

**GOVERNMENT STRATEGY
TO PREVENT DRUG MISUSE**



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INTRODUCTION

The problem of drug misuse in Ireland, and in particular in Dublin, first became apparent in the mid-1960s with the emergence of sporadic instances of amphetamine abuse. The problem developed and intensified in the 1970's with a change to cannabis and lysergic acid diethylamide (LSD) as the most commonly misused drugs. The early 1980's saw a sudden movement towards opiate abuse involving in particular heroin. This developing pattern in terms of the type of drug misused was matched by a steady increase in the numbers of persons, particularly young people, known to be involved in drug taking. The problems posed by these developments; not alone in terms of the threat to the health of misusers; but also in relation to the associated question of crime clearly called for concerted Government action involving a range of State services.

In 1983, a special Governmental Task Force of Ministers of State at the Departments of Health, Education, Justice, Environment, Foreign Affairs and Labour was asked to look at the question of drug misuse with particular reference to inner-city areas, which had experienced the brunt of drug misuse and its attendant problems. In August 1983 they submitted their recommendations to the Government in the areas of law enforcement, education, health, community youth development and research. Directly arising out of their recommendations, a series of legislative, educational and service measures were introduced which provided a framework for dealing with both the supply and demand aspects of the problem.

One of the key measures was the establishment of the National Co-ordinating Committee on Drug Abuse to advise the Government on general issues regarding prevention and treatment of drug misuse.

This Committee, which was representative of the main Government Departments involved and the Gardai and Customs authorities, met regularly to monitor national developments and trends in drug misuse.

In May 1990 the Minister for Health Dr Rory O'Hanlon T.D., concerned to ensure that services were co-ordinated at the highest level, re-constituted and strengthened the Committee under the Chairmanship of Mr. Noel Treacy, T.D., Minister of State, Department of Health [See Appendix A[i]].

The strategy outlined in this document is based on the recommendations of that Committee and on recommendations of the major international bodies in the drug misuse area. It also takes account of the views of the statutory and voluntary bodies involved in the drug misuse area in Ireland. A full list of bodies who assisted the Co-ordinating Committee is contained in Appendix A[ii].

SUMMARY OF MAIN PROVISIONS OF THE STRATEGY

The problem of drug misuse in Ireland is a complex and difficult one and the Government recognise that there are no easy or instant solutions available. It has therefore set out to implement realistic and achievable objectives in the areas of supply reduction, demand reduction and increased access to treatment and rehabilitation programmes coupled with a comprehensive co-ordinated structure geared towards their effective implementation.

The following is a summary of the main measures the Government propose to implement in a National Strategy to prevent Drug Misuse and Drug Trafficking:-

- *the establishment of a National Drug Misuse Data base;*
- *the provision by the health boards of a mechanism for co-ordination and dialogue between the statutory and voluntary services in their areas;*
- *co-ordination at health board level of programmes in the related areas of drug misuse and AIDS;*
- *the development of mechanisms to evaluate objectively existing and new services in the context of regional requirements and to advise on appropriate levels of funding;*
- *the development of a greater role for General Practitioners in the treatment of drug misuse at community level with the central support of the Drug Treatment Centre;*
- *the development of Community Drug Teams under the auspices of the health boards to operate with the involvement of General Practitioners and other health professionals in targeted areas;*
- *increased involvement of the statutory training and occupational rehabilitation services (FAS, NRB, VECs) in the rehabilitation of drug misusers;*
- *a strengthening of the role of the Drug Treatment Centre, Trinity Court and an expansion of the Board membership;*
- *the development of structured training arrangements for general practitioners and other health professionals in the field of drug misuse;*
- *an increase in support and training for community based groups involved in providing education and information on drug misuse at local level;*
- *a further streamlining of the procedures under the Misuse of Drugs Act to deal with alleged irresponsible prescribing by General Practitioners;*
- *increased powers for the Customs authorities to combat importation of drugs concealed in body cavities;*
- *the development of a Drug Education Programme for schools, teacher training colleges and education departments of universities;*
- *the extension of in-service training for teachers on drug-related matters;*

- *the Department of Education to continue the development of adequate attractive leisure activities for young people and the promotion of the treatment of drug related issues as part of the informal education element of youth and sports programmes;*
- *the establishment of formal links between the educational, treatment and community services and the prisons;*
- *legislation to provide for the confiscation of the proceeds of drug trafficking;*
- *the development of formal arrangements to co-ordinate Ireland's position at international fora concerned with drug misuse.*

The National Co-ordinating Committee will monitor the implementation of the strategy and will keep the Government informed of developments in the drug misuse area.

CHAPTER I

THE DRUG PROBLEM IN IRELAND

1.1 DEFINITION OF DRUG MISUSE

In the context of this report drug misuse is defined as follows:

the taking of a legal and/or illegal drug or drugs (excluding alcohol and tobacco) which harm the physical, mental or social well-being of the individual, the group or society.

1.2 HISTORY OF DRUG MISUSE IN THE GREATER DUBLIN AREA

All available evidence suggests that drug misuse in Ireland is mainly confined to the greater Dublin area and is of fairly recent origin. In the 1950's and early 1960's when amphetamine misuse was seen as a major problem in European, American and Asian countries, a study of amphetamine dependence was carried out in the local authority psychiatric facility of the city and county of Dublin. The findings showed that only 18 admissions during 1962 were given a diagnosis of "drug dependence-amphetamine type", or 0.9% of all admissions during that year [1].

In Dublin, however, the problem of drugs escalated in the mid-1960s centring mainly on amphetamines. Amid growing concern the Minister for Health set up a Working Party in 1968 to establish the extent of drug abuse in Ireland. Its report in 1971 revealed that there had been a three-fold increase in the number of people known by the Garda Drug Squad to be abusing drugs in Dublin from 350 in 1969 to 940 in 1970. There had also been a change in the pattern of misuse. Whereas originally a variety of drugs was involved including amphetamines, barbiturates and tranquillisers, the drugs most commonly misused in 1970 were cannabis and lysergic acid diethylamide (LSD). While the working Party found no evidence of any significant misuse of heroin, they added that "the position should not be viewed with complacency" [2].

By 1982, the drug scene had changed again. The report of the Task Force on Drug Abuse in the Eastern Health Board area included evidence from sources, such as the national Drug Advisory and Treatment Centre, the Garda Drug Squad, general practitioners, and accident and emergency hospital departments which pointed to a sudden and dramatic rise in the number of young people misusing drugs, predominantly opiates [3].

A follow-up study of Dublin post-primary school students in the early 1980's showed a five-fold increase in drug use (mostly cannabis) among the students over the figure arrived at a decade earlier [4]. A recent survey, also among Dublin post-primary school pupils, showed a lifetime prevalence rate of 22% for drugs, with cannabis predominating, double that found in the 1980-81 study [5].

In 1983, a study to ascertain the prevalence of both treated and untreated cases of drug misuse, in a defined north-inner Dublin city area, was carried out by the Medico-Social Research Board. The findings showed that 75 or 10% of young people aged 15-24 had used heroin during the time period under review, many injecting the drug daily [6]. Results from an investigation of a south inner-city area showed a similar high rate for true prevalence of heroin misuse for the 15 - 24 age group [7]. However these inner city areas could not be regarded as representative of the city and a study in a more typical area showed that 2.2% of the same age group had been using heroin [8].

Collaborative research between the Medico-Social Research Board and the National Drug Advisory and Treatment Centre confirmed the existence of a serious opiate abuse problem (predominantly heroin) which peaked in 1983 [9]. This increase in the number of treated opiate misusers was also accompanied by an increase in pregnant opiate attenders at the Treatment Centre [10].

1.3 *ELSEWHERE IN IRELAND*

Very little comprehensive information is available on the extent of drug misuse outside the greater Dublin area.

A follow-up survey of post-primary students in a randomly selected representative group of schools outside Dublin in 1981, ten years after the original study, revealed, as in Dublin, an increase in student use. The increase was of a lower magnitude than for Dublin students. The principal drug of misuse was cannabis [11].

A report on Drug Misuse in Ireland 1982-1983 by the Medico-Social Research Board, refers to the cities Galway, Sligo and Cork stating [12]:

there is no drug misuse problem in these cities comparable in gravity with what was found in North Central Dublin, though there is some limited abuse of synthetic opiates in Cork... In each of these cities today there is abuse of a number of drugs, especially tranquillisers as well as solvent abuse in the case of Galway and Cork, and abuse of cough medicines in Sligo.

A report of the Committee on Drug and Alcohol abuse appointed by the Southern Health Board in 1983 found that there were about 40 known drug addicts in the Cork area. There was also reference in the report to the abuse of domestic and industrial solvents by children and teenagers seen as presenting a serious problem [13].

The typical drug history of young attenders from 1984 to the present time at a Cork outpatient facility is:

That underage use of alcohol in the early teens is usually the starting point... and may be followed by experimental and later addictive use of cannabis or solvents and tranquillisers, or other drugs emanating originally from legal sources [14].

In an attempt to obtain an understanding of the extent of current drug misuse outside the Dublin area information has been assembled from a range of key informants, such as Gardai, medical personnel and customs officials in Cork, Limerick, Galway and Waterford. It is important to note that this information is largely based on personal experience and impressions and needs further objective approaches to appraise the situation.

