



Drug Misuse Research Division
The Health Research Board

*A Profile of Young People Receiving
Treatment for Drug Misuse in 1998 and
some Policy Implications*

National Drug Treatment Reporting System

Paper presented to

PSYCHOLOGICAL SOCIETY IRELAND – ANNUAL CONFERENCE

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Abstract

The Drug Misuse Research Division of the Health Research Board maintains and develops the National Drug Treatment Reporting System (NDTRS). The NDTRS is an epidemiological database providing information on all *treated* drug misuse in the Republic of Ireland. Following a brief overview of the Division's activities and of the NDTRS, summary findings will be discussed for young drug misusers (those 19 years of age and younger) who received treatment in 1998 for drug misuse (n=1,366). Characteristics of young misusers including risk behaviours will be addressed. The age profile; type of problem drug used, and source of referral information, for these young people will be outlined. The profiles of young people resident in the EHB will be contrasted with those resident outside the EHB and also with those that are homeless.

Information about treated drug misuse and its trends, the characteristics of those affected and their drug misuse patterns is essential to planning appropriate strategies and interventions at local and national levels. The data presented here suggest that there is a need for drug treatment services to be designed to meet the specific needs of these young developing adolescents. In addition, the data illustrate differences in the characteristics of misusers of various types of drugs, suggesting a range of treatment options need to be considered for different treatment groups.

Acknowledgements:

Ms. Ros Moran – Head of Division
Ms. Mary O'Brien – National NDTRS Co-ordinator
Ms. Tracy Kelleher – NDTRS Analyst


Slide 1

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PSI Conference - Galway - 10th Nov. 00

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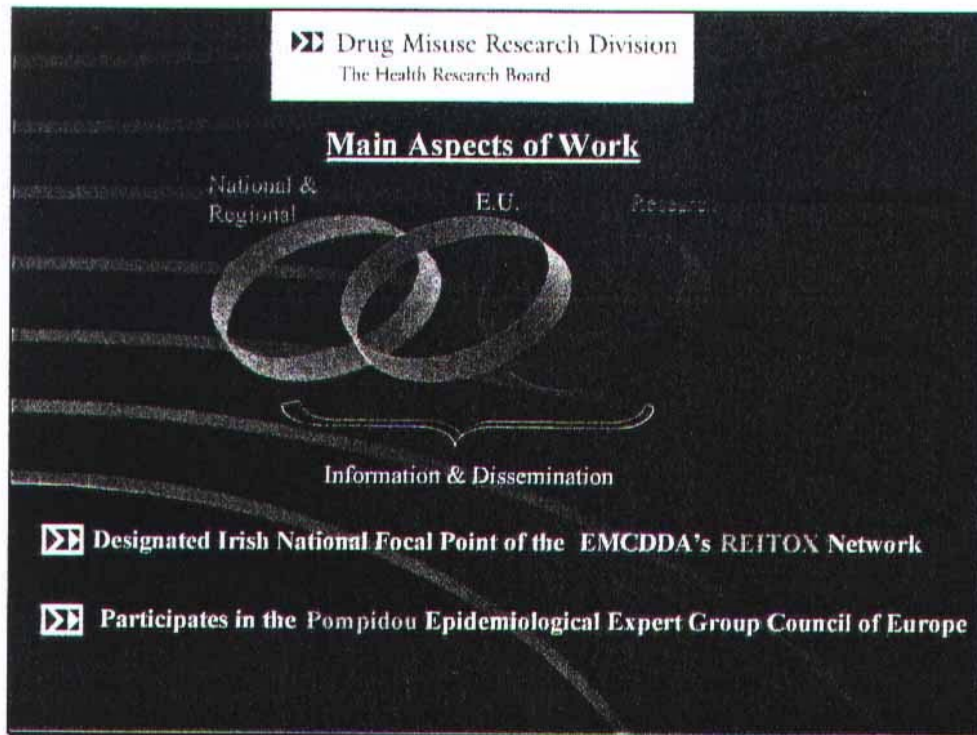
The importance of drug treatment services being designed for the specific needs of the growing / developing young person, rather than placing these young people in regimes designed for adults is an issue constantly to the fore in the design & direction of drug policies.

The focus of this presentation is to outline some of the characteristics of these young people who presented to drug treatment agencies during 1998.

These data will include socio-demographic information, treatment contact details and details of problem drug use and risk behaviours the young person was engaged in.

