

**CHAPTER 3**

**RESEARCH FINDINGS  
ON DRUG USE**

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### **3.1 Introduction**

Historically there has been little survey research carried out in Ireland on drug use among adults in the general population. The first nation-wide survey of drug use among adults was carried out by the Centre for Health Promotion Studies, National University of Ireland (NUI), Galway in 1998, as part of a large Survey of Lifestyle, Attitudes and Nutrition (SLÁN). The findings of the drug use module of this survey have not yet been published but statistics have been made available to the Drug Misuse Research Division (DMRD) of the Health Research Board (HRB).

Information on drug use among school pupils is more readily available. However, most of the studies have been conducted at regional level and have differed in terms of methodology, sample size, questionnaire design, and age groups surveyed. In addition, differences in theoretical approaches (health behaviours, health promotion, education/prevention, problem drug-use behaviours), reflecting different perspectives, can preclude meaningful comparisons of survey results.

The lifetime experience of drug use (that is, respondents reporting that they have used at some time in the past) among young people in Ireland is widespread, but this does not necessarily mean that they continue to use drugs after an initial experience, or go on

to become regular users. A sizeable minority of young people have tried cannabis at some time in their lives. Media reports tend to concentrate on such figures, without any reference to what is meant by lifetime experience. Drug use in the past year or the past month is more informative about recent use, but distinctions about timescales tend to be ignored in media reports on drug use. Recent use tends to be considerably less than lifetime use, and an increase in lifetime use does not necessarily mean that there is also an increase in recent use.

Several factors, including the media, can influence society's perceptions of drug use and drug users, and research evidence may sometimes be at variance with what is perceived by society as a whole. When discussing drug issues, 'It is important to look beyond the stereotypes or reliance on the media-fed explanations of phenomena' (Nic Gabhainn & Walsh, 2000: 2).

The authors of a study on the attitudes of the general public to drug use (Bryan, Moran, Farrell & O'Brien, 2000) recommend that accurate, non-sensationalist information on the relative known risks associated with different types of drugs should be made available to all age groups. They also recommend that more positive attitudes towards those who misuse drugs should be promoted. This is important for the social integration of problem drug users and can influence their willingness to avail of treatment.

Not many qualitative research studies have been carried out on the general population of young people in Ireland. Such studies to date have tended to concentrate on problem drug use. It is important that there is a general awareness and, in particular, awareness among policy makers, of the social context of young people's drug taking, if suitable and appropriate prevention measures are to be adopted.

This chapter explores the research findings on drug use among the general population in Ireland.

## **3.2 Drug Consumption in the General Population**

In 1998 a general population survey, Survey of Lifestyle, Attitudes and Nutrition (SLÁN) (Friel, Nic Gabhainn & Kelleher, 1999), was undertaken for the Department of Health and Children by the Centre for Health Promotion Studies, National University of Ireland (NUI), Galway. The results of the module on drug use are unpublished.<sup>1</sup>

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1 Drug data from SLÁN were obtained through personal contact with the Centre for Health Promotion Studies, NUI, Galway.

This is the largest study undertaken in Ireland to date in which drug-use prevalence has been measured. The sampling frame used was the electoral register, the target population thus being adults aged 18 years and older. A proportionate random sampling design was used to select the survey sample. The questionnaires were posted to respondents and were self-administered. The sample size of the drug module of the survey was 10,415. The response rate was 62.2 per cent (n=6,539) (Friel, personal communication).

The findings indicate that cannabis was the most commonly-used drug, followed by amphetamines and ecstasy (see EMCDDA Standard Table 4.1 at Appendix 4, and Tables 3.1 and 3.2 below). The use of amphetamines was slightly higher than ecstasy use. Heroin was found to be the drug least used in the general population.