Certain common features regarding drug misuse emerged from the four cities. Most important there is no evidence to indicate serious opiate misuse nor evidence of injecting or sharing of needles. However, certain opiates like Morphine Sulphate Tablets, DF 118s, Diconal, Temgesic, Physeptone and Palfium are misused.

Cannabis is the drug most widely available and use in all cities. The supply and demand is generally linked to the city size. In Cork it is not openly sold on the streets but available if required usually in association with the pub scene. In Limerick there is a good demand for the drug, outstripping the supply. The indications in Waterford suggest an increased experimentation among the young population, but no signs of prolonged or serious misuse. In Galway the demand seems confined to the student population. Solvent misuse, mainly glue sniffing, sometimes combined with cider, occurs sporadically, but perhaps more frequently in summer, in each of the four cities.

The scale of the drug problem is reflected in the number of persons charged with drug offences as follows [15]:

	1985	1990
Cork	82	351
Limerick	33	42
Galway	5	12
Waterford	1	28

The majority of persons charged in each city were drug offenders not drug dealers.

1.4 INFORMATION ON THE CURRENT DRUG PROBLEM IN IRELAND

The material used to assess the current drug situation comes from treatment sources, from the Garda crime report statistics on persons charged with drug offences and seizures of illicit drugs, from the Customs and Excise Service, from Hepatitis B data and from Methadone consumption.

1.4.1 Treatment Data

Information on treated drug misusers comes from the Dublin Drug Misuse Reporting System in the Health Research Board which was set up, following a pilot study, in December 1989 [16]. This system receives data on a regular basis from all centres in the greater Dublin area who provide treatment for drug misusers. It does not, however, include persons treated by general practitioners, with one exception, nor does it include those who receive treatment outside the Dublin area. However, on the basis of recent contacts with other Irish cities the problem of serious drug misuse seems to be confined to the Dublin area.

An analysis of information from this reporting system for those clients who were in contact with treatment centres in a recent census and three month period shows that the treated prevalence figure (all clients treated for the period under review) was 927; the figure for new clients (those making their first ever contact with a treatment agency) was 205. Approximately one third were in current contact with more than one service agency.

The principal findings from the study show that the majority of prevalence clients are male (71%), aged 25 years or over (53%), unemployed (80%), and living with their family of origin (45%). A high proportion of clients live in their inner city area, Ballymun and Ballyfermot.

Eight out of ten clients reported that their primary drug of misuse was an opiate. Nearly one fifth had been misusing drugs for ten or more years.

Eighty one per cent of all clients had injected their drugs at some stage; the proportion currently injecting at the time of treatment contact was 50%. Most clients, 67%, had shared their injecting equipment at some time while only 16% were so doing on treatment contact. (Figures 1 - 6, Appendix B highlight the above findings).

The prevalence estimate of clients who attended treatment services in the greater Dublin area, including those who were in contact with more than one service during 1990 is 2,000.

1.4.2 Persons Charged with Drug Offence

Information for persons charged with drug offences in Ireland is available on a regular basis from published reports by the Garda Siochana. The number of persons charged peaked in 1983 at 1,822, dropped to a lower and fairly stable figure until 1987, slightly increased for 1988 and 1989 and increased significantly in 1990 (Figure 7, Appendix B). For all years the most commonly occurring charges were for offences relating to cannabis (including a small number of cases where cannabis was also associated with

another drug). By 1989, over 70% of persons charged were for cannabis related offences while less than 4% were related to heroin possession. This position was repeated in 1990.

Heroin charges, in contrast to the picture for cannabis, decreased over the period. It should be noted that the increase in the number of persons charged for offences relating to other opiates (e.g. morphine based tablets), goes some way towards balancing this reduction (Figure 7, Appendix B). This information puts into perspective the relative misuse of heroin and other opiates which is borne out by analyses of drug misusers' syringes conducted by the Forensic Science Laboratory.

1.4.3 Seizures of Illicit Drugs

The number of seizures and the total amount seized are commonly used to indicate the existence and sometimes the dimensions, of a market in illicit drugs. This in turn is taken to reflect the level of use. In Ireland this information comes jointly from the Garda Siochana and the Customs Service.

The number of seizures peaked in 1983, declined for the following four years and increased again in 1988, 1989 and 1990 (Figure 8, Appendix B).

The number of seizures increased by 48% from 1562 in 1989 to 2316 in 1990.

The increase in the figures relates mainly to seizures of cannabis and cannabis resin.

[In terms of quantities of drugs seized, cannabis and cannabis resin seizures are counted in kilos, for example 117.75 in 1990. This contrasts with the modest amounts of heroin seized, usually measured in grammes. The seizure of one kilo of cocaine in 1990 was not for the Irish market, highlighting the need to be aware of this fact to interpret correctly the supply of drugs coming onto the market [17].]

1.4.4 Drug Associated Cases of Hepatitis B

Such cases have proven to be a useful indicator of intravenous drug use because the sharing of syringes is an important way in which hepatitis can be transmitted. Testing for HBsAG is considered the most appropriate test monitoring IV drug use as the surface antigen marker determines whether one is a carrier of the virus or not.

Figures for HBsAG closely parallel the pattern of opiate misuse in Dublin where a high proportion of problem drug users inject their drugs (Figure 9, Appendix B).

1.4.5 Annual Methadone Consumption Table

While not accepted internationally as an indication of prevalence, it is worth noting the progression of methadone consumption since the late seventies as indicated in the following table:

1978	1kg
1986	1kg
1988	1.055kgs
1989	2.766kgs
1990	3.600 + kgs

1.4.6 The Current Scene

In evaluating the current drug scene in Ireland, information up to 1988 from sources including treatment services, Garda statistics on seizures, persons charged for drug offences, and rates for Hepatitis B cases suggested a decline and stabilisation in drug activity from a peak in 1983 [18] (Figure 9, Appendix B).

However during 1990 there were indications (an increase in the number of drug misusers, in drug related deaths and in seizure of illicit drugs) of an upsurge of drug activity in Europe, including the United Kingdom [19]. There is some evidence of a similar increase here. There has been an upturn in seizures and in persons charged. These, and suggestions of an increase in street availability of cannabis and heroin, need to be carefully monitored.

1.4.7 Location and Characteristics of Drug Misusers

Whereas in many European cities the problem of drug misuse is associated with both working and middle class communities all evidence here points to a concentration of the problem in specific areas of Dublin with poor housing and high levels of unemployment. (See Figures 2 and 3, appendix B). This should not however be taken as evidence that there is no drug misuse among other socio-economic groups.

AIDS and HIV surveillance in Ireland has also identified the Dublin inner city area as having particular problems in terms of disease transmission and further observed that it is impossible to separate policies relating to drugs from these of AIDS/HIV transmission (see Chapter 3).

1.4.8 Increase in Cannabis Use

As outlined earlier in this chapter cannabis use has been on the increase in Ireland, confirmed by school survey data, by size and number of seizures and from the fact that over 70% of persons charged in 1990 were for cannabis-related offences. In contrast only a small percentage of cannabis users enter treatment - 9% in the Dublin area - as seen in Figure 4, Appendix B. A similar pattern in the rise of cannabis related seizures and convictions can also be observed in the UK [20]. While cannabis use seems to be on the increase among young people, it is usually not an ongoing regular pattern of misuse.

1.4.9 Changing Trends

The impact of education and treatment programmes, particularly those based in the Drug Treatment Centre and the AIDS Outreach Programme, may be responsible for the provisional statistic which shows a marked decrease in the numbers of those who have ever shared their injecting equipment with those who are currently so doing.

1.4.10 Inter City Comparisons

Accurate comparison between cities poses many problems because of differing definitions, policies etc. However in the Multi-City Study of Drug Misuse conducted by the Pompidou Group, Council of Europe there were sufficient similarities on some measures to allow for rough comparisons to be made between some of the participating cities [21]. Attempts were made to ascertain the "true" prevalence rates of opiate misuse per 1,000 of the city's catchment population in 1985 for those aged 15-39. The results were as follows:

Amsterdam	30	(an overstated rate due to the large numbers of non-resident opiate users in the city)
London	8-10	
Rome	7.0	
Dublin	4.5	
Hamburg	3.0	

In a more recent pilot study (1989) of treated drug misusers in Dublin and London, findings show that [22]:

- the sex ratio was similar in both cities – two males to every one female
- a high proportion of Dublin drug misusers were unemployed compared to those in London
- in both cities the primary drug of misuse for the majority of misusers (approximately 80%) was an opiate
- Dublin drug misusers were more likely to have ever injected and ever shared their injecting equipment than the London group.

Information from supply and demand sources shows only a very limited current misuse of cocaine in Ireland and no evidence of crack misuse.

In Europe cocaine seizures have increased in Denmark, Germany, Italy and Portugal. In the United Kingdom cocaine ranks second in terms of both use and trafficking and is often used in association with other drugs. The use of crack still seems rare in Europe and there are no indicators to suggest a developing market [23].

1.5 CONCLUSIONS

A marked improvement in the quality and range of data available on drug misuse in Ireland has been accomplished in recent years. This has been achieved largely as a result of the Health Research Board's collaboration with the Council of Europe's Pompidou Group in the development of indicators of drug activity and in the increased standardisation of data collection in European countries. Notwithstanding this, deficiencies exist in available data. This is true in relation to the prevalence of treated abuse outside the Dublin area and above all in the lack of information on the true prevalence of drug misuse. To establish this figure requires an enumeration of both treated and untreated cases.

