Treated Drug Misuse in Ireland

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First National Report 1995

by
Kathleen O'Higgins and
Petrina Duff

THE HEALTH RESEARCH BOARD

National Drug Treatment Reporting System

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COVER ILLUSTRATION: The Turnstone *Arenaria interpres.* A wading bird distinguished by its habit of turning over small stones in search of food. From a plaque – symbolising research – at the Health Research Board, it was sculpted by staff at the Office of Public Works from a drawing by the late Gerrit van Gelderen.

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Petrina Duff, B.A. worked at the Health Research Board as temporary replacement for Ms Mary O'Brien who was on one year study leave. She had previously been employed at the National Rehabilitation Board as HANDYNET Database Research Co-Ordinator.

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CHAPTER 5

HEALTH BOARD AREAS
FIRST TREATMENT CONTACTS

Chapter 4 described the situation in the Greater Dublin Area relating to the first treatment clients or the incidence of treated drug misuse. This chapter will deal with the situation in the health boards excluding the Greater Dublin area.

During 1995 the total number of first contact clients was 491. The proportion of this group who were teenagers was 47 per cent and 77 per cent were under 25 years old.

The mean age of the clients in this first contact group was 22.2 years – the mean age of males being 21.6 years and the mean age of females was 25.0 years. On this point of age, similar age groups to those included in other chapters have been retained even though in the case of this first treatment group, the overall number can be quite small in any of the age groups, particularly the older age groups. The vast majority of the clients who first came for treatment in 1995 were males – 83 per cent. Thirteen per cent had left school before the age of 15 years and a further 19 per cent at 15 years. Seventy-three per cent were living with their parental family and fifty-nine per cent were unemployed

Twelve per cent had cited their primary drug as an opiate and cannabis was the drug with the highest proportion of misusers (50 per cent). Stimulants accounted for 27 per cent. In this chapter, details have been included of the breakdown between the various health boards by the primary drug used by the client.

These data for the year 1995 will be set out under the same headings as in the other chapters:

(a) some of the socio-demographic characteristics of the clients;
(b) aspects of their history of drug misuse;
(c) facets of the clients' injecting and needle-sharing practices.

SECTION (a) – SOME SOCIO-DEMOGRAPHIC CHARACTERISTICS

In this section the sex of the clients, their age, living status, age they left school and the level of education they had reached will be examined. As in the earlier chapters the employment status of the clients will be the last variable to be examined in this section.

Sex

Age is the first of the cross-tabulations by sex, followed by education, living status and employment status.

Age

Few differences in age appeared between the sexes when one looked at the teenage group, 47 per cent of the males and 46 per cent of the females. However if the two oldest groups are combined, i.e. those over 30 years old – females were proportionately twice as likely to be in that group than were males (9.4 per cent of males and 20.5 per cent of females, Table 5.1). However, overall the difference between the sexes was significant at p<.026 level. This is reflected in the above-mentioned higher mean age of females.

Table 5.1 – Age by sex

Age	Male	Female	Total
		per cent	
<15 years	3.5	2.4	3.3
15-19 years	43.8	43.4	43.7
20-24 years	31.7	21.7	30.0
25-29 years	11.6	12.0	11.7
30-34 years	4.0	4.8	4.1
35 years +	5.4	15.7	7.2
Per cent	100.0	100.0	100.0
N=	404	83	487
Missing observations=4			

Education

Overall almost one-third of the clients had left school at or before the school-leaving age, but proportionately slightly more men had done so than women – 35 per cent men and 30 per cent of women. Differences were significant at the p<.09 level. Given that at 15 or even younger one would enter secondary level education it is not surprising that on the level of education reached (Table 5.3) no major differences were apparent between the sexes with in each case 69 per cent having some secondary education. Only a slightly high proportion of females (10 per cent) than males (8 per cent) had reached third level.

Table 5.2 – Age left school by sex

Age left school	Male	Female	Total
		per cent	
<15 years	14.4	8.5	13.5
15 years	20.2	11.9	18.9
16 years +	45.5	57.6	47.4
Still at school	19.9	22.0	20.2
Never at school	0.0	0.0	0.0
Per cent	100.0	100.0	100.0
N=	312	59	371
Missing observations=120			

Table5.3-Highesit level of education reached by sex			
Level of education	**Male**	**Female**	**Total**
		per cent	
Primary	4.7	2.9	4.3
Secondary	68.9	68.6	68.8
Third level	8.4	10.0	8.7
Still at school	18.0	18.5	18.2
Never at school	0.0	0.0	0.0
Per cent	100.0	100.0	100.0
N=	344	70	414
Missing observations=77			

Living status

Approaching three-quarters (73 per cent) of the clients were living with their parental family but as has been found in the other chapters, proportionately fewer females than males were doing so.

Table 5.4 – Living status by sex			
Living status	**Male**	**Female**	**Total**
		per cent	
Parental family	74.6	63.0	72.6
Partner	10.0	19.8	11.7
Institution/Homeless	2.8	1.2	2.6
Friends	3.6	2.5	3.3
Alone	5.7	11.1	6.6
Lone parent	1.3	1.2	1.3
Other	2.0	1.2	1.9
Per cent	100.0	100.0	100.0
N=	389	81	470
Missing observations=21			

A small proportion (7.3 per cent) of those in treatment for the first time in 1995 were living with other drug misusers. The number involved is obviously also small (32 individuals) but the interesting thing is that the proportion of women living with a drug user is almost double that for men – 11.8 per cent of women to 6.3 per cent of men. However, while there was a difference between the sexes it was not significant ($p<.093$).

Table 5.5 – Those living with a drug misuser by sex			
Living with a drug misuser	**Male**	**Female**	**Total**
		per cent	
Yes	6.3	11.8	7.3
No	93.7	88.2	92.7
Per cent	100.0	100.0	100.0
N=	363	76 439	
Missing observations=52			

On the living status of the small number who are living with drug misusers, we have not included a table here since the numbers are so small (23 men and 9 women) but for what it is worth the data show that men are more likely to live with their parental family than women.

Employment

A smaller proportion of the first treatment clients were in the unemployed group than were the total treatment clients, the proportion overall being 59 per cent. There was very little difference between men and women on this variable (Table 5.6).

Table 5.6 – Employment status by sex

Employment status	Male	Female	Total
		per cent	
Unemployed/casual	59.2	60.5	59.4
Regular employment	20.8	16.0	20.0
Other	20.0	23.5	20.6
Per cent	100.0	100.0	100.0
N=	390	81	471
Missing observations=20			

Age

On the crosstabulation of age with education, age left school and level of education reached were considered. Tables 5.7 and 5.8 give the details here. It was pointed out earlier that all the table breakdowns in each chapter would be kept similar to facilitate comparison, but for this variable, because of the small numbers in the 30 plus age category (30 clients) they will be combined only in the text combined doing a separate calculation which showec that 30 per cent had left school before the age of 15 and a further 13 per cent had left at the official minimum school leaving age.

The vast majority of the clients had had some secondary education, but as usual with the data on this question, the likelihood of clients having some level of secondary education was large anyway. For the available data, the difference on these two crosstabulations was significant (p<.000).

Table 5.7- Age left school by age

Age left school	<15	15-19	20-24	25-29	30-34	35+	Total
				per cent			
<15 years	18.8	10.3	11.2	18.6	53.8	11.8	13.5
15 years	0.0	17.8	25.2	18.6	7.7	17.6	18.9
16 years +	0.0	37.4	62.6	62.8	38.5	70.6	47.6
Still at school	81.2	34.5	1.0	0.0	0.0	0.0	20.0
Never at school	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	16	174	107	43	13	17	370
Missing observations=121							

Table 5.8 – Highest level of education reached by age							
Level of education	**<15**	**15-19**	**20-24**	**25-29**	**30-34**	**35+**	**Total**
				per cent			
Primary	6.3	3.2	3.9	2.3	15.4	13.0	4.4
Secondary	12.5	59.8	83.5	93.2	76.9	52.2	68.9
Third level	0.0	5.3	11.8	4.5	7.7	34.8	8.7
Still at school	81.2	31.7	0.8	0.0	0.0	0.0	18.0
Never at school	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	16	189	127	44	13	23	412
Missing observations=79							

Living status

Again while the vast majority of the clients (73 per cent) were living with their parental family, this was a larger proportion than that for the total treatment group. This was not surprising since the mean age of the first treatment group was lower than that of the total treatment group. However, again living status was very much age dependent as may be seen from Table 5.9.

Table 5.9 – Living status by age							
Level of education	**<15**	**15-19**	**20-24**	**25-29**	**30-34**	**35+**	**Total**
				per cent			
Parental family	87.4	91.9	73.5	43.4	36.8	11.4	72.6
Partner	0.0	0.5	7.4	28.2	42.1	57.0	11.5
Institution/Homeless	12.6	1.5	1.4	7.6	0.0	2.9	2.6
Friends	0.0	1.4	6.6	5.7	0.0	2.9	3.4
Alone	0.0	1.4	8.2	13.2	15.8	20.0	6.6
Lone parent	0.0	1.0	0.7	1.9	5.3	2.9	1.3
Other	0.0	2.3	2.2	0.0	0.0	2.9	2.0
Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	16	209	136	53	19	35	468
Missing observations=23							

Employment

Where clients were unemployed, while the overall proportion was 60 per cent, the highest proportion was in the 25-29 year age group at 82 per cent.

Table 5.10 – Employment status by age							
Employment status	**<15**	**15-19**	**20-24**	**25-29**	**30-34**	**35+**	**Total**
				per cent			
Unemployed/casual	6.7	51.0	67.6	81.8	70.0	58.8	59.5
Regular employment	0.0	15.5	26.6	18.2	25.0	29.4	20.0
Other	93.3	33.5	5.8	0.0	5.0	11.8	20.5
Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	15	206	139	55	20	34	469
Missing observations=22							

SECTION (b) – ASPECTS OF THE CLIENTS' HISTORY OF DRUG MISUSE

Primary drug of misuse

Attention will now be drawn to the clients' history of drug misuse. The main crosstabulations will be by sex and age and we first consider the sex differences in the primary drug of misuse. With regard to opiates, there were clear differences between men and women. Proportionately more women than men who were in treatment cited an opiate as their primary drug (Table 5.11). This table also shows that the other main difference between the sexes was in the misuse of cannabis – proportionately twice as many men as women were involved with these drugs. Females were more likely to have a stimulant or an hypnotic or sedative as their primary drug than were males. The differences were significant at the p<000 level.

Table 5.11 – Primary drug of misuse by sex

Primary drug	Male	Female	Total
		per cent	
Opiates/Opioids	10.9	20.0	12.5
Stimulants	25.4	33.3	26.8
Hypnotics/Sedatives	2.5	11.9	4.1
Hallucinogens	4.4	2.4	4.1
Volatile inhalants	2.0	2.4	2.0
Cannabis	54.8	27.4	50.1
Other	0.0	2.4	0.4
Per cent	100.0	100.0	100.0
N=	405	84	489

Missing observations=2

In considering the age breakdown for this group of first contact clients, cannabis was the most likely primary drug and in all the age groups except for the over 35s where the most likely primary drug was either a hypnotic or a sedative. Caution must be exercised here in that the numbers in this older age groups for the first treatment clients were small but as was mentioned earlier, the age groups were retained to keep them in line with the analysis in the other chapters where the numbers were much greater. If the two oldest groups are combined, the picture shows a lower proportion of cannabis misusers (35 per cent) than in the other groups with 31 per cent of hypnotic/sedative misusers and 26 per cent misusing opiates. Retaining the original breakdown by age, the difference here between the particular drug cited as a primary drug and the age of the client was significant (p<.000).

Table 5.12 – Primary drug of misuse by age

Primary drug	<15	15-19	20-24	25-29	30-34	35+	Total
				per cent			
Opiates/Opioids	0.0	8.0	14.4	13.9	35.0	20.0	12.3
Stimulants	6.2	34.3	29.5	17.2	5.0	8.5	26.9
Hypnotics/Sedatives	0.0	0.0	0.7	3.4	0.0	48.6	4.1
Hallucinogens	0.0	5.2	4.0	5.2	0.0	0.0	4.1
Volatile inhalants	25.0	2.2	0.0	1.7	0.0	0.0	2.0
Cannabis	68.8	49.8	51.4	58.6	60.0	20.0	50.2
Other	0.0	0.5	0.0	0.0	0.0	2.9	0.4
Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	16	213	146	58	20	35	488

Missing observations=3

As with the total treatment group, significant differences were shown between the age the client left school and the primary drug of misuse. Table 5.13 shows that while cannabis was most likely to be cited as the primary drug in all the age groups, proportionately more of those who had left school at 15 years or under used an opiate as their primary drug. Those who had left school at 16 years or over or were still at school were least likely to mention an opiate. Half of the 16 years plus group and 61 per cent of the 'still at school' group cited cannabis.

Table 5.13 – Primary drug by age left school

Primary drug	<15	15 years	16 years+	Still at school	Total
			per cent		
Opiates/Opioids	25.5	27.1	11.4	1.3	14.2
Stimulants	31.4	17.1	30.7	22.7	26.6
Hypnotics/Sedatives	2.0	1.4	4.0	0.0	2.4
Hallucinogens	2.0	5.7	4.0	2.7	3.8
Volatile inhalants	0.0	1.4	0.0	10.7	2.4
Cannabis	39.2	45.7	50.0	61.3	50.0
Other	0.0	1.4	0.0	1.3	0.5
Percent	100.0	100.0	100.0	100.0	100.0
N=	51	70	176	75	372
Missing observations=119					

Table 5.14 has details of the breakdown for the most commonly used primary drug and this table shows that, as noted earlier, cannabis was the most common with 50 per cent of the clients citing cannabis as their primary drug. The second most common was ecstasy named by 26 per cent of the clients. The proportion citing heroin or another opiate was 12 per cent and the various other smaller proportions by drug are listed.

Table5.14 – Most commonly used primary drug

Drug	Percentage	N
Heroin	11.0	54
Other opiates	1.4	7
Cannabis	50.1	246
Ecstasy	25.6	125
Cocaine	0.9	4
Amphetamines	0.4	2
Other stimulants	0.2	1
Benzodiazapines	1.4	7
Other hypnotics/sedatives	2.6	13
LSD	3.0	14
Other hallucinogens	1.0	6
Volatile inhalants	2.0	10
Other	0.4	2
Totals	100.0	491

Again in this chapter we will look in some brief detail of the clients who named ecstasy as their primary drug.