**TABLE 3.1**  
**Ireland 1998. SLÁN Survey. Last Twelve Months Prevalence.**  
**Type of Drug by Age Groups. Percentages.**

Type of Drug	Age Groups		
	18–64	18–34	18–24
Cannabis	9.4	17.7	26.0
Amphetamines	2.6	5.4	8.8
Ecstasy	2.4	4.9	8.1
LSD	1.4	2.9	5.1
Cocaine	1.3	2.6	3.4
Hypnotics and Sedatives*	1.2	1.4	2.1
Solvents	0.3	0.8	1.4
Heroin	0.3	0.7	0.8

*Source:* SLÁN, Centre for Health Promotion Studies, NUI, Galway.

\* Includes benzodiazepines.

**TABLE 3.2**  
**Ireland 1998. SLÁN Survey. Lifetime, Last Twelve Months, and Last Thirty Days**  
**Prevalence of Cannabis Use By Age Groups. Percentages.**

Prevalence	Age Groups		
	18–64	18–34	18–24
Lifetime	19.9	30.0	33.4
Last 12 Months	9.4	17.7	26.0
Last 30 Days	5.1	9.7	15.3

*Source:* SLÁN, Centre for Health Promotion Studies, NUI, Galway.

The highest prevalence rate for cannabis use was found among 18- to 24-year-olds: 33.4 per cent had used cannabis at some time in the past; 26 per cent during the last twelve months; and 15.3 per cent in the last thirty days. The rates were lower in older age groups (see Table 3.2).

Young men under the age of 25 were the most likely to have used drugs. This was the case for all drug types in the 18- to 24-year-old age group (see EMCDDA Standard Table 4.1 at Appendix 4). In the older age groups, women were slightly more likely to have used hypnotics and sedatives, which include benzodiazepines. Interestingly, there were no gender differences in the 55- to 64-year-old age range for cannabis use during the past year and the past month, although the percentage was small at 0.5 per cent. Geographically, drug users were more likely to live in an urban location.

In the same year, 1998, a general population survey on drug-related knowledge, attitudes and beliefs (KAB1), using a much smaller sample (n=1,000), was undertaken by the DMRD (Bryan *et al.*, 2000). The fieldwork was carried out by an independent research organisation as part of a broader social omnibus survey. The aim of the survey was to investigate the attitudes of the general public towards drug use and drug users, and to determine the extent of cannabis use. As in the SLÁN study, the sampling frame used was the register of electors, the target population being adults aged 18 years and older. The sampling procedure was a two-stage, proportionate to size, random selection. The questionnaires were administered face-to-face in the respondents' homes. The response rate was 64.5 per cent. Prevalence information on lifetime use of cannabis only was collected. The findings of this survey (see EMCDDA Standard Table 4.2 at Appendix 4, and Table 3.3 below) were quite similar to those found in SLÁN, particularly in the case of the 18- to 24-year-old age group. As mentioned above, SLÁN found that lifetime prevalence of cannabis use among 18- to 24-year-olds was 33.4 per cent; the KAB1 figure was 32.3 per cent. Interestingly, no significant gender difference was found among the KAB1 18- to 24-year-olds: lifetime use of cannabis was 32.3 per cent for both males and females. The older age groups in the KAB1 survey showed somewhat lower prevalences than those found in SLÁN.

**TABLE 3.3**  
**Ireland 1998. KAB1 Survey. Lifetime Prevalence of Cannabis Use**  
**by Age Groups. Percentages.**

Prevalence	Age Groups		
	18-64	18-34	18-24
Lifetime	14.2	26.2	32.3

*Source:* Bryan *et al.*, 2000.

### 3.3 School and Youth Population

There is more information available on drug use among school pupils, than among adults in the general population in Ireland. However, up to now most of the work has been carried out at regional level. The survey studies vary in a number of ways – objectives, methodologies, focus of data collection, questionnaire design, and age groups studied. As mentioned earlier, differences in theoretical approaches, reflecting different perspectives, can affect interpretations of survey results and can preclude meaningful comparisons. Therefore, the comparisons made below are tentative and must be viewed with these variations in mind.

In 1994 a survey of substance use among adolescents of school-going age (12- to 18-year-olds) was conducted in the Western Health Board (WHB) area (Kiernan, 1995). A sample of early school-leavers was also included in this study. Cannabis and solvents were the drugs most likely to have been used, with lifetime prevalence rates of 16 per cent and 14 per cent respectively (see Table 3.6).