It is proposed therefore that a National Drug Misuse Database be established which would receive regular information from all relevant sources [treatment agencies; Gardai; Customs Service etc.] on an agreed comprehensive list of indicators of drug misuse. In addition to the creation of a database more qualitative information would be collected, for instance, to determine the number of untreated drug users in the community. These and similar questions will be addressed by employing a research approach. High quality reliable information from such a database and from research enquiries will be made available to policy makers and service providers to enable them to devise mechanisms to tackle the drug abuse problem and to apprise them of changing or evolving patterns or trends.

CHAPTER II

SUPPLY REDUCTION

2.1 INTRODUCTION

Measures to control the supply of drugs which have the potential for misuse are contained in a number of Acts and Regulations. These are:

- the Misuse of Drugs Acts, 1977-1984
- the Misuse of Drugs Regulations, 1988
- the Criminal Justice Act, 1984
- the Customs Consolidation Act, 1876
- the Customs Act, 1956
- the Customs & Excise (Miscellaneous Provisions) Act, 1988

The Acts and Regulations provide a statutory framework for controlling the supply of drugs with potential for misuse on an inter-sectoral basis between the health, Garda and customs areas. In the operation of the laws, there is on-going co-ordination and co-operation, at both national and local levels, between the agencies concerned.

2.2 MISUSE OF DRUGS ACTS 1977 & 1984

The Misuse of Drugs Act, 1977 - 1984, and the Regulations made thereunder provide for a wide range of controls over drugs which are liable to misuse. These include controls relating to licensing, administration, supply, record-keeping, prescription-writing, destruction, and safe custody. Included in the Acts are the provisions designed to deal with the irresponsible prescribing of controlled drugs by medical practitioners. In addition, the prison sentences (maximum 14 years for a convicted drug pusher) and other penalties which can be imposed under the Act are specified.

2.3 PRECURSORS

In recognition of the critical role which chemical precursors play in the development of illicit drugs and in line with international obligations to control these substances under the U.N. convention on the Illicit Trafficking of Narcotic and Psychotropic Substances 1988 and proposed E.C Regulations, **the Minister for Health will integrate the precursors listed in Appendix C into the controls contained in the Misuse of Drugs Acts 1977-84 and the Misuse of Drugs Regulations 1988.**

2.4 PRESCRIBING OF CONTROLLED DRUGS BY GENERAL PRACTITIONERS

The prescribing of controlled drugs is covered by the Misuse of Drugs Acts, 1977 and 1984. A number of representations have been made about the difficult position in which medical practitioners, particularly those in general practice, find themselves, in relation to the treatment of drug misusers because of the absence of a clear-cut official policy in this area. **The Government recognise these difficulties and attempt to address the problem in Chapter 3 in the context of a rational framework for assessment, referral, monitoring and rehabilitation of drug misusers backed up by education of medical practitioners relating to drug misuse.**

The Government are also concerned to ensure that the present Acts are adequate to deal in a speedy manner with cases where it is alleged that a medical practitioner was involved in irresponsible prescribing of controlled drugs. **In the light of this, Section 4 of the 1984 Act which deals with the procedures for dealing with such allegations, in particular the provisions relating to the issue of temporary directions, will be critically examined with a view to their streamlining.**

2.5 GARDA POWERS IN THE AREA OF DRUG MISUSE

The Criminal Justice Act, 1984 provides for a widening of the scope of the criminal law and procedures to deal more effectively with serious crime including serious offences under the Misuse of Drugs Acts.

The Government have approved the drafting of a Bill to provide for the confiscation of the proceeds of drug trafficking with a view to ratification of the United Nations convention as a matter of priority.

2.6 GARDA STRATEGY TO COMBAT DRUG MISUSE

All members of the Garda Síochána - current strength 10,472 - deal with the law enforcement aspects of drug misuse within their area of responsibility. Specific Garda Drug Squads operate in Dublin, Cork and Limerick, and at present small specialist units are in operation in Dublin's North inner city, Ballymun, Ballyfermot and Tallaght. Similar specialist units are set up on a temporary basis in other areas as required. The strategies employed include intelligence gathering and analysis, surveillance, targeting and monitoring the activities of suspects, as well as routine investigations.

There exists a high level of on-going liaison with the Customs Authorities, which provides for exchange of intelligence and for joint operations in major cases. This liaison includes meetings as required at senior level to exchange information and views on current trends and mutual problems.

In the area of training 3,200 members of various ranks have received special training by way of Drug Courses, and classes in this respect are given to promotion, in-service, and Criminal Investigation Courses. All student Gardai now receive drugs-training, and are allocated, as part of their practical training, for short periods to the Drug Squad, Harcourt Square. To date six mid-ranking officers have attended enforcement and management seminars abroad, which also focussed on the international aspects of drug trafficking.

A Central Unit for Drug Administration is based at Crime Branch, Garda Headquarters. **A Superintendent was appointed in May of 1990 to take charge of this office and to act as liaison with other relevant agencies at national and international level. The head of the Central Unit is a member of the National Co-ordinating Committee. Proposals in relation to regional co-ordination are outlined at para. 3.8.1.**

2.7 CUSTOMS CONTROLS TO COMBAT DRUG SMUGGLING

The Revenue Commissioners keep under on-going review the effectiveness of Customs legislation, practices and procedures for detecting the illegal importation or exportation of controlled drugs.

The Customs Acts, including the Customs Consolidation Act, 1876, Customs Act, 1956 and the Customs & Excise (Miscellaneous Provisions) Act, 1988 provide the legal basis of Customs controls. The Misuse of Drugs Act, 1984, prescribes the penalties which apply to a person convicted of an offence against the Customs Acts in relation to the importation or exportation of a controlled drug.

While the primary objectives of Customs measures continues to concentrate on the protection of our national territory against drug smuggling from any external source, it is necessary to take special account of wider responsibilities in this area resulting from our membership of the European Community. In this context, the Commissioners have been reviewing Customs measures in this area in view of the European Community's plans to complete the Internal Market. They are also participating in discussions taking place between the EC Customs Services on ways of improving Customs co-operation against illicit traffic in drugs.

The abolition of frontier checks at borders between Member States under the 1992 proposals will focus attention on measures to protect the common external frontier against drug smuggling from third countries. In its control of the external frontier, each Member State will be responsible for protecting the interests of all the Member States against illegal imports from outside the Community. It is essential therefore that Ireland is seen to play a full part in combating drug smuggling and is not perceived as a soft entry point into Europe for the smuggler [see also Para. 5.3].

Among the measures which are being examined or have been undertaken are the following:

2.7.1 Provisions to Deal with Importation in Body Cavities

The practice of importing prohibited drugs by means of ingestion or concealment in body cavities - known as "swallowing" and "stuffing" - is well known internationally. In the UK, Customs detected 326 internal concealment cases in the first ten months of 1989. According to reports received by the Customs Co-operation Council in Brussels, 108.5 kgs of heroin and 73.19 kgs of cocaine were detected being imported illegally into European countries during the same period by these methods of concealment. Information available to the Gardai suggests that practically all heroin imported here comes from the UK in comparatively small quantities stuffed inside couriers' bodies.

At present, the law does not permit Customs to detain suspects until swallowed or stuffed drugs are evacuated and the Commissioners are studying proposals for changes in the law to allow for this. The need for provisions to oblige suspects, for example, to provide urine or blood samples is also being considered. The studies being carried out will take account of measures employed by the other EC Customs Services to deal with this problem.

The Government will consider whatever legislative action is required, to deal with problems in this area in the light of the outcome of these studies.

2.7.2 Air and Sea Surveillance

Yachts and other small sea-going vessels are used regularly in large scale smuggling of drugs into Europe. Some of this traffic originates in North African countries and uses the Western sea approaches to land drugs in the EC. Many countries are actively involved in combating this form of smuggling by using aircraft surveillance of the movements of sea-going vessels and by intercepting suspect craft at sea. There is also close co-operation and co-ordination of anti-smuggling actions between these countries.

The Revenue Commissioners and the Department of Defence are examining the contribution which the Irish Customs Service could make in this area and the possibility of air surveillance of the Atlantic Sea routes by Irish Customs with the assistance of the Air Corps. The question of possible EC funding to provide the Customs Service with a capacity to intercept sea-going vessels is also being pursued.

2.7.3 Co-ordinated Action to Combat Drug Smuggling by Air

Some drug couriers from drug source countries try to disguise the origin of their journey so as not to attract Customs attention by changing flights at a European airport before reaching their final destination in another European country.

In order to counter this, there is close communication between EC Customs Services and regular operations are also carried out by these services (including the Irish Service) to monitor suspicious movements of transit passengers and to advise destination airports accordingly. A number of EFTA countries are also participating in these exercises. **The Customs Services are extending these monitoring operations to air freight with a view to ensuring that suspect transit consignments are subjected to control at the destination airport.**

2.8 *SUMMARY OF MAIN STRATEGY MEASURES*

The Minister for Health will introduce controls over precursors under the Misuse of Drugs Act 1977 - 1984.

The Minister for Justice will introduce legislation to provide for the confiscation of the proceeds of drug trafficking.

Existing procedures for obtaining Temporary Directions under Section 4 of the Misuse of Drugs Act 1984 will be examined with a view to their further streamlining.

The Revenue Commissioners will keep under on-going review the effectiveness of Customs legislation, practices and procedures for detecting the illegal importation or exportation of controlled drugs.

