

Treated Drug Misuse

*in the
Greater Dublin Area*



Report for 1994

by
Kathleen O'Higgins and
Mary O'Brien

HRIB THE HEALTH RESEARCH BOARD

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



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Summary of Main Points

As in previous reports to avoid misinterpretation, it is vital at the outset to emphasise that:

- (i) information in this Report relates to those problem drug users who present for treatment rather than all those who have drug problems, or indeed all those who use drugs other than alcohol;
- (ii) like most health service data, the information is service dependent and the picture it provides of the extent and nature of drug problems will be influenced by drug service provision.

Thus this Report should not be considered as portraying the total picture of drug use, but as providing a key element of that picture. The data would be particularly useful when considered in conjunction with results from any surveys or other research undertaken.

MAIN POINTS

- The number of cases, as distinct from persons, who were treated for problem drug misuse in the Greater Dublin Area in 1994 was 2,978;
- The estimated number of persons treated for drug misuse was 2,702.
- Almost eight out of ten cases of those attending treatment centres were male;
- Most (92 per cent in 1994) were between the ages of 15 and 39 years;
- Almost seven out of ten (67 per cent) lived with their family of origin;
- Eighty-four per cent were unemployed;
- One-third had left school before the official school leaving age of 15;
- In 1994 twenty-seven per cent lived in the inner city;
- In the majority of cases opiates (mainly heroin and morphine sulphate tablets) were the drugs which caused the most problems and for which clients sought treatment (82 per cent in 1994);
- Sixty-nine per cent of the cases had injected their primary drug;
- Of those who had ever injected their drugs, just over seven out of ten were currently injecting, but only 17 per cent were currently sharing injecting equipment;
- Significant differences were observed between males and females on a number of variables. Females were less likely than males to be living in their families of origin; more likely to be living with a drug abusing partner than were the males and were found proportionately more likely to be sharing injecting equipment;
- The number of persons who presented for treatment for the first time in 1994 was 1150.

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CHAPTER 1

Introduction

This Report for the year 1994 is the fourth and last in the series of Reports on the Drug Treatment Reporting System in the Greater Dublin area published by the Health Research Board. The series commenced with the 1990 Report and the 1992 and 1993 Reports were combined last year. However, from the start of 1995, the data will be collected nationally and Reports from then on will cover the eight Health Board areas.

Each one of the Reports in the series stands on its own and therefore there will be some repetition of: (a) the basic details of background to the reporting system and (b) description of the methodology and definitions used to enable the reader to have a complete picture within each Report. However, the fullest historical background to the setting up of the reporting system is contained in the 1990 Report (1) and we will just give some brief comments on the setting up of the drug treatment reporting system in this Report.

The background to the collection of statistical and epidemiological data on treated drug misuse in Ireland included the initial participation in the Pompidou Group of the Council of Europe by the Health Research Board in 1984. The Pompidou Group of the Council of Europe is an epidemiological sub-group set up by the 6th Ministerial Conference of the Council of Europe in November 1981. The current work within this Pompidou group is embodied in the decision made at that conference which was to set up structures for:

the development of administrative monitoring systems for the assessment of public health and social problems related to drug abuse.

The work of the Pompidou Group is continually guided by directives from ministerial conferences and monitored by the permanent correspondents. These latter are usually senior civil servants, appointed by each of the participating member states to ensure the implementation of the work programme established by the ministers. The Pompidou Group maintains close contacts with other intergovernmental and non-governmental organisations concerned with problem drug use, such as the UNDCP and WHO.

Administrative monitoring systems were initially put in place in 7 European cities including Dublin but these have been continually extended to other cities. These systems are based on information from a range of indicators of drug activity such as:

- (i) first treatment demand;
- (ii) hospital admissions;
- (iii) drug-related non-fatal emergencies;
- (iv) drug-related deaths;
- (v) persons charged for drug offences;
- (vi) imprisonment;
- (vii) seizures of illicit drugs;
- (viii) price/purity of illicit drugs;
- (ix) survey data;
- (x) drug-related AIDS cases.

Some indicators are better developed than others in the sense that definitive protocols have been put in place. The first treatment indicator, for instance, is the best developed. Data from the first treatment demand indicator serves two purposes – the first is indirect evidence of trends of drug misuse, that is, treated incidence. The second purpose of the first treatment demand indicator is as a direct indicator of the demand on services covered by the reporting system. This is the indicator involved in this Report. The establishment of an ongoing reporting system also enables socio-demographic information to be collected on first contacts, re-contacts and all contacts entering treatment in a given year.

Reports on the data available on the indicators are prepared and sent to the Pompidou Group in Strasbourg. Co-ordinated reports are then formulated and interpretations of drug misuse in the various participating cities are thus provided and offer informed insights into similarities and differences between them.

RATIONALE FOR THE REPORT

The object or rationale for this report, as was that of previous reports, is to provide to the Department of Health and the treatment centres themselves ongoing information based on the data supplied to the Drug Section by the treatment centres to contribute in some way to an understanding of the epidemiology of treated drug misuse and to provide data useful to policy makers on the healthcare and social implications of drug misuse. No analyses in the form of research into underlying reasons for drug misuse are undertaken. The report takes the form of straightforward documentation of the data received. Because of the sensitive and confidential nature of the relationship between the drug misuser and the treatment centres, and the limitations on time available for completion of questionnaires, there are obvious constraints on the amount of information which can be gathered.

METHODOLOGY

There are three main categories into which the data fall:

- (a) Total Treatment Contacts – refers to the routine reporting of all clients receiving treatment during the year, including the Census data;
- (b) Census of Clients in Treatment – refers to clients in treatment in a residential centre on a particular day, i.e. 31 December prior to the year in question; and to non-residential clients, those who received treatment at least once during the month of December, again prior to the appropriate year;
- (c) First Treatment Contacts – refers to a subset of clients who, during the year in question, entered treatment for the first time, never having had previous treatment anywhere for problem drug use.

For each of these three categories, data will be analyzed on the basis of:

- (i) some socio-demographic characteristics;
- (ii) aspects of the client's history of drug misuse;
- (iii) facets of the client's injecting and needle-sharing practices.

The socio-demographic variables included for the purposes of this report are: age of client; sex of client; living status of client; employment status of client and finally education. The inclusion of and confinement to these particular socio-demographic variables is influenced by their being the most relevant and easily obtainable in the treatment reporting system of the Pompidou Group.

The geographical area covered by the study is the Greater Dublin Area, comprising approximately 504km² within the County of Dublin. This area encompasses Dublin County Borough, its north suburbs (Fingal part), its south suburbs (Belgard part) and also Dunlaoghaire County Borough and its suburbs. The total population of the area under study, according to the Ireland, *Census of Population 1991*, is 915,516 persons.

This Report then is concerned with persons resident in the Greater Dublin Area who received treatment during 1994 at any one of the 15 centres participating in the reporting system. Between them they cover a range of services and facilities including both medical and non-medical care. Some of these centres are statutory bodies and some are voluntary. (Appendix C lists the centres and briefly describes the services they provide). The Satellite Clinics, that is clinics outside the inner city main clinics, were set up in 1992 and 1993. Baggot Street Clinic made returns in 1992 and returns from Aisling and City Clinic commenced in 1993. As in the previous Reports, from our knowledge of service providers in the catchment area, it is felt that the centres who have returned data represent reasonable coverage of treated drug misuse. However, there are some gaps, as some centres were unable to send returns and also there is always the group of users who may not be included because they are receiving treatment from either general practitioners or agencies not participating in our reporting system. Population figures are noted in Appendix B.

DEFINITIONS USED IN THIS REPORT

DRUG MISUSE

The working definition of *drug misuse* used in this Report is:

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

DRUG TREATMENT

The definition of *treatment* is:

any activity which is targeted directly at people who have problems with their drug use and which aims to ameliorate the psychological, and medical or social state of individuals who seek help for their drug problems. This activity will often take place at specialised facilities for drug users, but may also take place in general services offering medical/psychological help to people with drug problems.

Various therapies are used in the treatment of clients at the centres. These range from medical treatments, (such as detoxification, methadone programmes or drug-free programmes) to non-medical therapies which can include addiction counselling, group therapy and psychotherapy. Therapies are generally provided by professionally qualified personnel, but some centres may deem certain persons, who are not professionally qualified, as suitable to undertake some of these therapies. Apart from the therapeutic centres, drug treatment may be

provided in hospitals, therapeutic communities, residential centres, out-patient clinics, street agencies, general practitioners and, of course, in the prisons. Under the definition of 'treatment' used in this report, information given over the telephone, or information solely concerned with queries about social welfare entitlements or benefits are not included as 'treatment'.

PRIMARY DRUG

The *primary drug* is defined as the drug which, at the time of the current treatment contact, the client alleges is causing most problems and for which he or she has sought treatment.

FREQUENCY OF USE

This term refers to the number of times a person has used their primary drug within the 30 days prior to the completion of the questionnaire.

SHARING

As noted in previous reports, 'sharing' is a difficult concept to define since its practice is understood as quite different by different people. Sharing injecting equipment with a partner is often not regarded as 'sharing'. Therefore it will be difficult to assess accurately the level of sharing of equipment. The treatment centres must take their clients' accounts of their practices.

DRUG FREE

This term is used for those people who:

- were recorded as 'drug free' in the previous month, although in receipt of methadone from the methadone maintenance programme;
- were referred from prison where they had been drug free, or by a probation officer and who had stopped drug use in the remand period, or by Narcotics Anonymous;
- sought counselling when drug free to avoid relapse.

DATA COLLECTION

For the year 1994, which is the subject of this Report, no information was received from eight of the treatment centres on the list in Appendix C

A questionnaire (a copy of which is included in Appendix D) is completed by each of the treatment centres for each of their clients. This questionnaire had been used for the previous Reports so the data examined are similar for each of the years. In obtaining the cooperation of treatment centres, the objectives and the value of assembling and reporting on the data were discussed and assurances regarding the confidential nature of the data were given. No information from an individual participating centre would ever be divulged without the prior consent of that centre. No names appear on the questionnaires. Sealable plastic bags are provided to each treatment centre for return of completed questionnaires. The questionnaires are then checked and this, in some instances, involves clarification with particular treatment centres. Information used refers to cases, not to individuals in the Total Treatment section. Where First Treatment or Census data are concerned, these refer to individuals. This is necessary since a person could be receiving treatment from more than one centre and the anonymity of the system prevents determination of which clients are attending more than one centre. This introduces an element of double-counting and consequently an estimation of the rates for treated drug misuse is given in Appendix E.

Data were collected on the three previously mentioned categories. Data on Total Treatment contacts refer to all persons who received treatment for their problem drug misuse at any time during the calendar year of 1994 and include the Census clients of the previous December. Where Census or Point Treated Prevalence is concerned the Census data refer to persons in treatment on a particular day or during a particular time period. This is rather similar to information from a census of the general population. Information from a census count is of interest because it is a count of the number of clients in treatment at a particular point in time. The profile of these clients tends to be different from that of other clients in treatment, for example. Census clients appear to be older and have been using their primary drug for a longer period of time. The third group of clients is the group of First Treatment Contacts or One-year Treated Incidence. Data on persons who entered treatment for the first time ever during 1994 are included under this heading. Over time first treatment data can point to changing patterns of more severe problematic drug use. New sub-populations of drug misusers who are coming into treatment for the first time can be identified from the usually older population of more chronic drug users who may repeatedly go in and out of treatment over periods of several years.