The age range was from 14 years (1 client) to 35 years (2 clients) but the age group with the largest proportion of the clients (58 per cent) was the 15 to 19 year olds. Some 33 per cent were aged between 20 and 24 years old and this means that 91 per cent of the clients who named ecstasy as their primary drug were aged between 15 and 24 years old. The proportion of females was 21 per cent which is somewhat higher than the proportion of 17 per cent in the first treatment population.

Health Board breakdown by primary drug

It was stated at the outset of this chapter that breakdowns for particular health boards would be undertaken by primary drug and here the proportions of clients who had cited particular primary drugs in the different health board areas are set out. The Eastern Health Board area, which as noted earlier, includes part of Dublin outside the Greater Dublin area and also Wicklow and Kildare, showed that the highest proportion of the clients named an opiate as their primary drug. Cannabis had the highest proportion as a primary drug in four of the other health boards. However, clients in the North-Eastern Health Board area were most likely to have said that a stimulant was their primary drug. As has been shown on Table 5.14 this was most likely to have been ecstasy.

The small numbers in some of the areas make percentage data problematic. However, the frequencies on the variables are included in Appendix B.

Table 5.15 – Primary drug of misuse by health board area

Primary drug	Rest of EHB	SHB	SEHB	MWHB	MHB	NEHB	NWHB	WHB
				per cent				
Opiates/Opioids	43.9	2.5	0.0	9.7	6.5	25.0	15.4	25.0
Stimulants	19.8	29.1	15.9	38.7	29.0	57.1	30.8	0.0
Hypnotic/Sedatives	3.3	7.4	0.0	0.0	0.0	0.0	7.7	25.0
Hallucinogens	4.4	4.8	3.4	6.5	0.0	0.0	0.0	0.0
Volatile Inhalents	0.0	2.0	3.4	0.0	9.7	0.0	0.0	0.0
Cannabis	27.5	54.2	77.3	45.2	54.8	17.9	38.5	50.0
Other	1.1	0.0	0.0	0.0	0.0	0.0	7.7	0.0
Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	91	203	88	31	31	28	13	4

Age first used primary drug

The differences between the sexes on the age they had first used their primary drug were significant ($p<000$). If one looks at the teenage group here, it is obvious that males had a higher proportion of misusers than had females. Table 5.16 shows that 83 per cent of males were teenagers when they first used in contrast with 62 per cent of females. These differences are obviously compensated for in the proportions in the 20 to 24 year old group and the 25 years plus, where proportionately there were twice as many women as men.

Table 5.16- Age first used primary drug by sex

Age first used	Male	Female	Total
		per cent	
<15 years	22.6	8.9	20.2
15-19 years	60.6	53.2	59.4
20-24 years	10.6	22.8	12.7
25 years +	6.2	15.1	7.7
Per cent	100.0	100.0	100.0
N=	376	79	455
Missing observations=36			

There was a wide spread of age first used when one looked at this cross-tabulation but, as would be expected, those in the older age groups were most likely to have been older at age first used (Table 5.17).

Table 5.17 – Age first used primary drug by age

Age first used	<15	15-19	20-24	25-29	30-34	35+	Total
				per cent			
<15 years	100.0	28.3	11.6	7.0	10.6	0.0	20.0
15-19 years	0.0	71.7	65.9	54.4	36.8	11.8	59.3
20-24 years	0.0	0.0	22.5	35.1	15.8	11.8	12.7
25 years +	0.0	0.0	0.0	3.5	36.8	76.4	7.7
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	16	191	138	57	19	34	455
Missing observations=36							

While those whose primary drug was an opiate were most likely to have used as a teenager, proportionately more of those whose primary drug was either a stimulant or cannabis were using as teenagers (see Table 5.18). Again as noted earlier, the problem arises of making meaningful comment on small numbers

Table 5.18 – Age first used by primary drug by primary drug

Age first used	Opiates/ Opioids	Stimul-ants	Hypnotics Sedatives	Hallucin-ogens	Cannabis	Other	Total
				per cent			
<15 years	5.2	9.5	0.0	23.5	29.6	60.0	20.1
15-19 years	44.8	73.0	10.0	58.8	61.5	30.0	59.5
20-24 years	29.3	14.3	20.0	17.6	7.1	0.0	12.7
25 years+	20.7	3.2	70.0	0.0	1.8	10.0	7.7
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	50	126	20	17	226	10	457
Missing observations=34							

Duration of use of primary drug

Duration of use was included in the commentary on sex and age but we will now look separately at duration of use of primary drug by primary drug. Hypnotics and sedatives had the highest proportion with the longest duration of use. Sixty-eight per cent of those using these drugs had used them for 10 years or more. Here again, of course, one runs into the problem of numbers – only 19 clients were in this category anyway. Overwhelmingly in the case of all the other groups of drugs, the most likely duration was 3 years or less. In particular where opiates were concerned, the most likely duration of use was 2-3 years, and similarly for the proportions using stimulants and cannabis, the most likely duration was 2-3 years (Table 5.19).

Table 5.19 – Duration of use of primary drug by primary drug							
Duration of use	**Opiates/ Opioids**	**Stimul-ants**	**Hypnotics Sedatives**	**Hallucin-ogens**	**Cannabis**	**Other**	**Total**
				per cent			
One year or less	26.3	38.8	0.0	31.2	24.5	77.8	29.0
2-3 years	42.1	40.5	15.8	43.8	35.6	11.1	36.8
4-5 years	12.3	14.9	15.8	0.0	14.8	0.0	13.7
6-9 years	7.0	5.8	0.0	25.0	15.7	11.1	11.4
10 years +	12.3	0.0	68.4	0.0	9.4	0.0	9.1
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	57	121	19	16	216	9	438
Missing observations=53							

Some small differences occurred between males and females on the duration of use of their primary drug with a slightly higher proportion of females having the lowest duration (one year or less) but the majority of both sexes – 65 per cent of males and 67 per cent of females were using for less than 3 years.

Table 5.20 – Duration of use of primary drug by sex			
Duration	**Male**	**Female**	**Total**
		per cent	
One year or less	27.9	35.1	29.1
2-3 years	37.3	32.4	36.5
4-5 years	14.9	8.1	13.8
6-9 years	12.4	6.8	11.5
10 years+	7.5	17.6	9.2
Per cent	100.0	100.0	100.0
N=	362	74	436
Missing observations=55			

It would seem from the evidence of Table 5.21 that as could be expected, age did have an influence on the duration of use of the primary drug in that the older the client, the longer the duration of use.

Table 5.21 Duration of use of primary drug by age							
Duration	**<15**	**15-19**	**20-24**	**25-29**	**30-34**	**35+**	**Total**
				per cent			
One year or less	86.7	47.0	13.5	9.3	11.1	3.2	28.9
2-3 years	6.7	48.1	41.4	14.8	11.1	16.1	36.7
4-5 years	6.7	4.3	24.8	18.5	11.1	19.4	13.8
6-9 years	0.0	0.5	19.5	31.5	22.2	6.5	11.5
10 years+	0.0	0.0	0.8	25.9	44.4	54.8	9.2
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	15	185	133	54	18	31	436
Missing observations=55							

Frequency of use of primary drug

The difference between the sexes on the frequency of use was not significant (p<.211) even though Table 5.22 shows that proportionately close on twice as many women as men used their primary drug once per week or less and proportionately fewer women were in the more frequent user categories.

Table 5.22 –Frequency of use of primary drug by sex			
Frequency of use	**Male**	**Female**	**Total**
		per cent	
Once per week	9.3	17.0	10.6
2-6 days per week	40.9	35.4	39.9
Daily	37.8	36.6	37.6
Drug free	12.0	11.0	11.9
Per cent	100.0	100.0	100.0
N=	389	82	471
Missing observations=20			

Turning to age. Table 5.23 demonstrates that while almost half (48.4 per cent) of teenagers were using 2-6 times per week, the older age groups were using more frequently. The differences here were significant (p<.000).

Table 5.23 – Frequency of use of primary drug by age							
Frequency of use	**<15**	**15-19**	**20-24**	**25-29**	**30-34**	**35+**	**Total**
				per cent			
Once per week	26.7	14.4	9.0	1.8	10.5	2.9	10.7
2-6 days per week	53.3	48.0	39.2	31.0	21.1	17.1	40.1
Daily	13.3	26.7	37.8	54.5	57.9	74.3	37.7
Drug free	6.7	10.9	14.0	12.7	10.5	5.7	11.5
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	15	202	143	55	19	35	469
Missing observations=22							

For those who injected their primary drug, the frequency of use was most likely to be daily. However, the number of injectors was very small for this first treatment group. In the largest group, those who smoked their primary drug, almost half of that group smoked on a daily basis.

Table 5.24 – Frequency of use by route of administration of primary drug					
Frequency of use	**Inject**	**Smoke**	**Eat/Drink**	**Sniff**	**Total**
				per cent	
Once per week	3.6	10.5	11.4	18.2	10.6
2-6 days per week	14.2	31.8	56.0	45.4	40.0
Daily	64.3	48.0	18.9	18.2	37.5
Drug free	17.9	9.7	13.7	18.2	11.9
Per cent	100.0	100.0	100.0	100.0	100.0
N=	28	258	175	11	472
Missing observations=19 Route of administration of primary drug					

When one looked at route of administration of primary drug by primary drug, an almost similar proportion of those using an opiate (46 per cent) injected their primary drug as smoked it (49 per cent). As would be expected, the vast majority of those who used cannabis smoked that drug (97 per cent).

Table 5.25 – Route of administration of primary drug by primary drug

Route	Opiates/ Opioids	Stimul-ants	Hypnotics Sedatives	Hallucin-ogens	Cannabis	Other	Total
				per cent			
Inject	45.9	0.0	0.0	0.0	0.0	0.0	5.7
Smoke	49.2	2.3	0.0	0.0	97.2	0.0	55.4
Eat/Drink	4.9	96.2	100.0	100.0	2.8	16.7	36.5
Sniff	0.0	1.5	0.0	0.0	0.0	83.3	2.4
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	61	132	20	20	246	12	491
Missing observations=0							

In the following table (Table 5.26) it may be seen that while men were most likely to smoke their primary drug, women were most likely to use the route of eating or drinking. The difference between the sexes was significant at the p<.002 level.

Table 5.26 – Route of administration of primary drug by sex

Route of administration	Male	Female	Total
		per cent	
Inject	5.2	8.3	5.7
Smoke	59.3	36.9	55.4
Eat/Drink	33.0	52.4	36.4
Sniff	2.5	2.4	2.5
Per cent	100.0	100.0	100.0
N=	405	84	489
Missing observations=2			

If age by route of administration is checked, since the majority of the clients were smoking their primary drug anyway, that route of administration showed up as representing the majority of the clients' preferred route, except in the oldest age group where the clients were most likely to eat or drink their primary drug (Table 5.27). The differences between the age and the route of administration were significant at the p<.000 level. Again the small numbers in the older age groups must be noted.

Table 5.27 -Route of administration of primary drug by age

Route of administration	<15	15-19	20-24	25-29	30-34	35+	Total
				per cent			
Inject	0.0	2.8	6.2	8.6	20.0	8.6	5.5
Smoke	62.5	52.6	59.6	67.3	65.0	28.5	55.5
Eat/Drink	12.5	42.3	33.6	20.7	15.0	62.9	36.5
Sniff	25.0	2.3	0.6	3.4	0.0	0.0	2.5
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	16	213	146	58	20	35	488
Missing observations=3							

SECTION (c) – INJECTING AND NEEDLE-SHARING PRACTICES

Currently injecting

A small number of clients were injecting – 14 males and 4 females. Only small proportionate differences appeared between the sexes on the percentages of each sex currently injecting (Table 5.28).

Table 5.28 – Currently injecting by sex

Currently injecting	Male	Female *per cent*	Total
Yes	3.6	4.8	3.8
No	96.4	95.2	96.2
Per cent	100.0	100.0	100.0
N=	391	84	475
Missing observations=16			

When currently injecting by age was examined, the problem of the small numbers was again evident (18 persons) and all that could be said was that there might be some slight evidence that increasing age meant a greater likelihood that a person would be currently injecting.

Of those who were currently injecting, only five people (four males and one female) were currently sharing so a table to look at the differences would not be very useful.

Secondary drug of misuse

Here the liklihood of the client using more than their primary drug will be examined and in this case some 79 persons or 17 per cent had not used any secondary drug. Where information was available that a secondary drug had been used, it may be seen that cannabis was the most commonly used secondary drug for this group (103 cases 27 per cent). The next most likely secondary drug was alcohol with 99 cases or 26 per cent. Stimulants had almost very similar numbers and proportions -97 persons or 25 per cent. As these data indicate, these three categories of drugs accounted for the vast majority of the secondary drug use. The only other drug to feature was hallucinogens with 16 per cent of the clients citing it. Opiates only accounted for 3 per cent.

Where a second secondary drug was concerned, in total 219 clients were not using a second secondary but 193 clients were. Alcohol and stimulants were the most likely to be cited where there was information that a second secondary drug was involved – 26 per cent in each case. The proportion citing an hallucinogen was close behind with 23 per cent. Cannabis was the fourth most likely to be cited with 16 per cent of those who had used a second secondary drug citing cannabis. Thus these four drug categories covered most of the cited second secondary drug misuse. Opiates were only mentioned by 3 per cent of the clients as a second secondary drug.

Age first used any drug

As with the other groups it was clear that the vast majority of the clients had first used any drug excluding alcohol before the age of 20 – 89 per cent in this case. Approaching one-third (32 per cent)

were younger than 15 years old and a further 57 per cent were aged between 15 and 19 years old when they first used any drug. As already mentioned, the name of the drug involved was not noted.

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CHAPTER 6

REVEALED DIFFERENCES BETWEEN NUMBERS IN TREATMENT IN THE GREATER DUBLIN AREA AND THE HEALTH BOARD AREAS

Since combining the figures of clients in treatment for Ireland as a whole only serves to disguise the dominance of the Dublin data, no general analysis for Ireland will be undertaken. Instead in this chapter, in order to emphasise the difference between the two areas, some frequency data will be set out separately for Dublin and the other areas combined. The data on the total treatment group (Figures 6.1 to 6.12) will first be considered and then the data on the first treatment clients (Figure 6.1A-6.12A).

Total Treatment clients

In examining the socio-demographic data for the total treatment group it will be seen that the sex ratios were slightly more pronounced than in the other health board areas. In Dublin the ratio of males to females was 78:22 while in the rest of the country, there was a larger proportion of males 83:17 (see Figure 6.1).