The legislative action necessary to strengthen the powers of the Customs Authorities to deal with persons suspected of importing prohibited drugs concealed in body cavities will be considered in the light of the outcome of the study currently being examined by the Revenue Commissioners.

CHAPTER III

DEMAND REDUCTION

3.1 *DEMAND REDUCTION POLICIES*

Responses to the drug misuse problem in the past, not alone in Ireland but in international terms, have tended to concentrate on supply reduction through a range of legislative provisions and stricter enforcement measures. While these measures have to a large extent been successful in limiting supply and frustrating the efforts of organised suppliers of illicit drugs, they can only be fully effective if operated in tandem with comprehensive demand reduction policies covering such areas as education, treatment and social and occupational rehabilitation. There has of late been increasing international recognition of the need to develop demand reduction strategies and this is reflected in the fact that, at the E.C. Heads of State Summit in Dublin in July 1990, Member States were tasked with developing such policies and reporting on a regular basis as to their success.

Demand reduction essentially involves the following areas:

- Education (as a means of primary prevention),
- Outreach (as a means of Secondary Prevention and Harm Reduction) and
- Treatment and Rehabilitation

Each of these three areas is developed separately in this Chapter.

3.2 *EDUCATION*

The potential of structured education programmes, both in the formal and informal sense, in preventing the spread of drug misuse cannot be overstated. As such educational programmes normally include all substances of abuse including tobacco and alcohol for the purpose of this section, prevention programmes are regarded as being inclusive of all such substances. The vital role of the formal education system in getting a positive message across to children when they are at school cannot be overstated. The need to supplement this system particularly for those children who leave school at an early age to ensure that such children are given the knowledge and skills to deal with the problem of drug misuse must also be recognised.

In so far as the formal education structure is concerned, it is vital that teaching about drug-related issues takes place within the broad context of schools' on-going health education programmes. Dealing with drug misuse on a once-off basis can have the effect of heightening interest or sensationalising the topic.

Outside the school context, it is equally important that drug interventions avoid "doing drugs" as an isolated topic.

3.2.1 *Current Provisions*

It is difficult to assess accurately the current provision of educational programmes designed to reduce the demand for drugs. Many schools and youth clubs make use of the resources that are available and implement impressive programmes. Resources that have been found to be beneficial are the Health Promotion Unit of the Department of Health's Alcohol, 'Living and Choosing Pack'; the 'Drink Awareness for Youth (DAY) Programmes' and the C.S.S.C. Drug Awareness Programme. As well as these national resources, a range of materials from the Advisory Council on Alcohol and Drug Education (TACADE) in England are also utilised.

On the boarder community-based level, the Health Promotion Unit's "Drug Questions - Local Answers?" training programme has been widely utilised and many courses with health and allied professionals have taken place throughout the country. This course, which is very much in keeping with the philosophy of demand reduction strategies, has attracted the interest of many teachers and youth workers. In order to ensure that teachers are familiar with appropriate methodology, a number of in-service courses in the area of substance misuse are offered each year by the Department of Education and the Health Promotion Unit of the Department of Health. These courses are very popular and have been heavily oversubscribed in recent years.

In certain schools, however, it would appear that the provision of substance misuse education occurs on an infrequent basis or not at all. In addition, there is a need for a more structured approach to drugs education outside the school system. In order to rectify this, the Government propose to proceed as follows:

3.2.2 Formal Education

- **A Drug Education Programme for schools, teacher training colleges and education departments of universities is to be promoted by the Department of Education, in conjunction with the Department of Health**
- **The pilot scheme currently under way in Cumberland Road Vocational School, Dun Laoghaire, will be assessed with a view to the extension to other areas.**
- **In-service training courses available for teachers (Primary and Post-Primary) dealing with Drug Education will be extended.**
- **Efforts will be made to ensure that each school allocates time to deal with Drug Education in the context of its health education programme. The designation of an existing teacher as a health education co-ordinator in each school would greatly assist this task.**

3.2.3 Informal Education

- **Each health board will be asked to designate a Health Education Officer (or officers as appropriate) who would, inter-alia, assist and support measures being taken in formal and informal educational settings relating to drug misuse.**
- **The Department of Education will continue to make full use of the funding available from the National Lottery under its Youth and Sports programmes to ensure that adequate attractive leisure activities exist for young people through the provision of sport and recreational facilities, supporting the activities of voluntary organisations and the establishment of special projects for the disadvantaged by VECs and voluntary organisations. The various initiatives undertaken by Cospoir with a view to increasing the general level of participation in sports and active leisure activities will be supported and further developed.**
- **The Department of Education, in close liaison with the Health Boards will promote the treatment of drug-related issues as part of the informal education element of the Youth and Sports programmes. In addressing this issue, effective liaison will be established between the various local interests including youth and sports organisations, teachers and formal educational institutions, psychologists, Garda Siochana, JLOs, Probation and Welfare services and FAS. VECs and local voluntary youth councils will play a significant role in this area. Increased co-ordination between the Youth and Sports programmes will be aimed at, particularly in relation to projects for the disadvantaged, through, for example, the development of broader youth programmes within sports-specific organisations.**

3.3 **OUTREACH**

Available data would suggest that most drug misusers have been misusing for several years before any formal contact is made with treatment or rehabilitation services. If contact can be made with drug misusers as early as possible in their misuse the potential for successful intervention is greatly increased. In recognition of this the Eastern Health Board has developed an Outreach service based at Baggot Street, Dublin, which is operated through trained staff operating at “street level” in areas of high drug misuse. These Outreach workers endeavour to make contact with misusers and to counsel and advise/refer them for further action, as appropriate. The relevant type of further intervention used obviously depends on the individual misuser, his or her level of addiction etc. and could take the form of either education, rehabilitation or treatment or a combination of these measures, as appropriate. **Outreach is of particular importance in preventing the spread of HIV infection.**

To be effective, Outreach programmes have to operate as part of a cohesive framework of services, which are easily accessible, both in terms of physical location and times of operation. **The Government propose the expansion of the service, with links to the prison services and other welfare and rehabilitation services.**

3.4 **TREATMENT & REHABILITATION**

There is available at present a range of treatment and rehabilitation services provided by Statutory and Voluntary agencies, such as:

- Regional Health Boards
- Drug Treatment Centre, Trinity Court
- Outreach Project
- Drug Addiction Counsellors
- Coolmine Therapeutic Community
- Ana Liffey Drug Project
- Ballymun Youth Action Project
- Merchants’ Quay Project
- St. Francis Training Centre, Cork
- Individual G.P. Services

3.4.1. **Multiplicity of Treatment Approaches**

Of its nature, the treatment, care and management of the drug misuser does not lend itself to any “one-solution approach”. The Government accept that the provision of services aimed at the achievement of a drug-free society *only* or harm reduction programmes *solely* are inappropriate. There is a need to make available to the drug misuser, a range of possible approaches and the means of access to the service(s) most appropriate to his/her immediate needs and capabilities. A fundamental consideration in this respect is to ensure that services available are attractive and accessible in order to encourage misusers to avail of them and to motivate them to continue with treatment.

3.5 **MEASURES TO TACKLE STRUCTURAL DEFICIENCIES IDENTIFIED IN RELATION TO CURENT TREATMENT PROGRAMMES**

The services at 3.4 are either funded directly by the State, as in the case of the Drug Treatment Centre and the Health Board service, or through a mixture of private fund-raising, Health Board grants and National Lottery grants.

There is no effective mechanism in place at present to co-ordinate the services which exist or to identify gaps or overlaps in the range of services available.

Insofar as funding is concerned, there is a need to devise a system to safeguard the continuity of services in relation to drug misuse.

Problems are being encountered by a number of G.Ps in their efforts to treat drug misusers in the community.

There is no structured liaison and co-ordination between the treatment services, the rehabilitation services and the welfare services.

In the light of the above, the Government propose:

- **To put in place a mechanism to evaluate objectively existing and new services in the context of local/regional requirements and to advise on appropriate levels of funding and support for them, and**
- **In the case of services considered worthy of support and recognition, a commitment to structured medium/long term funding.**
- **That General Practitioners are supported in their treatment of drug misusers as part of an integrated approach as developed in Paragraph 3.8.4. of this chapter.**
- **To have developed improved formal liaison arrangements between the treatment services, the rehabilitation services and the welfare services.**

3.6 DRUG MISUSE IN PRISONS

Given the accepted association between drug misuse and crime it is probable that many drug misusers, many of whom are HIV positive, will come into contact with the prison services. In the control of both of these problems the prison services have a vital role to play. In developing an integrated approach to the dual problems of drug misuse and HIV infection it is important therefore to establish formal links between the educational, treatment and community services and the prisons. **In this connection the Government recognise that the development of Outreach services in conjunction with the prisons as referred to earlier in this Chapter would be particularly beneficial.**

3.7 DRUG MISUSE AND AIDS

AIDS and HIV Surveillance (which commenced in this country in 1982 and 1985 respectively) has clearly identified intravenous drug misuse as the main source of transmission of the HIV virus. This surveillance has also identified the problem on a geographical basis, highlighting the Dublin inner-city area as having particular problems in terms of this transmission. This particular route of transmission inevitably leads to problems involving paediatric AIDS, heterosexual spread and transmission of the virus within the prison population.