CHAPTER DETAILS

This first chapter has set out a brief description of the Reporting System and commented on the methodology and definitions used in the report. Chapter 2 will focus on Total Treatment clients, identifying and crosstabulating (a) some of the socio-demographic characteristics of these clients; (b) aspects of their history of drug misuse and (c) facets of their injecting and needle-sharing practices. Chapter 3 will treat the data on clients in treatment on a census date in a similar way to that of Chapter 2. Chapter 4 takes the first treatment clients into account and adopts a similar approach to the data as in the case of the other two groups. Chapter 5 looks at the data in graphic form for the three groups. A final chapter contains some concluding remarks on the general situation of drug misuse in the Greater Dublin area.

Some variables from the data sheets, for example secondary drug misuse, are not included in the text and frequencies on these variables are given in Appendix A.

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

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CHAPTER 2

Total Treatment Contacts

The data examined in this chapter refer to all clients who received treatment during the year 1994, as defined in Chapter 1. The tables are based on valid percentages but give the number of missing observations. Particular note should be taken that these figures relate to cases and not to persons.

During 1994 the total number of clients who received treatment was 2,978. Sixty-one per cent were under 25 and 30 per cent were teenagers. The vast majority were males – 79 per cent. Irrespective of age, the proportion of males is at its highest 4.5 times higher than the proportion of females and at its lowest – in the 30-34 year age group – just over 2.5 times higher. Therefore numerically and proportionately far more males are in treatment than females. Sixty-seven per cent of all the clients were living with their family of origin and 84 per cent were unemployed.

An opiate or opioid was the drug cited by the majority of clients as their primary drug of misuse. This was true in 1994 for over 80 per cent of the clients. The mean age of the clients in this total treatment group was 23.8 years – for males it was 23.7 and for females 24.4 years.

The data for the year will now be dealt with under the headings:

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

SECTION (A) – SOME SOCIO-DEMOGRAPHIC CHARACTERISTICS

Under (a), the socio-demographic characteristics to be examined will be sex of client; age of client; living status, defined as with whom the client is living; age client left school; level of education achieved and employment status.

In this section we will concentrate on cross-tabulation of the socio-demographic characteristics with sex and age since these cross-tabulations appear to yield the most important information. Tables 2.1 to 2.10 give these details.

SEX

Taking the variable sex first, we will look at sex by age, education, living status and employment status. This gives as broad a picture as is allowable from the data provided.

AGE

In the teenage group, which comprised 30 per cent of all clients, males were slightly younger than females (30 per cent males; 26 per cent females). As in previous reports the majority of clients in treatment were under 25 years old. The proportion of clients in treatment who were under 25 years old, both males and females, was 61 per cent, males being only slightly younger than females (62 per cent males; 56 per cent females) (Table 2.1) The difference between the sexes is significant at $p < .009$.

Table 2.1 – Age by Sex			
AGE	MALES	FEMALES	TOTAL
	<i>per cent</i>		
<15 years	1.8	1.8	1.8
15-19 years	28.6	24.3	27.7
20-24 years	31.8	29.8	31.4
25-29 years	19.4	22.3	20.0
30-34 years	11.5	16.2	12.5
35 years +	6.8	5.6	6.6
Per cent	100.0	100.0	100.0
N =	2332	605	2937*
*Missing Observations:41 Chi-sq. = 15.2864 with 5 df. p<.009			

EDUCATION

Up to 60 per cent of the clients had left school either before the official school-leaving age of 15 years or at 15 (Table 2.2). However as Table 2.3 shows secondary level education was the level reached by over three-quarters of both male and female clients. The differences between males and females on these variables were not significant.

Table 2.2 – Age Left School by Sex			
AGE LEFT SCHOOL	MALES	FEMALES	TOTAL
	<i>per cent</i>		
<15 years	33.0	31.6	32.7
15 years	27.6	28.1	27.7
16 years	20.7	19.0	20.4
17 years+	13.6	15.5	14.0
Still in Education	4.9	5.8	5.1
Never in Education	0.2	-	0.1
Per cent	100.0	100.0	100.0
N=	2174	548	2722*
*Missing observations= 256 Chi-sq=3.96155 with 5df. p<.55			

Table 2.3 – Highest Level of Education Reached by Sex			
LEVEL OF EDUCATION	MALES	FEMALES <i>per cent</i>	TOTAL
Primary	17.3	14.0	16.7
Secondary	76.1	77.5	76.4
Third Level	1.4	2.4	1.6
Still in Education	4.9	6.0	5.1
Never in Education	0.2	–	0.2
Per cent	100.0	100.0	100.0
N=	2149	534	2683*
*Missing observations=295 Chi-sq.=7.34690 with 4 df. p<.118			

LIVING STATUS

By living status is meant with whom the client lived during 1994. The continuing dominance of the proportion of clients living with their family of origin is noteworthy. Also of note are the significant differences between the sexes on this variable. While almost half of females have continued to live with their family of origin, over 7 out of 10 males have done so. And more than a quarter of females live with a drug-using partner in contrast to a mere six per cent of males.

Table 2.4 – Living Status by Sex			
LIVING STATUS	MALES	FEMALES <i>per cent</i>	TOTAL
Alone	4.7	10.2	5.9
Family of origin	72.0	48.9	67.3
Partner drug user	5.5	26.0	9.7
Partner non-drug user	9.9	4.7	8.9
Institution/Homeless	2.4	2.6	2.5
Other	5.4	7.6	5.8
Per cent	100.0	100.0	100.0
N=	2236	577	2813*
*Missing observations=165 Chi-sq=275.29300 with 5df. p<000			

EMPLOYMENT STATUS

The over-representativeness of the unemployed among the clients is again evidenced by the proportions of both men and women who are unemployed among the clients – a level of 84 per cent overall and only a slightly higher level for men than for women – 84 per cent for men;

employment with a further 5 per cent being students. For women, the proportion of employed was seven per cent, but a further six per cent were housewives and 5 per cent were students.

Table 2.5 – Employment Status by Sex			
EMPLOYMENT STATUS	MALES	FEMALES <i>per cent</i>	TOTAL
Unemployed	84.3	81.5	83.7
Employed	10.6	6.9	9.8
Student	4.8	5.4	4.9
Housewife	-	6.2	1.3
Other	0.3	-	0.2
Per cent	100.0	100.0	100.0
N=	2315	612	2927*
*Missing observations = 51 Chi-sq 153.22421 with 4df. p<-000			

Summing up on the variable sex, it may be seen that while a much higher proportion of clients are men, there are few differences between the sexes on the socio-demographic variables – both males and females have well over half in the under 25 year age groups; both have similar school-leaving ages and levels of achieved education and both have over 80 per cent unemployment levels. The only area where differences occur is in the living status of the clients – women being far less likely to live with their family of origin than are males and much more likely to live with a drug-using partner. We are unable to even guess at the underlying reasons for these significant differences and this is an area needing some in-depth research to explain. We have shown that the mean age of females is greater than that of males, but it would not appear to be at such a level as to explain the differences.

AGE

Turning now to the variable age, we look first at sex by age. The imbalance in the proportions of males and females in the age groups may be seen in Table 2.6. The highest proportion of females is in the 30-34 year age group (27 per cent).

Table 2.6 – Sex by Age							
SEX	<15	15-19	20-24	25-29	30-34	35+	Total
	<i>per cent</i>						
Males	79.6	82.0	80.5	77.0	73.3	82.4	79.4
Females	20.4	18.0	19.5	23.0	26.7	17.6	20.6
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N =	54	815	921	587	367	193	2937*
*Missing observations = 41 Chi-sq=15.28646 with 5 df. p<.009							

EDUCATION

We had remarked in earlier reports on the improving levels of participation in education and the likelihood that the older the client, the more likely he or she would be to have left school before the official school-leaving age. This continued to be evident in the 1994 figures. (Tables 2.7 and 2.8)

Table 2.7 – Age Left School by Age							
AGE LEFT SCHOOL	<15	15-19	20-24	25-29	30-34	35+	Total
	<i>per cent</i>						
<15 years	15.4	30.8	26.0	37.3	39.9	52.1	32.8
15 years	–	28.7	30.7	30.3	25.6	12.3	27.8
16 years	–	20.7	25.4	18.3	17.7	12.9	20.5
17 years+	–	9.9	16.9	13.6	15.9	21.5	14.0
Still in Education	84.6	9.9	1.0	0.6	0.3	–	4.9
Never in Education	–	–	–	–	0.6	1.2	0.1
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	52	791	870	531	328	163	2735*
*Missing observations=243 Chi-sq=934.53685 with 25df. p<000							

Table 2.8 – Highest Level of Education Reached by Age							
LEVEL OF EDUCATION	<15	15-19	20-24	25-29	30-34	35+	Total
	<i>per cent</i>						
Primary	4.0	13.1	12.1	19.2	26.9	31.3	16.67
Secondary	8.0	76.2	85.9	79.0	67.2	62.0	6.5
Third level	–	0.6	0.9	1.2	5.0	4.9	1.6
Still in Education	88.0	10.0	1.1	0.6	0.3	–	5.0
Never in Education	–	–	–	–	0.6	1.8	0.2
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	50	777	849	520	338	163	2697*
*Missing observations=281 Chi-sq=975.61957 with 20df. p<000							

LIVING STATUS

We commented earlier on the lower proportion of women living with their family of origin. Since we have seen that the mean age of females is older than that of males, it may be surmised and indeed is only to be expected, the older the client the less likely he or she is to be living with their family of origin.

Table 2.9 – Living Status by Age							
LIVING STATUS	<15	15-19	20-24	25-29	30-34	35+	Total
	<i>per cent</i>						
Alone	–	1.2	4.6	7.1	10.9	21.6	5.8
Family of origin	88.9	86.9	73.3	54.9	41.1	31.0	67.4
Partner drug user	–	1.7	8.2	15.5	20.5	18.1	9.9
Partner non-drug user	–	0.4	6.7	16.2	18.2	19.3	8.8
Institution/Homeless	7.4	3.7	0.8	2.0	3.5	2.9	2.4
Other	3.7	6.0	6.3	4.4	5.9	6.4	5.7
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	54	803	889	563	341	171	2821*
*Missing observations =157 Chi-sq=581.98719 with 25df. p<.000							

EMPLOYMENT STATUS

From 15 years old onwards the level of unemployment has been over 80 per cent for all age groups. Although the official school leaving age is 15 years old, some seven clients aged under 15 were recorded as being unemployed and a further one as being employed. Obviously the vast majority of this age group would be, and are, still at school.