In 1995, as part of the European Schools Survey Project on Alcohol and Other Drugs (ESPAD), nation-wide school surveys of 15- to 16-year-old (born in 1979) post-primary pupils were carried out in a number of European countries (Hibell *et al.*, 1997: 12). In Ireland the data collection period was 10 March – 20 April 1995 (Hibell *et al.*, 1997: 134). The Irish lifetime prevalence rate for cannabis use (ever having used) was found to be 37 per cent. This was among the highest found in all the countries participating in the study – the United Kingdom was higher at 40 per cent. However, this relatively high rate has not been found in subsequent surveys.

In 1996 a survey was carried out to examine lifestyles of second-level students in the Midland Health Board (MHB) area. The results were presented in a short report entitled 'Report on School Survey of Second-Level Students in the Midland Health Board Area' (Midland Health Board, 1996). A detailed description of the methodology was not provided. Twelve schools were randomly selected and 1,654 pupils completed a questionnaire in the classroom. Cannabis was the most widely-used drug, followed by solvents (see Table 3.6).

In 1998 a study of substance use among school pupils in the Dublin Metropolitan area was carried out as part of a European collaborative project called Drug Dependence: Risk and Monitoring (DDRAM). The stratified random sample consisted of 983 second-year students in sixteen schools (Brinkley, Fitzgerald & Greene, 1999). Last-month prevalence rates for cannabis and solvents were 15 per cent and 7 per cent respectively (see Table 3.7).

The latest national survey, the Health Behaviours in School-Aged Children (HBSC), was conducted in 1998 by the Centre for Health Promotion Studies, NUI, Galway; the drug module was unpublished (see EMCDDA Standard Table 4.3 at Appendix 4, and Tables 3.4 and 3.5 below).<sup>2</sup> The HBSC was a World Health Organisation collaborative study (Friel *et al.*, 1999). The sampling frame consisted of primary and post-primary schools, lists of which were provided by the Department of Education and Science. Pupils were selected using two-stage random sampling within health board areas and then in school classrooms. The sample size was 8,497; the response rate was 73 per cent. Respondents ranged in age from 9 to 17 years. Lifetime prevalence of cannabis use was found to be much less than the ESPAD finding of 37 per cent in 1995, at 21.7 per cent for 15- to 16-year-olds (see Table 3.4).

**TABLE 3.4**  
**Ireland 1998. Schools Survey – HBSC. Lifetime, Last Twelve Months, and Last Thirty Days Prevalence of Cannabis Use by Age Groups. Percentages.**

Prevalence of Cannabis Use	Age Groups			
	11–12	13–14	15–16	17
Lifetime	3.0	8.0	21.7	28.5
Last 12 Months	2.3	6.5	18.3	24.0
Last 30 Days	1.3	4.3	10.5	11.0

*Source:* HBSC, Centre for Health Promotion Studies, NUI, Galway.

The highest prevalence was among 17-year-olds: 28.5 per cent had used cannabis at some time in the past (lifetime prevalence), 24 per cent had done so in the past twelve months and 11 per cent had used cannabis recently (in the past thirty days). All drug types were more likely to be used by males. However, in the case of lifetime use of cannabis, among 17-year-olds there was very little gender difference – male 28.7 per cent, female 28.5 per cent (see EMCDDA Standard Table 4.3 at Appendix 4). Details on experiences of using different types of drugs in the past twelve months (annual prevalence) were not collected.

