemented. Overall, regulatory and economic measures (see Box 1 for definitions) were more prevalent than physical environment measures. For example, 83% reported national level regulatory measures for illicit drugs, 54% for alcohol, and 58% for tobacco. Physical measures were not reported for illicit drugs alone, and only 2% reported them for alcohol; however, they were reported by 47% for tobacco. When looking at the extent to which any measures were enforced, regulatory and economic measures were perceived to have been strongly enforced in only limited cases, especially in relation to illicit drugs and alcohol. Enforcement was strong for measures related to tobacco. While these findings may be affected by some of the study's

Box 1: Environmental prevention: EMCDDA's definition and scope

The purpose of environmental prevention policies and interventions is to limit the availability of unhealthy or risky behaviour opportunities (or promote the availability of healthy ones).

Environmental prevention operates by changing the physical, economic, or regulatory contexts for behaviour. It involves low individual 'agency'; i.e. individual personal resources such as conscious decision making, motivation and intent do not need to be used to benefit from the specific intervention. Therefore, environmental prevention typically works without using persuasive messaging, although information can sometimes be provided alongside an environmental intervention.

In our definition and scope of environmental prevention we have grouped our examples according to the aspect of the environment they primarily modify: regulatory, economic or physical. These are meant to help organise the examples of environmental prevention that we provide, but we accept that there may be some overlaps between the areas. Nevertheless, we find it a useful way to cluster our examples.

The first type is regulatory environmental prevention interventions/measures. These are interventions that directly control what is allowable or accessible using legislation, regulations, restrictions, policing, institutional rules, bans and exclusions.

The second type is economic environmental prevention interventions/measures. These measures influence the costs of the healthy/unhealthy options through taxes, pricing policies and subsidies.

The third type is physical environmental interventions/measures. These are interventions that alter properties or placement of objects, stimuli or any built element within micro-environments (i.e. offices, bars, etc.) or macro-environments (i.e. cityscape, landscape, etc.) to foster certain health-related behaviour changes.

Source: *Environmental substance use prevention interventions in Europe*, p. 48

limitations, which are explicitly acknowledged by the authors, they provide valuable insights into this growing field.

Concluding comment

In a context where there is little evidence of the effectiveness of traditional prevention approaches to bring about behavioural change in substance use, alternative or complementary approaches should be welcomed. This report suggests that environmental prevention measures offer a complementary approach to the prevention field. This report provides 'a useful starting point' (p. 6) for creating a greater understanding of these measures and a way to assess them.

Lucy Dillon

1 Oncioiu SI, Burkhart G, Calafat A, Duch M, Perman-Howe P and Foxcroft DR (2018) *Environmental substance use prevention interventions in Europe*. Technical Report. Lisbon: European Monitoring Centre for Drugs and Drug Addiction. <https://www.drugsandalcohol.ie/28613/>

Planet Youth

On 20 February 2018, the Western Region Drug and Alcohol Task Force (WRDATF) facilitated an event introducing the Planet Youth drug prevention programme to key stakeholders in the region. Presentations were made by Michéal Durcan and Emmet Major of the WRDATF, as well as Jón Sigfússon, director of Planet Youth at the Icelandic Centre for Social Research and Analysis (ICSRA).¹

Planet Youth: the model

Planet Youth is an evidence-based approach to preventing children and adolescents from initiating drug use. The model originated in Iceland and has been rolled out in communities in 18 countries to date. In the 1990s, a group of Icelandic social scientists, policymakers and practitioners began collaborating in an effort to address the increasing levels of drug and alcohol use among Icelandic young people. The prevention model that emerged 'reflexively and continuously links national-level data collection with local-level reflection and action to increase social capital' (p. 19).² The model is predicated on three pillars of success: evidence-based practice; using a community-based approach; and creating and maintaining a dialogue among research, policy, and practice.

Based on the presentations at the conference, there are three broad elements to the model. First is the collection of data from young people through a school-based questionnaire. This explores background factors, substance use, social circumstances, and potential risk factors associated with substance use. These data are then analysed to identify the scope of the problem and map out the risk and protective factors experienced by the young people in that area. The second element is where local stakeholders use the findings to plan and deliver a set of prevention responses – stakeholders include researchers, policymakers, practitioners, parents, school personnel, sports facilitators,

recreational and extracurricular youth workers, and other interested community members. The third element is described as 'integrative reflection' (p. 19), whereby the impact of the interventions is measured through regular data collection, interventions amended in response to the findings, and any new issues identified.