Looking at age, the mean age of the two groups was similar – 23.6 for Dublin, 23.7 for the other health boards. However, outside Dublin the mean age of the females is a great deal higher than that of females in the Dublin area. This latter was 26.7 years in contrast to 23.2 years in Dublin (Figure6.2).

The difference between the two groups in the proportions leaving school at age 15 or under was quite dramatic (Figure 6.3). In the Dublin area adding the proportions in the two age groups it was around 60 per cent for both males and females. For the other health boare areas there was both a large difference between the proportions of males and females leaving at or before the official school leaving age and also a quite different picture from the Dublin data. Forty per cent of males and 28 per

Figure 6.1 - Sex

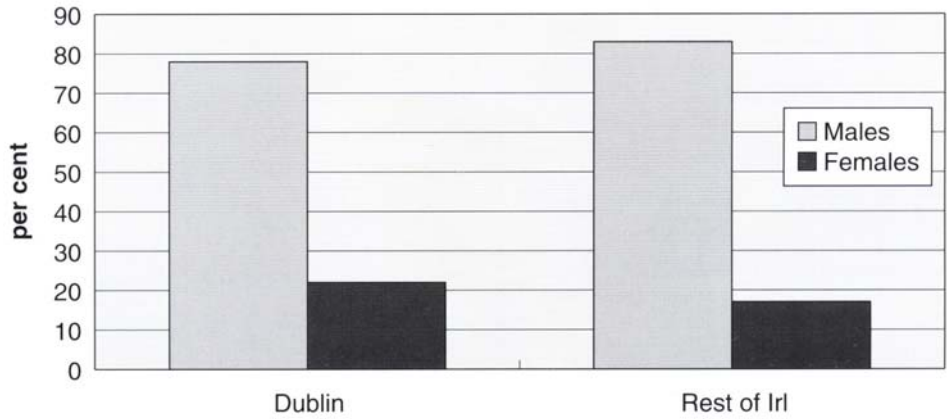


Figure 6.2 - Mean age by sex

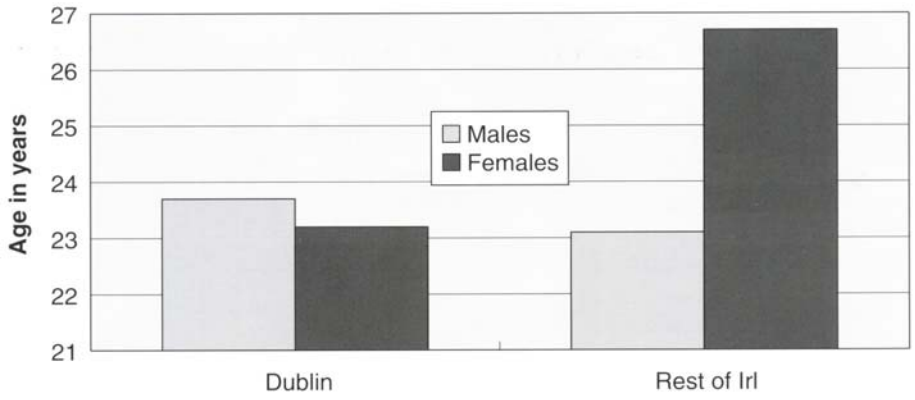
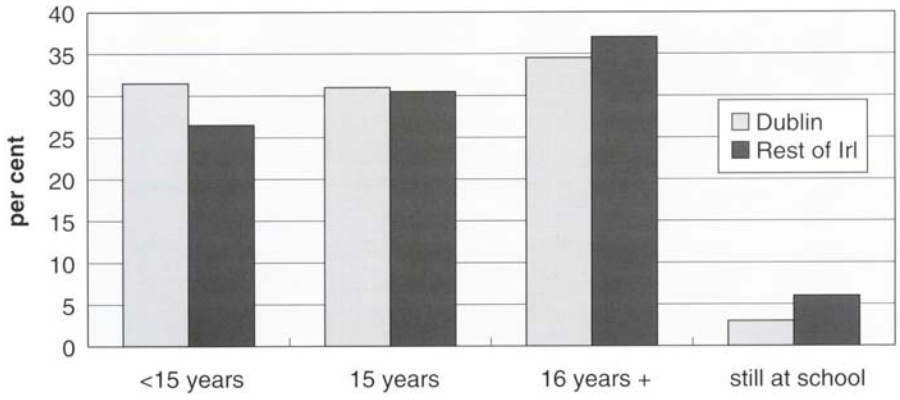


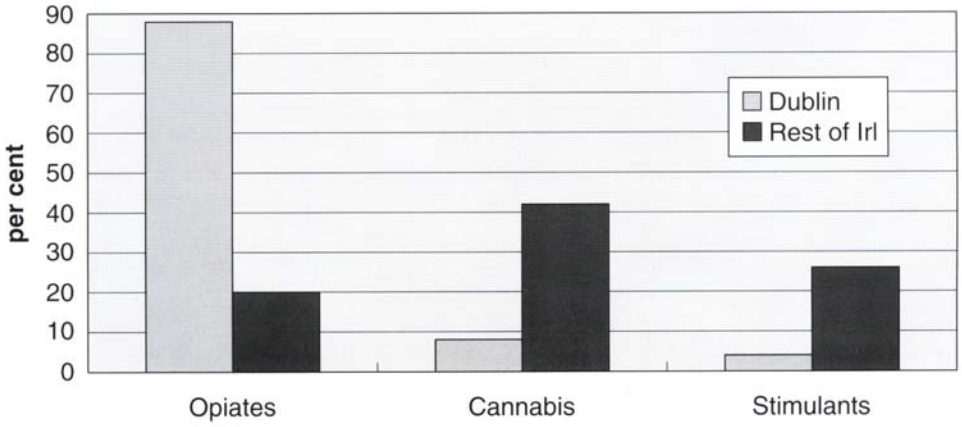
Figure 6.3 - Age left school



cent of females had left school at 15 years or under. Another interesting finding here was the difference in the proportions still in education. In Dublin it was 3 per cent while outside of Dublin, it was 12 per cent.

Turning to living status now, fairly similar proportions of clients were still living with their parental family as defined. Seventy-one per cent in Dublin and 67 per cent in the rest of the country and there were no real differences between males and females here. Where data on employment status were examined, a difference between the two groups was apparent. For Dublin, the proportion unemployed

Figure 6.4 - Primary drug

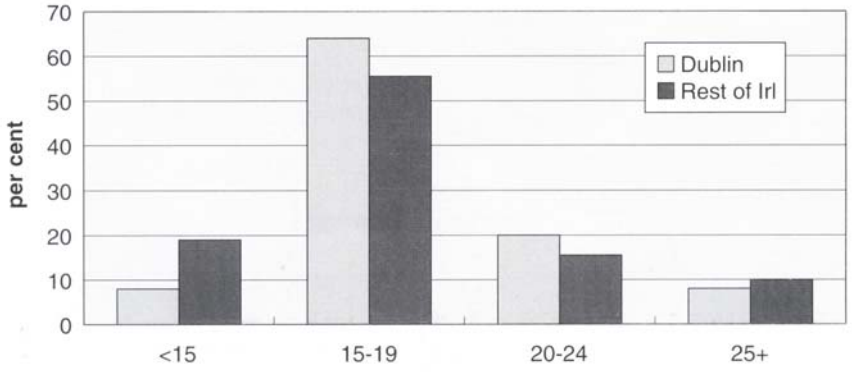


for both males and females and overall was 87 per cent. This contrasted with an overall proportion of 66 per cent for the group from the other health board areas and for both males and females. No figures have been included here for living status or employment status since the proportions of those living with their parental family and those unemployed were extremely high.

Moving on now to compare the history of drug misuse of both groups. In looking at the primary drug of misuse, the difference between the two sets of populations was quite dramatic. Figure 6.4 demonstrates the clear difference in the breakdowns for opiates, cannabis and stimulants.

However, if one looks at the age the clients first used their primary drug (Figure 6.5), there were evident differences here with proportionately more of those outside Dublin being under 15 years old at first use. Eight per cent of those in Dublin had first used at under 15 years old, while the proportion in this age group in the rest of the country was 19 per cent. However, if we take the proportion of those who were teenagers when they first used, the proportions in the two areas are much closer with only slightly more (74 per cent) of those in the other health boards being teenagers in contrast to 73 per cent in Dublin (see Figure 6.5).

Figure 6.5 - Age first used primary drug



Coming to the duration of use of the primary drug there were few differences in the duration of use between the two areas. Figure 6.6 indicates this.

Where frequency of use was concerned, it was apparent that proportionately daily use was more frequent in the Dublin population than the rest of the country, although the proportions who were drug free were similar in both areas (Figure 6.7).

Figure 6.6 - Duration of use of primary drug

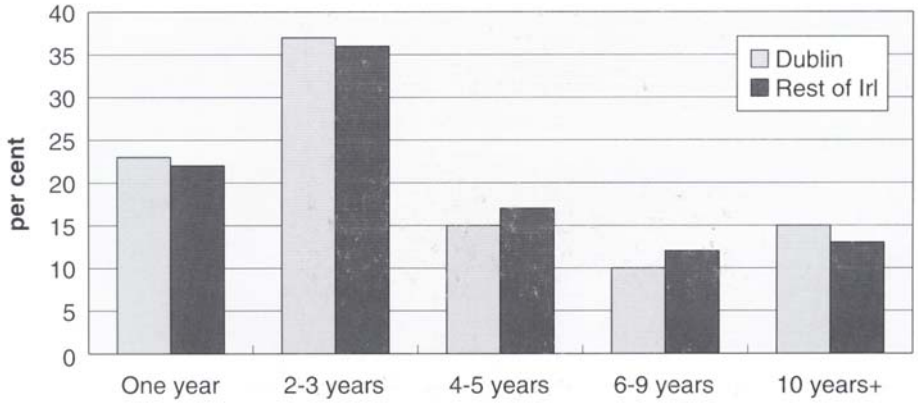
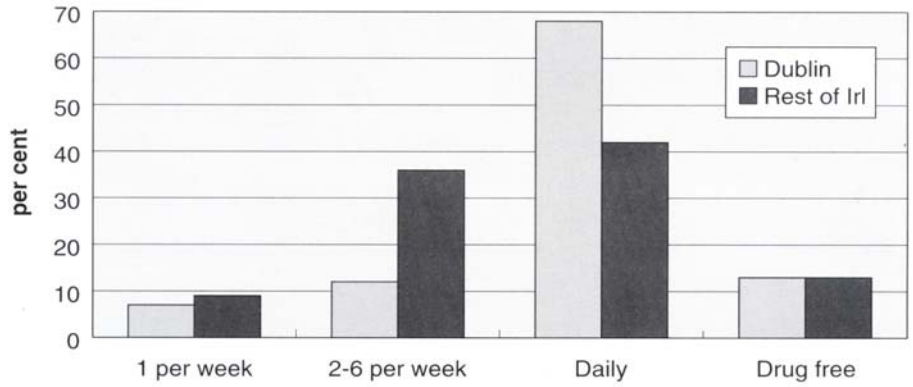
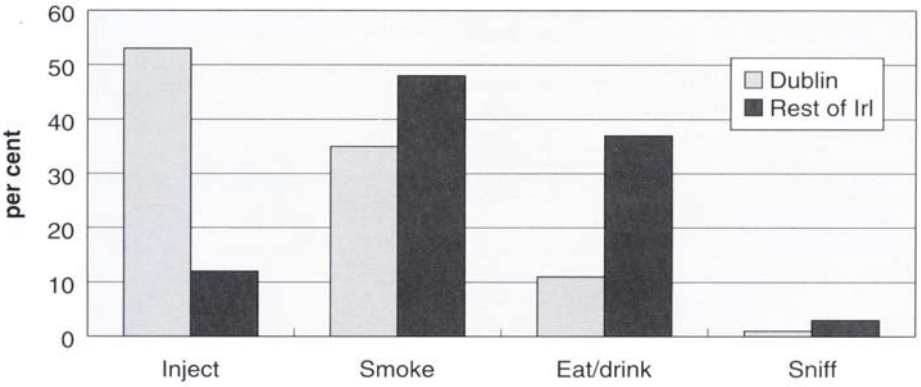


Figure 6.7 - Frequency of use of primary drug



In looking at the route of administration of primary drug, the results here must be put in the context of the proportions in each area whose primary drug was an opiate. In other words. Figure 6.8 reflects the preponderance of opiate users (whose most likely route of administration would be to inject) in the Dublin area and the proportionately higher number of cannabis users (who would be more likely to smoke their primary drug) in the other areas.

Figure 6.8 - Route of administration of primary drug



Again a similar reflection may be seen in Figure 6.9 where the proportions of those currently injecting are shown. The differences in the proportions using opiates is again pointed up here by the proportions injecting, which in Dublin far exceeded the proportion of those injecting in the rest of Ireland.

Figure 6.9 - Currently injecting

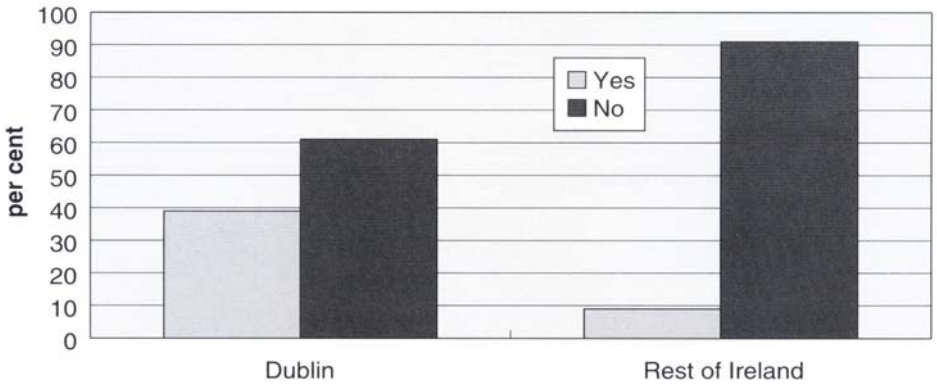
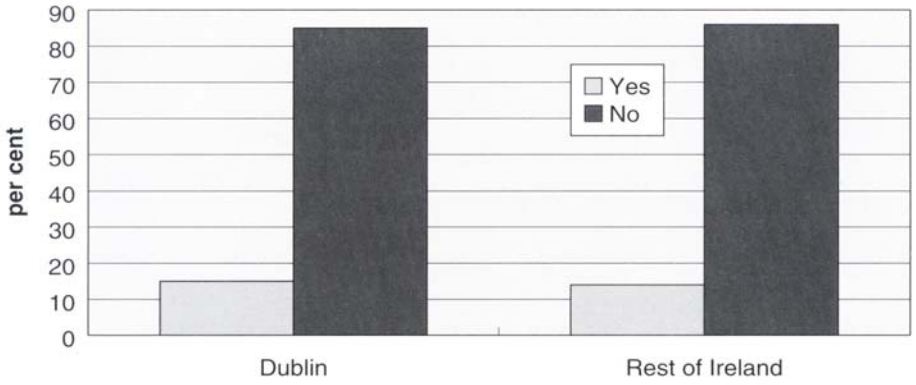


Figure 6.10 - Currently sharing



Of those in either of the two areas who were currently injecting, similar proportions were currently sharing.