Among young people in general (aged 9 to 17), after cannabis, solvents were the most commonly-used substances (see Table 3.5). Among 17-year-olds, prevalence of recent cannabis use (11%) was followed by amphetamine use (4.9%). Solvents (4.1%) were the

2 Drug data from HBSC were obtained through personal contact with the Centre for Health Promotion Studies, NUI, Galway.

next most commonly-used substances, and not ecstasy as might be expected. The recent prevalence of LSD use was similar to that of ecstasy use, at 3.7 per cent. The situation among younger age groups was shown to be quite different. Among 15- to 16-year-olds the use of cannabis (10.5%) and solvents (5.9%) was followed by amphetamine use (2.4%). Solvents were the substances most commonly used by 11- to 14-year-olds, followed by cannabis in the case of 13- to 14-year-olds. Surprisingly, among 11- to 12-year-olds, use of solvents (2.9%) was followed by cocaine use (1.9%), even before cannabis use (1.3%). Of particular concern was the recent cocaine use among 11- to 12-year-olds, which was the highest of all the age groups. Heroin use seems to have been higher than would be expected, especially among 17-year-olds at 2 per cent (see Table 3.5).

**TABLE 3.5**  
**Ireland 1998. Schools Survey – HBSC. Last Thirty Days Prevalence.**  
**Type of Drug by Age Groups. Percentages.**

Type of Drug	Age Groups				
	11–12	13–14	15–16	17	9–17
Cannabis	1.3	4.3	10.5	11.0	5.9
Amphetamines	0.7	0.9	2.4	4.9	1.6
Ecstasy	0.6	0.9	1.9	3.7	1.3
LSD	0.8	0.9	1.7	3.7	1.3
Hypnotics & Sedatives*	0.8	1.4	1.9	2.1	1.4
Cocaine	1.9	1.6	1.5	1.8	1.7
Solvents	2.9	5.7	5.9	4.1	4.8
Heroin	0.8	0.8	1.0	2.0	0.9

*Source:* HBSC Survey, Centre for Health Promotion Studies, NUI, Galway.

\* Includes tranquilisers or sedatives without prescription (barbs, jellies, downers).

In 1998 a school survey was conducted in the Eastern Health Board (EHB) area of the country (Rhatigan & Shelley, 1999). The purpose was to study the health behaviours of school pupils. Again, as for the HBSC, the sampling frame was the Department of Education and Science's lists of schools. A random sample of schools, stratified by county and school type, was selected. The sample size was 6,081 pupils aged between 10 and 18 years. The response rate was 78.2 per cent. Cannabis was the drug most commonly experienced at least once (lifetime), followed by solvents (see EMCDDA Standard Table 4.4 at Appendix 4, and Table 3.6 below). These data – lifetime use of cannabis (21%) and solvents (13%), and recent use of cannabis (11%) and solvents (7%) – are somewhat higher than the results from the HBSC survey. This might be expected, given that the sample was drawn from the most urbanised eastern region,

including Dublin. Prevalence rates (both lifetime and recent) for cocaine use among the whole group are the same in both the HBSC and the EHB surveys, at 2 per cent.

Tables 3.6 and 3.7 below illustrate the difficulties involved in making comparisons between different studies. Attempting to compare youth surveys for different geographic locations, where different methodologies have been used, must be done with considerable caution. Drug use prevalence among young people also varies quite considerably according to the age groups examined. For example, in the HBSC survey the lifetime prevalence of cannabis use for the whole sample (9- to 17-year-olds) was 12 per cent (see Table 3.6), whereas for 15- to 16-year-olds it was 21.7 per cent (see Table 3.4), and for those aged 17 it was 28.5 per cent (see Table 3.4).

**TABLE 3.6**  
**Ireland 1995–1998. Comparison of School/Youth Surveys of Drug Use.**  
**Lifetime Prevalence of Drug Use by Type of Drug.**

<b>Survey/ Year</b>	<b>WHB 1994 (Local)</b>	<b>ESPAD 1995 (National)</b>	<b>MHB 1996 (Local)</b>	<b>HBSC 1998 (National)</b>	<b>EHB 1998 (Local)</b>
Sample Size	2,762	1,849	1,654	8,497	6,081
Age Group	13–18	15–16	16–18	9–17	10–18
<b>Drug Type</b>					
Cannabis	16%	37%	26%	12%	21%
Amphetamines	2%	3%	5%	3%	5%
Ecstasy	2%	9%	7%	2%	3%
LSD or Other					
Hallucinogens	9%	13%	9%	4%	3%
Hypnotics & Sedatives	2%	7%	4%	3%	3%
Cocaine	1%	2%*	NA	2%	2%
Solvents	14%	19%	17%	10%	13%
Heroin	1%	2%	NA	1%	1%

\* 3% also claimed to have ever used crack.