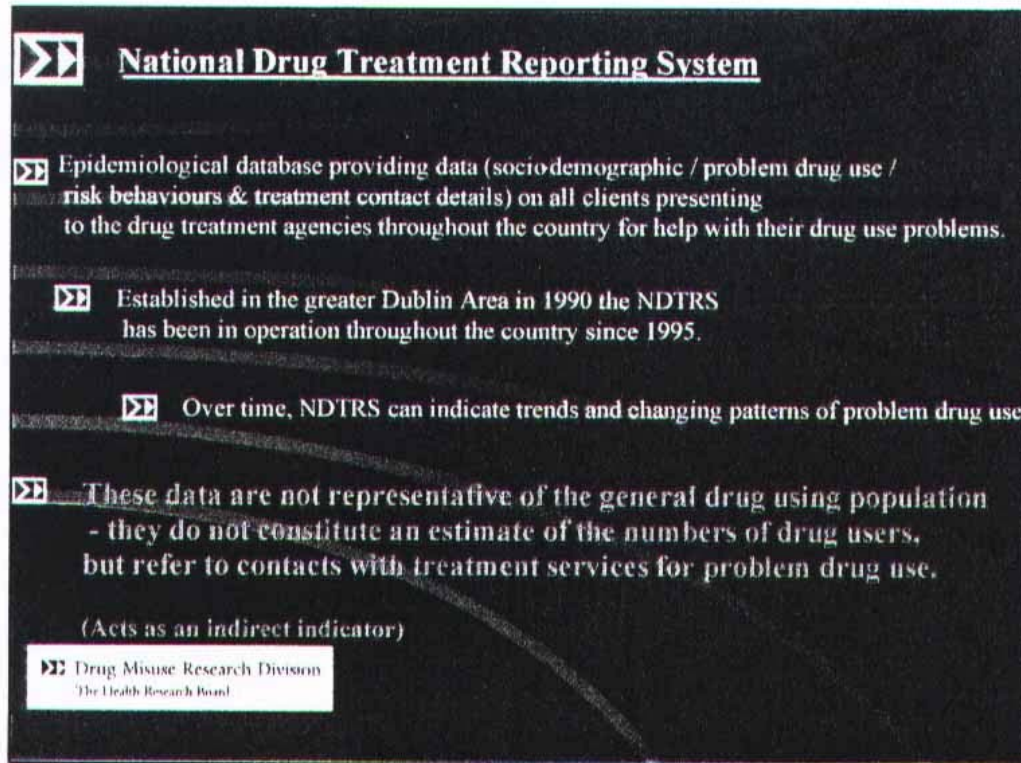
First of all I will give a little background to the DMRD and its research programme.

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- The Drug Misuse Research Division of the Health Research Board is involved in national and international research and information activities in relation to drugs and their misuse.
- As part of the European Union's EMCDDA (European Monitoring Centre for Drugs and Drug Addiction) The Division is the designated Irish National Focal Point of the REITOX network (European Information Network on Drugs and Drug Addiction).
- The DMRD works to improve comparability of drug related data in the Member States; disseminates information and co-operates with the international bodies dealing with drug related issues.
- The DMRD runs a programme of research in addressing socio-environmental aspects of drug issues, within both Irish and European contexts. Ongoing research projects Include: Drug Use among Prisoners – An exploratory study. Drug Misuse in Rural Areas, Annotated Bibliography of Drug Misuse in Ireland, and The Mobile Clinic Study – An assessment of the needs & experiences of service users.
- The Division also participates in the Epidemiology Expert and Treatment Demand Groups of the Pompidou Group of the Council of Europe.

(1 minute)



National Drug Treatment Reporting System

- ▶ Epidemiological database providing data (socio-demographic / problem drug use / risk behaviours & treatment contact details) on all clients presenting to the drug treatment agencies throughout the country for help with their drug use problems.
- ▶ Established in the greater Dublin Area in 1990 the NDTRS has been in operation throughout the country since 1995.
- ▶ Over time, NDTRS can indicate trends and changing patterns of problem drug use
- ▶ These data are not representative of the general drug using population - they do not constitute an estimate of the numbers of drug users, but refer to contacts with treatment services for problem drug use.