Some differences between the sources of referral to treatment of the clients in Dublin and elsewhere were apparent as Figure 6.11 shows. While people in both areas were most likely to be referred by themselves or their family or friends, this was more apparent in Dublin and proportionately more clients outside of Dublin were referred by the courts, probation or police and also by general practitioners.

Figure 6.11 - Source of referral of clients

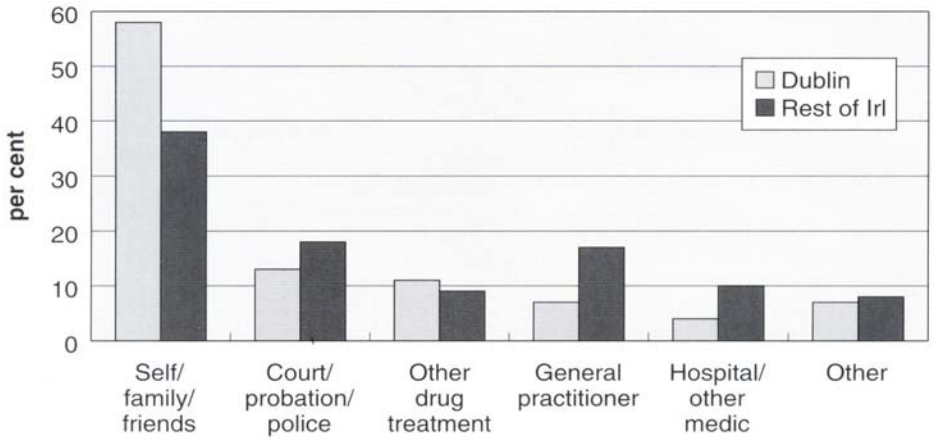
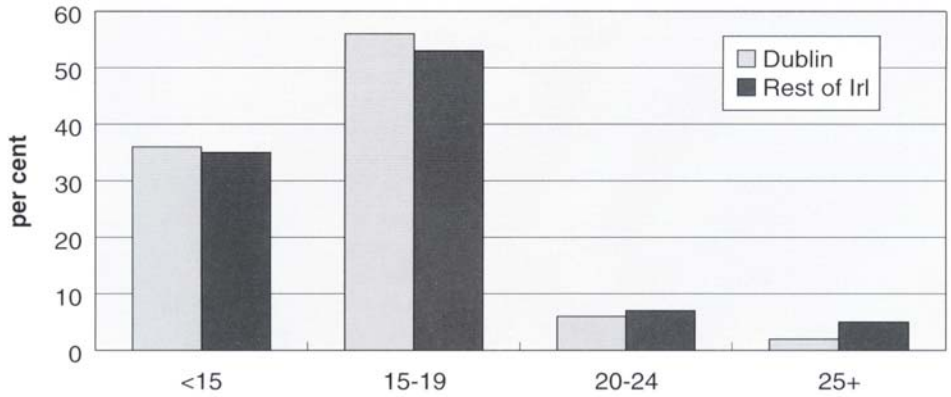


Figure 6.12 - Age first used any drug other than alcohol

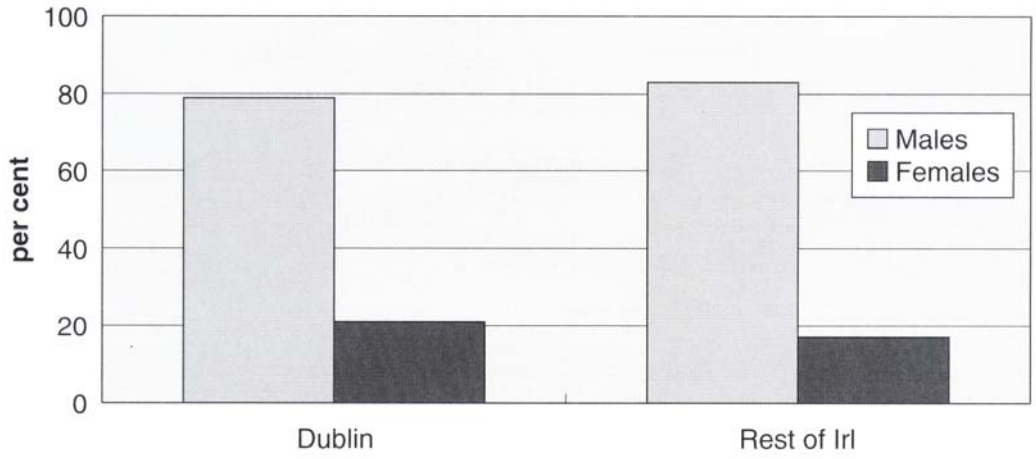


A question was asked about the age the clients had first used any drug (excluding alcohol) and Figure 6.12 shows that there was no difference between the Dublin and rest of Ireland clients, the teenage years were the most likely age at which they would first use any drug.

First treatment clients

Coming to the first treatment clients now and the first variable examined is that of sex. Again the enormous difference between the proportions of men and women in the two areas is pointed up with a similar picture to the total treatment group but a slightly higher proportion of males to females in the areas outside Dublin.

Figure 6.1A - Sex

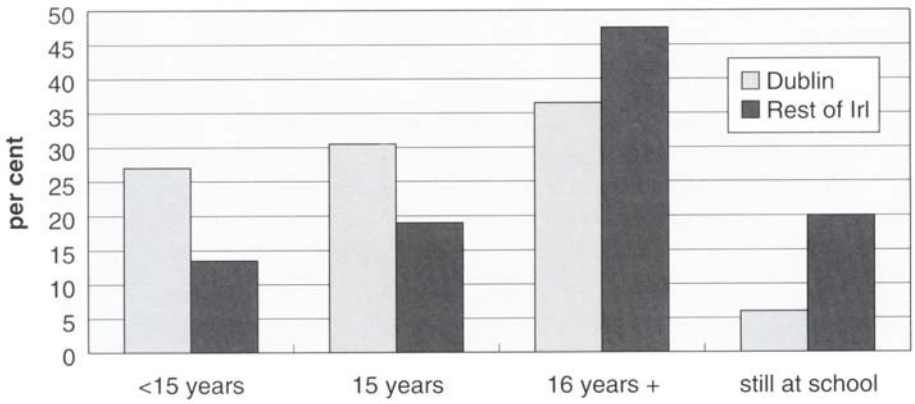


In Figure 6.2A, the difference in the mean ages of the two groups is apparent. The first treatment clients in Dublin have a somewhat younger mean age than those outside of Dublin and this was particularly true of the females.

Figure 6.2A - Mean age by sex

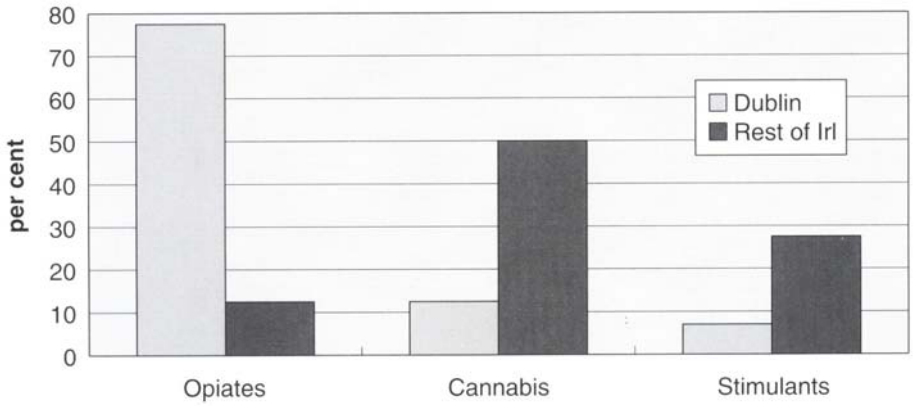
The age at which the clients had left school is the subject of Figure 6.3A and shows that the first treatment clients in Dublin were more likely to leave school earlier than were the clients in other areas. This was true for both males and females. Also a higher proportion of these latter clients were still at school.

Figure 6.3A - Age left school



When the data on the type of primary drug of misuse were examined the preponderance of opiates was again evident in the group from Dublin centres and in the rest of the country the two highest proportions of clients named cannabis and stimulants (Figure 6.4A).

Figure 6.4A - Primary drug of misuse



Turning to age at which the client first used their primary drug, a somewhat higher proportion of the clients outside Dublin had first used at under 15 years while this was counterbalanced by the higher proportion of Dublin clients first using in the age group 15 to 19 years old. If the two groups of teenagers are combined, the proportions in Dublin and the other areas were similar.

Figure 6.5A - Age first used primary drug

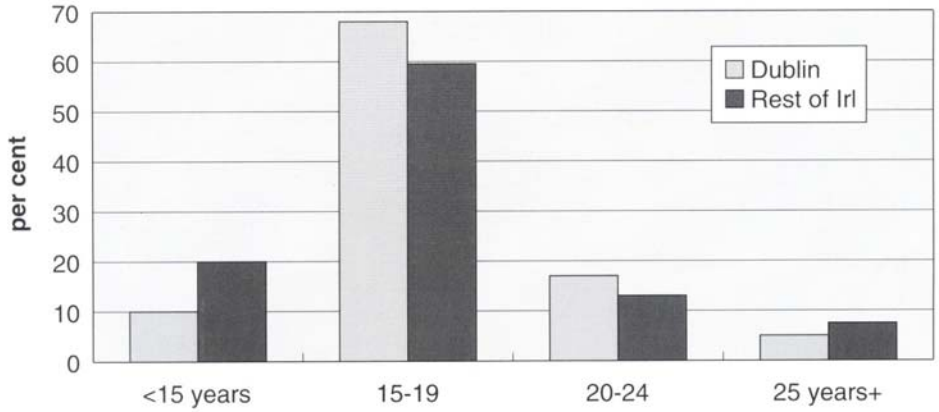


Figure 6.6A - Duration of use of primary drug

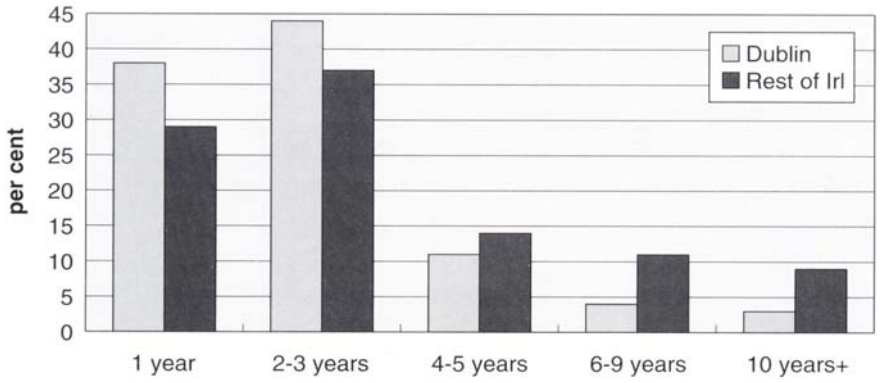
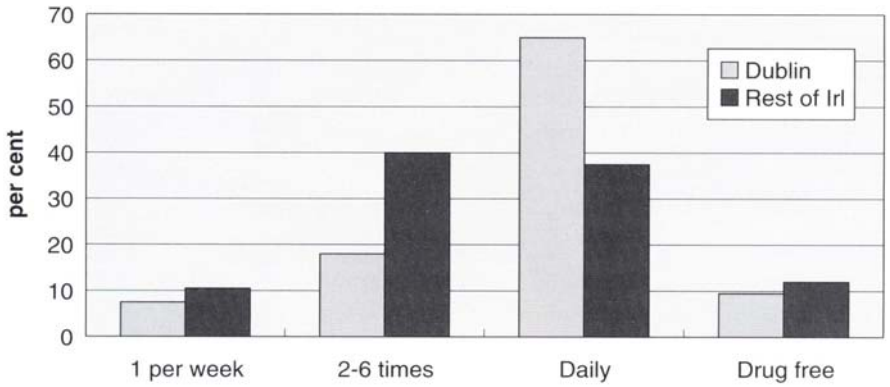


Figure 6.6A shows the duration of use of the primary drug and indicates that proportionately the Dublin clients had shorter duration of use before coming for treatment.

Seeing that duration of use of primary drug for the first treatment clients outside of Dublin was longer than for the Dublin group, the frequency of use of primary drug would appear to have been lower in the rest of Ireland group as Figure 6.7A shows.

Figure 6.7A - Frequency of use of primary drug



Given the proportionate differences in the type of primary drug, it was not surprising that there were distinct differences between the two areas in the proportions of those injecting when route of administration of the primary drug was examined. However, in both cases the most likely route of administration of the primary drug was smoking. Figure 6.8A has the details.