Table 2.10 – Employment Status by Age							
EMPLOYMENT STATUS	<15	15-19	20-24	25-29	30-34	35+	Total
	<i>per cent</i>						
Unemployed	13.2	81.8	88.6	86.1	81.4	88.5	83.9
Employed	1.9	8.3	9.1	11.4	13.7	9.4	9.8
Student	84.9	9.6	1.2	0.7	0.3	0.5	4.8
Housewife	–	–	1.0	1.7	4.4	1.0	1.3
Other	–	0.4	0.1	0.2	0.3	0.5	0.2
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	53	822	913	589	365	192	2934*
*Missing observations = 44 Chi-sq=906.93247 with 20df. p<.000							

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

PRIMARY DRUG OF MISUSE

Having considered some socio-demographic characteristics of the clients in this prevalence group, we now turn our attention to the record of drug misuse by those same clients. The term ‘primary drug’ is used for the drug which caused the most problems and for which treatment was sought.

We will now look first at some cross-tabulations of sex and age with various aspects of the primary drug of misuse and then examine primary drug, frequency of use, route of administration and age first used primary drug cross-tabulating them with each other. We will first look at the variable sex.

SEX

Table 2.11 shows that whether the client is male or female, for over eighty per cent of the clients an opiate or opioid was the primary drug of misuse. The only other proportion which was in double figures was that 11 per cent of males had cannabis as their primary drug of misuse.

Table 2.11 – Primary Drug of Misuse by Sex			
PRIMARY DRUG	MALES	FEMALES	TOTAL
		<i>per cent</i>	
Opiates/Opioids	81.6	84.3	82.3
Hypnotics/Sedatives	1.7	2.0	1.8
Hallucinogens	4.0	4.9	4.2
Volatile Inhalants	0.7	1.1	0.8
Cannabis	11.2	5.7	10.1
Others	0.8	1.5	0.9
Per cent	100.0	100.0	100.0
N=	2336	610	2946*
*Missing observations=32			
Chi-sq=20.11251 with 5df. p<.001			

AGE

In examining age by primary drug we will first consider the mean age of the clients by primary drug of misuse. These are as follows:

Opiates/Opioids	24.5 years	N=2331
Stimulants	24.8 years	N=20
Hypnotics/Sedatives	28.3 years	N=44
Hallucinogens	19.4 years	N=117
Volatile Inhalants	14.4 years	N=22
Cannabis	20.0 years	N=276
Other drugs	15.5 years	N=6
All drugs	23.8 years	N=2816

As may be seen from the mean age of the clients by the drug of misuse, there are few differences between those using opiates or an opioid or stimulants – their mean ages are 25 years old. It could be anticipated that the mean age of users of volatile inhalants would be very young. Cannabis users are also mainly among the younger users.

Looking at the more detailed age groups there is confirmation of the information on the mean age of the clients by primary drug of misuse being different with age. However, most significant differences occurred between the under 15s and the other age groups. For instance, where opiates/opioids were concerned the proportion in the under 15 year olds was 8 per cent, it was 70 per cent for the 15-19 year olds and rose as high as 92 per cent for the 30-34 year olds. Regarding cannabis, where 47 per cent of the under 15 year olds cited cannabis as their primary drug of misuse, only 19 per cent of the 15-19 year olds did and the proportions decreased dramatically in the other age groups as well. (Table 2.12).

Table 2.12 – Primary Drug of Misuse by Age							
PRIMARY DRUG	< 15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
Opiates/Opioids	7.5	69.8	87.4	90.7	92.4	86.5	82.3
Hypnotics/Sedatives	3.8	1.3	0.8	1.5	2.5	7.3	1.8
Hallucinogens	13.2		4.1	1.5		0.5	4.2
Volatile Inhalants	26.4	8.4	–	–	–	–	0.7
Cannabis	47.2	18.9	6.8	5.4	4.1	4.7	10.1
Other	1.9	0.7	1.0	0.8	1.1	1.0	0.9
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	53	822	926	593	367	192	2953*
*Missing observations=25 Chi-sq=867.09887 with 25df. p<.000							

When we pursue the primary drug variable further (Tables 2.13 and 2.13A) and look at age first used, the age differences are again pointed up. We have inserted this information both ways – primary drug by age primary drug first used/age primary drug first used by age – to further support the evidence of the importance of age difference in the misuse of different drugs.

Table 2.13 – Primary Drug by Age Primary Drug First Used					
PRIMARY DRUG	<15	15-19	20-24	25+	TOTAL
	<i>per cent</i>				
Opiates/Opioids	45.0	84.9	92.0	90.5	82.5
Hypnotics/Sedatives	4.7	1.0	1.3	3.1	1.6
Hallucinogens	8.8	4.2	2.9	0.8	4.1
Volatile Inhalants	6.6	0.1	-	-	0.8
Cannabis	34.4	9.2	2.6	3.4	10.1
Other	0.6	0.7	1.1	2.3	0.9
Per cent	100.0	100.0	100.0	100.0	100.0
N=	320	1660	612	262	2854*
*Missing observations= 124					

Table 2.13A – Age Primary Drug first Used by Primary Drug							
AGE FIRST USED	OP./OP.	HY/S.	HALL.	VOL. IN.	CANN.	OTHER	TOTAL
	<i>per cent</i>						
<15 years	6.1	31.9	23.9	95.5	38.2	7.7	11.2
15-19 years	59.9	34.0	59.0	4.5	53.1	42.3	58.2
20-24 years	23.9	17.0	15.4	–	5.6	26.9	21.4
25 years +	10.1	17.0	1.7	–	3.1	23.1	9.2
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	2354	47	117	22	288	26	2854*
*Missing observations = 124 Chi-sq=514.47885 with 15df. p<000							

AGE PRIMARY DRUG FIRST USED BY SEX AND AGE

We examined the data to see whether or not there was a difference between males and females in the age at which they had first used their primary drug. Overall, up to 20 years old, males were significantly younger than females when they first used. (p<.000).

Table 2.14 – Age Primary Drug First Used by Sex			
AGE FIRST USED	MALES	FEMALES	TOTAL
	<i>per cent</i>		
< 15 years	10.7	13.9	11.3
15-19 years	60.0	50.2	58.0
20-24 years	20.7	24.4	21.5
25 years+	8.6	11.5	9.2
Per cent	100.0	100.0	100.0
N=	2253	582	2835*
*Missing observations = 143 Chi-sq=19.20288 with 3df. p<000			

Table 2.15 – Age First Used Primary Drug by Age							
AGE FIRST USED	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
<15 years	100.0	16.6	4.2	10.7	6.6	6.3	11.3
15-19 years	–	83.4	67.4	37.3	35.1	26.4	58.1
20-24 years	–	–	28.4	38.4	26.9	24.7	21.4
25 years+	–	–	–	13.7	31.4	42.5	9.2
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	54	805	895	571	350	174	2849*
*Missing observations =129 Chi-sq=1543.67407 with 15df. p<.000							

DURATION OF USE OF PRIMARY DRUG

Considering the actual duration of use of the primary drug by all the clients, significant differences appeared between duration of use of particular drugs and the length of time they had been used. Volatile inhalants had the shortest duration of use before the client came into treatment – 91 per cent of the misuse having been for two years or less. At the other end of the time spectrum, and one must keep in mind the small numbers, 66 per cent of the hypnotics and sedatives misuse had been going on for more than five years.

Table 2.16 – Duration of Use of Primary Drug by Primary Drug							
DURATION OF USE	OP./OP.	HYP/SED	HALLUC.	VOL. IN.	CANNB.	OTHER	TOTAL
	<i>per cent</i>						
<1 year	2.6	4.5	13.7	27.5	6.9	23.1	3.9
1-2 years	39.4	25.0	53.8	63.6	40.2	42.3	40.1
3-4 years	21.8	4.5	23.1	9.1	19.2	19.2	21.2
5-9 years	16.6	29.5	8.5	–	23.2	15.4	17.0
10 years+	19.5	36.4	0.9	–	10.5	–	17.8
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	2331	44	117	22	276	26	2816*
*Missing observations=162 Chi-sq=187.02069 with 20df. p<.000							

DURATION OF USE AND FREQUENCY OF USE OF PRIMARY DRUG BY SEX AND AGE

Considering sex differences on this variable of duration of use of primary drug, the differences are significant at the $p<.009$ level. Females had a proportionately higher likelihood of having used for less than a year or more than 5 years than had males. This is borne out by Table 2.17.

Table 2.17 – Duration of use of Primary Drug by Sex			
DURATION OF USE	MALES	FEMALES	TOTAL
	<i>per cent</i>		
<1 year	3.3	6.3	3.9
1-2 years	40.8	37.6	40.2
3-4 years	21.8	19.3	21.3
5-9 years	16.6	17.8	16.8
10 years+	17.5-	19.0	17.8
Per cent	100.0	100.0	100.0
N=	2223	574	2797*
*Missing observations=181 Chi-sq=13.39520 with 4df. p<.009			

On the frequency of use of primary drug by sex there was a high level of use as the majority of both males and females used their primary drug daily or more often – 72 per cent of males and 70 per cent of females. Women were slightly more likely to be drug free or use less than once weekly.

Table 2.18 Frequency of Use of Primary Drug by Sex			
FREQUENCY IN PAST MONTH	MALE	FEMALE <i>per cent</i>	TOTAL
Drug free	10.3	12.1	10.7
Less than once weekly	3.4	7.7	4.3
Once weekly	3.0	2.4	2.8
Twice weekly	11.5	8.1	10.8
Daily	49.5	41.4	47.8
Twice or more daily	22.4	28.3	23.6
Per cent	100.0	100.0	100.0
N=	2304	594	2898*
*Missing observations=80 Chi-sq=41.33552 with 5df. p<.000			

That duration of misuse would be related to age, in that the older the client the more likely they were to have been misusing for a longer period, is hardly surprising and Tables 2.19 and 2.19A gives the details.

Table 2.19 – Duration of Use of Primary Drug by Age							
DURATION	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
<1 year	32.7	6.4	3.0	1.3	2.0	0.6	3.9
1-2 years	61.2	72.0	41.2	18.1	12.6	9.1	40.1
3-4 years	2.0	17.7	34.1	19.7	9.6	6.8	21.3
5-9 years	4.1	3.3	20.1	30.6	21.3	13.6	16.9
10 years +	–	0.6	1.6	30.4	54.4	69.9	17.7
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	49	793	889	559	342	176	2808*
*Missing observations = 170 Chi-sq=1652.62297 with 20df. p<-000							

Table 2.19A – Age by Duration of Use of Primary Drug						
AGE	<1 yr	1-2 yrs	3-4 yrs	5-9 yrs	10 yrs+	TOTAL
	<i>per cent</i>					
<15 years	14.7	2.7	0.2	0.4	–	1.7
15-19 years	46.8	50.7	0.2	5.5	1.0	28.2
20-24 years	24.8	32.5	23.4	37.7	2.8	31.7
25-29 years	6.4	9.0	50.6	36.0	34.1	19.9
30-34 years	6.4	3.8	18.4	15.4	37.3	12.2
35 years+	0.9	1.4	5.5	5.1	24.7	6.3
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
N=	109	1127	599	475	498	2808
*Missing observations = 170						

AGE BY FREQUENCY OF USE OF PRIMARY DRUG

It might reasonably be assumed that the younger the client the less frequent would be the use of their primary drug and this indeed was the case where the under 15 year olds were concerned. However, where 57 per cent of the under 15s were drug free or used less than once weekly this changed completely for the 15-19 year olds where only 14 per cent were in the same categories but 62 per cent were using daily or more often in contrast to 7 per cent of the under 15s. (Table 2.20)

Table 2.20 – Frequency of Use of Primary Drug by Age							
FREQUENCY OF USE IN PAST MONTH	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
Drug free	26.4	9.6	10.6	10.3	10.6	12.5	10.7
Less than once weekly	30.2	4.7	3.5	3.1	3.9	3.3	4.3
Once weekly	13.2	5.3	1.9	1.4	1.1	2.2	2.9
Twice weekly	22.6	18.5	9.2	5.2	5.0	9.2	10.7
Daily	5.7	51.8	52.8	44.2	40.1	44.6	47.9
Twice or more daily	1.9	10.2	22.0	35.8	39.3	28.3	23.6
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	53	815	914	581	359	184	2906*
*Missing observations=72 Chi-sq=417.00227 with 25df. p<.000							

FREQUENCY OF USE BY THE ROUTE OF ADMINISTRATION

As could be predicted the injectors misused their primary drug far more frequently than the other misusers – 83 per cent misusing daily or more often. This is in contrast to 57 per cent of smokers misusing daily or more often and also more than half (54 per cent) of those who ate or drank their primary drug.