(Acts as an indirect indicator)

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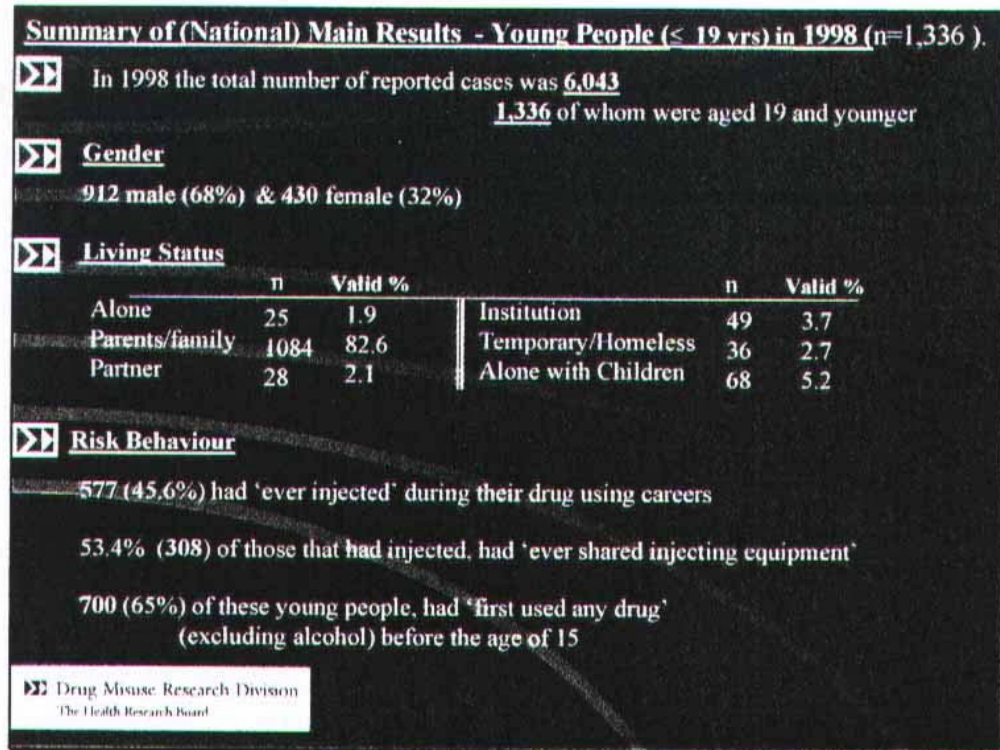
- The National Drug Treatment Reporting System It is the national epidemiological database, providing socio-demographic/problem drug use/risk behaviours & treatment contact details, data on all those presenting for treatment in Ireland. Thus it is a major tool for policy and planning.
- Established in the Greater Dublin Area in 1990 and has been in operation throughout the country since 1995.
- Over time, NDTRS can indicate trends and changing patterns of problem drug use through longitudinal analyses.
- It is most important to emphasise that

“These data are not representative of the general drug using population – they do not constitute an estimate of the numbers of drug users, but refer to contacts with treatment services for problem drug use.” – but acts as an indirect indicator.

The Drug Misuse Research Division welcomes collaborative research using the National Drug Treatment Reporting System database.

What does the National Drug Treatment Reporting System tell us about those young people (aged 19 years and under) who received treatment for drug misuse in 1998? There follows a summary of some of the main findings, from a national perspective, describing a number of interesting characteristics of these young people.

(1 Minute)



National Data

In 1998, the total number of cases reported to the NDTRS was 6,043. (1,336 were 19 and younger) (22.6%)

Some of the main characteristics of these young people include Sixty-eight percent (912) were male and thirty-two percent (430) were female

The Living status of these young people (aged 19 and younger).

The vast majority of young people receiving treatment for drug misuse (82.6%) 1,084 are living with parents or family. – **Staying at home (can be viewed from the perspective of strong support networks to aid the treatment process or alternatively delayed maturation and lack of independence).**

Risk behaviour

As many as 577 (45.6%) had injected at some stage in their drug using careers. Of those who have injected 53.4% (308) have 'ever shared injected equipment'. Over 65% of those young people who were receiving treatment for drug misuse had first used some drug (not including alcohol) before the age of 15. Link-

When the NDTRS results for these young people are categorised by area of residence, namely those resident within the EHB, those outside of the EHB and those with No Fixed Abode, some interesting findings emerge.

(1 minute)

Problem Drug Use

Table 2. Drugs of Misuse of young people receiving treatment in 1998.