Figure 6.8A - Route of administration of primary drug

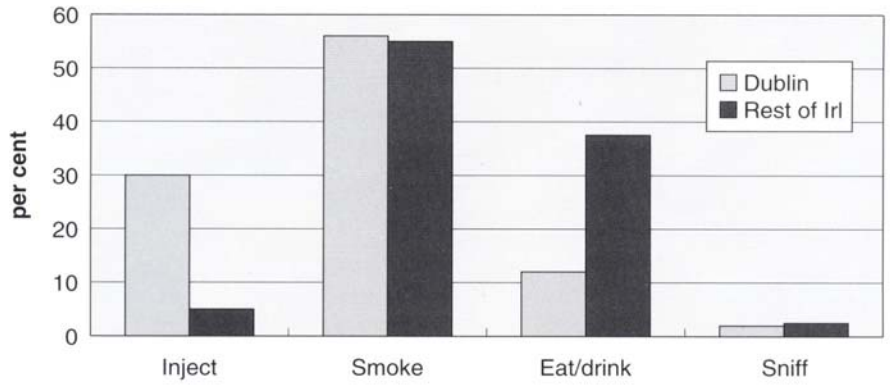
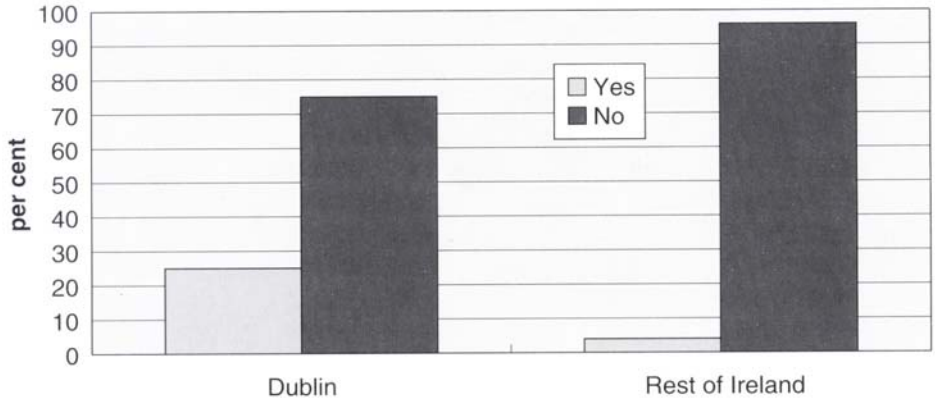


Figure 6.9A - Currently injecting



Again the type of primary drug has to be kept in mind when the proportions of those currently injecting are examined. As would be expected, there was a far higher proportion of injectors in Dublin than in the other areas and the contrast is shown on Figure 6.9A.

Turning to those who were currently injecting the proportions of those sharing in each area are displayed on Figure 6.10A. It is evident that the Dublin injectors are more likely to share than the clients from other areas – almost a quarter of the Dublin group and only 5 per cent of the other group of those currently injecting are said to have shared in the past month.

Figure 6.10A - Of those who were injecting - shared in past month?

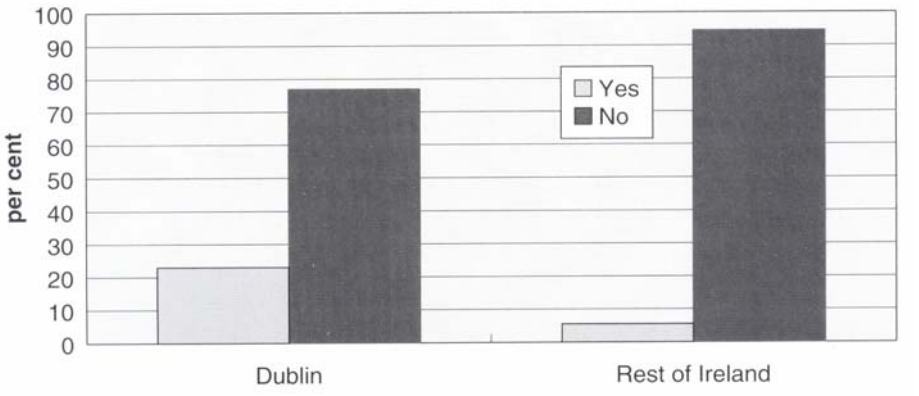
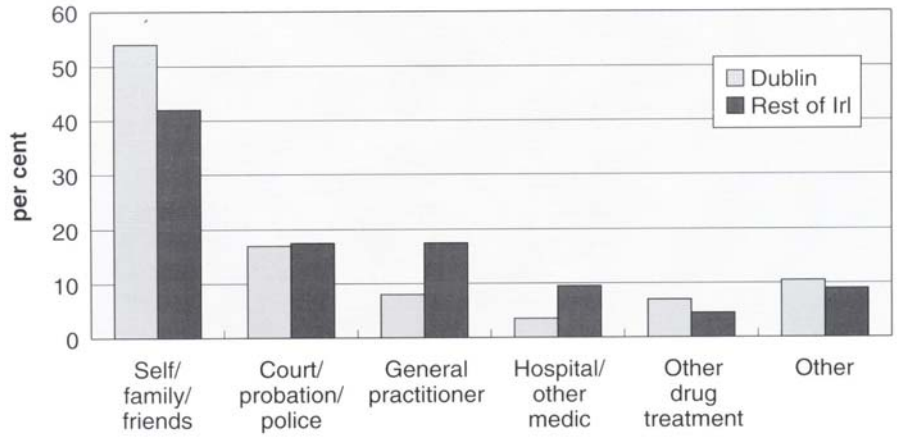


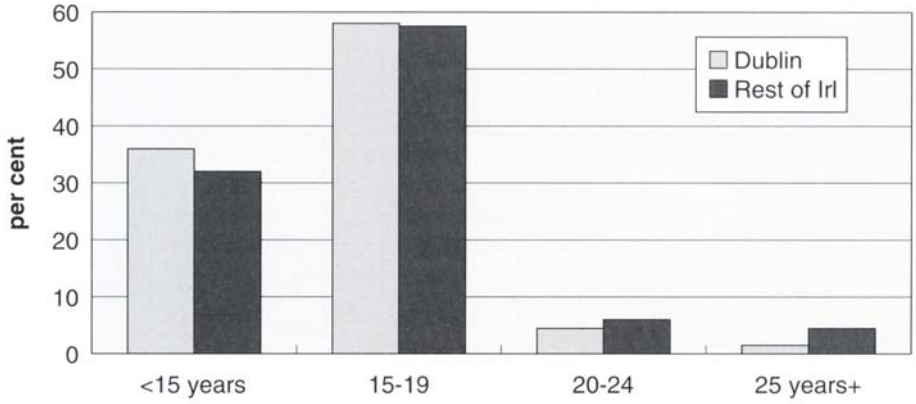
Figure 6.11A - Source of referral



As regards the source of the referral of the clients, again as with the total treatment group the most likely source of referral in each area was the client themselves or their family or friends. While the proportions were the highest from that source for both areas, the proportion for Dublin was higher than in other areas. While the proportions who were referred by courts, probation or police were similar, clients in the areas outside of the Greater Dublin area were more likely to have been referred from general practitioners or hospitals or other medical sources (Figure 6.11 A).

Looking at the last figure here, this examines the age the client had used any drug except alcohol and here it may be seen that there were no real differences between the two groups. Both were overwhelmingly most likely to have first used any drug while they were teenagers.

Figure 6.12A - Age first used any drug except alcohol



Main points arising

It is abundantly clear from these data that in certain areas there are crucial differences between the populations in treatment in Dublin and outside of Dublin. This is true both for the total treatment population and for the first treatment group. These differences are most notable in mean age of males and females, in age left school, primary drug with the consequent difference in route of administration of primary drug and finally in the frequency of use of primary drug. This would indicate that the profile of the drug misuser in treatment in the Greater Dublin Area is quite different from that of the drug misuser in treatment in the other areas in Ireland. As was found in earlier reports for Dublin, the profile of the drug misuser in treatment is that of a young, unemployed male who had left school early and was misusing an opiate, most likely to be heroin, possibly injecting it. However, the profile of the drug misuser outside of Dublin is more difficult to define. The one exception here is that he is most likely to be male, but he is younger than his Dublin counterpart, less likely to have left school early or to be unemployed at present. He is also a great deal more likely to be a cannabis user or ecstasy user and it would follow that he would either smoke cannabis or take ecstasy. He is somewhat more likely to have first used his primary drug at a younger age but to use less frequently than his Dublin counterpart.

CHAPTER 7

CONCLUDING COMMENTS

This final chapter will look at some of the more important findings in the Report relative to the issues which arise in the area of drug misuse in Ireland. It should be remembered that the data here are for 1995 and concentration will be on the situation during that year. Data were received from the treatment centres in the Greater Dublin area and the health board areas outside the GDA listed in Appendix A. As in previous reports, these data refer to those problem drug users who present for treatment rather than all those who have drug problems or indeed all of those who use drugs.

As already explained elsewhere in the Report, the preponderance of the numbers of clients in Dublin would skew any general comments on Ireland in most of the findings since a clear picture of the differences between the results from the Greater Dublin Area and the other areas emerged. On this point Hartnoll (1995, p.65), for instance, remarks that surveys of drug use show higher prevalence rates for illegal drugs in urban than in rural areas.

Focussing first then on the Greater Dublin area and looking briefly at the main results emerging, based on experience in earlier reports (for instance, O'Higgins, 1996) we have come to expect a rise in the numbers in treatment, both of those who have been in treatment and the number of those who have come for the first time during 1995. This was indeed the case and a rise of 21 per cent for the total treatment group was noted with a similar rise for the first treatment group. The increasing provision of services undoubtedly has contributed to the increase in the numbers being treated since places must be available before treatment can start. However, since there is no way of knowing precisely whether there are hidden increases and if so, what is the extent of them, the data from the reporting system is at present the best available indicator of the rise in prevalence and incidence. The estimated rates for treated drug misuse for the Dublin area show a rise in the rate from 7.1 in 1994 to 8.9 per thousand in 1995 for total treatment clients and from 3.0 per thousand to 3.6 per thousand persons aged between 15 and 39 years old for first treatment contacts (Appendix D).

As regards the age of the clients, while the mean age of the clients overall had fallen slightly, for males the mean age had remained the same but for females it had fallen by 1.2 years. The majority of both sexes (65 per cent) were under 25 years old and this was an increase of 4 per cent over 1994 in this age group. Isolating the first treatment group, the mean age was 20.7 years – the mean age of the males being 20.8 years and of the females, 20.5 years. In this case 84 per cent of the clients were under 25 years old.

Reports in earlier years found that proportionately more women were likely to be living with a partner who was a drug misuser and the data in this report show that proportionately more women than men were living with drug misusers.

One of the striking features identifiable in these data is the ever-present high levels of unemployment among the drug misusers relative to those found in the population in general (see, for instance, Labour Force Survey, 1995). These levels have held for the six years of the reporting system (1990-1995). It was argued earlier in this Report that it is difficult to know whether these inordinately high proportions are comparable to rates in the areas of residence of the clients anyway but, on the face of it, unemployment at an 80 per cent level would seem to indicate that drug misusers are more likely to be unemployed whatever their area of residence. This is, of course, a situation where it is difficult to assess whether people are unemployed because they are drug misusers or whether unemployment was

a contributory factor to their being drug misusers. Another constant finding in the Dublin data is that of generally low education levels in comparison with the general population (see, for instance,

O'Higgins 1996a p.80) being again evident in 1995. However, there is also evidence of a lowering of the proportion leaving school at or before the school-leaving age which obviously has led in turn to higher participation rates at secondary school level.

Opiates continued to be the drug groups for which most of the clients in the Greater Dublin area sought treatment. When reference is made to opiates, the data show that heroin was the most likely opiate to have been used. In 1995 the proportion of those clients naming an opiate as their primary drug was 87 per cent and this was a slightly larger proportion than for 1994 where 83 per cent of the clients cited an opiate. Isolating the proportions for the first treatment group, 77 per cent cited an opiate in 1995 compared to 74 per cent in 1994. Thus there was some evidence here of a rise in the proportions in treatment for opiate misuse. Associated with this finding was that the proportion of those who were injecting their primary drug was lower in 1995 than for the previous year – 53 per cent in contrast to 60 per cent in 1994 and the proportions who smoked their primary drug had increased by 9 per cent. Taking the first treatment group separately, a similar reduction in the proportions injecting was to be seen in the first treatment group with a reduction of 17 per cent in the proportion injecting their primary drug and an increase of 18 per cent in those smoking. Therefore while the proportion of opiate users increased the proportion injecting opiates appeared to have decreased and the proportion of smokers increased.

Given the high profile of the drug ecstasy and the concern which has arisen about its consumption, some breakdown by age and sex was undertaken. Overall the number and proportion of those using ecstasy was 107 or 3 per cent of the total treatment clients in the Greater Dublin area and isolating the first treatment clients from that group 84 of them or 6 per cent named ecstasy. The results of the age breakdown were not surprising in that over half of the clients were aged between 15 and 19 years old with the second highest proportions being in the 20-24 year old age group. Thus around 90 per cent were recorded as being aged between 15 and 24 years old. Females were proportionately more likely than would be expected, given their proportion in the population of the treated drug misusers, to name ecstasy as their primary drug. For instance, in the total treatment group 27 per cent of those naming ecstasy were female as against 22 per cent being female in that group. When we separated out the first treatment clients, the difference in the proportion was even greater, 30 per cent of the group naming ecstasy as their primary drug were females in contrast to a proportion of 21 per cent of that first treatment group being female.

The age at which the client had first used his/her primary drug of misuse was between 15 and 19 years old and this drug was most likely to have been an opiate. If the client was in the under 15 year old group when first using, he or she was most likely to have used cannabis.

So for the Dublin data, the most likely profile of the drug misuser being treated for drug misuse persists as the young, unemployed male, living in a deprived area and misusing heroin. There is some evidence of a behaviour change as regards the route of administration of the primary drug in that smoking, rather than injecting, seems to be on the increase.

As was reported earlier, the data for the areas outside of the GDA show some quite different results to the Dublin data. Going through the main findings for the other areas there are of course no previous data available to facilitate comparisons with earlier years. Firstly, it was found that the overwhelming majority of the clients were males. The mean age for males was 23 years and females were somewhat older with a mean age of 26.7 years. Isolating the first treatment group, the clients were younger – 21.6 years for males and females were older than their male counterparts at 25 years old. Over two-thirds were living with their parental family and if first treatment contact clients are taken separately an even higher proportion of them were living in similar circumstances (73 per cent).

Unemployment levels among the clients here were extremely high – overall 66 per cent of all the clients and separating the first contact group, although still relatively high, a smaller proportion – 59 per cent – of the first treatment group were unemployed.

The estimated rates for treated drug misuse for each of the Health Boards outside Dublin are shown in Appendix D. The Southern Health Board shows the highest rates for total treatment clients and also when the rates for first treatment clients are examined separately. The Western Health Board shows the lowest rates indicating that the lowest returns were from that Health Board.

Cannabis was the drug group with the highest proportion of misusers in treatment with stimulants (mainly ecstasy) coming next. It follows that a majority of the clients either smoked or used their primary drug orally. As regards age at first use the vast majority of clients were less than 20 years old when they first used.