In terms of statistics 86 (or 44%) out of the total of 197 cases of full blown AIDS reported up to April 1991 are drug misuse related. Insofar as HIV infection is concerned, of the 1049 cases identified, 582 (or 57%) are drug misuse related. A full breakdown of HIV and AIDS statistics by category can be found at Appendix D and Appendix E.

It is clear from the foregoing that the prevention of transmission of HIV virus in this country must include strategies developed to deal with the drug misuse problem. These strategies must be community-based, client-orientated and, given the serious nature of the problem, of necessity, innovative. They must include emphasis on outreach programmes involving counselling, methadone maintenance and needle exchange. Advice on risk reduction services generally must form an essential part of any such strategies to minimise the spread of the disease.

In Ireland it is difficult to separate policies dealing with drug misuse from the HIV/AIDS problem. **The Government propose, therefore, that measures will be taken to ensure that the closest possible contact and liaison exist**

between agencies operating in both fields to ensure integration of policies. In this respect, the Government propose that, health boards will, as far as is practicable, co-ordinate their programmes in the AIDS and Drug Misuse Areas and designate a senior officer as AIDS and Drugs Misuse Regional Co-ordinator. In addition the Drug Treatment Centre, Trinity Court, will have an out-patient sessional involvement with the new consultant in Genito-Urinary Medicine who will be appointed shortly.

3.8 STRUCTURES THROUGH WHICH PROGRAMMES RELATING TO DEMAND REDUCTION, TREATMENT AND REHABILITATION WILL BE IMPLEMENTED

3.8.1 The Health Boards

In the light of the statutory responsibility of the Regional Health Boards and the structures and personnel currently available to them, **the Government have decided that the provision, co-ordination and funding of treatment programmes for drug misusers should be the responsibility of the Health Boards.**

In this regard, it should be noted that the Drug Treatment Centre at Trinity Court will continue to provide a national specialist treatment and detoxification service on behalf of the Health Boards. [See paragraph 3.8.6].

The Government have also decided that the Health Boards provide a mechanism for co-ordination and dialogue between the statutory and voluntary services in their areas, i.e. Education, Gardai, Customs and Excise, FAS, VECs, the prison service and the voluntary treatment agencies.

3.8.2 The Voluntary Sector

The Government wish to highlight the important role which the voluntary sector has to play in the prevention and treatment of drug misuse and propose **that each Health Board encourages groups in this sector to participate in regional/local programmes to ensure that cohesive and cost-effective programmes are developed and implemented.**

3.8.3 Community Drug Teams

Having regard to the fact that drug misusers tend to live with their families of origin and to the fact that there are a small number of known areas which have been most directly affected by the drug problem, the Government believe that there is an overwhelming case to be made for decentralising services as far as is practicable to ensure accessibility and continuity of treatment. **Towards this end, the Government propose the establishment of Community Drug Teams under the auspices of the Health Boards in specific targeted areas.**

The composition of these teams should be flexible in order to cater for individual local circumstances but might include as appropriate the following type of membership:

- general practitioner
- outreach worker
- social worker
- public health nurse
- treatment agency (voluntary/statutory) representatives
- juvenile liaison officer/probation officer

The role of the Community Drug Team would be as follows:

- identifying the extent of the drug misuse problem in its area of operation;
- identifying and establishing contact with known drug misusers and persons at risk;

- establishing links with the appropriate statutory and voluntary treatment services;
- referring individual drug misusers for assessment and treatment as appropriate;
- ongoing monitoring of individual drug misusers on referral back following initial assessment and treatment;
- assisting the local educational services in developing appropriate and relevant primary prevention programmes;
- liaising with the prison services in the case of drug misusing prisoners from their area being released.

3.8.4 *Medical Treatment of Drug Misusers*

In the case of the medical treatment of drug misusers, the Government recognise the important role of the primary health care doctor. In considering the medical treatment of drug misuses, the Government have based their strategy loosely on the model which exists in the treatment of acute medical and surgical conditions whereby the patient is referred to a consultant for specialist assessment and treatment following which he/she is returned to the care of the general practitioner for on-going treatment and monitoring. While recognising that there are fundamental differences it is felt that this model should be followed, as far as possible, in the case of drug misusers. This approach would involve the drug misuser either entering the Drug Treatment Centre “off the street” or being referred by the Community Drug Team for specialist assessment and treatment and then being referred back to the G.P, as part of the Community Drug Team, for on-going care.

G.P’s treating drug misusers in the community must have support of counselling services, laboratory back-up and adequate security arrangements in surgeries. The services of the Centre must be available to the G.P. treating drug misusers, for urinalysis and other laboratory services, specialist counselling and rehabilitation programmes.

In a decentralised treatment model such as this, there is a need to ensure that adequate controls are put in place in relation to the security of methadone and other supplies and the elimination of any risk of increasing the existing “street market” for these substances.

3.8.5 *Integrated approach to the treatment and rehabilitation of Drug Misusers*

Statistics outlined in Chapter I indicate that up to 80% of drug misusers currently in treatment are unemployed with 45% living with their family of origin. The success of treatment programmes for these misusers must therefore be linked to the provision to them of adequate social and employment skills. There is, however, little formal contact at the moment between treatment agencies and the occupational rehabilitation services. There is no integrated approach to the treatment and the occupational and social re-integration of drug misusers. This must be rectified. In order to maximise the possibility of social and occupational rehabilitation for drug misusers coming out of treatment programmes, the services of FAS, the VECs, and the NRB, must be utilised to a far greater extent. They must be involved in the proposed structures for co-ordination of activities at health board level referred to earlier.

3.8.6 *Drug Treatment Centre, Trinity Court*

As already stated the Government see the role of the Drug Treatment Centre as being critical in providing a national medical treatment and counselling service and in providing the necessary professional and technical back-up to facilitate an enhanced role for community based treatment for drug misusers.

The functions assigned to the Board under the terms of its Establishment Order include the provision of advice, information and assistance to the Minister for Health and a requirement to liaise, co-operate and co-ordinate with other bodies providing services for drug misusers and involved in drug prevention. The Government view the exercise of these functions as being of singular importance. They are not satisfied, however that the structures are in place to allow it to properly discharge these functions. **The Government proposes therefore that formal consultation and co-ordination arrangements be developed involving the Drug Treatment Centre, the health boards and the voluntary agencies.**

The Government also propose that the Board should play a major role in the social and occupational rehabilitation of drug misusers and develop arrangements for such rehabilitation in close liaison with the health boards and the agencies responsible for rehabilitation and placement such as FAS and the NRB.

The Government, aware of the need to encourage drug misusers to present for and to continue with treatment, recommend that the Centre increases access to its programmes, both in terms of opening hours and persons accepted for treatment.

The Government also propose an active role for the Drug Treatment Centre Board, in conjunction with the relevant professional medical bodies, the I.C.G.P., and the medical training bodies, in the training of general practitioners in the area of drug misuse.

In order to discharge its current functions and those additional functions which the Government have highlighted in the previous paragraphs of this Section of their report, the Government are of the view that the Establishment Order should be reviewed with a view to expanding the Board membership and composition in order to reflect the evolving situation. **In this context, the Government consider a membership which would include representatives of general practitioners, the occupational/rehabilitation services, services for AIDS/HIV sufferers and voluntary agencies involved in drug addiction in addition to the statutory services would be more appropriate to its new role.**

3.9 SUMMARY OF STRATEGY MEASURES

In summary the Government propose to undertake the following measures in the areas of drug demand reduction policies:

- **the development of a Drug Education programme for schools, teacher training colleges and education departments of universities;**
- **the extension of in-service training for teachers on drug-related matters;**
- **the Department of Education to continue the development of adequate attractive leisure activities for young people and the promotion of the treatment of drug related issues as part of the informal education element of youth and sports programmes;**
- **the establishment of formal links between the educational, treatment and community services and the prisons;**
- **co-ordination at health board level of programmes in the related areas of drug misuse and AIDS;**
- **the provision of Out-Patient Consultant sessions in Genito-Urinary Medicine at the Drug Treatment Centre, Trinity Court;**

- **the development of mechanisms to evaluate objectively existing and new services in the context of regional requirements and to advise on appropriate levels of funding;**
- **the provision by the Health Boards of a mechanism for co-ordination and dialogue between the statutory and voluntary services in their areas;**
- **the development of Community Drug Teams under the auspices of the health board to operate with the involvement of General Practitioners and other health professionals in targeted areas;**
- **the development of a greater role for General Practitioners in the treatment of drug misuse at community level with the central support of the Drug Treatment Centre;**
- **increased involvement of the statutory training and occupational rehabilitation services (FAS, NRB, VECs) in the rehabilitation of drug misusers;**
- **a review of the Establishment Order of the Drug Treatment Centre, Trinity Court, with a view to strengthening its role and expanding the Board membership.**

CHAPTER IV

MANPOWER TRAINING AND DEVELOPMENT

4.1 *CURRENT POSITION*

Improved training and access to information in relation to drug misuse for health and other professionals and for community based groups must be seen as vital elements in any comprehensive response to the problem of drug abuse. At present the main thrust of drug education programmes centres on the Addiction Studies Course in Trinity College, Dublin, and in the case of the medical profession, in the area of medical undergraduate training.

4.2 *ADDICTION STUDIES COURSE, TRINITY COLLEGE*

The Addiction Studies Course commenced in Trinity College in 1983 with the assistance of funding from the Department of Health. The course is of one year's duration and covers the areas of drug and alcohol abuse and to a lesser extent compulsive gambling.