In the Icelandic context, following the mapping of the risk and protective factors, a broad range of prevention interventions was introduced. These involved significant public expenditure and included activities such as the extensive development of structured high-quality recreational activities for young people and support for families to spend more time together. Young people's substance use was monitored on an ongoing basis with a focus on measuring outcomes and identifying changing needs to inform the ongoing development of effective interventions. A dramatic decrease in substance use among Icelandic adolescents since 1997 has been attributed to this model.²

The Western region

In association with local partners, WRDATF has committed to supporting the introduction of Planet Youth to parts of the region. As a first step, data will be collected using the standardised Planet Youth tool with students in a selection of schools. These data will then be analysed by the team at the ICSRA and reported back to stakeholders in the WRDATF. They will use this information to develop a programme of prevention activities tailored to local needs.

Lucy Dillon

- 1 The presentations and other materials from the day are available online at: <http://www.wrdatf.ie/planet-youth.php>
- 2 Sigfúsdóttir ID, Thorlindsson T, Kristjánsson AL, Roe KM and Allegrante JP (2009) Substance use prevention for adolescents: the Icelandic Model. *Health Promotion International*, 24(1): 16–25. <http://www.drugsandalcohol.ie/28656/>

Drug-related cybercrime

In April 2018, An Garda Síochána (AGS) hosted the fifth annual meeting of the Council of Europe's Pompidou Expert Working Group on Drug-Related Cybercrime in Dublin Castle. The Pompidou Group is the only European multidisciplinary intergovernmental body that provides a drug policy cooperation platform on drug-related cybercrime issues. The meeting brought together a multidisciplinary network of specialists and agencies that are directly involved in the fight against drug-related crime in Ireland, including AGS, the Criminal Assets Bureau and the Health Products Regulatory Authority (HPRA), and also in Europe, including the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol. A number of the topics covered are outlined below.

State of play

Internet, darknet and cryptocurrencies

This session covered drug-related cryptomarkets and the manner in which they are monitored. In 2017, two leading online marketplaces were taken down: AlphaBay, which was targeted as part of Operation Bayonet, and Hansa, which was taken over and decrypted by Dutch law enforcement agencies.

Non-English language darknet markets

The author of an EMCDDA study on the darknet explained that two-thirds of transactions on the darknet were drug related.¹ There are several global English markets, and some non-English markets that are restricted geographically. The role played by national customs agencies and the influence of traditional markets and traditional physical drug markets on these newer online markets were examined.

Cybercrime conference

continued

Tackling darknet criminality

Online trade was viewed as a major threat in Europol's Serious and Organised Crime Threat Assessment (SOCTA) and Internet Organised Crime Threat Assessment (IOCTA) 2017. Despite this, significant knowledge gaps were identified. Potential responses included monitoring, seizures and taking down markets using specialised darknet investigation teams and cyberpatrol actions. It was anticipated that more darknet markets will emerge and that they may replace or otherwise significantly impact traditional drug markets.

Undercover and trust

Money laundering using bitcoin

One presentation described a money-laundering investigation that used bitcoin transactions. The benefits and concerns of using undercover agents were highlighted. The presenter emphasised the importance of using undercover agents, advanced technology and classical investigative techniques in tandem. Using this approach ensured that the process and all individuals involved could be identified.

Comparing drug cryptomarkets

This session included a presentation on a study that systematically measured structures and trends on the darknet marketplace AlphaBay.¹ Data were gathered between September 2015 and August 2016. The results indicated that 2,188 vendors offered 11,925 drug items that resulted in USD 94 million sales in the drugs section. Cocaine-, cannabis-, heroin-, and ecstasy-type products accounted for approximately 64% of the sales. The main countries of origin were the United States, United Kingdom, Australia, the Netherlands and Germany. Only 5% of those selling drugs earned greater than \$200,000, accounting for 53% of total revenue reported; and 58% of those selling drugs earned below \$10,000, which accounted for 3.5% of the total revenue. The author concluded that further research was necessary to examine the interaction between traditional and darknet drug markets.¹

Cryptocurrencies

Presentations highlighted the main problems that arose when attempting to seize cryptocurrencies. The importance of understanding the purpose of a bitcoin transaction in the blockchain system was emphasised. Law enforcement agencies need to understand the use of concurring currencies as part of a blockchain system, how to recognise and seize cryptocurrencies, and how to access support from technical experts.

Cybercrime teams

Presenters provided an overview of policies and activities that should be considered when setting up a cybercrime team. For example, the Organization for Security and Co-operation in Europe (OSCE) has an anti-drug mandate aimed at addressing threats to security and stability because of drug-related activities. The importance of OSCE-supported training was emphasised, as it provided law enforcement officers that do not have an IT specialism with an opportunity to learn about criminality on the internet, dark web, dark markets, Tor browser and virtual currencies. Officers also learn online investigative skills and encryption and anonymity techniques. An example of a unit that drew on simple methods and open source tools that are freely available was provided.