Table 2.21 – Frequency of Use by Route of Administration of Primary Drug					
FREQUENCY OF USE IN PAST MONTH	INJECT	SMOKE	EAT/DRINK	SNIFF	TOTAL
	<i>per cent</i>				
Drug-free	7.0	11.6	15.0	29.0	9.5
Less than once weekly	2.2	7.8	5.8	16.1	4.3
Once weekly	0.8	5.3	7.2	12.9	2.9
Twice weekly	6.6	17.7	17.0	19.4	10.9
Daily	51.7	45.3	40.9	22.6	48.4
Twice or more daily	31.5	12.2	13.9	–	24.0
Per cent	100.0	100.0	100.0	100.0	100.0
N=	1745	739	359	31	2874*
*Missing observations=104 Chi-sq=360.48780 with 15df. p<.000					

ROUTE OF ADMINISTRATION BY PRIMARY DRUG

Of those who cited an opiate or opioid as their primary drug 73 per cent injected and 19 per cent smoked. As might be expected 99 per cent of cannabis misusers smoked that drug and the results on the other types of drugs were also predictable.

Table 2.22 – Route of Administration of Primary Drug by Primary Drug							
ROUTE OF ADMINISTRATION	OP/OP.	HY/SED	HALL.	VOL.IN.	CANN.	OTHERS	TOTAL
	<i>per cent</i>						
Inject	73.3	5.9	–	–	0.3	8.0	60.5
Smoke	18.5	3.9	5.7	8.7	98.6	20.0	25.8
Eat/Drink	8.1	90.2	92.7	-	0.7	48.0	12.6
Sniff	0.1	-	1.6	91.3	0.3	24.0	1.1
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	2396	51	123	23	296	25	2914*
*Missing observations=64							

SEX

We then considered the route by which men and women administered his or her primary drug and no significant differences were apparent here. The majority of both males and females injected their primary drug (60 per cent males and 61 per cent females). Since the majority of clients had cited their primary drug as an opiate, this is not a surprising finding.

Table 2.23 Route of Administration of Primary Drug by Sex			
ROUTE OF ADMINISTRATION	MALE	FEMALE <i>per cent</i>	TOTAL
Inject	60.2	61.4	60.4
Smoke	26.7	22.6	25.8
Eat/Drink	12.1	14.5	12.6
Sniff	1.0	1.5	1.1
Per cent	100.0	100.0	100.0
N=	2296	594	2890*
*Missing observations=88 Chi-sq=6.48005 with 3df. p<.09			

AGE

The route of administration of primary drug by age again shows the dramatic difference between the under 15s and those in the older age groups. The jump in the proportion of injectors in the under 15s from 2 per cent to 44 per cent of the 15-19 year olds has followed the same pattern as in other years. Thus injecting becomes the most used route of administration of the primary drug of misuse from 15 years old onwards.

Table 2.24 – Route of Administration of Primary Drug by Age							
ROUTE OF ADMINISTRATION	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
Inject	1.9	43.7	63.8	76.2	72.1	64.6	60.5
Smoke	60.4	40.1	25.3	13.4	14.1	16.0	25.8
Eat/drink	15.1	14.9	10.6	10.1	13.0	19.3	12.6
Sniff	22.6	1.2	0.3	0.3	0.8	–	1.0
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	53	817	916	575	355	181	2897*
*Missing observations=81 Chi-sq=515.89199 with 15df. p<.000							

Table 2.24A Age by Route of Administration of Primary Drug					
AGE	INJECT	SMOKE	EAT/DRINK	SNBPP	TOTAL
	<i>per cent</i>				
<15 years	0.1	4.3	2.2	40.0	1.8
15-19 years	20.4	43.9	33.3	33.3	28.0
20-24 years	33.3	31.0	26.5	10.0	31.6
25-29 years	25.0	10.3	15.8	6.7	19.9
30-34 years	14.6	6.7	12.6	10.0	12.3
35 years+	6.7	3.9	9.6	-	6.2
Per cent	100.0	100.0	100.0	100.0	100.0
N=	1753	748	366	30	2897*
*Missing observations=81					

SECTION (C) – FACETS OF INJECTING AND NEEDLE SHARING PRACTICES

We will now turn to a particular group within the overall group of clients presenting for treatment during 1994 and that is the high-risk group – those who had ever injected their primary drug. This group is of special interest since injection of drugs is regarded as the most risk-prone form of misuse, given its association with infection, in particular HIV and consequent serious damage to health. Of those who had ever injected, that is 2,050 or 79 per cent of the total number of clients, the proportion currently injecting is 71 per cent or 1,408 clients. There are some 63 clients on whom there is no information as to whether currently injecting or not. The crosstabulations to be examined on this group will be – clients who are currently injecting by sex and age and by whether they are currently injecting or not. Then the sex and age of clients will be crosstabulated by whether they are currently sharing or not.

CURRENTLY INJECTING BY SEX

We first look at the sex breakdown of clients who had ever injected and were currently injecting. Almost identical proportions of men and women who had ever injected were currently injecting – 71 per cent of both.

Table 2.25 – Currently Injecting by Sex			
CURRENTLY INJECTING	MALES	FEMALES	TOTAL
	<i>per cent</i>		
Yes	70.7	71.	4 70.9
No	29.3	28.6	29.1
Per cent	100.0	100.0	100.0
N=	1553	434	1987*
*Missing observations=63			

CURRENTLY INJECTING BY AGE

Considering the age of those who had ever injected and were currently injecting, as we had been noting earlier in Table 2.24 while the route of the primary drug of misuse may have been injecting for one client in the under 15 year olds in the past, that was the person currently injecting in that age group. This one case was in contrast to the proportion of those who had ever injected in the 15-19 year age group and were now currently injecting – 73 per cent.

Table 2.26 – Currently Injecting by Age							
	<15		20-24	25-29	30-34	35+	TOTAL
			<i>per cent</i>				
Yes	100.0	73.1	72.3	70.0	67.9	65.8	70.7
No	–	26.9	27.7	30.0	32.1	34.2	29.3
Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	1	402	632	504	308	149	1996*
*Missing observations=54							

CURRENTLY SHARING BY SEX

Within the group of those currently injecting was an even more at-risk group – those currently sharing equipment. We looked at this group in terms of their gender and age. It was to be expected from earlier information that, since proportionately more women than men were living with a drug-using partner, a higher proportion of females would be currently sharing injecting equipment and this indeed was the case -15 per cent of men and 25 per cent of women.

Table 2.27 – Currently Sharing by Sex			
CURRENTLY SHARING	MALES	FEMALES	TOTAL
	<i>per cent</i>		
Yes	14.7	25.1	16.8
No	85.3	74.9	83.2
Per cent	100.0	100.0	100.0
N=	1398	366	1764*
*Missing observations=286			

CURRENTLY SHARING BY AGE

While a small minority of clients were currently sharing the proportion doing so was smallest in the 15-19 year old age group. This may probably be accounted for by the smaller proportion of those misusing opiates in that age group.

Table 2.28 – Currently Sharing by Age							
CURRENTLY SHARING	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
Yes	–	12.4	18.5	15.7	20.2	18.1	16.8
No	100.0	87.6	81.5	84.3	79.8	81.9	83.2
Percent	–	100.0	100.0	100.0	100.0	100.0	100.0
N=	1	370	574	439	262	127	1773*
*Missing observations=277							

MAIN POINTS ARISING

The proportion of males in this group of total treatment clients again constitutes the vast majority of the clients. The profile of the poorly educated, unemployed male as the commonest example of a client attending a drug treatment centre persists. Also the higher proportion of females than males living with a drug using partner also continues to be a feature in the data.

On the Age variable we have seen confirmation of the slightly higher age mean for females, the increasing likelihood of early school leaving and lower level of achievement in the older age groups; the younger clients still living in their families of origin and the vast over-representation of the unemployed relative to their proportion in the general population.

On the variable – primary drug of misuse – there was the dramatic change in the use of opiates from the younger teenagers to the older teenagers. In the use of hallucinogens, while the actual number and proportion of clients using these drugs is comparatively small -123 clients which constitutes 4.2 per cent of all clients – the drug most likely to be mentioned was ecstasy.

In looking at those clients who were currently injecting, it would appear that proportionately more females than males were currently injecting, but age did not appear to be important variable in whether a client was currently injecting or not.

As we noted, proportionately more females were currently sharing than males but as far as age is concerned, after age 20 there did not appear to be any great difference in whether sharing or not.

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CHAPTER 3

Census of Clients in Treatment in December

The data examined in this chapter refer to all clients receiving in-patient treatment on 31 December 1993 or out-patient treatment during the month of December 1993. This is the Census date for the year 1994. As in the previous chapter we will deal separately with the data under the headings:

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

For comparison purposes *we* have retained the groupings in the tables in this chapter used in Chapter 2, although in some instances the numbers in the groups will be very small.

The total number of clients in the Census was 728 persons. Of these, 75 per cent were males. Thirty-seven per cent were under 25 years old and 12 per cent were teenagers. Fifty-one per cent were still living with their family of origin, while 80 per cent were unemployed. Close on 9 out of 10 came for treatment for an opiate problem. The mean age was 27.1 years – mean male age was 26.9 years and the mean female age was 27.5. The Census clients are older than the clients in the other two groups.

SECTION (a) – SOME SOCIO-DEMOGRAPHIC CHARACTERISTICS

As in the previous chapter under (a) the socio-demographic characteristics to be examined will be sex of client; age of client; living status ; age client left school; level of education achieved and employment status. Tables 3.1 to 3.10 give the breakdown of these variables cross tabulated with sex and age.

SEX

The first variable we will look at is the sex of the clients crosstabulating this variable with age, education, living status and employment status.

AGE

Table 3.1 shows that the age structure for both males and females was fairly similar and no significant differences occurred. There was a slightly higher proportion of males in the under 15 year age group. This was in contrast with the Prevalence group (Chapter 2) where the proportions were identical. This higher proportion of males followed through up to age 25 after which the female proportions were higher up to age 35 and similar for the 35+ category. In this 1994 Census for both men and women the largest proportion was in the 25-29 year age group.