The breakdown of the figures on the number and proportion of clients naming ecstasy as their primary drug for the health boards outside the GDA showed that the number and proportion was 178 or 22 per cent of the total treatment clients and isolating the first treatment clients the number was 125 or 25 per cent of them. Over half (54 per cent) of the total treatment group were aged between 15 and 19 years old and a further 35 per cent were aged between 20 and 24 years. Separating the first treatment group 58 per cent were aged 15 to 19 and a further 33 per cent were aged between 20 and 24 years old. Thus eighty-nine per cent and 91 per cent respectively were the proportions in those age groups. Females were proportionately slightly more likely to name ecstasy than would have been expected considering their proportion in the population of the total treatment clients (18 per cent as against 17 per cent) and, if the first treatment clients are separated, in that population to a somewhat higher degree as well (21 per cent as against 17 per cent).

As commented on in the body of the Report, the profile of the drug misuser in the areas outside of the Greater Dublin area differs in some respects from his Dublin counterpart. The misuser outside Dublin is also most likely to be a young male, but slightly less likely to be unemployed and, particularly if one looks at the first treatment group separately, less likely to have left school at or before the official school leaving age. He will have cited cannabis as his primary drug and will have started to use his primary drug as a teenager.

More than a brief look at issues in this complex area would not be possible here. Only a short discussion of some of the more important actions and progress being made at present will be included.

It would be accepted that the reasons why people take drugs are multiple and complex and that therefore a range of strategies is needed to deal with the problems that may arise from the use and misuse of legal and illegal drugs. The Ministerial Task Force has published its first report on Measures to Reduce the Demand for Drugs(1996) and have made a number of recommendations on how to address the problem in 11 priority areas, 10 in Dublin and one in Cork city. Regional Coordinating Committees in each Health Board area are being set up and the Ministerial Task Force Report (1996, pi 3) states, these committees will provide a valuable forum for joint planning between the various agencies and the voluntary/community sector.

A number of research projects have been approved for funding by the National Research Support Fund Board and as part of a coordinated national programme to tackle the issue of drug misuse, funds have been made available for these projects, over a two year period, by the Minister for Commerce, Science and Technology, Mr Pat Rabbitte, TD. The projects which have been approved are in the areas of (i) analytical chemistry and detection; (ii) pharmacology and biochemistry and the third group of shortlisted projects come under the heading of the social sciences.

In addition the Health Research Board are currently funding a two-year study – Problematic Drug Use and Socio-economic Disadvantage.

In tackling the problem of demand reduction one of the actions of the Department of Health and the Department of Education is to aim information messages at both primary and secondary level pupils. Children have some knowledge of drugs, however incomplete and inaccurate, from an early age and some will start to use drugs while still in primary school. Indeed many young people will try drugs regardless of any educational intervention. However, the initiatives which have been taken by the Department of Health and the Department of Education, directed at young people in school, include

the Health Promotion Unit of the Department of Health setting up a multi-media campaign aimed at prevention. On education, an educational package for use with post-primary students aimed at the development of personal and social skills for the prevention of substance abuse and entitled *On My Own Two Feet* was launched by the Minister for Education in 1994 and has been in use in post-primary schools. A programme is being developed at the moment for use in primary schools.

One vital component in policy-makers' information and ability to act in responding to the problem of drug misuse is that reporting of treated drug misuse should be at the optimum level. If for some reason some organisations are unable to return data, this omission will distort the overall figures and also retard efforts of policy makers in obtaining the most complete picture of treated drug misuse which can be presented in a reporting system.

Finally, the evidence of increasing numbers in treatment leads as always to the question as to whether the increases are artifacts of better reporting and a greater provision of services or if the number of drug misusers in the community is actually increasing? Without some estimation of overall prevalence on which to base the level of increase or decrease, the answer to that question must remain in the realms of speculation.

REFERENCES

Central Statistics Office (1996): Labour Force Survey, 1995. Dublin: The Stationery Office.

Hartnoll, R. (1995): Multi-city study – Drug misuse trends in thirteen European cities. Strasbourg: Council of Europe Press.

Ireland (1993): Census of Population 1991. Dublin: The Stationery Office.

Ireland (1994): On My Own Two Feet – Educational Resource Materials for the Prevention of Substance Abuse. Dublin: Department of Education.

Ireland (1996): First Report of the Ministerial Task Force on Measures to Reduce the Demand for Drugs. Dublin: Department of the Taoiseach.

National Co-ordinating Committee on Drug Misuse, (1991). Government Strategy to Prevent Drug Misuse, Department of Health, Dublin.

O'Hare, A and M. O'Brien (1992): Treated Drug Misuse in the Greater Dublin Area – Report for 1990. Dublin: The Health Research Board.

O'Hare, A and M. O'Brien (1993): Treated Drug Misuse in the Greater Dublin Area – Report for 1991. Dublin: The Health Research Board.

O'Higgins, K and M. O'Brien (1994): Treated Drug Misuse in the Greater Dublin Area – Report for 1992 and 1993. Dublin: The Health Research Board.

O'Higgins, K and M. O'Brien (1995): Treated Drug Misuse in the Greater Dublin Area – Report for 1994. Dublin: The Health Research Board.

O'Higgins, K (1996): Treated Drug Misuse in the Greater Dublin Area. A Review of Five Years, 1990-1994. Dublin: The Health Research Board.

O'Higgins, K. (1996a): Disruption, Displacement, Discontinuity? Children in care and their families in Ireland. Aldershot: Avebury Publishing.

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APPENDIX A

NATIONAL DRUG TREATMENT REPORTING SYSTEM
TREATMENT CENTRES

EASTERN HEALTH BOARD

Drug Treatment Centre

- A statutory out-patient service providing detoxification, methadone maintenance, social, psychological and psychiatric assessment, urine screening, needle exchange, counselling and advisory service. Inpatient detoxification service attached to Beaumont Hospital.

Community Addiction Counselling Services

- A statutory non-prescribing service operated in the 10 Eastern Health Board Community Care Areas by professional workers from various health centres. Services vary from centre to centre but include assessment, one to one and family counselling, group therapy, prevention education, referral of clients, advice and support at day care level.

Talbot Day Centre

- A statutory community-based programme for drug free youth providing individual and group counselling, family therapy, prevention education, group recreational activities, parents groups and workshops e.g. HIV and safer sex.

Central Addiction Service

- A statutory agency providing a comprehensive advisory and drug treatment service including addiction counselling, HIV screening and counselling, outreach, prevention education, assessment for detoxification.

Ushers Island Clinic and Day Centre

- A statutory agency providing assessment and treatment for disturbed adolescents on an out-patient basis.

Baggot Street Clinic

- A statutory community-based service offering harm minimisation, methadone maintenance, counselling, psychotherapy, detoxification programmes, GP services, rehabilitation programmes and other specialist services.

Aisling Clinic

- A statutory community-based service offering harm minimisation, methadone maintenance, counselling, psychotherapy, detoxification programmes, GP services, rehabilitation programmes and other specialist services.

City Clinic

- A statutory community-based service offering harm minimisation, methadone maintenance, counselling, psychotherapy, detoxification programmes, GP services, rehabilitation programmes and other specialist services.

Cuan Dara

- A statutory inpatient service offering specialised detoxification programmes from opiates and other drugs, counselling, psychotherapy and rehabilitation programmes.

Coolmine Therapeutic Community

- A voluntary non-prescribing agency providing drug free programmes, day programme – family and groups, prevention programme, drug and HIV counselling and support at induction, residential and after care level.

Rutland Centre Limited

- A voluntary non-prescribing agency providing assessment, counselling and therapy at residential and day care level.

Ana Liffey Drug Project

- A voluntary non-prescribing street agency with a counselling programme, prison counselling service, family support service, development education, literacy training, community outreach, peer education and support at day care level.

Mater Dei Counselling Centre

- A voluntary agency with a specialised counselling unit for adolescents, providing out-patient services, such as individual counselling, family therapy and a drama group.

Ballymun Youth Action Project

- A voluntary non-prescribing community based agency offering individual and family counselling, information on drug abuse, support for abusers and families, referral, community education, outreach and a range of social activities.

Candle Community Trust

- A community based centre for drug free young men providing support and counselling, personal development and training workshop facilities.

Merchant's Quay Project

- A voluntary service providing one to one counselling, crisis intervention, stabilisation programmes, advice service to drug users affected by HIV, referral, aftercare, parents support group and a residential detoxification programme.

Dublin Counselling and Therapy Centre

- A voluntary service providing specialised counselling and group psychotherapy to individuals, couples and families.

General Practitioner

- A methadone maintenance service offered by a general practitioner based in the community.

Probation Service, Smithfield

- A statutory counselling and support service for clients on probation.

St. John of God Hospital, Cluain Mhuire

- A service offered by psychiatrists in a private facility at in- or out-patient level.

Mountjoy Prison

- A service offered by psychiatrists in a private facility at in- or out-patient level.

St. Patrick's Institution

- A detoxification, counselling and support service.

Arbour Hill Prison

- A detoxification, counselling and support service.

Wheatfield Prison

- A detixification, counselling and support service.

MIDLAND HEALTH BOARD

Community Alcohol & Drugs Service

- A statutory non-prescribing service operated in the Midland Health Board area by professional workers from various health centres on a day care basis. Services vary from centre to centre but include one to one, family, spouse and couple counselling, holistic treatments, referral, aftercare, outreach and various other methods depending on client need.

MID WESTERN HEALTH BOARD

Addiction Services

- A statutory non-prescribing service operated in the Mid Western Health Board area by professional workers from various health centres and day hospitals on a day care basis. Services vary from centre to centre but include one to one counselling, group therapy, psychotherapy, relaxation and anxiety therapies, family education, self-esteem building and out-patient detoxification.

Cuan Mhuire

- A voluntary specialised residential detoxification centre, aftercare, individual counselling, group therapy and various rehabilitation programmes.

Bushypark Treatment Centre

- A voluntary service providing one to one counselling, peer education, family programmes, after care, relapse groups and a residential family programme.

Limerick Prison

A detoxification, counselling and support service.

NORTH EASTERN HEALTH BOARD

Addiction Services

- A statutory non-prescribing service operated in the North Eastern Health Board area by professional workers from various hospitals. Services vary from centre to centre but include inpatient and out-patient detoxification, counselling, prevention and education.

NORTH WESTERN HEALTH BOARD

Addiction Services

- A statutory non-prescribing service operated in the North Western Health Board area by professional workers from various health centres and hospitals at a day care level. Services vary from centre to centre but include counselling, group and family therapy and out-patient follow-up.

Alcohol and Substance Abuse Counselling

- A statutory service providing assessment, one to one counselling, group therapy, family and concerned person support, varied treatment goals and relapse prevention.

SOUTHERN HEALTH BOARD

Addiction Services

- A statutory non-prescribing service operated in the Southern Health Board area by professional workers from various health centres and hospitals. Services vary from centre to centre but include out-patient and inpatient detoxification as required, group and family counselling, psychiatric assessment and treatment.

Arbour House Treatment Centre

- A statutory service providing drug free programmes for teenagers, adolescents and adults. Treatment provided in form of therapy and one to one counselling backed by multi-disciplined professional team.

Tabor Lodge Treatment Centre

- A voluntary service providing individual and family counselling, education and employee assistance programmes and other specialist models.

St Francis Training Centre

- A voluntary organisation, one aspect of which is to provide residential treatment for adolescents. The programme includes drug counselling and support at induction, residential and after care level.

SOUTH EASTERN HEALTH BOARD

Counselling Addiction Services

- A statutory non-prescribing service operated in the South Eastern Health Board area by professional workers from various health centres and hospitals offering individual, family and group therapy.

C.A.T.S. – Community Alcohol Treatment Service

- A statutory service operated in the South Eastern Health Board area. Services vary from centre to centre but include out-patient/in-patient detoxification, individual/family assessment and counselling, antabuse, concerned persons support group, education and community awareness programme and probation service.

Sth. Tipperary Alcohol & Addiction Service

- A statutory service providing assessment, detoxification, treatment and aftercare, counselling, individual group and family therapy advice, information and education.

A.C.C.E.P.T. Addiction Treatment Service

- A statutory service providing assessment, advice, information, individual counselling, group therapy, family support, antabuse, out-patient and in-patient detoxification.

Aiseiri

- A voluntary organisation with two centres covering different catchment areas. Services include a professional 12-step/abstinence based programme, group therapy, individual counselling, peer & relapse groups, out-patient family support programmes and biblio therapy.

WESTERN HEALTH BOARD

Addiction Counselling Services

– A statutory non-prescribing service operated in the Western Health Board area by professional workers from various health centres and hospitals. Services vary from centre to centre but include assessment, individual, family and group counselling, educational, preventative and community awareness programmes, aftercare, psychiatric consultations, outreach clinics and limited detoxification services.