Medical counterfeits and internet

The HPRA, who are responsible for regulating medicines, medical devices and other health products in Ireland, highlighted the work of Operation Pangea, which is an international operation that aims to find, disrupt and take down illegal suppliers of medicines and medical devices online. A multiagency international approach was highlighted as the most effective use of available resources. Moreover, this approach demonstrated to offenders that agencies will work together to end illegal activities. An overview was also provided of existing investigative practices used by the HPRA to find individuals dealing medicines online, actions that were taken, and issues encountered.

Conclusion

The meeting of the Pompidou Expert Working Group on Drug-Related Cybercrime at Dublin Castle provided a platform for interesting, extensive, and in-depth discussion of current policies and practices, and the lessons learned from existing and past operations. The main points that emerged consistently during the two-day meeting were in order to succeed in the battle against drug-related cybercrime, it was essential that there was greater collaboration and sharing of information among those working in this area at a national, European and global level. Secondly, due to the continued advancements and evolving nature of the internet and darknet and how it is used, ongoing professional development was viewed as vital to ensure that law enforcement officers had the necessary skillset to enable them to continue to tackle drug-related cybercrime.

Ciara H Guiney

1 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol (2017) *Drugs and the darknet: perspectives for enforcement, research and policy*. Luxembourg: Publications Office of the European Union. <https://www.drugsandalcohol.ie/28246>

2 Tzanetakis M (2018) Comparing cryptomarkets for drugs. A characterisation of sellers and buyers over time. *International Journal of Drug Policy*, 56: 176–186.

Drug squads: units specialised in drug law enforcement in Europe

Drug law enforcement via specialised drug units was identified by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) as an important route to reducing drug supply in Europe.¹ In 2014, the EMCDDA conducted a follow-up study of their earlier paper with the aim of monitoring changes in the quantity of specialised drug squads and how they are staffed.²

Methodology

The data for this study were collected between 2012 and 2015. National reference persons from 28 EU member states, Norway and Turkey were invited to complete a short questionnaire, which contained items from the original study and options to provide further information. Only 12 participants from the original study completed the updated question; the remaining 18 were completed by new reference persons.

Results

Drug squads in Europe in 2012 and 2015

The reported drug squad units (DSUs) were located within different organisational structures, such as police forces, customs, and other law enforcement agencies. In consequence, there were differences between functionality, administrative and territorial levels. Overall, as shown in Table 1, the total number of DSUs decreased across Europe between 2012 and 2015. However, in Ireland, the number of DSUs nearly doubled, increasing from 29 (2012) to 57 (2015).

Staff numbers within drug squads in Europe

Overall, there was a 5% increase in the number of staff employed in DSUs between 2012 (19,490) and 2015 (20,515) across Europe. A further breakdown at a national level indicated that some countries showed an increase, for example, the Netherlands and Turkey. Other countries showed a decrease, for example, Austria and Hungary. Three countries, Germany, Latvia and Romania, reported no changes to staff levels between 2012 and 2015. In relation to Ireland, an increase in staffing levels was shown. Although the total number of employees assigned to DSUs increased by approximately 3%, the total number of officers assigned to DSUs was more than double that amount (7.45%).

Drug law enforcement in countries without drug squads

Several countries indicated that specialised drug law enforcement units did not exist in their countries (Finland, Sweden, United Kingdom and Norway). The reason put forward for this was organisation restructuring that resulted in drug units being reintegrated into serious organised crime units.

Table 1: Change in the number of drug squad units by country between 2012 and 2015

Country	2012	2015
Austria	10	10
Belgium ^a	41 ^b	28
Bulgaria	32	10
Croatia ^a	—	20 ^c
Cyprus	1	1
Czech Republic	3	2
Denmark	1	13
Estonia	6	5 ^d
Finland	26	0
France	99	209
Germany	250	250
Greece ^a	—	4 ^c
Hungary	2	1
Ireland	29	57
Italy	41	242
Latvia	3	3
Lithuania	12	12
Luxembourg	8	8
Malta	1	1
Netherlands	5	5
Norway	28	0
Portugal	53	70
Poland	301	149
Romania	44	44
Slovakia	2	1 ^d
Slovenia	13	5
Spain	118	3
Sweden	—	0 ^c
Turkey	4	4
United Kingdom	54	0
Total	1187	1133^c

Source: EMCDDA, 2017, p. 3²

^a Countries that did not take part in the 2012 study.

^b Figure retroactively provided in the 2015 update.

^c Countries provided figures for 2015 only; therefore, the number of drug squads was not taken into account in the comparison.

^d Minimum number that could be extracted from the answer provided; the real number is likely to be higher.