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Table 3.1 – Age by Sex			
AGE	MALES	FEMALES <i>per cent</i>	TOTAL
<15 years	1.5	–	1.1
15-19 years	11.1	11.0	11.1
20-24 years	25.9	21.4	24.8
25-29 years	28.1	31.3	28.9
30-34 years	19.8	23.6	20.8
35 years+	13.5	12.6	13.3
Per cent	100.0	100.0	100.0
N=	540	182	722*
*Missing observations=6 Chi-sq=5.31271 with 5df. p<.378			

EDUCATION

There were no significant differences between males and females in the age they left school or the education level they had reached before doing so. What is important to note, however, is that 41 per cent of the clients had left school before the official school-leaving age of 15 years.

Table 3.2 – Age Left School by Sex			
AGE LEFT SCHOOL	MALES	FEMALES <i>per cent</i>	TOTAL
<15 years	42.2	38.9	41.4
15 years	27.7	26.8	27.5
16 years	15.9	18.1	16.4
17years+	10.8	14.1	11.6
Still at school	3.5	2.0	3.1
Per cent	100.0	100.0	100.0
N=	491	149	640*
*Missing observations=88 Chi-sq=2.51106 with 4df. p<.642			

Table 3.3 – Highest Level of Education Reached by Sex			
LEVEL OF EDUCATION	MALES	FEMALES <i>per cent</i>	TOTAL
Primary	26.4	22.5	25.5
Secondary	69.5	71.1	69.8
Third Level	0.6	4.2	1.5
Still at school	3.6	2.1	3.2
Per cent	100.0	100.0	100.0
N=	478	142	620*
*Missing observations=108 Chi-sq=1 1.14148 with 3df. p<.010			

LIVING STATUS

The differences between males and females in their living status are significant. The proportion of males living with their family of origin is almost twice that of females whereas the proportion of females living with a drug using partner is four times that of males. Where men lived with a partner they were more likely to be living with a non-drug-user than with a drug user. On the other hand only six per cent of the female clients lived with a non-drug using partner and 45 per cent with a drug-using partner.

Table 3.4 – Living Status by Sex			
LIVING STATUS	MALES	FEMALES <i>per cent</i>	TOTAL
Alone	7.6	10.5	8.3
Family of origin	58.3	29.7	51.2
Partner drug user	11.6	45.3	20.1
Partner non-drug user	14.7	5.8	12.5
Institution/Homeless	1.6	0.6	1.3
Other	6.2	8.1	6.7
Per cent	100.0	100.0	100.0
N=	516	172	688*
*Missing observations=40 Chi-sq=105.04076 with 5df. p<000			

EMPLOYMENT STATUS

Where a client was employed, this occurred for 15 per cent of the men but for an even lower proportion of women (4 per cent). Fifteen per cent of the women were classified as 'housewife'. Overall there was, therefore, a slightly higher proportion of men in the category 'unemployed' than women.

Table 3.5 – Employment Status by Sex			
EMPLOYMENT STATUS	MALES	FEMALES	TOTAL
	<i>per cent</i>		
Employed	14.7	4.4	12.1
Unemployed	81.0	78.6	80.4
Student	3.9	2.2	3.5
Housewife	–	14.8	3.8
Others	0.4	–	0.3
Per cent	100.0	100.0	100.0
N=	537	182	719*
*Missing observations=9 Chi-sq=93.54419 with 4df. p<000			

AGE

We will now look at the selected socio-demographic variables by age. The numbers of clients in the Census group who were under 15 years old was very small (8 clients) all of them were male. The proportions of males to females in the other age groups were all around three to one in favour of males.

Table 3.6 – Sex by Age							
Sex	<15	15-19	20-24	25-29	30-34	35+	Total
	<i>per cent</i>						
Males	100.0	75.0	78.2	72.7	71.3	76.0	74.8
Females	–	25.0	21.8	27.3	28.7	24.0	25.2
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	8	80	179	209	150	96	722*
*Missing observations=6 Chi-sq=5.31271 with 5df. p<.378							

EDUCATION

The older the client in treatment the more likely the client is to have left school before the age of 15 years – 55 per cent of those in the 35 year old plus age group had done so, in comparison to/for instance 32 per cent in the 15-19 year age group. The number of missing observations for this variable is to be remarked on – 12 per cent on the age left school table and 15 per cent on the level of education table.

Table 3.7 – Age Left School by Age							
AGE LEFT SCHOOL	<15	15-19	20-24	25-29	30-34	35+	TOTAL
			<i>per cent</i>				
<15 years	–	31.6	34.9	44.2	47.0	54.7	41.5
15 years	–	31.6	29.6	29.3	28.8	13.3	27.3
16 years	–	14.5	18.9	16.0	17.4	14.7	16.5
17 years+	–	7.9	16.0	10.5	6.8	17.3	11.5
Still at school	100.0	14.5	0.6	–	–	–	3.1
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	8	76	169	181	132	75	641*
*Missing observations=87 Chi-sq=319.58892 with 20df. P<.000							
Table 3.8 – Highest Level of Education Achieved by Age							
LEVEL OF EDUCATION	<15	15-19	20-24	25-29	30-34	35+	TOTAL
			<i>per cent</i>				
Primary	–	15.5	17.4	30.3	32.6	32.4	25.6
Secondary	–	67.6	82.0	68.5	64.3	64.9	69.7
Third Level	–	1.4	–	1.1	3.1	2.7	1.4
Still at school	100.0	15.5	0.6	–	–	–	3.2
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	8	71	161	178	129	74	621*
*Missing observations = 107 Chi-sq=311.70398 with 15df. P<.000							

LIVING

Up to 29 years old more than half of the clients in these age groups lived with their families of origin – in the case of the 15-19 year olds, 71 per cent did so. As might be expected, the older the client the more likely they were to be living with a partner and this was particularly noticeable where the client was living with a drug-using partner.

Table 3.9 – Living Status by Age							
LIVING STATUS	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
Alone	–	3.8	2.9	6.0	11.1	23.6	8.3
Family	100.0	70.9	68.2	51.0	36.1	22.5	51.3
Partner drug-user	–	7.6	14.1	21.5	27.8	29.2	20.1
Partner non-user	–	3.8	7.6	16.0	16.0	15.7	12.3
Institution/Homeless	–	–	–	1.5	2.8	2.2	1.3
Other	–	13.9	7.1	4.0	6.3	6.7	6.7
Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	8	79	170	200	144	89	690*
*Missing observations=38							
Chi-sq=123.87091 with 25df, p<.000							

EMPLOYMENT STATUS

The employment status of the clients followed the same pattern as that of the total treatment clients where employment status was concerned. Even the 15-19 year old age group had an unemployment proportion of 75 per cent – the balance being students (15 per cent) and ten per cent of this group were in employment.

Table 3.10 – Employment Status by Age							
EMPLOYMENT STATUS	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
Employed	–	10.0	10.6	16.3	12.1	8.3	12.1
Unemployed	–	75.0	83.8	79.9	79.9	87.5	80.4
Student	100.0	15.0	1.7	0.5		1.0	3.5
Housewife	–	–	3.9	2.9	8.1	2.1	3.7
Other	–	–	–	0.5	–	1.0	0.3
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	8	80	179	209	149	96	721*
*Missing observations=7							
Chi-sq=288.14651 with 20df. p<000							

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

PRIMARY DRUG OF MISUSE

Attention will now focus on the record of drug misuse by the clients in Census data 1994.

In this section we will first correlate the variables sex and age with a number of other relevant variables which record the drug misuse of the clients.

SEX

With regard to sex and primary drug of misuse, as earlier noted 75 per cent of the clients in the 1994 Census were males and 88 per cent of clients sought treatment for opiate abuse. In some instances the numbers in each category were too small to warrant comment. However where it was possible to comment in any meaningful way on the proportions of clients misusing a particular drug we noted that whereas females were misusing opiates at a level similar to their proportion in the population, this was not occurring where cannabis misuse was concerned. Also women were proportionately more likely to misuse hypnotics and sedatives and volatile inhalants than were men, but the numbers involved here were very small. We have retained some categories separately because this was important when the larger numbers in the Prevalence group (Chapter 2) were considered. Table 3.11 is a case in point. The differences here were significant at a $p < .04$ level.

Table 3.11 – Primary Drug of Misuse by Sex

PRIMARY DRUG	MALES	FEMALES <i>per cent</i>	TOTAL
Opiates/Opioids	87.0	91.7	88.2
Hypnotics/Sedatives	1.9	2.8	2.1
Hallucinogens	2.6	3.9	2.9
Volatile Inhalants	0.7	–	0.6
Cannabis	7.1	1.7	5.7
Other	0.7	–	0.6
Per cent	100.0	100.0	100.0
N=	539	180	719*
*Missing observations=9			
Chi-sq=11.18199 with 5df. $p < .047$			

AGE

As in the previous chapter the mean age of the clients was calculated by primary drug. The details are as follows:

Opiates/Opioids	27.9	N=612
Stimulants	21.3	N=3
Hypnotics/Sedatives	28.3	N=15
Hallucinogens	20.2	N=20
Volatile Inhalants	14.3	N=4
Cannabis	19.7	N=40
Other drugs	15.0	N=1
All Drugs	27.1	N=728

As may be seen from the above the vast majority of the clients were in treatment for misusing an opiate/opioid as their primary drug and the mean age of the clients was a little older than that for all drugs. Clients whose primary drug was an hypnotic or sedative did have a slightly older mean age but there were only 15 clients in that category.

When correlating primary drug of misuse by age Table 3.12 shows that in the under 15 age group (a very small group anyway) there were no opiate/opioid misusers but in the group 15-19 the proportion is 49 per cent with 27 per cent being cannabis users. In all the other age categories the primary drug was an opiate or opioid in over 88 per cent of the cases.

Table 3.12 – Primary Drug of Misuse by Age							
PRIMARY DRUG	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
Opiates/Opioids	–	48.7	87.8	98.1	95.3	93.8	88.1
Hypnotics/Sedatives	–	3.8	1.1	0.5	4.0	3.1	2.1
Hallucinogens	–	16.7	4.4	–	–	1.0	3.1
Volatile Inhalants	42.9	1.3	–	–	–	–	0.6
Cannabis	57.1	26.9	6.1	0.9	0.7	2.1	5.7
Others	–	2.6	0.6	0.5	–	–	0.6
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	7	78	180	211	149	96	721*
*Missing observations=7 Chi-sq=441.27891 with 25df. p<.000							

AGE PRIMARY DRUG FIRST USED BY PRIMARY DRUG

In this section we first look at the primary drug by the age at which it was first used. Given that Table 3.12 showed there were no opiate users in the under 15 year old group, it is interesting to see from Table 3.13 that 65 per cent of the clients said that they were under 15 years old when they first used a drug and that that drug was an opiate/opioid. These are obviously the older clients now. The proportions who said they had first used when they were between 15 and 19 years old and whose first drug was an opiate/opioid was 87 per cent.