APPENDIX B

FREQUENCY TABLES
HEALTH BOARDS

TOTAL TREATMENT CONTACTS

		Rest of EHB	MEHB	MWHB	NEHB	NWHB	SEHB	SHB	WHB
					Numbers				
Table Bl									
New client	1972	131	45	40	34	15	101	260	
Old client	1610	39	17	4	6	7	10	75	
Not known	11	0	0	1	1	1	0	1	
Table B2									
Never	1396	74	31	31	28	2	20	203	
Previously treated	2088	91	27	9	11	13	88	127	
Not known	109	5	4	5	2	3	3	6	
Table B3 **In contact with other centres**									
No	2995	147	58	43	36		106	301	14
Yes	477	20	2	2	4		2	29	1
Not known	121	3	2	0	1		3	6	0
Table B4 **Resident of city/area**									
Yes	3404	101		34	10	6	57	227	3
No	84	68		11	31	4	51	102	11
Not known	105	1	5	0	0l	8	3	7	1
Table B5 **Area of Residence**									
North Inner City	599	–	–	–	–	–	–	–	–
South Inner City	423	–		–	–	–	–	–	–
Remainder Nth. City	962	–	–	–	–	–	–	–	–
Remainder Sth. City	1380	–	–	–	–	–	–	–	–
GDA unspecified	228	–	–	–	–	–	–	–	–
Great Britain	1	–	–	–	–	–	–	–	–

	Dublin	Rest of EHB	MEHB	MWHB	NEHB	NWHB	SEHB	SHB	WHB
				Numbers					
Table B6									
Nation of origin									
Ireland	3563	169	55	44	41	17	111	333	14
UK	19	1	3	1	0	1	0	1	1
Italy	5	0	0	0	0	0	0	0	0
Spain	2	0	0	0	0	0	0	0	0
Iran	1	0	0	0	0	0	0	0	0
USA	1	0	1	0	0	0	0	0	0
Switzerland	2	0	0	0	0	0	0	0	0
France	0	0	0	0	0	0	0	2	0
Not known	0	0	3	0	0	0	0	0	0
Table B7									
Last treated, if previously treated									
Ongoing	205	3	0	0	1	0	2	32	0
Two years of less	857	35	19	7	4	1	11	65	5
Four years or less	108	2	2	1	0	1	1	8	1
Over four years	53	2	0	0	0	0	0	2	1
Never treated	1396	91	31	31	28	13	88	203	4
Not known	974	37	10	6	8	3	9	26	4
Table B8									
Gender									
Male	2785	133	48	35	37	10	102	281	10
Female	787	37	12	10	4	7	9	54	5
Not known	21	0	2	0	0	1	0	1	0
Table B 9									
Age									
<15 years	37	1	3	0	0	0	30	13	0
15-19 years	1059	56	15	20	15	6	45	145	0
20-24 years	1212	54	16	12	15	6	19	90	5
25-29 years	648	27	5	10	4	1	10	33	1
30-35 years	396	19	7	3	0	1	6	14	1
35 years+	229	12	15	0	4	3	1	38	8
Not known	12	1	1	0	3	1	0	3	0
Table B10									
Living status									
Parental family	2362	132	28	30	25	10	65	2145	
Partner	541	17	16	4	7	4	21	33	6
Institution/Homeless	118	2	3	1	1	1	4	140	
Friends	63	4	2	1	2	1	5	16	0
Alone	151	6	6	7	3	0	9	23	2
Lone parent	49	2	1	0	0	1	2	3	1
Other	52	1	0	0	2	0	1	10	0
Not known	257	6	6	2	1	1	4	23	1
Table B11									
Age left school									
<15 years	1048	32	10	7	8	3	18	22	5
15 years	1030	33	5	8	8	4	24	43	0
16 years+	1145	77	26	20	18	9	45	91	7
Still at school	98	13	6	3	3	1	6	50	0
Not known	272	15	15	7	4	1	18	130	3

Erratum
In Table B10 Living Status figures should read
Parental Family SHB (214) WHB (5)
Institution/Homeless SHB (14) WHB (0)

	Dublin	Rest of EHB	MEHB	MWHB	NEHB	NWHB	SEHB	SHB	WHB
				Numbers					
Table B12									
Employment status									
Unemployed/Casual	3082	128	40	35	28	9	72	181	10
Regular employment	346	25	7	4	7	7	27	62	4
Other	107	15	8	4	5	1	9	71	0
Not known	58	2	7	2	1	1	3	22	1
Table B13									
Primary drug									
Opiate	3112	100	12	4	10	4	6	23	2
Cannabis	238	34	31	21	11	6	76	154	3
Stimulants	128	25	11	14	19	6	19	106	3
Hypnotics/Sedatives	64	4	5	0	0	1	3	33	6
Hallucinogens	28	5	0	4	1	0	3	14	1
Volatile Inhalants	13	1	3	2	0	0	3	5	0
Other	4	1	0	0	0	1	1	1	0
Not known	6	0	0	0	0	0	0	0	0
Table B14									
Age first used									
<15 years	281	18	6	10	10	0	21	76	0
15-19 years	2136	99	32	20	17	13	55	173	5
20-24 years	656	26	10	7	11	1	14	40	4
25 years+	259	19	5	3	0	3	8	34	5
Not known	261	8	9	5	3	1	13	13	1
Table B15									
Frequency in past month									
Drug free	439	20	18	5	8	3	17	22	0
Once weekly	236	16	5	3	2	4	11	134	1
2-6 times weekly	423	36	27	12	13	7	31	129	6
Daily	2342	89	5	22	16	3	45	29	7
Not known	153	9	7	3	2	1	7	22	1
Table B16									
Route of administration									
Inject	1891	60	9	3	5	1	2	14	2
Smoke	1255	69	30	23	16	8	75	156	3
Eat/Drink	383	37	19	17	19	8	28	157	8
Sniff	25	3	4	2	1	0	5	8	1
Not known	39	1	0	0	0	1	1	1	1
Table B17									
Duration of use									
1 year or less	756	37	14	6	7	4	13	79	0
2-3 years	1213	52	13	16	18	5	37	109	4
4-5 years	483	27	7	9	7	2	13	54	4
6-9 years	330	19	5	8	1	2	18	35	0
10 years+	501	21	11	1	3	2	12	38	5
Not known	310	14	12	5	5	3	18	21	2

	Dublin	Rest of EHB	MEHB	MWHB	NEHB	NWHB	SEHB	SHB	WHB
				Numbers					
Table B18									
Secondary Drug (1)									
None	523	25	18	15	2	5	15	27	3
Opiate	1223	23	2	1	2	2	2	6	2
Cannabis	572	43	9	11	13	2	17	77	1
Stimulants	316	33	6	6	11	1	27	73	1
Hallucinogens	45	6	10	12	3	7	26	37	2
Hypnotics/Sedatives	552	9	3	0	2	0	2	17	2
Alcohol	100	13	12	0	2	1	15	96	4
Other	14	18	2..	0	1	0	6	3	0
Table B19									
Secondary drug (2)									
None	1500	68	42	25	8	8	45	123	9
Opiate	352	5	0	1	3	0	1	6	1
Cannabis	405	16	4	3	8	3	6	33	2
Stimulants	225	14	4	8	6	1	25	42	1
Hallucinogens	42	6	3	3	4	3	19	51	0
Hypnotics/Sedatives	479	15	2	0	1	1	2	8	1
Alcohol	81	8	5	3	2	2	7	64	1
Other	0	38	0	0	1	0	0	4	0
Not known	509	0	2	5	8	0	6	5	0
Table B20									
Age first used any drug									
< 15 years	1075	46	8	12	17	0	25	138	1
15-19 years	1691	88	34	20	12	12	56	144	9
20-24 years	191	15	5	6	6	1	9	11	1
25 years+	66	6	2	0	0	2.	5	20	3
Not known	570	15	13	7	6	3	16	23	1
Table B21									
Currently injecting									
Yes	1330	43	5	2	3	0	3	9	1
No	2045	122	57	42	38	18	105	311	13
Not known	218	5	0	1	0	0	3	16	1
Table B22									
Currently sharing									
Yes	288	15	0	1	0	0	2	3	1
No	1637	19	4	0	3	0	1	3	13
Not known	580	14	1	2	0	0	3	19	1
Not applicable	1088	122	57	42	38	18	105	311	0

FIRST TREATMENT CONTACTS

	Dublin	Rest of EHB	MEHB	MWHB	NEHB	NWHB	SEHB	SHB	WHB
					Numbers				
Table B1A **Type of contact**									
New client	1396	91	31	31	28	13	88	203	4
Old client	0	0	0	0	0	0	0	0	0
Not known	0	0	0	0	0	0	0	0	0
Table B2A **Resident of city/area**									
Yes	1313	47	21	24	7	5	46	146	3
No	44	44	7	7	21	1	40	55	0
Not known	39	0	3	0	0	7	2	2	1
Table B3A **Area of residence**									
North In City	187	–	–	–	–	–	–	–	–
South In City	142	–	–	–	–	–	–	–	–
Rem. N. City	368	–	–	–	–	–	–	–	–
Rem. S. City	618	–	–	–	–	–	–	–	–
GDA unspec	81	–	–	–	–	–	–	–	–
Table B4A **Nation of origin**									
Ireland	1382	90	27	31	28	12	88	200	3
UK	8	1	1	0	0	1	0	1	1
Italy	3	0	0	0	0	0	0	0	0
Spain	1	0	0	0	0	0	0	0	0
Iran	1	0	0	0	0	0	0	0	0
USA	1	0	1	0	0	0	0	0	0
Switzerland	0	0	0	0	0	0	0	0	0
France	0	0	0	0	0	0	0	2	0
Not known	0	0	2	0	0	0	0	0	0
Table B5A **Last treated, if prev. treated**									
Ongoing	0	0	0	0	0	0	0	0	0
Two years of less	0	0	0	0	0	0	0	0	0
Four years or less	0	0	0	0	0	0	0	0	0
Over four years	0	0	0	0	0	0	0	0	0
Never treated	1396	91	31	0	28	13	88	203	4
Table B6A **Gender**									
Male	1092	67	22	25	24	6	83	173	3
Female	297	24	8	6	4	6	5	30	1
Not known	7	0	1	0	0	1	0	0	0

	Dublin	Rest of EHB	MEHB	MWHB	NEHB	NWHB	SEHB	SHB	WHB
				Numbers					
Table B 7A									
Age									
<15 years	30	1	3	0	0	0	0	12	0
15-19 years	652	45	14	16	10	5	24	98	0
20-24 years	487	25	8	7	14	2	39	49	2
25-29 years	141	8	4	6	2	1	17	19	1
30-35 years	56	5	1	2	0	1	5	5	0
35 years+	27	7	1	0	1	3	2	20	1
Not known	3	0	0	0	1	1	1	0	0
Table B8A									
Living status									
Parental family	1073	74	19	23	17	6	58	142	1
Partner	119	8	6	2	5	4	11	17	1
Inst/Homeless	37	0	1	0	0	1	3	8	0
Friends	21	2	1	1	2	1	3	6	0
Alone	41	2	1	4	3	0	7	13	1
Lone parent	12	0	0	0	0	1	2	2	1
Other	19	1	0	0	1	0	0	7	0
Not known	74	4	3	1	0	0	4	8	0
Table B9A									
Age left school									
<15 years	349	13	6	5	3	2	12	7	2
15 years	399	17	0	6	6	3	17	21	0
16 years+	480	43	14	14	14	6	41	42	1
Still at school	77	11	6	2	3	1	6	46	0
Not known	91	7	5	4	2	1	12	87	1
Table B10A									
Employment status									
Unemployed/Casual	1100	60	16	25	20	6	55	92	4
Regular employment	187	17	4	3	5	5	22	38	0
Other	83	13	8	2	3	1	9	61	0
Not known	26	1	3	1	0	1	2	12	0
Table B11A									
Primary drug									
Opiate	1075	40	2	3	7	2	0	5	1
Cannabis	174	25	17	14	5	5	68	110	2
Stimulants	98	18	9	12	16	4	14	59	0
Hypnotics/Sedatives	16	3	0	0	0	1	0	15	1
Hallucinogens	16	4	0	2	0	0	3	10	0
Volatile Inhalants	10	0	3	0	0	0	3	4	0
Other	3	1	0	0	0	1	0	0	0
Not known	4	0	0	0	0	0	0	0	0
Table B12A									
Age first used									
<15 years	128	13	4	6	4	0	16	49	0
15-19 years	895	54	20	13	14	9	47	112	2
20-24 years	220	11	3	5	9	0	13	16	0
25 years+	74	9	0	2	0	3	2	17	2
Not known	79	4	4	5	1	1	10	9	0

	Dublin	Rest of EHB	MEHB	MWHB	NEHB	NWHB	SEHB	SHB	WHB
				Numbers					
Table B13A									
Frequency in past month									
Drug free	125	14	5	2	7	2	17	13	0
Once weekly	100	23	4	3	0	2	10	16	1
2-6 times weekly	245	40	20	10	11	5	23	94	2
Daily	892	10	1	15	10	3	35	71	1
Not known	34	4	1	1	0	1	3	9	0
Table B14A									
Route of administration									
Inject	415	17	2	1	3	1	0	2	1
Smoke	785	47	16	16	9	5	66	111	2
Eat/Drink	167	27	10	14	15	7	18	86	1
Sniff	19	0	3	0	1	0	4	4	0
Not known	10	0	0	0	0	0	0	0	0
Table B15A									
Duration of use									
1 yr or less	492	28	14	4	7	2	11	61	0
2-3 years	561	32	7	13	14	4	30	60	0
4-5 years	139	8	4	5	4	0	9	26	4
6-9 years	54	8	1	4	0	2	15	20	0
10 years+	45	6	0	0	0	2	9	22	0
Not known	105	9	5	0	3	3	14	14	0
Table B16A									
Secondary Drug(1)									
None	238	13	14	11	2	4	15	19	1
Opiate	368	5	0	1	2	0	0	0	1
Cannabis	293	22	4	7	8	1	12	49	0
Stimulants	165	24	4	3	7	0	21	37	1
Hallucinogens	26	3	2	9	3	7	22	18	0
Hypnotics/Sedatives	138	1	1	0	1	0	0	8	0
Alcohol	48	9	4	0	1	1	13	69	1
Other	4	14	1	0	1	0	0	1	0
Not known	111	0	1	0	3	0	5	2	0
Table B17A									
Secondary drug (2)									
None	549	39	25	19	6	7	38	83	2
Opiate	108	3	0	0	2	0	1	1	0
Cannabis	171	6	0	3	7	2	4	13	1
Stimulants	113	6	2	4	3	1	19	25	0
Hallucinogens	25	1	1	2	3	2	14	31	0
Hypnotics/Sedatives	172	6	0	0	0	0	0	4	1
Alcohol	37	3	2	3	1	1	5	44	0
Volatile inhalants	2	0	0	0	0	0	1	0	0
Other	9	27	0	0	1	0	0		0
Not known	210	0	1	0	5	0	6		0

	Dublin	Rest of EHB	MEHB	MWHB	NEHB	NWHB	SEHB	SHB	WHB
				Numbers					
Table B18A									
Age first used any drug									
<15 years	434	23	4	8	10	0	19	77	1
15-19 years	686	52	21	12	12	9	48	101	2
20-24 years	57	8	2	4	4	0	8	5	0
25 years +	17	2	0	0	0	2	2	11	1
Not known	202	6	4	7	2	2	11	9	0
Table B19A									
Currently injecting									
Yes	336	12	1	1	2	0	0	0	1
No	991	76	30	29	26	13	86	195	3
Not known	69	3	0	1	0	0	2	8	0
Table B20A									
Currently sharing									
Yes	63	4	0	0	0	0	0	0	0
No	211	6	1	0	2	0	0	0	1
Not appl.	991	76	30	29	26	13	86	195	3
Not known	131	5	0	2	0	0	2	8	0

APPENDIX C

Population of the Greater Dublin Area 1991

Age and Sex (Number, Row per cent and Column per cent)