Changes in the mandates of drug squads

- **Technical mandates and terminology:** Mainly, across European countries, technical aspects of drug law enforcement are not standardised. Notably, little or no changes have occurred since 2012. In addition, there are disparities in the type of terminology that is used.
- **Territorial mandates:** This refers to the 'jurisdiction within which the responsibility and operations of a drug squad extend' (p. 7). Drug squads can be assigned to one of four types: international, national, regional, and local. No major changes were shown since 2012.
- **Drug law enforcement functions:** The majority of drug law enforcement units (n=26) fulfil their technical mandates utilising multiple functionality (p. 9):
 - Case management, which refers to evidence that is provided to the prosecution.
 - Intelligence management, which refers to the process involved in obtaining and processing of information and how it is made available to law enforcement.
 - Operations, which refers to all overt and covert operations that aim to reduce drug supply.

Limitations

A number of limitations have been identified. For example, figures for staff assigned to drug units need to be interpreted with caution as it is likely that some countries may have under-reported the total number of staff. Moreover, others that reported officers and total staff pointed out that an unknown number of these worked full-time in this area.

Conclusion

In the main, the European drug law enforcement situation in 2015 is similar to that found in 2012. Drug law enforcement activities were mainly overseen by the justice department in each jurisdiction. Although the number of drug squads and law enforcement officers decreased since 2012, the overall level of staff employed in this area increased. Countries that were more sparsely populated, such as Ireland, reported higher proportions of drug law enforcement employees than those that were more densely populated.

The EMCDDA has acknowledged that the update was limited and has recommended that drug law enforcement processes utilised in European member states should be standardised in order to allow comparisons between the varied organisations and existing mandates. This would build on the current knowledge and understanding of work already done in this area.

Ciara H Guiney

- 1 European Monitoring Centre for Drugs and Drug Addiction (2013) *Drug squads: units specialised in drug law enforcement in Europe*. Luxembourg: Publications Office of the European Union. <https://www.drugsandalcohol.ie/21060/>
- 2 European Monitoring Centre for Drugs and Drug Addiction (2017) *Drug squads: units specialised in drug law enforcement in Europe. Situation in the EU member states, Norway and Turkey in 2015*. Luxembourg: Publications Office of the European Union. <https://www.drugsandalcohol.ie/28340/>





National Drugs Library

UPDATES

Recent publications

The following abstracts are cited from published journal articles recently added to the repository of the HRB National Drugs Library at www.drugsandalcohol.ie

PREVALENCE AND CURRENT SITUATION

Trends in injector deaths in Ireland, as recorded by the National Drug-Related Deaths Index, 1998–2014

Lynn T, Lynn E, Keenan E and Lyons S (2018)
J Stud Alcohol Drugs, 79(2): 286–292.
<https://www.drugsandalcohol.ie/28728/>

The purpose of this study was to provide trend analysis on all deaths among drug users who injected at or around the time of their death in Ireland between 1998 and 2014.

This study is the first to describe the trends in all deaths among drug users who injected at or around the time of their death in Ireland between 1998 and 2014. The analysis provides empirical evidence that can be used by policy makers to support the ongoing improvement of drug treatment services, harm reduction initiatives, and overdose prevention strategies for people who inject drugs.

'Bury don't discuss': the help-seeking behaviour of family members affected by substance-use disorders

McDonagh D, Connolly N and Devaney C (2018)
Child Care in Practice, Early online.
<https://www.drugsandalcohol.ie/28867/>

This paper focuses on the help-seeking behaviour of those affected by substance use within their families, exploring the ways in which informal, semi-formal and formal supports are drawn on. The prohibitive factors and barriers influencing decision making by families in need is also discussed. Through a qualitative research approach this study collates the perspectives of a cohort of family members in Ireland, with a view to informing and enhancing the design and delivery of support services. While participants positively endorsed most forms of formal support, services were sought and accessed in an ad-hoc fashion, with a range of psychological, geographical and emotional barriers presenting.

The availability of services and the stigma associated with having family members affected by substance-use disorders are also highlighted. The paper provides opportunities and recommendations for potential ways of overcoming such barriers in order to access family support at an earlier stage.

Benzodiazepine and Z-drug prescribing in Ireland: analysis of national prescribing trends from 2005 to 2015

Cadogan CA, Ryan C, Cahir C, Bradley CP and Bennett K (2018)
Br J Clin Pharmacol, 84(6): 1354–63.
<https://www.drugsandalcohol.ie/28750/>

The aim of this study was to examine prescribing trends for benzodiazepines and Z-drugs to General Medical Services (GMS) patients in Ireland.