NA = No data available.

The results from the 1995 ESPAD survey show higher prevalence rates for most drug types. In fact, the results of this survey give the highest prevalence rates of all school surveys conducted in Ireland to date. No explanation for this is immediately evident, but it may be partly due to methodological differences in the research, or it could possibly reflect a fall in drug use by young people. However, the fact that, in this survey

conducted in 1995, 5 per cent claimed to have used cocaine and crack (cocaine 2% and crack 3%), and the relatively high recent prevalence rates for cocaine use found in the HBSC survey, indicate that further study of cocaine use among young people is required.

**TABLE 3.7**  
**Ireland 1995–1998. Comparison of School/Youth Surveys of Drug Use.**  
**Last Thirty Days Prevalence of Drug Use by Type of Drug.**

Survey/ Year	WHB 1994 (Local)	ESPAD 1995 (National)	MHB 1996 (Local)	HBSC 1998 (National)	EHB 1998 (Local)	DDRAM 1998 (Local)
Sample Size	2,762	1,849	1,654	8,497	6,081	983
Age Group	13–18	15–16	16–18	9–17	10–18	14–15
<b>Drug Type</b>						
Cannabis	9%	19%	NA	6%	11%	15%
Amphetamines	1%	NA	NA	2%	3%	NA
Ecstasy	1%	NA	NA	1%	3%	NA
LSD	NA	NA	NA	1%	2%	NA
Hypnotics & Sedatives	NA	NA	NA	2%	2%	NA
Cocaine	1%	NA	NA	2%	2%	NA
Solvents	NA	NA	NA	5%	7%	7%
Heroin	0%	NA	NA	1%	1%	NA

NA = No data available.

In conclusion, it emerges that drug use is more prevalent among young Dublin males. What also transpires is the importance of carrying out prevalence surveys using comparable methodologies, if meaningful comparisons are to be made. Also, information on recent use (past thirty days/past month) of drugs is not always as readily available as lifetime use (ever used), even though it is usually a better indication of the current situation.

### 3.4 Drug Consumption in Specific Groups

Research has found that a significant proportion of Ireland's prison population has a history of drug use, and that a number of prisoners continue to use drugs while incarcerated. Two recent studies (Allwright, Barry, Bradley, Long & Thornton, 1999; Long *et al.*, 2000), concerned with the prevalence of HIV, hepatitis B and hepatitis C among the Irish prison population, explored the related risk behaviours and drug use

engaged in by prisoners. Allwright *et al.* (1999) found that of 1,205 respondents, 630 (52.3%) reported that they had used heroin. The authors concluded 'drug use within prison was common' (Allwright *et al.*, 1999: 18). The subsequent study of a sample (n=604) of committal<sup>3</sup> prisoners found lower rates of prisoners reporting drug use (Long *et al.*, 2000). Of the sample, 35.5 per cent reported that they had ever smoked heroin and/or injected drugs. Both of these studies suggest that there is a significant proportion of prisoners who have a history of drug use and, furthermore, a significant proportion continues to engage in illicit drug use once incarcerated.

While nothing is known about either the extent to which illicit drug use occurs within minority groupings in Ireland, or the nature of this use, anecdotal evidence suggests that there is a need to explore drug use in this context. It is important that the necessary information be available to facilitate Irish services to address any specific needs that drug users from minority groups may have, and to offer services in a way that will encourage these users to access them.