A Diploma in Addiction Studies is awarded to successful students on completion. Since its establishment approximately 70 students drawn from the fields of nursing, gardai, youthwork, counselling, teaching, prison service and community work have successfully completed the course.

An objective review of the course curriculum will be carried out to ensure that evolving service requirements are met.

4.3 *TRAINING OF GENERAL PRACTITIONERS*

Reference has already been made in Chapter III of this Report to the need for greater general practitioner involvement in the treatment of drug misusers in the community and recommendations have been made on the integrated treatment model which, in the Government's view, would best facilitate such involvement. In this context and in view of the limited exposure of general practitioners to the problems of drug misusers, both during training and in the course of their practices, the Government see a need for enhanced formal training arrangements in the field of drug misuse. **They propose therefore to ask the Irish College of General Practitioners in conjunction with the Drug Treatment Centre Board and the other relevant training bodies to develop specific training arrangements to meet the requirements in this area.**

4.4 *TRAINING OF OTHER HEALTH PROFESSIONALS*

The Government also see merit in exposing as wide a range as possible of other health professionals such as nurses, social workers and occupational therapists to the problems associated with drug misuse in the community and recommend that health boards provide for the training of such staff as appropriate.

4.5 *INFORMATION AND TRAINING FOR COMMUNITY BASED GROUPS*

A great deal has been achieved in recent years by community based groups in the areas of drug information and education aimed in particular at parents and young people. **The Government recognise the valuable role played by such groups and recommend that Health Boards should make arrangements for the training and support of the voluntary workers attached to these groups in their areas of responsibility.**

4.6 SUMMARY OF STRATEGY MEASURES

In summary therefore the Government proposes:

- **the development of more structured training arrangements for general practitioners and other health professionals in the field of drug misuse and**
- **an increase in support and training for community based groups involved in providing education and information on drug misuse at local level.**

CHAPTER V

INTERNATIONAL CO-OPERATION

5.1 *BACKGROUND*

It is recognised that the question of drug misuse cannot be tackled as an exclusively internal national matter and that improved international co-operation is central to the success of any anti-drugs strategy. International activity in the field of drug misuse and drug trafficking takes place at many levels including the United Nations, World Health Organisation, Council of Europe (Pompidou Group), European Community [C.E.L.A.D., Ad-hoc Group on Drug Addiction, the TREVI Group on Police Co-operation, the Mutual Assistance Groups on Customs Co-operation, the Ad-hoc group on Immigration], Interpol, Customs Co-operation Council and also at the level of bi-lateral exchanges between countries or groups of countries. Ireland plays an active part in these fora and is represented by officers from the appropriate Government Department, Office or Agency.

5.2 *C.E.L.A.D.*

The Government, while welcoming the interest of and the increasing activity amongst the various international organisations which deal with drug misuse and drug trafficking, are concerned that this might result in unnecessary duplication of effort and resources which, in turn, might result in a loss of momentum in developing international strategies.

The establishment of C.E.L.A.D (the European Community Drugs Co-ordinators Group) is indicative of the recognition within the European Community of the need to co-ordinate activity in the various aspects of the fight against drugs. The Government welcome this development and recognise the need to address the question of a cohesive and co-ordinated approach to international relations in the context of a National Plan on Drugs.

5.3 *MEASURES ADOPTED BY THE EUROPEAN COUNCIL*

A Co-Ordinator's Group set up following a meeting of the European Council at Rhodes in December, 1988, has responsibility for co-ordinating measures relating to the free movement of persons throughout the E.C. consequent on the coming into force of the Single European Act. The achievement of this objective is closely linked to the attainment of intergovernmental co-operation in areas such as the combating of terrorism, international crime and drug trafficking. The main fora responsible for implementing these measures are the Ad Hoc Group on Immigration, Trevi [police co-operation] and the Mutual Assistance Group [customs co-operation].

5.4 *STRATEGY MEASURE*

To this end the Government proposes the establishment of a Sub-Committee on the International Aspects of Drug Misuse which would report to the National Co-ordinating Committee within the following terms of reference:

- **to prepare and co-ordinate international meetings and conferences such as UN sessions and world conferences as appropriate.**

- **to deal, as necessary, with the co-ordination between Departments on international aspects of the fight against drugs, and**
- **to prepare recommendations for the National Co-ordinating Committee regarding the rationalisation of the activities of the International Organisations, as a basis for a Government initiative in this area.**

References

1. Walsh, D, (1966)., Amphetamine Dependence in Dublin. *Journal of the Irish Medical Association*, 58, 347, 161-164.
2. Report of the Working Party on Drug Abuse, (1971). The Stationery Office, Dublin.
3. Eastern Health Board Task Force, (1982). Report on Drug Abuse. Limited Circulation.
4. Shelley, E.B., Wilson-Davis, K., O'Rourke, F., and A. O'Rourke, (1982). Drugs - A Study in Dublin Post-Primary Schools, *Irish Medical Journal*, 75, 7, 254-259.
5. Grube, J.W., and M. Morgan, (1986). Smoking, Drinking and Other Drug Use Among Dublin Post-Primary School Pupils. *Economic and Social Research Institute*, Dublin, pp. 114-115.
6. Dean, G, Bradshaw, J., and P. Lavelle, (1983). Drug Misuse in Ireland 1982-1983. The Medico-Social Research Board, Dublin.
7. O'Kelly, F.D., Bury, G., Cullen, B., and G. Dean, (1988). The Rise and Fall of Heroin Use in an Inner City Area of Dublin. *Irish Journal of Medical Science*, 157, 2, 35-38.
8. Dean, G, Smith, R., and B. Power, (1984). Heroin Use in a Dun Laoghaire Borough Area 1983-1984. The Medico-Social Research Board, Dublin.
9. Dean, G, O'Hare, A., O'Connor, A., Kelly, M., and G. Kelly, (1987). The "Opiate Epidemic" in Dublin: are we over the worst? *Irish Medical Journal*, 80, 5, 139-142.
10. O'Connor, J.J., Stafford-Johnson, S., and M.G. Kelly, (1988). A Review of the Characteristics and Treatment Progress of 45 Pregnant Opiate Addicts Attending the Irish National Drug Advisory and Treatment Centre Over a Two Year Period. *Irish Journal of Medical Science*, 157, 5, 146-149.
11. Shelley, E.B., O'Rourke, A., Wilson-Davis, K., and F. O'Rourke, (1984). Drugs - A Study in Post-Primary Schools Situated Outside Dublin 1981. *Irish Medical Journal*, 77, 1, 16-19.
12. Dean, Bradshaw and Lavelle, op.cit.
13. Report of the Committee on Drug and Alcohol Abuse, (1983). Southern Health Board, Cork.
14. Personal Communication, French O'Carroll and Lankford.
15. Personal Communication, Drug Section, Crime Branch, Garda H.Q.
16. O'Hare, A., and R. Hartnoll, (1989). The Dublin/London Drug Research Project. Council of Europe, Strasbourg. Restricted Circulation.
17. Garda Siochana, (1989, 1990). Report on Crime 1988, 1989. The Stationery Office, Dublin.
18. O'Hare, A., (1987). Report on Drug Misuse in Ireland, in: Multi-city Study of Drug Misuse in Amsterdam, Dublin, Hamburg, London, Paris, Rome, Stockholm. Council of Europe, Strasbourg.
19. Draft Report of the 12th Meeting of Epidemiology Experts in Drug Problems. Strasbourg, April 1990. Restricted Circulation.

20. A Report on Drugs and Drug Dependence by the Royal College of Psychiatrists, (1987). Drug Scenes. The Royal College of Psychiatrists, Oxford, p. 128.
21. Hartnoll, R., Avico, U., Ingold, F.R. et al., (1989). A Multi-city Study of Drug Misuse in Europe. Bulletin on Narcotics, XLI, 1, & 2, 3-27.
22. O' Hare and Hartnoll, op.cit.
23. Draft Report of the 12th Meeting of Epidemiology Experts in Drug Problems, op.cit.