Benzodiazepine prescribing to the GMS population in Ireland significantly decreased from 2005 to 2015, and was coupled with significant increases in Z-drug prescribing. The study shows that benzodiazepine and Z-drug prescribing is common in this population, with a third receiving long-term prescriptions. Targeted interventions are needed to reduce potentially inappropriate long-term prescribing and use of these medications in Ireland.

Presentations and preceding factors of drug overdose amongst adolescents admitted to a large regional hospital

Maduemem KE, Adedokun C and Umana E (2018)
Ir Med J, 111(4).
<https://www.drugsandalcohol.ie/28870/>

Suicide is the third most common cause of death among adolescents globally, and poisoning is the leading method of attempted suicide. Survival after self-poisoning or drug overdose (OD) is common, providing an opportunity for secondary prevention. The aim of this study was to highlight pattern of presentations and preceding factors of OD in an adolescent population. We retrospectively evaluated the data of 85 adolescents presenting to a large regional hospital with OD over a 3-year period. The female-to-male ratio was 4.3:1. The median age of adolescents was 15.83 (range: 11.32–16.98) years. History of deliberate self-harm (DSH) was documented in 44.7%. Twenty-eight (33%) patients had been under the care of the CAMHS prior to index admission. Acetaminophen was the commonest drug used. Depression was the most common cause of mental illness in the study group. Substance abuse and conduct disorder were significantly commoner in males ($p < 0.05$). Self-poisoning including OD in adolescence is a strong predictor of suicide; understanding the probable triggers can be significant in establishing appropriate prevention strategies.

Recent publications continued

Acute hospital reconfiguration and self-harm presentations: a before-and-after study

Griffin E, Murphy C, Perry IJ, Lynch B, Arensman E and Corcoran P (2018)
Ir J Med Sci, Early online.
<https://www.drugsandalcohol.ie/28777/>

We assessed the impact of the reconfiguration of acute services within a hospital group in terms of the number and clinical management of self-harm presentations.

There is evidence to suggest that acute hospital reconfiguration of hospital services impacts on patterns of patient flow. Findings have implications for those implementing reconfiguration of acute services.

Survival from alcoholic hepatitis has not improved over time

Hughes E, Hopkins L and Parker R (2018)
PLoS ONE, 13(2): e0192393.
<https://www.drugsandalcohol.ie/28817/>

We aimed to describe changes in survival in alcoholic hepatitis (AH) over time by examining published data.

There has been no improvement in mortality from AH. This is not explained by changes in severity of disease. This emphasises the urgent need for effective treatments for this alcoholic hepatitis.

The impact of the Great Recession on the Irish drug market

Windle J (2017) *Criminol Crim Justice*, Early online.
<https://www.drugsandalcohol.ie/28797/>

This article analyses 10 years (2004–2014) of An Garda Síochána controlled drug data to investigate the impact of economic recession and globalization on the Irish illicit drug market. The limited international literature on recessions and drug markets suggests that economic downturns can increase both drug consumption and dealing. Gardaí data may, however, suggest that the 2008 Great Recession reduced drug use and dealing, yet increased the cultivation and manufacture of drugs: trends which largely conflict with the international literature. Two testable hypotheses are drawn from the data: (1) net consumption and trade of illicit drugs were reduced by emigration triggered by the Great Recession; (2) the Great Recession forced an adaptation in the market which sped up the process towards import substitution of cannabis cultivation. The article concludes by investigating how recent changes highlight the globalized nature of Irish drug markets before proposing avenues for further research.

Making the invisible visible: masculinities and men's illicit recreational drug use

Darcy C (2018) *Irish Journal of Sociology*, 26(1): 5–24.
<https://www.drugsandalcohol.ie/28662/>

This paper highlights a significant gender disparity within Ireland's illicit drug landscape, which is predominantly composed of men. Irish men's historical gender invisibility contributed to their predominance as drug users being overlooked. Thus, this paper focuses a masculinities lens on Irish men's recreational use of illicit drugs, making their drug taking visible as a gendered activity.

The study reveals masculinities are an interpretative lens employed by men when trying to understand their own or other men's drug taking. It is argued that men's drug taking and masculinities intersect. In homosocial contexts, men's recreational use of illicit drugs can contribute to them demonstrating masculinities to other drug-taking men; however, outside of these contexts, the same behaviours can be viewed by non-drug takers as emasculating.

Frequently used drug types and alcohol involvement in intentional drug overdoses in Ireland: a national registry study

Daly C, Griffin E, Ashcroft DM, Webb RT, Perry IJ and Arensman E (2018)
Eur J Public Health, 28(4): 681–686.
<https://www.drugsandalcohol.ie/28709/>

We aimed to determine the profile of patients engaging in overdose, to identify drugs frequently used and to quantify the contributions of multiple drug use and alcohol involvement.