### **3.5 Prevalence of Problem Drug Use in the General Population**

Studies of national and local prevalence estimates of problem drug use are quite limited in Ireland. An exploratory study was carried out (Comiskey, 1998) to estimate the prevalence of problematic opiate use in Dublin. Using the capture/re-capture methodology, with *three* samples of data (methadone treatment list, hospital inpatient data, and Garda record data), this local study estimated that there were between 12,037 and 14,804 opiate users in Dublin in 1996. There were difficulties with the samples used in this study – 22 per cent of the Garda sample contained ambiguous data (7% were non-opiate users; 10% were included because they were found to be in possession of an opiate; and 5% were identified by unspecified means). The Garda data were originally collected for a study to examine drug-related crime (Keogh, 1997), with different definitions to those used in the prevalence study. Prevalence studies such as this should be regarded as an exploratory exercise in the development of methodologies to estimate

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3 Committal prisoners were defined as 'prisoners who have been admitted to the prison within the preceding 48 hours, accused or guilty of a new crime, excluding those on temporary release or transferred from another prison. The committal population includes individuals entering on remand, following sentence, committed as a result of a bench warrant, and non-nationals without valid documentation.' (Long *et al.*, 2000: 2).

the prevalence of problem drug use, and the resultant estimates should be viewed in this light (see Chapter 5).

Another local-area prevalence study was carried out in north-east inner city Dublin, an area with higher than average levels of social and economic disadvantage. This study (Coveney, Murphy-Lawless, Redmond & Sheridan, 1999) collected data from four sources: five treatment and support agencies; agency waiting lists; a residents' street survey; and two general practitioners. Of the 1,657 individuals identified, 477 were residents of the Dublin 1 postal district (north inner city). It was estimated that the prevalence rate of heroin use was 2 per cent of the population of that area. This is surprisingly low, given that it is considered to be a high-risk area, but is probably a reflection of the methodology used in the study.

### **3.6 Summary**

The lifetime experience of drug use (respondents reporting that they have used at some time in the past) in the general population of young people in Ireland is widespread, but this does not necessarily mean that drug use among such young people is lasting.

What is evident from surveys conducted in recent years (SLÁN; HBSC; Rhatigan & Shelley, 1999; Hibell *et al.*, 1997; Kiernan, 1995) is that alcohol and tobacco are the most widely-used drugs in Irish society. Cannabis is the most commonly-used illicit drug, followed by amphetamines and ecstasy, and their use is widespread. Whether drug use is increasing, is not clear from general population survey data. Even among young people of school-going age, it is difficult to identify trends from survey results of the past two years. The much-quoted, relatively high lifetime prevalence of cannabis use (37%) among 15- to 16-year-old school pupils (Hibell *et al.*, 1997) has not been sustained in more recent school surveys (HBSC; Rhatigan & Shelley, 1999). This could reflect a fall in drug use by young people.

From the available research it is apparent that, generally speaking, young men in urban areas are the most likely to have misused drugs, mainly cannabis. However, a distinction must be made between the adult population and young people. Among adults over 18 years of age, after cannabis, amphetamines and ecstasy are the drugs most commonly used, although to a much lesser extent. On the other hand, among young people up to 18, there is some disparity between different age groups. For example, among young people in general (aged 9 to 18), after cannabis, solvents are the most widely-used substances. However, adolescents between 11 and 14 years of age are more likely to use

solvents. The relatively high prevalence rates for cocaine use among young people up to 16 years of age requires further exploration. Heroin, which is generally considered to be the drug that causes the most problems for individuals, communities and society, is the drug least used in the general population.

Research findings indicate that a significant proportion of Ireland's prison population has a history of drug use, and that a number of prisoners continue to use drugs while incarcerated.

Nothing is known about either the extent to which illicit drug use occurs within minority groups or the nature of this use. There is a need to carry out research into drug use in this context, in order to facilitate the provision of accessible drug treatment services.

The objectives and methodologies used in general population surveys to study the extent of drug use in Ireland vary. Therefore, comparisons are tentative and must be viewed with these variations in mind. If meaningful interpretations and comparisons are to be made, a priority for future work should be to carry out prevalence surveys in general populations using comparable methodologies. Information on recent and annual use should be available, as well as lifetime experience of drug use. Where possible, surveys should be comparable nationally as well as in the wider European context. It is also important that these surveys be replicated at frequent intervals, if trends over time are to be monitored.

Methodologies to estimate the prevalence of problem drug use are at an exploratory stage and the findings emerging from studies using such methodologies should be viewed as very crude estimates.

### **3.7 References**

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