Table 3.13 – Primary Drug by Age Primary Drug First Used					
PRIMARY DRUG	<15	15-19	20-24	25+	TOTAL
	<i>per cent</i>				
Opiates/Opioids	64.6	87.1	96.3	97.0	88.1
Hypnotics/Sedatives	6.3	1.7	1.2	2.0	2.2
Hallucinogens	2.5	4.2	1.9	-	2.9
Volatile Inhalants	5.1	-	-	-	0.6
Cannabis	20.3	6.5	-	1.0	5.8
Others	1.3	0.6	0.6	-	0.6
Per cent	100.0	100.0	100.0	100.0	100.0
N=	79	356	161	99	695*
*Missing observations=33 Chi-sq=94.87483 with 15df. p<.000					

Table 3.13A – Age Primary Drug First Used by Primary Drug							
AGE FIRST USED	OP/OPIOID	HYP/SED	HALLUC	VOLIN <i>per cent</i>	CANNAB	OTHERS	TOTAL
<15 years	8.3	33.3	10.0	100.0	40.0	25.0	11.4
15-19 years	50.7	40.0	75.0	–	57.5	50.0	51.2
20-24 years	25.3	13.3	15.0	–	–	25.0	23.3
25 years+	15.7	13.3	–	–	2.5	–	14.2
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	612	15	20	4	40	4	695*
*Missing observation=33 Chi-sq=94.87483 with 15df. p<.000							

AGE PRIMARY DRUG FIRST USED BY SEX AND AGE

In the crosstabulation of the variable sex by age their stated primary drug first used, the question here was were males more likely to misuse at a younger age than females? In this census group the data showed that the differences in the ages at which males and females first used their primary drug were not significant, although it seemed that proportionately more females were in the under 15 year old group when they first used their primary drug. We have not included a table here.

DURATION OF USE OF PRIMARY DRUG BY PRIMARY DRUG

Under this heading we will first look at the actual duration of use by the primary drug and then look at duration of use by sex and age. Again where numbers justify comment, it seems that where opiates and opioids are concerned the misuse is of longer duration than for other drugs apart from hypnotics and sedatives.

Table 3.14 – Duration of Use of Primary Drug by Primary Drug							
USED DURATION OF USE	OP/OPIOID	HYP/SED	HALLUC	VOLIN <i>per cent</i>	CANNAB	OTHERS	TOTAL
<1 year	0.5	–	10.0	25.0	13.2	–	1.6
1-2 years	21.0	20.0	65.0	75.0	31.6	25.0	23.2
3-4 years	18.9	–	10.0	–	18.4	50.0	18.2
5-9 years	24.9	46.7	10.0	–	23.7	25.0	24.7
10 years+	34.7	33.3	5.0	–	13.2	–	32.2
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	599	15	20	4	38	4	680*
*Missing observations=48 Chi-sq=105.38598 with 20df. p<000							

DURATION AND FREQUENCY OF USE BY SEX AND AGE

SEX

In Table 3.15 no significant differences between males and females were observed in the duration of use of their primary drug – although females did appear to have been misusing just slightly longer than males before entering treatment.

Table 3.15 – Duration of Use of Primary Drug by Sex			
DURATION OF USE	MALES	FEMALES <i>per cent</i>	TOTAL
<1 year	1.6	1.7	1.6
1-2 years	23.9	22.4	23.5
3-4 years	20.2	12.6	18.2
5-9 years	23.7	26.4	24.4
10 years+	30.6	36.8	32.2
Per cent	100.0	100.0	100.0
N=	506	174	680*
*Missing observations=48 Chi-sq=6.06236 with 4df. p<194			

Where frequency of use, that is frequency during the past month, was concerned, differences between the sexes in their frequency of use did appear to be significant – females being in the lower frequency use groups.

Table 3.16 – Frequency of Use of Primary Drug by Sex			
FREQUENCY OF USE IN PAST MONTH	MALES	FEMALES <i>per cent</i>	TOTAL
Drug free	13.1	15.7	13.7
Less than once weekly	3.4	11.2	5.3
Once weekly	2.4	1.1	2.1
Twice weekly	8.8	7.3	8.4
Daily	33.1	25.3	31.1
Twice or more daily	39.3	39.3	39.3
Per cent	100.0	100.0	100.0
N=	535	178	713*
*Missing observations=15 Chi-sq=20.25193 with 5df. p<001			

AGE

Turning to age now as is to be expected the younger the client the shorter the duration of use and this is evident from Tables 3.17 and 3.17A.

Table 3.17 – Duration of Use of Primary Drug by Age							
DURATION	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
<1 year	50.0	5.3	0.6	0.5	0.7	–	1.6
1-2 years	50.0	72.0	32.6	16.0	7.8	5.4	23.6
3-4 years	–	18.7	34.3	17.5	9.9	4.3	18.3
5-9 years	–	4.0	29.7	32.0	27.7	13.0	24.5
10 years+	–	–	2.9	34.0	53.9	77.2	32.0
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	8	75	172	194	141	92	682*
*Missing observations =46 Chi-sq=462.12465 with 20df. p<-000							

Table 3.17A – Age by Duration of Use of Primary Drug						
AGE	<1 year	1-2 yrs	3-4 yrs	5-9 yrs	10yrs+	TOTAL
	<i>per cent</i>					
<1 years	36.4	2.5	–	–	–	1.2
15-19 years	36.4	33.5	11.2	1.8	–	11.0
20-24 years	9.1	34.8	47.2	30.5	2.3	25.2
25-29 years	9.1	19.3	27.2	37.1	30.3	28.4
30-34 years	9.1	6.8	11.2	23.4	34.9	20.7
35 years +	–	3.1	3.2	7.2	32.6	13.5
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
N=	11	161	125	167	218	682*
*Missing observations=46						

Although, as with duration of use of primary drug, the frequency of use increased by age there was not quite the dramatic difference between the age groups once the under 15s were excluded. In fact the proportions in the groups of those aged 15 and over who use daily or more often were all more than 53 per cent whereas this did not occur until the 25-29 year age group for duration of use of primary drug.

Table 3.18 – Frequency of Use of Primary Drug by Age							
FREQUENCY OF USE IN PAST MONTH	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
Drug free	75.0	16.5	13.4	10.0	14.2	14.1	13.7
Less than once weekly	25.0	7.6	7.3	2.9	5.4	3.3	5.3
Once weekly	–	7.6	1.7	1.0	1.4	2.2	2.1
Twice weekly	–	15.2	11.2	4.8	5.4	10.9	8.4
Daily	–	38.0	32.4	33.5	25.7	28.3	31.0
Twice or more daily	–	15.2	34.1	47.8	48.0	41.3	39.4
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	8	79	179	209	148	92	715*
*Missing observations=13 Chi-sq=89.58463 with 25df. p<000							

FREQUENCY OF USE OF PRIMARY DRUG BY ROUTE OF ADMINISTRATION

The final cross-tabulation here is that of frequency of use by route of administration of primary drug. Injecting was the most frequently used method with eating or drinking being the next most frequently used.

Table 3.19 – Frequency of Use by Route of Administration of Primary Drug					
FREQUENCY OF USE IN PAST MONTH	INJECT	SMOKE	EAT/DRINK	SNIFF	TOTAL
	<i>per cent</i>				
Drug free	9.6	12.2	10.4	60.0	10.3
Less than once weekly	4.2	13.5	6.5	20.0	5.5
Once weekly	1.3	6.8	3.9	–	2.2
Twice weekly	7.0	16.2	14.3	–	8.7
Daily	30.8	32.4	40.3	20.0	31.9
Twice or more daily	47.2	18.9	24.7	–	41.3
Per cent	100.0	100.0	100.0	100.0	100.0
N=	530	74	77	5	686*
*Missing observations=42 Chi-sq=67.30873 with 15df. p<.000					

ROUTE OF ADMINISTRATION OF PRIMARY DRUG BY PRIMARY DRUG

For this Census group, as might be expected/the vast majority (88 per cent) of those citing an opiate or opioid as their primary drug injected and those citing cannabis smoked their primary drug. Although the numbers in the other categories are very small, the proportions in the routes of administration follow expected lines.

Table 3.20 – Route of Administration of Primary Drug by Primary Drug							
ROUTE OF ADMIN.	OP/OPIOID	HYP/SED	HALLUC	VOLIN	CANNAB	OTHERS	TOTAL
	<i>per cent</i>						
Inject	87.7	6.7	–	–	–	–	77.7
Smoke	5.6	–	4.5	–	97.5	33.3	10.8
Eat/Drink	6.7	93.3	90.9	–	2.5	66.7	11.3
Sniff	–	–	4.5	100.0	–	–	0.7
Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	608	15	22	4	40	3	692*
*Missing observations=36							

ROUTE OF ADMINISTRATION BY SEX AND AGE

Females were slightly more likely to inject than were males. Whether this was caused by the higher proportion of females living with a drug-using partner or not is impossible to tell without some investigation into that possibility.

Table 3.21 – Route of Administration of Primary Drug by Sex			
ROUTE OF ADMINISTRATION	MALES	FEMALES	TOTAL
	<i>per cent</i>		
Inject	76.1	80.6	77.2
Smoke	12.4	6.5	10.9
Eat/Drink	10.8	12.4	11.2
Sniff	0.8	0.6	0.7
Per cent	100.0	100.0	100.0
N=	518	170	688*
*Missing observations=40 Chi-sq=4.73725 with 3df. p<192			

The dramatic differences in the behaviour between the youngest age groups and the older ones is demonstrated again in the following tables. In each of the age groups over 20 the proportions of injectors is well over three-quarters. If we add the numbers in the two youngest groups (under 15 and 15-19) the proportion injecting becomes 34.9 per cent; smoking 38.6; eating/drinking 20.5 and sniffing 6 per cent. The largest proportion for the younger age groups is therefore smoking and not injecting.

Table 3.22 – Route of Administration by Primary Drug by Age							
ROUTE OF ADMINISTRATION	<15	15-19	20-24	25-29	30-34	35+	Total
	per cent						
Inject	–	38.2	77.4	86.6	87.9	77.0	77.1
Smoke	57.1	36.8	12.4	3.0	3.5	11.5	10.9
Eat/Drink	–	22.4	10.2	10.4	8.5	11.5	11.3
Sniff	42.9	2.6	–	–	–	–	0.7
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	7	76	177	202	141	87	690*
*Missing observations=38 Chi-sq==294.85352 with 15df. p<.000							
Table 3.22A – Age by Route of Administration of Primary Drug							
AGE	INJECT	SMOKE	EAT/DRINK	SNIFF	TOTAL		
	per cent						
<15 years	–	5.3	–	60.0	1.0		
15-19 years	5.5	37.3	21.8	40.0	11.0		
20-24 years	25.8	29.3	23.1	–	25.7		
25-29 years	32.9	8.0	26.9	–	29.3		
30-34 years	23.3	6.7	15.4	–	20.4		
35 years+	12.6	13.5	12.8	–	12.6		
Per cent	100.0	100.0	100.0	100.0	100.0		
N=	532	75	78	5	690*		
*Missing observations=38							

SECTION (c) FACETS OF INJECTING AND NEEDLE-SHARING PRACTICES.

CLIENTS WHO HAD EVER INJECTED.

SEX

Of the group of clients who had ever injected in the 1994 Census 69 per cent of males were currently injecting and 67 per cent of females, indicating that females were only slightly less likely to be currently injecting than males. (Table 3.23).