People who engage in IDO frequently take prescription only or sales restricted drugs, often involving alcohol and/or multiple drug use. These findings highlight the importance of addressing drug and alcohol misuse, potential inappropriate prescribing and the enforcement of legislation restricting specific drug sales.

'Blood letting' – self-phlebotomy in injecting anabolic-androgenic steroids within performance and image enhancing drug (PIED) culture

Brennan R, Wells J and Van Hout MC (2018)
Int J Drug Policy, 55: 47–50.
<https://www.drugsandalcohol.ie/28680/>

New evidence with regard to a previously undocumented practice – self-phlebotomy, known as 'bloodletting' – in contemporary injecting performance and image enhancing drug (PIED) culture is the subject of this paper. While self-phlebotomy has been evidenced in psychiatric patients previously, it was performed here in people who inject AAS [anabolic-androgenic steroids] as a self-directed healthcare procedure.

This study is intended to provide the first snapshot of online communal activity around practice of self-phlebotomy or bloodletting amongst people who inject AAS. Further research in this area is warranted, and will be of benefit to healthcare workers, treatment providers and policy makers particularly as this relates to evidence informed and targeted harm reduction policies and effective public health interventions.

Recent publications continued

Intentional drug overdose involving pregabalin and gabapentin: findings from the National Self-Harm Registry Ireland, 2007–2015

Daly C, Griffin E, Ashcroft DM, Webb RT, Perry IJ and Arensman E (2017)
Clin Drug Invest, 38(4): 373–380.
<https://www.drugsandalcohol.ie/28436/>

This paper examines the trends in the prevalence of gabapentinoids taken in intentional drug overdoses (IDO), the profile of individuals taking them, and associated overdose characteristics.

This study identified the increasing use of gabapentinoids in IDO, describing the profile and overdose characteristics of presentations. It is important for clinicians to exercise vigilance while prescribing gabapentinoids, including being aware of other medications that their patients may have access to. Our findings support the need for routine monitoring for signs of misuse among those prescribed gabapentinoids.

Microsystems of recovery in homeless services: the influence of service provider values on service users' recovery experiences

Manning RM and Greenwood RM (2018)
Am J Community Psychol, 61(1–2): 88–103.
<https://www.drugsandalcohol.ie/28449/>

In the present mixed-methods study, the relationship of service providers' work-related values to their service users' recovery experiences in the microsystem of homelessness were examined. Findings confirm that providers' values are an important influence on service users' recovery. Results are discussed in terms of their implications for recovery-oriented theory and practice.

Health and social problems associated with recent novel psychoactive substance (NPS) use amongst marginalised, nightlife and online users in six European countries

Van Hout MC, Benschop A, Bujalski M, Dabrowska K, Demetrovics Z, Felvinczi K, *et al.* (2017)
Int J Ment Health Addict, 6(2): 480–95.
<https://www.drugsandalcohol.ie/28500/>

The study describes health and social consequences of recent NPS use as reported in a survey of marginalised, nightlife and online NPS users in the Netherlands, Hungary, Portugal, Ireland, Germany and Poland (n=3023).

Marginalised users reported substantially more acute side effects, more mid- and long-term mental and physical problems, and more social problems. Development of country-specific NPS awareness raising initiatives, health and social service needs assessments, and targeted responses are warranted.

Evidence from qualitative studies of youth about the impacts of tobacco control policy on young people in Europe: a systematic review

Papanastasiou N, Hill S and Amos A (2018)
Nicotine Tob Res, Early online.
<https://www.drugsandalcohol.ie/28488/>

We reviewed existing qualitative evidence on young people and smoking in Europe in order to assess whether, in what ways and why young people comply with, adapt to, resist or circumvent tobacco control policies in their respective countries.

There is very little qualitative evidence exploring the impacts of tobacco control on youth smoking in Europe. To develop more effective smoking prevention policies that take account of local political, social and cultural contexts, more qualitative research from a wider range of European countries is needed in order to understand how tobacco control impacts on young people's social worlds and smoking behaviours.

Self-harm among the homeless population in Ireland: a national registry-based study of incidence and associated factors

Barrett P, Griffin E, Corcoran P, O'Mahony M and Arensman E (2018)
J Affect Disord, 229: 523–31.
<https://www.drugsandalcohol.ie/28457/>

The study aim was to estimate the incidence of self-harm among the homeless population and to assess factors associated with self-harm.

The study only reflects self-harm presenting to hospital, and assumes no change in homelessness status after index presentation. Residual confounding may affect the results.

There is a disproportionate burden of self-harm among the homeless. Targeted preventive actions are warranted.