	<u>EHB</u>	<u>Outside EHB</u>	<u>No Fixed Abode</u>	<u>National Total</u>
n =	1033	310	21	1366
	Valid %	Valid %	Valid %	Valid %
<u>Main Drug of Misuse</u>				
Heroin	79.0	4.5	81.0	62.0
Cocaine	1.0	0.6	--	0.9
Ecstasy	1.6	24.8	--	6.9
Amphetamines	0.8	5.2	--	1.8
Benzodiazepines	1.0	0.6	--	0.9
LSD	0.2	1.6	--	0.5
Volatile Inhalants	1.6	5.2	--	2.3
Cannabis	10.9	56.1	19.0	21.4

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The most apparent difference between the above groups is – the predominance of treatment for use of heroin and opiates in the Eastern Health Board in comparison with young people resident outside of the EHB, (79 % (n=813) as opposed to 4.5% (n=14) receiving treatment for heroin use).

– The proportion receiving treatment primarily for misuse of cannabis is markedly higher outside of the EHB. (56% (n=174) as opposed to 11 % (n=12) within the EHB). Similarly with ecstasy.

Link

How did these young people come into contact with the drug treatment agencies in 1998 – specifically what was their source of referral?

Treatment Contact Details

Table 3. Source of Referral for young people in 1998.

Source of Referral	EHB	Outside EHB	No Fixed Abode	National Total
	n =	n =	n =	n =
	1033	310	21	1366
	Valid %	Valid %	Valid %	Valid %
Self	30.2	14.6	15.0	26.3
Family or Friends	25.5	22.3	10.0	24.6
Other Drug Treatment Centre	13.2	2.3	10.0	10.6
General Practitioner	7.6	14.2	-	9.0
Court / Probation / Gardai	8.6	26.9	5.0	12.7
Others (social services...)	14.9	19.8	60.0	16.7
Total	100.0	100.0	100.0	100.0

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Source of Referral

- Over 55 % of the young people resident in the EHB and receiving treatment in 1998, referred themselves to treatment or were referred by family or friends. This is in contrast with just over one third (37%) of the referrals among those young people outside of the EHB.

- The percentages being referred to treatment by the Courts/Probation/Gardai (8.6 % EHB and 26.9% Outside of the EHB). It is most important to emphasise that these figures are not indicative of any leniency on the part of the Gardai in relation to cannabis and ecstasy use in the Dublin region – the Garda figures of seizures made support this. – Rather these findings when viewed in a relative context, may illustrate the high visibility/low tolerance of use of cannabis & ecstasy in more rural settings.

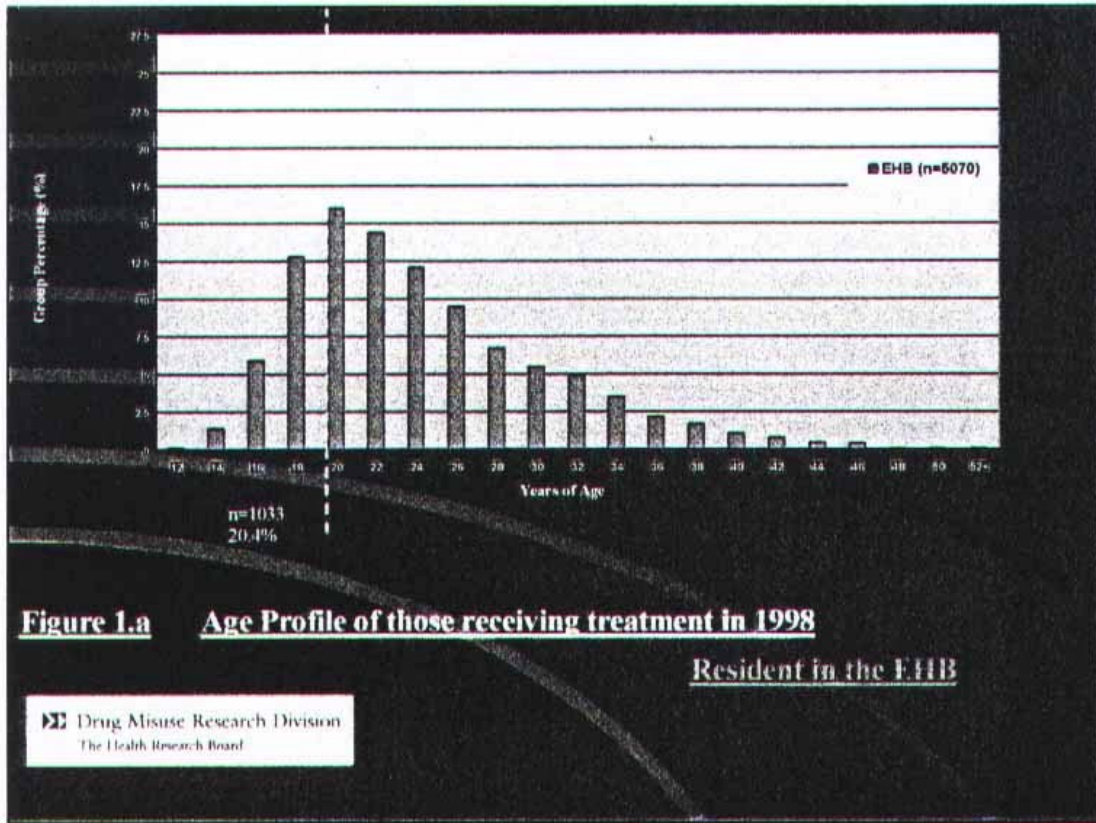
Of those young people, receiving drug treatment and are homeless (21), the majority (60%, 12 people) have been referred to their treatment by the social services.