Table 3.23 – Currently Injecting by Sex			
CURRENTLY INJECTING	MALES	FEMALES <i>per cent</i>	TOTAL
Yes	68.7	66.5	68.1
No	31.3	33.5	31.9
Per cent	100.0	100.0	100.0
N=	435	161	596*
*Missing observations=19			

AGE

The age group is excluded here as there were no clients in that group. One notable figure was the proportionate rise in the group 15-19 who were injecting from no clients in the under 15 group to 74 per cent of the 15-19 year age group. This was the highest proportion in any of the age groups. However, the relatively small number involved must be taken into account.

Table 3.24 – Currently Injecting by Age						
CURRENTLY INJECTING	15-19	20-24	25-29 <i>per cent</i>	30-34	35+	Total
Yes	74.3	70.9	67.0	64.3	69.5	68.1
No	25.7	29.1	33.0	35.7	30.5	31.9
Percent	100.0	100.0	100.0	100.0	100.0	100.0
N=	35	141	200	140	82	598*
*Missing observations = 17						

CURRENTLY SHARING BY SEX

Of these clients who had ever injected – were they currently sharing injecting equipment? Tables 3.25 and 3.26 show whether or not by sex and age. With regard to sex the higher proportion of females currently sharing would again appear to reflect the higher proportion of females who were living with a drug-using partner. This may or may not be the explanation. Without further investigation it is impossible to say.

Table 3.25 – Currently Sharing by Sex			
CURRENTLY SHARING	MALES	FEMALES <i>per cent</i>	TOTAL
Yes	18.6	25.4	20.4
No	81.4	74.6	79.6
Per cent	100.0	100.0	100.0
N=	381	138	519*
*Missing Observations= 96			

CURRENTLY SHARING BY AGE

Where age was concerned while no under 15s were currently injecting and therefore would not be currently sharing injecting equipment – one-third of those in the 15-19 year age group were currently sharing. The proportion in this age group only amounts to 6 per cent of the total of clients currently injecting, but 9 per cent of those who are currently sharing.

Table 3.26 – Currently Sharing by Age						
CURRENTLY INJECTED	15-19	20-24	25-29 <i>per cent</i>	30-34	35+	Total
Yes	33.3	22.9	16.9	18.3	23.6	20.6
No	66.7	77.1	83.1	81.7	76.4	79.4
Percent	100.0	100.0	100.0	100.0	100.0	100.0
N=	30	131	172	115	72	520*
*Missing observations = 95						

MAIN POINTS ARISING

The Census clients, the concern of this chapter, had similar characteristics to those of the total treatment group except in some areas. For instance, their mean age was older than that of either of the other two groups and there was proportionately more women in the Census group. These in turn may have led to the other differences. A higher proportion had left school before the school-leaving age of 15 – 41 per cent in contrast with 33 per cent of total treatment clients and 25 per cent of first treatment clients; obviously a smaller proportion lived with their family of origin; a longer duration of use of their primary drug; a higher proportion of clients injecting in the group, and although slightly smaller proportion currently injecting, of those there was a higher proportion sharing. Otherwise, in terms of the other variables, similar proportions were found.

CHAPTER 4

First Treatment Contacts

The data to be examined in this chapter refer to clients who entered treatment for the first time ever during 1994, as defined in Chapter 1. The tables are based on valid percentages but give the number of missing observations. As in the previous chapters the data will be dealt with under the following headings:

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

During 1994 the total number of clients who received treatment for the first time was 1150. Eighty-four per cent were under 25 and in fact 51 per cent were teenagers. The vast majority were males – 84 per cent; over three-quarters were living with their family of origin (77 per cent) and more than 80 per cent were unemployed.

As with the other groups (Chapters 2 and 3), opiates and opioids were the drugs which were mentioned by the clients as their primary drug of misuse. This was the case in 1994 for almost three-quarters of the first treatment clients. As in other years these proportions were not as high as for the total treatment or census groups, but were certainly approaching the proportions in those groups. The mean age of the clients in this first treatment group was 20.6 years – for males it was 20.5 and for females 21.3 years.

SECTION (a) – SOME SOCIO-DEMOGRAPHIC CHARACTERISTICS

As in the earlier chapters in this section we will concentrate on cross-tabulation of the available socio-demographic variables with sex and age. Tables 4.1 to 4.10 will give the breakdowns.

SEX

AGE

The overall picture of sex by age is that during 1994 while just over half (51 per cent) of the clients were teenagers, proportionately more males were teenagers than females (52 per cent of males and 45 per cent of females). A further one-third of the clients were in the 20-24 year age group and here the proportions of males and females were much closer in size.

Table 4.1 – Age by Sex			
AGE	MALES	FEMALES <i>per cent</i>	TOTAL
<15 years	3.2	5.4	3.5
15-19 years	48.9	39.5	47.4
20-24 years	33.0	34.1	33.2
25-29 years	8.7	11.9	9.2
30-34 years	4.3	8.6	5.0
35 years+	1.9	0.5	1.7
Per cent	100.0	100.0	100.0
N=	952	185	1137*
*Missing observations = 13 Chi-sq=14.32405 with 5df. p<013			

EDUCATION

The two variables used here are the age the client left school and the level of education he or she reached while attending school. Taking first the age at which clients left school by sex, Table 4.2 shows that there were no significant sex differences here – the only noticeable difference is where clients are still at school. It appears that slightly more females than males are still at school. The vast majority (three-quarters) of both males and females had some secondary education.

Table 4.2 – Age left School by Sex			
AGE LEFT SCHOOL	MALES	FEMALES <i>per cent</i>	TOTAL
<15 years	26.8	24.9	26.5
15 years	24.1	23.8	24.1
16 years	25.2	23.2	24.9
17 years+	15.8	16.0	15.8
Still in Education	7.7	12.2	8.5
Never in Education	0.3	–	0.3
Per cent	100.0	100.0	100.0
N=	907	181	1088*
*Missing observations=62 Chi-sq=4.59257 with 5df. p<.467			

Table 4.3 – Highest Level of Education Reached by Sex			
LEVEL OF EDUCATION	MALES	FEMALES <i>per cent</i>	TOTAL
Primary	12.7	10.2	12.3
Secondary	78.0	74.4	77.4
Third Level	1.2	2.8	1.5
Still in Education	7.8	12.5	8.5
Never in Education	0.3	–	0.3
Per cent	100.0	100.0	100.0
N=	903	176	1079*
*Missing observations=71 Chi-sq=8.08373 with 4df. p<.088			

LIVING STATUS BY SEX

While around 80 per cent of the male clients were living with their families of origin, the proportion of females was a great deal smaller (61 per cent). As in other years, of particular note here was the higher proportion of females living with a drug-using partner (2 per cent of males, 13 per cent of females).

Table 4.4 – Living Status by Sex			
LIVING STATUS	MALES	FEMALES <i>per cent</i>	TOTAL
Alone	2.8	9.9	4.0
Family of origin	80.2	61.2	77.1
Partner drug user	2.1	13.3	3.9
Partner non-drug user	6.2	4.4	5.9
Institution/Homeless	2.8	5.0	3.2
Other	5.9	6.1	
Per cent	100.0	100.0	100.0
N=		181	1106*
*Missing observations=44 Chi-sq=78.28108 with 5df. p<.000			

EMPLOYMENT STATUS

Where employment status is concerned, given the data in our previous reports, it was not surprising to find that over four-fifths of the male clients were unemployed and three-quarters of the female clients.

Table 4.5 – Employment Status by Sex			
EMPLOYMENT STATUS	MALES	FEMALES <i>per cent</i>	TOTAL
Unemployed	82.9	75.5	81.7
Employed	9.3	11.7	9.7
Student	7.4	11.7	8.1
Housewife	–	1.1	0.2
Per cent	100.0	100.0	100.0
N=	944	188	1132*
*Missing Observations= 18 Chi-sq=16.15335 with 4df. p<.002			

AGE

When looking at sex by age, the evidence of the overwhelming proportion of males who are in treatment for the first time in 1994 is obvious. In all the age groups the proportions of males outweigh females and in only one age group – 30-34 years is it any less than three to one.

Table 4.6 – Sex by Age							
SEX	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
Males	75.0	86.5	83.2	79.2	71.9	94.7	83.7
Females	25.0	13.5	16.8	20.8	28.1	5.3	16.3
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	40	539	376	106	57	19	1137*
*Missing observations=13 Chi-sq=14.32405 with 5df. p<.013							

EDUCATION

As the age of the clients increases the proportion who have left school before the official school leaving age of 15 increases. While overall 8 per cent of clients were still in education, as was to be expected the vast majority of those in the under 15 year age group were still in education. These results are borne out by information in Table 4.8 which gives the level of education achieved by the clients. Less than 2 per cent had reached Third Level status.

Table 4.7 – Age Left School by Age							
AGE LEFT SCHOOL	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
<15 years	17.9	30.4	18.9	26.5	35.8	44.4	26.3
15 years	–	25.3	26.7	23.5	17.0	5.6	24.0
16 years	–	22.6	33.4	22.4	22.6	11.1	25.2
17years +	–	11.2	20.3	26.5	22.6	27.8	16.0
Still in Education	82.1	10.5	0.6	1.0	–	–	8.2
Never in Education	–	–	–	–	1.9	11.1	0.3
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	39	526	359	98	53	18	1093*
*Missing observations=57 Chi-sq=464.48042 with 25df. p<.000							
Table 4.8 – Highest Level of Education Reached by Age							
LEVEL OF EDUCATION	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
Primary	5.3	11.8	11.2	13.4	20.0	31.6	12.3
Secondary	10.5	76.8	86.3	84.5	72.7	52.6	77.7
Third Level	–	0.8	2.0	1.0	5.5	5.3	1.5
Still in Education	84.2	10.6	0.6	1.0	–	–	8.3
Never in Education	–	–	–	–	1.8	10.5	0.3
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	38	518	357	97	55	19	1084*
*Missing observations=66 Chi-sq=433.82102 with 20df. p<-000							

LIVING STATUS

The living status by age of the first treatment clients shows, as might be expected, a decreasing proportion of clients in the older age groups still living with their family of origin and a consequent increase in the proportions living with a partner, either a drug user or non-drug user.

Table 4.9 – Living Status by Age							
LIVING STATUS	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
Alone	–	0.6	6.6	8.1	11.3	15.8	4.0
Family of origin	85.0	88.8	75.0	52.5	35.8	26.3	77.2
Partner drug user	–	0.9	6.6	7.1	11.3	5.3	3.9
Part. non-drug user	–	–	5.5	22.2	26.4	47.4	5.9
Institution/Homeless	10.0	3.9	0.5	4.0	5.7	–	3.1
Other	5.0	5.8	5.8	6.1	9.4	5.3	6.0
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	40	534	364	99	53	19	1109*
*Missing observations=41 Chi-sq=299.34066 with 25df. p<000							

EMPLOYMENT STATUS

Turning to age by employment status, at all age groups except the under 15s, well over three-quarters of the clients were unemployed. This compares very unfavourably with the proportion of unemployed in the general population which is one of the highest in the EU. This finding highlights once again one of the main characteristics of clients attending treatment centres, either for the first time or at any time as noted in Chapter 2.