Traumatic brain injury and co-occurring problems in prison populations: a systematic review

O'Rourke C, Linden MA, Lohan M and Bates-Gaston J (2016)
Brain Inj, 30(7): 839–54.
<https://www.drugsandalcohol.ie/28446/>

The aim of this review is to systematically explore the literature surrounding the rates of traumatic brain injury (TBI) and their co-occurrences in a prison population.

The high degree of variation in TBI rates may be attributed to the inconsistent way in which TBI was measured, with only seven studies using valid and reliable screening tools. Additionally, gaps in the literature surrounding personality outcomes in prisoners with TBI, female prisoners with TBI and qualitative outcomes were found.

Recent publications continued

The associations among personality, alcohol-related Protective Behavioural Strategies (PBS), alcohol consumption and sexual intercourse in Irish, female college students

Moylett S and Hughes BM (2017) *Addict Behav Rep*, 6: 56–64. <https://www.drugsandalcohol.ie/28433/>

The study presented one of the first examinations of the associations among personality, alcohol-related protective behavioural strategies (PBS), alcohol consumption, sexual intercourse and sex-related alcohol negative consequences in Irish, female college students (n=522).

The findings of this study posited that the use of PBS has a key role to play in the levels of sexual intercourse and alcohol consumption, age and openness, and the associated negative sexual consequences in Irish, female college students.

Is problem alcohol use being detected and treated in Irish general practice?

O'Regan A, Cullen W, Hickey L, Meagher D and Hannigan A (2018) *BMC Fam Pract*, 19(1): 30. <https://www.drugsandalcohol.ie/28595/>

The aims of this study were to investigate the prevalence of documentation of problem alcohol use in patient records in Irish general practice, and to describe the documentation of its diagnosis and treatment.

This is the first large scale study of patient records in general practice in Ireland looking at documentation of screening and treatment of problem alcohol use. It highlights the current lack of documentation of alcohol problems and the need to re-inforce positive attitudes among GPs in relation to preventive work.

A longitudinal qualitative analysis of the lived experience of the recovery process in opioid-dependent patients post-detoxification

Ivers JH, Larkan F and Barry J (2018) *J Psychoactive Drugs*, 50(3): 231–39. <https://www.drugsandalcohol.ie/28586/>

The aim of the study was to gain an in-depth understanding of opioid-dependent patients' lived experiences post-detoxification.

Recovery was seen as a process that was not always linear, and lapse and relapse were viewed as part of this process. Patients had great insight into 'risk factors for relapse', information and knowledge gained over several years and many treatment episodes. Furthermore, the findings illustrate the role insight plays in any learning and growth experience and the emphasis that is placed upon it within the treatment journey; insight is a fundamental underpinning to any real growth and development. The current article argues that insight merits a more explicit role in the model of recovery capital.

Health and social care workers' perceptions of NPS use in Northern Ireland

Campbell A, O'Neill N and Higgins K (2017) *Int J Drug Policy*, 40: 93–101. <https://www.drugsandalcohol.ie/28564/>

Due to the recent emergence of NPS and rapidly changing nature of the market, evidence about the way in which the emerging drugs are managed in health and social care settings is limited.

Study respondents reported that addressing NPS related issues with service users was a key aspect of their daily role and function. Levels of injecting behaviours were also viewed as relatively high by study participants. Almost all workers used harm reduction as their primary approach when working with service users and the majority of respondents called for additional practical training in relation to addressing drug interactions and intervening with NPS related issues.

Same crime: different punishment? Investigating sentencing disparities between Irish and non-Irish nationals in the Irish criminal justice system

Brandon AM and O'Connell M (2017) *Br J Criminol*, azx080, Early online. <https://www.drugsandalcohol.ie/28629/>

This exploratory study examines whether disparities exist between the sentencing of Irish and non-Irish defendants, using data from the Irish Prison Service.

Non-Irish nationals were statistically significantly under-represented in the offence categories, 'attempted robbery', 'vehicle theft', 'criminal damage', 'robbery', 'parking fine offences', 'assault causing harm', 'intoxication in a public place', 'threatening behaviour in a public place', 'unlawful possession of drugs' and 'no television licence'. They were statistically significantly over-represented in the offence categories, 'driving under the influence', 'no vehicle insurance', 'theft' and 'possession of drugs for sale/supply (to the value of <€13,000)'.

Drug affordability—potential tool for comparing illicit drug markets

Groshkova T, Cunningham A, Royuela L, Singleton N, Siggers T and Sedefov R (2018) *Int J Drug Policy*, 56: 187–196. <https://www.drugsandalcohol.ie/28619/>

This paper reviews some conceptual issues and measurement challenges relevant to the interpretation of price data. It also highlights the issues with between-country comparisons of drug prices and introduces the concept of affordability of drugs, going beyond purity-adjustment to account for varying national economies.