Appendix A

[i] Membership of the National Co-ordinating Committee on Drug Abuse

Mr Noel Treacy T.D., Minister of State, Deptt. Of Health (Chairman) **
Mr Gerry McCartney, Assistant Secretary, Dept. of Health
Mr Brendan Meehan, Assistant Secretary, Dept. of Education ***
Mr Joe Brosnan, Assistant Secretary, Dept. of Justice
Mr Fintan O'Brien, Principal, Dept. of Tourism & Transport
Supt. Tony Hickey, Garda Headquarters
Mr Barry Robinson, Counsellor, Dept. of Foreign Affairs
Mr Alf Kiernan, Superintendent, customs and Excise Service ****
Mr Eamonn Doherty, Retd. Garda Commissioner, Irish Representative CELAD
(The European Community Drugs Co-ordinators Group)
Mr Kieran Hickey, Chief Executive Officer, Eastern Health Board
Dr J.H. Walsh, National AIDS Co-Ordinator
Mr Chris Fitzgerald, Asst. Principal, Dept. of Health (Secretary)

- * Ms Aileen O'Hare, Sociologist, Health Research Board was co-opted onto the Committee to advise on the development of a National Data Base on Drug Misuse
- ** Mr. N. Treacy, T.D., on his appointment as Minister of State to the Department of Justice, was replaced by Mr. Chris Flood, T.D., Minister of State, Department of Health, as Chairman of the Committee
- *** Mr. B. Meehan, was replaced, on his retirement, by M. óNéill, Assistant Secretary, Department of Education
- **** Mr. Alf Kiernan was replaced by Mr. Eamonn Fitzpatrick, Assistant Secretary, Office of the Revenue Commissioners

[ii] Organisations and Individuals from whom submissions were received:

Ana Liffey Drugs Project
Ballymun Youth Action Project
Catholic Social Services Conference - Drug Awareness Programme
Community Action on Drugs
Coolmine Therapeutic Community
Office of the Revenue Commissioners, Customs and Excise Service
Department of Education
Department of Justice
Department of Pharmacognosy, Trinity College, Dublin
Department of Social Studies, Trinity College, Dublin
Dun Laoghaire Drugs Awareness Group
Eastern Health Board
Federation of Irish Employers
Garda Denis Connolly, Juvenile Liaison Officer
Garda Siochana - Headquarters
Health Promotion Unit
Health Research Board
Irish College of General Practitioners
The Drug Treatment Centre Board
Merchant's Quay Project
Midland Health Board
St. Francis Training Centre, Cork

The Greater Dublin Area. Census and First Quarter 1990. All Treated Drug Misusers. Percentages

APPENDIX B

Figure 1: SEX AND AGE

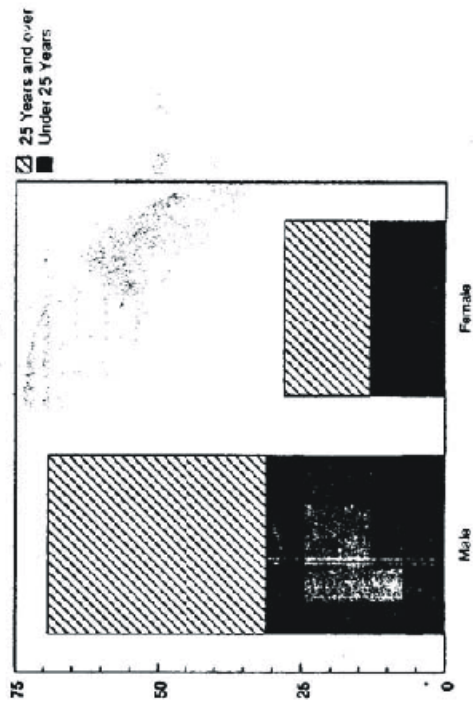


Figure 2: EMPLOYMENT STATUS



Source: The Dublin Drug Misuse Reporting System

The Greater Dublin Area. Census and First Quarter 1990. All Treated Drug Misusers. Percentages

Figure 3: AREA OF RESIDENCE

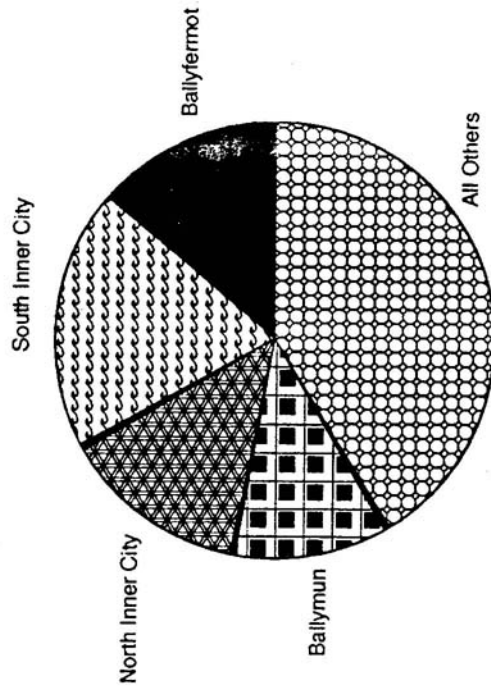
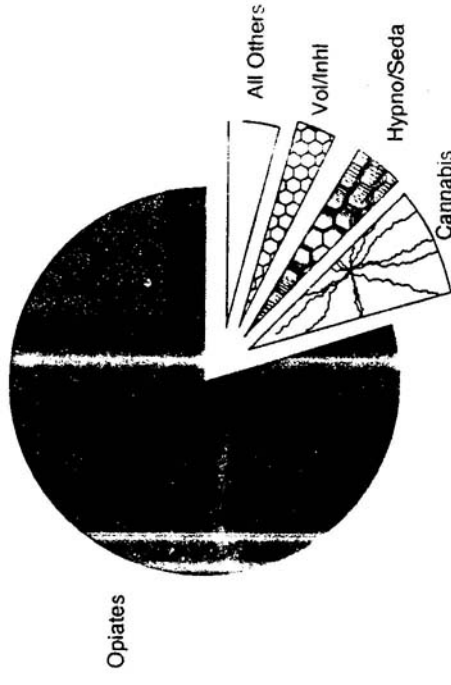


Figure 4: PRIMARY DRUG OF MISUSE



Source: The Dublin Drug Misuse Reporting System

The Greater Dublin Area. Census and First Quarter 1990. All Treated Drug Misusers. Percentages

Figure 5: NEEDLE INJECTING

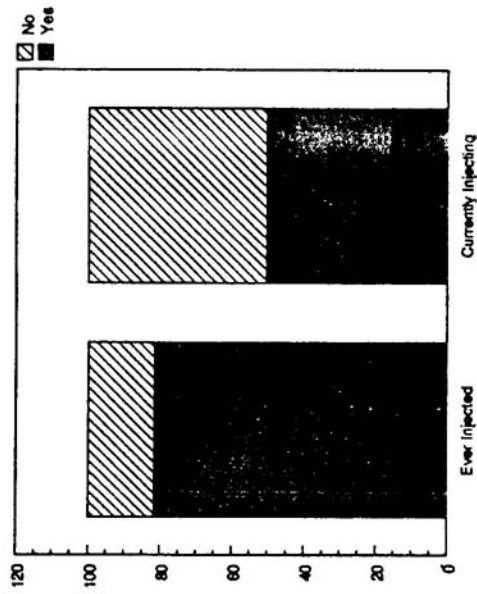
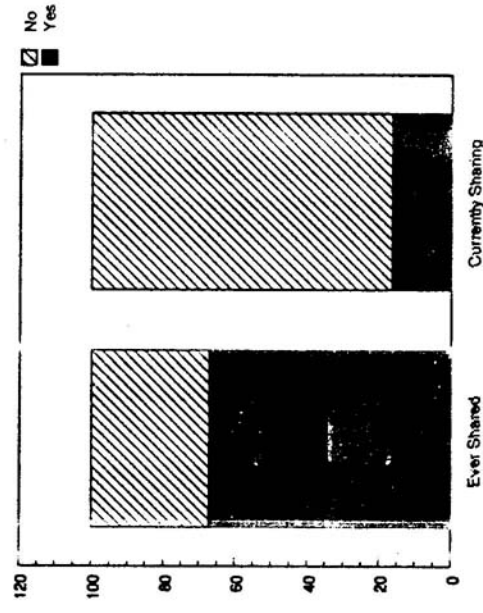