	Male	Female	Total
Under 15 years	112769	106825	219594
	51.4	48.6	100.0
	25.8	22.4	24.0
15-19 years	43446	43882	87328
	49.8	50.2	100.0
	9.9	9.2	9.5
20-24 years	43232	46168	89400
	48.4	51.6	100.0
	9.9	9.7	9.8
25-29 years	36418	40130	76548
	47.6	52.4	100.0
	8.3	8.4	8.4
30-34 years	32927	35454	68381
	48.2	51.8	100.0
	7.5	7.4	7.5
35-39 years	29236	31931	61167
	47.8	52.2	100.0
	6.7	6.7	6.7
40-44 years	27397	29154	56551
	48.4	51.6	100.0
	6.3	6.1	6.2
45+years	112364	144183	256547
	43.8	56.2	100.0
	25.7	30.2	28.0
All ages	437789	477727	915516
Total Row: per cent	47.8	52.2	100.0
Total Column: per cent	100.0	100.0	100.0

Population of the Remainder Eastern Health Board 1991

Age and Sex (Number, Row per cent and Column per cent)

	Male	Female	Total
Under 15 years	50041	46913	96954
	51.6	48.4	100.0
	30.3	28.5	29.4
15-19 years	17158	15853	33011
	52.0	48.0	100.0
	10.4	9.6	10.0
20-24 years	11742	11228	22970
	51.1	48.9	100.0
	7.1	6.8	7.1
25-29 years	11516	12266	23782
	48.4	51.6	100.0
	7.0	7.4	7.2
30-34 years	12733	13200	25933
	49.1	50.1	100.0
	7.7	8.0	7.7
35-39 years	12350	12748	25098
	49.2	50.3	100.0
	7.5	7.7	7.6
40-44 years	12088	12028	24116
	50.1	49.9	100.0
	7.3	7.3	7.3
45+years	37298	40547	77845
	47.9	52.1	100.0
	22.7	24.7	23.7
All ages	164926	164783	329709
Total Row: per cent	50.3	49.7	100.0
Total Column: per cent	100.0	100.0	100.0

Population of the Midland Health Board 1991

Age and Sex (Number, Row per cent and Column per cent)

	Male	Female	Total
Under 15 years	29697	28182	57879
	51.3	48.7	100.0
	28.7	28.3	28.5
15-19 years	10117	9196	19313
	52.4	47.6	100.0
	9.8	9.2	9.5
20-24 years	7180	6051	13231
	54.3	45.7	100.0
	6.9	6.1	6.5
25-29 years	6562	6400	12962
	50.6	49.4	100.0
	6.4	6.4	6.4
30-34 years	7031	6825	13856
	50.7	49.3	100.0
	6.8	6.9	6.8
35-39 years	6883	6599	13482
	51.0	49.0	100.0
	6.7	6.6	6.7
40-44 years	6319	6051	12370
	51.0	49.0	100.0
	6.1	6.1	6.1
45+years	29555	30336	59891
	49.3	50.7	100.0
	28.6	30.4	29.5
All ages	103344	99640	202984
Total Row: per cent	51.0	49.0	100.0
Total Column: per cent	100.0	100.0	100.0

Population of the Mid Western Health Board 1991

Age and Sex (Number, Row per cent and Column per cent)

	Male	Female	Total
Under 15 years	43108	41028	84136
	51.2	48.8	100.0
	27.5	26.7	27.1
15-19 years	15345	14653	29998
	51.2	48.8	100.0
	9.8	9.5	9.6
20-24 years	11425	10091	21516
	53.1	46.9	100.0
	7.3	6.6	6.9
25-29 years	9976	9982	19958
	50.0	50.0	100.0
	6.4	6.5	6.4
30-34 years	10886	10456	21342
	51.0	49.0	100.0
	6.9	6.8	6.9
35-39 years	10685	10306	20991
	50.9	49.1	100.0
	6.8	6.7	6.8
40-44 years	10380	10022	20402
	50.8	49.2	100.0
	6.6	6.5	6.6
45+years	45011	47374	92385
	48.7	51.3	100.0
	287	30.7	29.7
All ages	156816	153912	
Total Row: per cent	50.5	49.5	100.0
Total Column: per cent	100.0	100.0	100.0

Population of the North Eastern Health Board 1991

Age and Sex (Number, Row per cent and Column per cent)

	Male	Female	Total
Under 15 years	44220	42136	86356
	51.2	48.8	100.0
	29.2	28.4	28.8
15-19 years	14680	13528	28208
	52.0	48.0	100.0
	9.7	9.1	9.4
20-24 years	10496	9224	19720
	53.2	46.8	100.0
	6.9	6.2	6.6
25-29 years	9661	9735	19396
	49.8	50.2	100.0
	6.4	6.6	6.5
30-34 years	10335	10463	20798
	49.7		100.0
	6.8	7.0	6.9
35-39 years	10559	10041	
	51.2	48.8	100.0
	6.9	6.8	6.9
40-44 years	10031	9570	19601
	51.2	48.8	100.0
	6.6	6.4	6.5
45+years		43846	85504
	48.7	51.3	100.0
	27.5	29.5	28.4
All ages	151640	148543	300183
Total Row: per cent	50.5	49.5	100.0
Total Column: per cent	100.0	100.0	100.0

Population of the North Western Health Board 1991

Age and Sex (Number, Row per cent and Column per cent)

	Male	Female	Total
Under 15 years	29502	27901	57403
	51.4	48.6	100.0
	28.0	27.1	27.6
15-19 years	9673	9445	19118
	50.6	49.4	100.0
	9.2	9.2	9.2
20-24 years		6205	12951
	52.0	48.0	100.0
	6..4	6.0	6.2
25-29 years	5948	6095	12043
	49.4	50.6	100.0
	5.7	5.9	5.8
30-34 years	6550	6677	13227
	49.5	50.5	100.0
	6.2	6.5	6.4
35-39 years	6659	6542	13201
	50.4	49.6	100.0
		6.3	6.3
40-44 years	6719	6379	13098
	51.3	48.7	100.0
	6.4	6.3	6.3
45+years	33471	33662	67133
	49.8	50.2	100.0
	31.8	32.7	32.2
All ages	105268	102906	208174
Total Row: per cent	50.6	49.4	100.0
Total Column: per cent	100.0	100.0	100.0

Population of the South Eastern Health Board 1991

Age and Sex (Number, Row per cent and Column per cent)

	Male	Female	Total
Under 15 years	54557	51740	106297
	51.3	48.7	100.0
	28.2	27.3	27.7
15-19 years	18779	17187	35966
	52.2	47.8	100.0
	9.7	9.1	9.5
20-24 years	13892	12219	26111
	53.2	46.8	100.0
	7.2	6.4	6.8
25-29 years	12855	12926	25781
	49.9	50.1	100.0
	6.6	6.8	6.7
30-34 years	13226	13214	26440
	50.0	50.0	100.0
	6.8	7.0	6.9
35-39 years	12949	12433	
	51.0	49.0	100.0
	6.7	6.6	6.6
40-44 years	12375	11666	24041
	51.5	48.5	100.0
	6.5	6.1	6.3
45+years	54848	58322	113170
	48.5	51.5	100.0
	28.3	30.7	29.5
All ages	193481	189707	383188
Total Row: per cent	50.5	49.5	100.0
Total Column: per cent	100.0	100.0	100.0

Population of the Southern Health Board 1991

Age and Sex (Number, Row per cent and Column per cent)

	Male	Female	Total
Under 15 years	71482	68071	139553
	51.2	48.8	100.0
	26.8	25.6	26.2
15-19 years	25784	24118	49902
	51.7	48.3	
	9.8	9.0	9.4
20-24 years	20267	18498	38765
	52.3	47.7	100.0
	7.6	7.0	7.3
25-29 years	18105	18172	36277
	50.0	50.0	100.0
	6.8	6.8	6.8
30-34 years	18312	18267	36579
	50.1	49.9	100.0
	6.9	6.9	6.9
35-39 years	17976	17521	35497
	50.6	49.4	100.0
	6.7	6.6	6.7
40-44 years	17444	16732	34176
	51.0	49.0	100.0
	6.5	6.3	
45+years	77104	84410	161514
	47.7	52.3	100.0
	28.9	31.8	30.3
All ages	266474	265789	532263
Total Row: per cent	50.1	49.9	100.0
Total Column: per cent	100.0	100.0	100.0

Population of the Western Health Board 1991

Age and Sex (Number, Row per cent and Column per cent)

	Male	Female	Total
Under 15 years	474	44940	924402
	51.4	48.6	100.0
	27.3	26.5	26.9
15-19 years	16426	15756	32182
	51.0	49.0	100.0
	9.5	9.3	9.4
20-24 years	11499	10409	21908
	52.5	47.5	100.0
	6.6	6.2	6.4
25-29 years	9619	9955	19574
	49.1	50.9	100.0
	5.5	5.9	5.7
30-34 years	11168	11347	22515
	49.6	50.4	100.0
	6.4	6.7	6.6
35-39 years	11427	11044	22471
	50.9	49.1	100.0
	6.6	6.5	6.6
40-44 years	11103	10225	21328
	52.1	47.9	100.0
	6.4		6.2
45+years	54976	55618	440594
	49.7	50.3	
	31.7	32.9	32.2
All ages	173680	169294	342974
Total Row: per cent	50.6	49.4	100.0
Total Column: per cent	100.0	100.0	100.0

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APPENDIX D
ESTIMATION OF RATES FOR TREATED DRUG MISUSE

Rates were per '000 population aged between 15 and 39, based on 1991 *Census of Population*

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GREATER DUBLIN AREA		**First Treatment Contact**	
Total Treatment Contacts		Number	1396
Number	3399	Rate	3.6
Rate	8.9		
REMAINDER EASTERN HEALTH		**First Treatment Contact**	
Total Treatment Contacts		Number	91
Number	164	Rate	0.7
Rate	1.3		
MIDLAND HEALTH BOARD		**First Treatment Contact**	
Total Treatment Contacts		Number	31
Number	61	Rate	0.4
Rate	0.8		
MID WESTERN HEALTH BOARD		**First Treatment Contact**	
Total Treatment Contacts		Number	31
Number	44	Rate	0.3
Rate	0.4		
NORTH EASTERN HEALTH BOARD		**First Treatment Contact**	
Total Treatment Contacts		Number	28
Number	40	Rate	0.3
Rate	0.4		
NORTH WESTERN HEALTH BOARD		**First Treatment Contact**	
Total Treatment Contacts		Number	13
Number	17	Rate	0.2
Rate	0.2		
SOUTH EASTERN HEALTH BOARD		**First Treatment Contact**	
Total Treatment Contacts		Number	88
Number	109	Rate	0.6
Rate	0.8		
SOUTHERN HEALTH BOARD		**First Treatment Contact**	
Total Treatment Contacts		Number	203
Number	322	Rate	1.0
Rate	1.6		
WESTERN HEALTH BOARD		**First Treatment Contact**	
Total Treatment Contacts		Number	4
Number	9	Rate	0.03
Rate	0.08		

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APPENDIX E

IRELAND – DRUG TREATMENT REPORTING SYSTEM

First Name ☐☐☐☐☐☐☐☐☐☐☐☐ **Address** .....

Last Name ☐☐☐☐☐☐☐☐☐☐☐☐ .....

.....

1. City/Area ☐☐ **2. Treatment Centre** ☐☐ *centre code* ☐☐ *type of centre* **3. Client No.** ☐☐☐☐☐☐☐☐

A. TREATMENT CONTACT DETAILS

4. Date of Treatment Contact ☐☐ *day* ☐☐ *month* ☐☐ *year*

5. Type of Contact with This Centre *(circle)*

1. new client 2. old client 9. not known

6. (a) Ever Previously Treated, at Any Treatment Centre *(circle)*

1. never treated 2. previously treated 9. not known

(b) If Previously Treated, When Last?

Enter number of months since left last treatment ☐☐☐

(or enter code) 888. never previously treated 999 not known

7. (a) Currently in Treatment at Other Centre *(specify & circle)*

1. yes 2. no 9. not known

(b) Source of Referral *(specify, and circle code)*

1. self/family/friends
2. other drug treatment centre
3. general practitioner
4. hospital/other medical agency
5. social services
6. court/probation/police
8. other
9. not known

B. SOCIO-DEMOGRAPHIC INFORMATION

8. Gender *(circle)* 1. male 2. female 9. not known

9. (a) Age ☐☐ years

(b) Date of Birth ☐☐ *day* ☐☐ *month* ☐☐ *year*

10. (a) Current Living Status *(circle)*

1. alone
2. with parental family
3. with friends
4. with partner
5. institution
6. temporary/homeless
7. lone parent
8. other
9. not known

(b) Living with Drug Misusers *(circle)* 1.yes 2 no 9. not known

11. (a) Resident of City/Area *(circle)* 1.yes 2. no 9. not known

(b) Area of Residence *(specify)* _____ ☐☐☐

12. Nationality *(specify & circle code)* _____ ☐☐☐

1. Irish
2. Other
9. not known

13. Employment Status *(circle code)*

1. regular employment
2. unemployed/casual work
8. other (specify) _____
9. not known

14. (a) Highest Educational Level *(specify)* _____ ☐

(b) Age Left School ☐☐ years *(or enter code)*

01. never went to school 88. still at school 99 not known

C. PROBLEM DRUG USE

	(a) Drug Name *(write in)*	(b) Route of Administration *(enter code) see below*	(c) Frequency Past Month *(enter code) see below*	(d) Age at 1st. Use *(years)*	(e) Duration of Regular Use *(years)*
15. Primary Drug					
16. Secondary (1)			XXXXXX	XXXXXX	XXXXXX
17. Secondary (2)			XXXXXX	XXXXXX	XXXXXX
18. Age First Used any Drug ☐☐ years		(b) Route 1. inject 2. smoke 3. eat/drink 4. sniff 9. not known	(c) Frequency 1. 1 per week or less 2. 2-6 days per week 3. daily 4. not used past month 9. not known		

D. RISK BEHAVIOUR

19. (a) Currently Injecting *(circle)*

1. yes 2. no 9. not known

19. (b) If Injecting, Shared Past Month *(circle)*

1. yes
2. no
8. not applicable (not injecting)
9. not known

20. (a) Ever Injected *(circle)* 1. yes 2. no 9. not known

20. (b) If Yes, Age First Injected ☐☐ years

20. (c) If Ever Injected, Ever Shared *(circle)*

1. yes
2. no
8. not applicable (never injected)
9. not known