-link-

So – young people from the different areas (ie EHB, Outside EHB, Homeless) receiving drug treatment, tend to 1) have contrasting drugs of misuse, 2) have come into contact with the treatment agencies from differing sources.

What is the proportion do these young people represent in the larger national drug treatment picture? Do they warrant special emphasis in the design and implementation of drug treatment policies?

(2 Minutes)



Each graph is presented separately (to highlight the individual proportions for each of the area categories)

1 EHB (20.4% – young people)

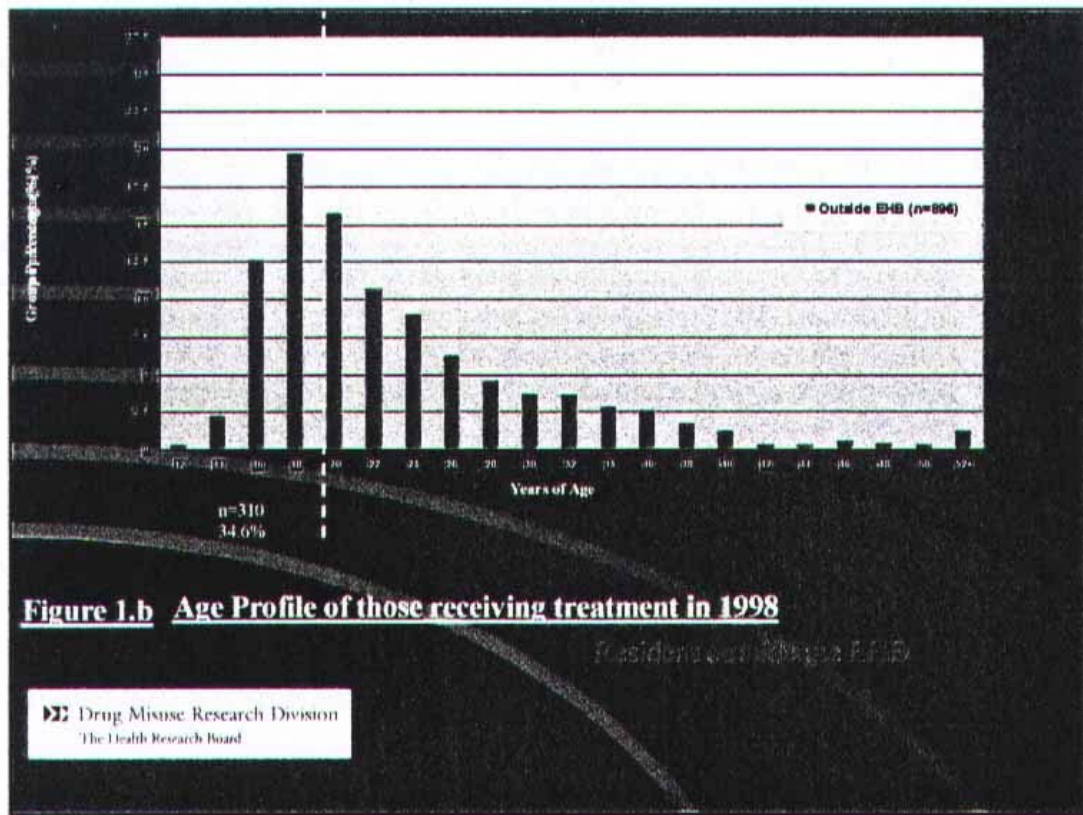
2 outside the EHB (34.6 % young people)

3 No fixed Abode (31.8% young people)

From the graphs it is evident the high proportion of young people (aged 19 and younger) who were receiving treatment for drug misuse in 1998.