Figure 6: NEEDLE SHARING

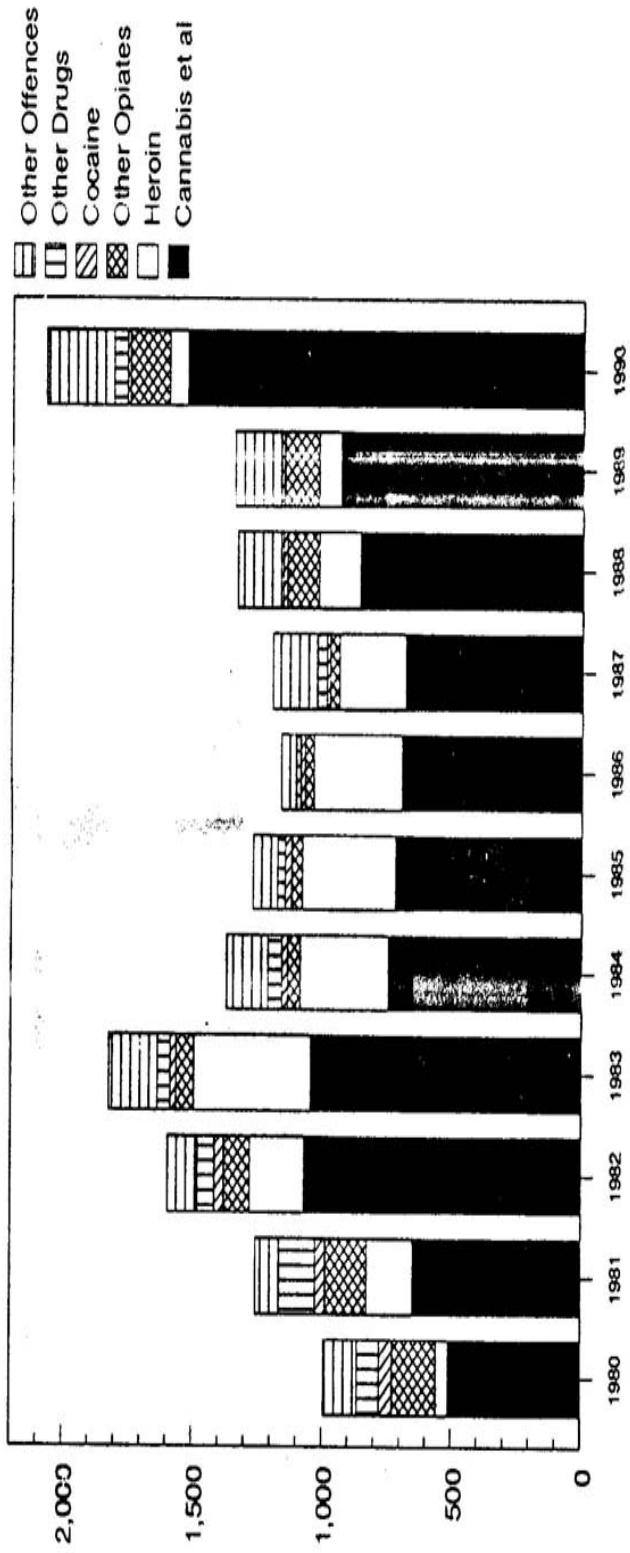


Source: The Dublin Drug Misuse Reporting System

Ireland. 1980 – 1990 Numbers

Figure 7: PERSONS CHARGED BY TYPE OF DRUG OFFENCE

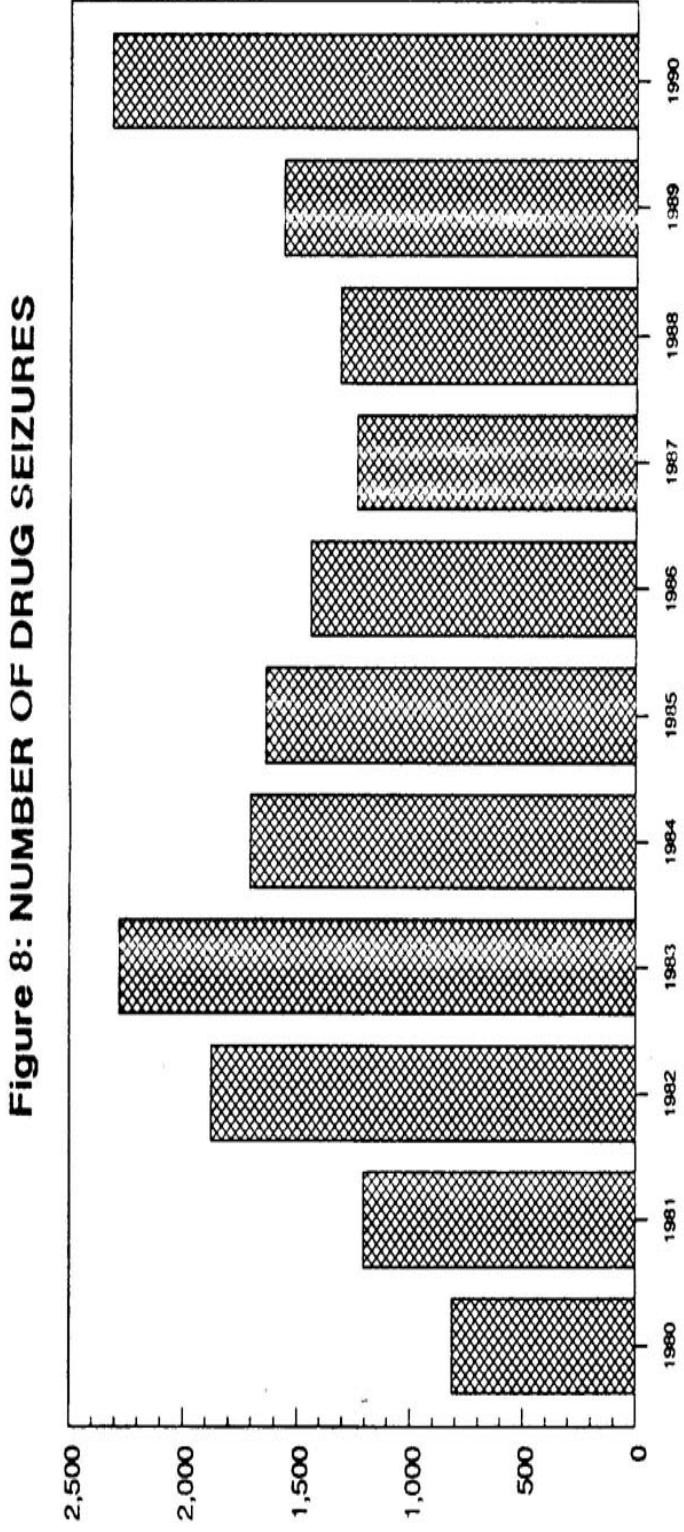
Figure 7: PERSONS CHARGED BY TYPE OF DRUG OFFENCE



Source: Garda Síochána Statistics

Ireland. 1980 – 1990 Numbers

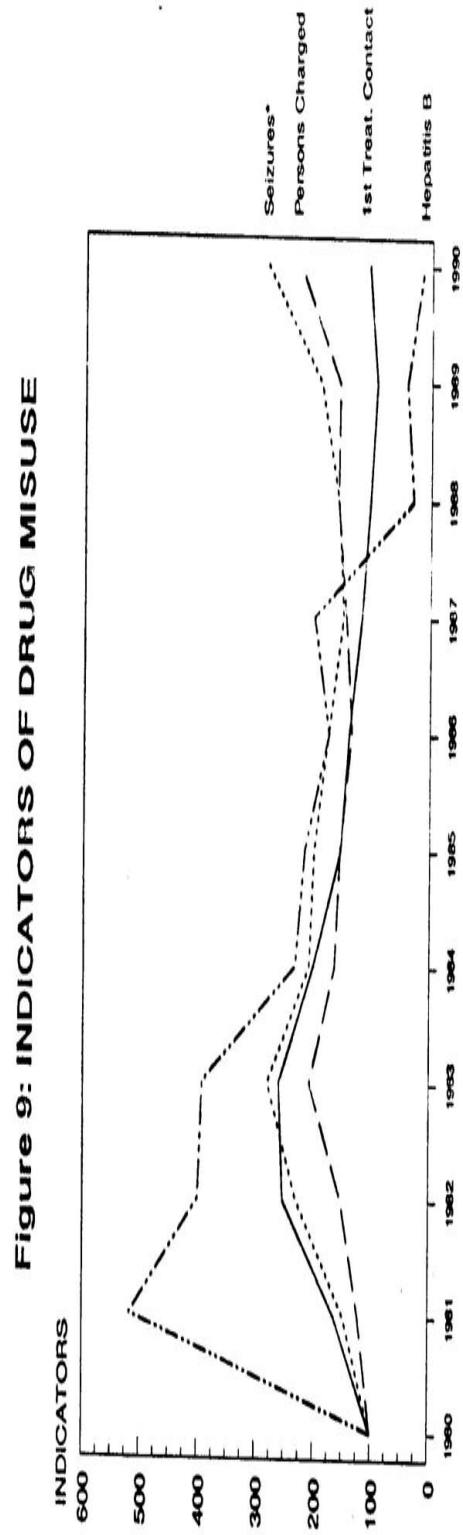
Figure 8: NUMBER OF DRUG SEIZURES



Source: Garda Síochána Statistics

The Greater Dublin Area. 1980 – 1990. Index 1980 = 100

Figure 9: INDICATORS OF DRUG MISUSE



Source: The Virus Reference Laboratory
Garda Síochána and Customs Service Statistics
The Drug Treatment Centre

* Seizures relate to Ireland.

Appendix C

List of Precursors to be controlled under Misuse of Drugs Acts 1977 and 1984 [in consequence of implementation of the U.N. Convention against illicit Traffic in Narcotic Drugs and Psychotropic Substances 1988 and of E.C. Regulations].

Acetic Anhydride	Ethyl Ether
Acetone	Lysergic Acid
Anthranilic Acid	1 - phenyl - 2 propanone
Ephedrine	Phenylacetic Acid
Ergometrine	Piperidine
Ergotamine	Pseudoephedrine

The above are the precursors specified for control in the 1988 U.N. Convention. Additional precursors may be subject to E.C. controls and would be added to this list.

Appendix D

AIDS Statistics by Category up to April, 1991

Cases - 197

Homosexuals / Bisexuals	73
IV Drug Abusers	72
Homo / Bisexual / IVDU	7
Haemophiliacs	19
Heterosexuals	15
Babies Born to IV Drug Abusers	7
Undetermined	4
	<hr/>
	197

Deaths - 80

Homosexuals / Bisexuals	28
IV Drug Abusers	22
Homo / Bisexual / IVDU	6
Haemophiliacs	10
Heterosexuals	5
Babies Born to IV Drug Abusers	5
Undetermined	4
	<hr/>
	80

Appendix E

HIV Infection Statistics by Category up to March 1991

Cumulative Total Samples Tested for HIV Antibody

Risk Group	Total Samples	Positive Individuals
Intravenous Drug Abusers		
Male	3196	435
Female	1332	140
Unknown	60	7
	4588	582
Children at Risk	718	74
Homosexuals / Bisexuals	2361	159
Haemophiliacs	1012	112
Haemophiliac Contacts	60	0
Hospital Staff / Occupational Hazard / Needlestick	600	0
Transfusion	216	1
Blood Donors	1007	14
Organ Transplant	2374	0
Visa Requests	4290	0
Insurance	10802	0
Prisoners	371	12
Hetero / Unspecified	17064	95
Total	45463	1048