It is argued that purity-adjusted price alone provides an incomplete comparison of retail price across countries. The proposed new method takes account of the differing economic conditions within European countries, thus providing a more sophisticated tool for cross-national comparisons of retail drug markets in Europe. Future work will need to examine other potential uses of the drug affordability tool.

Recent publications continued

A cost-effectiveness analysis of school-based suicide prevention programmes

Ahern S, Burke LA, McElroy B, Corcoran P, McMahon EM, Keeley H, *et al.* (2018) *Eur Child Adolesc Psychiatry*, Early online. <https://www.drugsandalcohol.ie/28585/>

We aimed to conduct a full cost-effectiveness analysis (CEA) of the large pan-European school-based RCT, Saving and Empowering Young Lives in Europe (SEYLE).

This CEA supports YAM [Youth Aware of Mental Health] as the most cost-effective of the SEYLE interventions in preventing both a suicide attempt and severe suicidal ideation.

Attitudes of Irish patients with chronic pain towards medicinal cannabis

Rochford C, Edgeworth D, Hashim M and Harmon D (2018) *Ir J Med Sci*, Early online. <https://www.drugsandalcohol.ie/28551/>

The aim of this study was to evaluate the attitudes of Irish patients with chronic pain towards medicinal cannabis.

The study highlights the attitudes of chronic pain patients in Ireland towards medicinal cannabis. It shows their desire to have medical cannabis legalised for chronic pain and that they view it as a reasonable pain management option.

RESPONSES

Recommended next care following hospital-treated self-harm: patterns and trends over time

Arensman E, Griffin E, Daly C, Corcoran P, Cassidy E and Perry IJ (2017) *PLoS ONE*, 13(3): e0193587. <https://www.drugsandalcohol.ie/28690/>

The specific objectives of this study were to examine variation in the care of self-harm patients in hospital settings and to identify the factors that predict recommended next care following self-harm.

The extensive hospital variation in recommended next care indicates that management of self-harm patients may be determined more by where they present than by the needs of the patient. The study outcomes underline the need to standardise the clinical management of self-harm patients in general hospital settings.

The potential of neuroimaging for identifying predictors of adolescent alcohol use initiation and misuse

O'Halloran L, Nymberg C, Jollans L, Garavan H and Whelan R (2017) *Addiction*, 112(4): 719–26. <https://www.drugsandalcohol.ie/28642/>

We outline how neuroimaging data can identify the neural predictors of adolescent alcohol-use initiation and misuse by using prospective longitudinal studies to follow initially alcohol-naïve individuals over time and by neuroimaging adolescents with inherited risk factors for alcohol misuse.

Neuroimaging predictors of alcohol use have shown modest utility to date. Future research should use out-of-sample performance as a quantitative measure of a predictor's utility. Neuroimaging data should be combined across multiple modalities, including structural information such as volumetrics and cortical thickness, in conjunction with white-matter tractography. A number of relevant neurocognitive systems should be assayed; particularly, inhibitory control, reward processing and executive functioning. Combining a rich magnetic resonance imaging data set could permit the generation of neuroimaging risk scores, which could potentially yield targeted interventions.

Boxing and substance use rehabilitation: building skills and capacities in disadvantaged communities

Morton S, O'Brien K and O'Reilly L (2018) *Community Dev J*, Early online. <https://www.drugsandalcohol.ie/28721/>

This paper considers the role of boxing training and mentoring in the context of the change processes for participants engaging in a twenty-week community based integrated fitness and education substance use rehabilitation programme.

The positive attributes associated with the 'boxer' identity has the potential to provide an alternative to 'the addict' identity within socially disadvantaged communities. It is argued that the boxing gym, particularly when nested within a range of educational and emotional supports, can become an empowering setting within a community. The coaching approach has the potential to challenge gendered norms in relation to sport and fitness, while also supporting participants to utilize their physical bodies with intent and focus. The inclusion of programme mentors is an important consideration for substance use rehabilitation programmes, especially within communities characterized by exclusion and isolation.

POLICY

Impact of tobacco control policies on smoking prevalence and quit ratios in 27 European Union countries from 2006 to 2014

Feliu A, Filippidis FT, Joossens L, Fong GT, Vardavas CI, Baena A, *et al.* (2018) *Tob Control*, Early online. <https://www.drugsandalcohol.ie/28618/>

The aim of this paper was to assess the midterm association of tobacco control policies on smoking prevalence and quit ratios among 27 European Union (EU) Member States (EU27).

EU27 should continue implementing comprehensive tobacco control policies as they are key for reducing the prevalence of smoking and an increase in tobacco cessation rates in their population.

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