The importance of drug treatment services being designed for the specific needs of the growing / developing young person, rather than placing these young people in regimes designed for adults is an issue which needs to be constantly to the fore in the design & direction of drug policies.

Furthermore, since as shown in the presentation, the characteristics of these young people in treatment differ (eg type of drug misused, source of referral) different treatment options need to be made available.

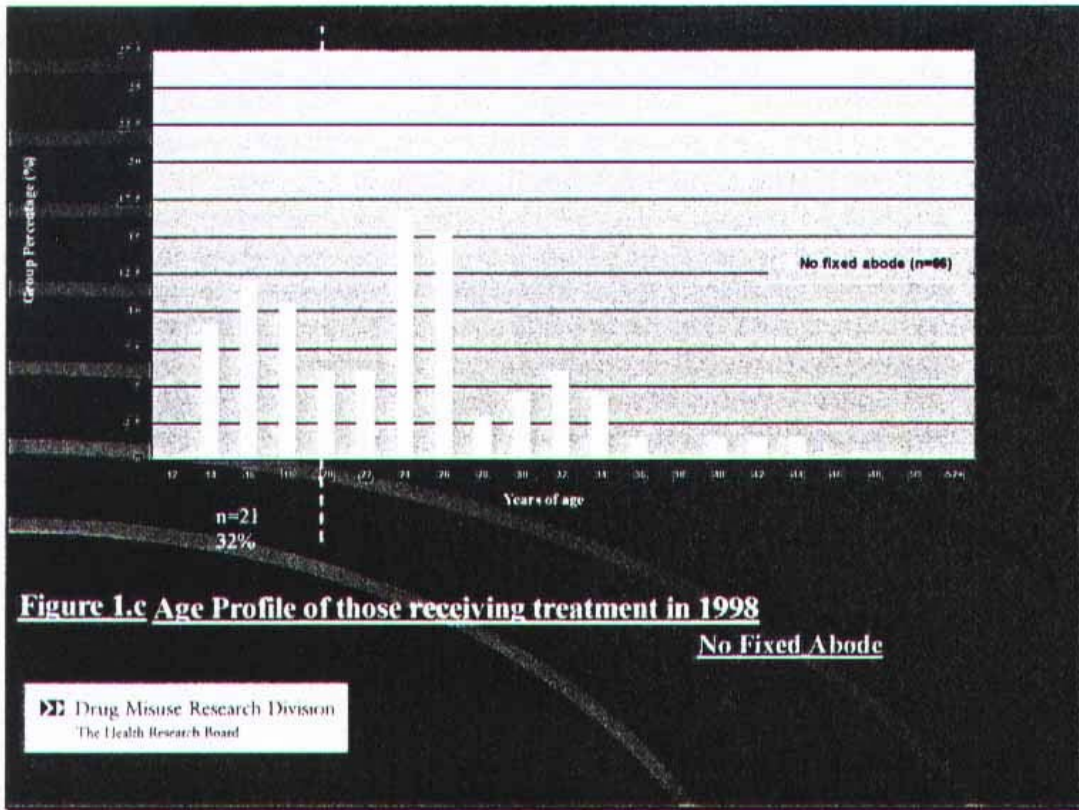


Developments:

Further incorporation of general practitioners to the NDTRS (co-operation from the Department of Health and Children and the Irish College of General Practitioners. A number of health boards are in the process of setting up electronic databases at regional levels and when operational will help to ensure prompt returns of data and more up-to-date reporting.

The incorporation of the prison services in the collection of NDTRS data will give a more comprehensive picture of treated drug misuse in Ireland.

The Drug Misuse Research Division welcomes collaborative research using the National Drug Treatment Reporting System database.



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Table 1. Number of Total treatment contacts; total ≤ 19 years of age and the percentage they represent, in 1998.

	Total n's	(n's ≤ 19yrs)	Proportion ≤ 19yrs
Eastern Health Board	5070	1033	20.4 %
Outside EHB	896	310	34.6 %
No Fixed Abode	66	21	31.8 %
Total	6032	1364	
Area of residence unknown	11	2	
National Total	6043	1366	22.6 %

1998

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Comment on press reports of Drug-related deaths Ireland

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