Table 4.10 – Employment Status by Age							
EMPLOYMENT STATUS	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
Unemployed	17.5	82.4	88.4	83.0	77.2	88.9	81.9
Employed	2.5	7.2	10.5	15.1	22.8	11.1	9.7
Student	80.0	10.1	0.5	0.9	–	–	7.9
Housewife	–	–	0.3	0.9	–	–	0.2
Other	–	0.4	0.3	–	–	–	0.3
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	40	544	370	106	57	18	1135*
*Missing observations = 15 Chi-sq=350.67832 with 20df. p<.000							

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

PRIMARY DRUG OF MISUSE

In the tables following we examine the socio-demographic variables cross-tabulated by the history of the clients’ drug misuse. Primary drug of misuse refers to the drug which caused the greatest problem for the client and which precipitated the client’s into seeking treatment. As previously noted almost three-quarters of the clients treated for drug misuse in 1994 mentioned an opiate or opioid drug as their primary drug of misuse.

SEX

Where primary drug by sex is concerned, there was a slightly higher proportion of males than females citing an opiate/opioid as their primary drug of misuse (75 per cent of males; 72 percent of females). This was also the case for cannabis. Females were more likely to misuse hallucinogens and hypnotics and sedatives than were males. The difference between the sexes on primary drug is significant at $p < .06$ level.

Table 4.11 – Primary Drug of Misuse by Sex			
PRIMARY DRUG	MALES	FEMALES	TOTAL
		<i>per cent</i>	
Opiates/opioids	75.0	71.8	74.5
Hypnotics/Sedatives	0.8	1.6	1.0
Hallucinogens	5.5	8.5	6.0
Volatile Inhalants	1.1	1.6	1.1
Cannabis	16.9	13.8	16.4
Other	0.7	2.7	1.1
Per cent	100.0	100.0	100.0
N=	952	188	1140*
*Missing observations=10			
Chi-sq=10.43032 with 5df. $p < .06$			

AGE

If we inspect the mean ages of first treatment clients by primary drug the details are as follows:

Opiates/Opioids:	21.1 years	N=852
Stimulants	21.9 years	N=7
Hypnotics/Sedatives.	28.2 years	N=11
Hallucinogens	18.9 years	N=68
Volatile Inhalants	13.9 years	N=12
Cannabis	19.4 years	N=188
Other drugs	15.7 years	N=5
All drugs	20.6 years	N=1150

The numbers in some of the categories are extremely small, so taking that into account, the oldest group, with only eleven members, is the group of clients whose primary drug is an hypnotic/sedative. The mean age of the opiate/opioid users is the oldest of the groups that could be seriously considered because of their size. Both cannabis users and users of hallucinogens have a mean age of under 20 years old.

Considering the misuse of primary drug in the more detailed age groups, as might be expected there were significant differences between the age groups ($p<.000$). Table 4.12 shows the dramatic rise in the proportion of clients whose primary drug of misuse was an opiate from ten per cent in the under 15 year old age group to 72 per cent in the 15-19 year olds. In all the older age groups, with the exception of the 35+ year olds, which is a very small group anyway, proportions are in excess of 75 per cent.

Table 4.12 – Primary Drug of Misuse by Age							
PRIMARY DRUG	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
Opiate/Opioid	10.0	72.3	83.5	76.4	82.5	63.2	74.5
Hypnotics/Sedatives	2.5	0.6	0.3	0.9	1.8	21.1	1.0
Hallucinogens	17.5	6.8	5.3	3.8	–	–	5.9
Volatile Inhalants	25.0	0.4	–	–	–	–	1.0
Cannabis	42.5	19.3	9.8	17.0	14.0	15.8	16.4
Other	2.5	0.7	1.1	1.9	1.8	–	1.0
Percent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	40	545	376	106	57	19	1143*
*Missing observations=7 Chi-sq=385.43085 with 25df. $p<.000$							

PRIMARY DRUG BY AGE PRIMARY DRUG FIRST USED

When we looked at the primary drug of misuse by the age at which that drug was first used, almost half (47 per cent) of those who were under 15 when they first used their primary drug had used cannabis and just over a quarter had used an opiate or opioid. This is in contrast to the proportions of the clients who had first used their primary drug at aged 15 or over. Table 4.13 shows that the proportion in the 15-19 year old age group was 81 per cent using an opiate/opioid when they first used their primary drug.

Table 4.13 – Primary Drug by Age Primary Drug First Used					
PRIMARY DRUG	<15	15-19	20-24	25+	TOTAL
	<i>per cent</i>				
Opiates/Opioids	26.3	81.3	81.0	86.4	75.0
Hypnotics/Sedatives	1.5	0.4	1.2	3.0	0.8
Hallucinogens	15.0	4.5	6.1	1.5	5.8
Volatile Inhalants	9.0	–	–	–	1.1
Cannabis	47.4	13.0	9.2	7.6	16.2
Other	0.8	0.8	2.5	1.5	1.1
Percent	100.0	100.0	100.0	100.0	100.0
N=	133	756	163	66	1118*
*Missing observations=32 Chi-sq=263.84244 with 15df. $p<.000$					

Table 4.13A – Age Primary Drug First Used by Primary Drug							
AGE FIRST USED	OP/OPIOID	HYP/SED	HALLUC	VOLIN <i>per cent</i>	CANNAB	OTHER	TOTAL
<15 years	4.2	22.2	30.8	100.0	34.8	8.3	11.9
15-19 years	73.3	33.3	52.3	-	54.1	50.0	67.6
20-24 years	15.7	22.2	15.4	-	8.3	33.3	14.6
25 years +	6.8	22.2	1.5	-	2.8	8.3	5.9
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	839	9	65	12	181	12	1118*
*Missing observations=32							

AGE PRIMARY DRUG FIRST USED BY SEX

The age groups at which the primary drug was first used by the client differed significantly by sex ($p<.000$). Males were proportionately more evident in the 15-19 year age group – only half of the females in contrast to seven out of ten males were in that age group

Table 4.14 – Age Primary Drug First Used by Sex			
AGE FIRST USED	MALES	FEMALES <i>per cent</i>	TOTAL
<15 years	10.7	18.1	11.9
15-19 years	70.6	50.8	67.5
20-24 years	13.3	22.0	14.7
25 years +	5.4	9.0	5.9
Per cent	100.0	100.0	100.0
N=	933	177	1110*
*Missing observations=40 Chi-sq=26.54398 with 3df. $p<.000$			

DURATION OF USE OF PRIMARY DRUG BY PRIMARY DRUG

The duration of the use of each of the primary drugs for this group of first treatment clients shows that except for hypnotics and sedatives, around or over 50 per cent of the clients had been using between one and two years before coming for treatment. Clients misusing hypnotics and sedatives were more likely to be misusing for a longer period before entering treatment. The number here is extremely small, so no great cognizance may be given to that result.

Table 4.15 – Duration of Use of Primary Drug by Primary Drug							
DURATION OF USE	OP/OP.	HYP/SED	HALLUC	VOLIN	CANNAB	OTHER	TOTAL
	<i>per cent</i>						
	4.1	12.5	18.5	33.3	7.5	41.7	6.2
1-2 years	63.5	25.0	53.8		46.6	50.0	59.8
3-4 years	21.4	–	20.0	8.3	21.8	8.3	20.9
5-9 years	6.0	25.0	7.7	–	18.4	–	8.0
10 years +	5.1	37.5	–	–	5.7	–	5.0
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	838	8	65		174	12	1109*
*Missing observations=41 Chi-sq=128.07626 with 20df. p<.000							

DURATION AND FREQUENCY OF USE OF PRIMARY DRUG BY SEX AND AGE

SEX

Looking first at sex by duration and frequency of use, the length of time during which a client would have used their primary drug before coming for treatment does vary significantly with the sex of the client (see Table 4.16). Females appear to have been misusing their primary drug for a shorter period before presenting for treatment.

Table 4.16 – Duration of Use of Primary Drug by Sex			
DURATION OF USE	MALES	FEMALES	TOTAL
	<i>per cent</i>		
<1 year	4.9	13.4	6.3
1-2 years	60.2	56.4	59.6
3-4 years		16.2	21.0
5-9 years		7.3	8.1
10 years +	4.8	6.7	5.1
Per cent	100.0	100.0	100.0
N=	923	179	1102*
*Missing observations=48 Chi-Sq=21.39059 with 4 df. p<.000			

Table 4.16A – Sex by Duration of Use of Primary Drug						
SEX	<1yr	1-2yrs	3-4yrs	5-9yrs	10yrs+	TOTAL
	<i>per cent</i>					
Males	65.2	84.6	87.4	85.4	78.6	83.8
Females	34.8	15.4	12.6	14.6	21.4	16.2
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
N=	69	657	231	89	56	1102*
*Missing observations=48						

We looked to see if there was a difference between the sexes on the frequency of use of their primary drug. A significant difference ($p<.000$) did appear between males and females on frequency of use.

Table 4.17 – Frequency of Use of Primary Drug by Sex			
FREQUENCY OF USE IN PAST MONTH	MALES	FEMALE	
		<i>per cent</i>	
Drug free	9.8	10.8	9.9
Less than once weekly	4.1	10.3	5.1
	3.4	3.8	3.5
Twice weekly	16.2	12.4	
Daily	55.2	44.3	53.5
Twice or more daily	11.2	18.4	12.4
Per cent	100.0	100.0	100.0
N=	943	185	1128*
Chi-sq=22.78776 with 5df. $p<.000$			

AGE

Turning to age now and looking at duration and frequency of use of primary drug, it was to be expected that there would be significant differences between the age groups and the duration of use and this indeed was the case ($p<.000$). The older the client the more likely he or she had been misusing for a longer period.

Table 4.18 – Duration of Use of Primary Drug by Age							
DURATION	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
<1 year	29.7	6.5	5.2	1.9	3.7		6.2
1-2 years	62.2	77.6	47.7	32.4	27.8		59.7
3-4 years		13.5	33.2		18.5	17.6	21.0
5-9 years	5.4	2.1	13.2	15.2	14.8	23.5	8.1
10 years+	–	0.4	0.8	25.7	35.2		5.1
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	37	527	365	105	54	17	1105*
*Missing observations=45 Chi-sq=440.35213 with 20df. p<.000							

Table 4.18A – Age by Duration of Use of Primary Drug						
AGE	<1yr	1-2yrs	3-4yrs	5-9yrs	10yrs+	TOTAL
	<i>per cent</i>					
<15 years	16.2	3.5	0.4	2.2	–	3.3
15-19 years	50.0	62.0		12.4	3.6	47.7
20-24 years	27.9	26.4	52.2	53.9	5.4	33.0
25-29 years	2.9	5.2	11.2		48.2	9.5
30-34 years	2.9	2.3	4.3	9.0	33.9	4.9
35 years +	–	0.8	1.3	4.5	8.9	1.5
Per cent	100.0	100.0	100.0	100.0	100.0	100.0
N=	68	660	232	89	56	1105*
*Missing observations=45						

As regards frequency of use by age when we saw that there were differences between the duration of use of primary drug by age, it was to be expected that the frequency of use would also differ significantly by age. This was indeed the case, although the greatest differences occurred between the year olds and the other age groups – in that over 50 per cent of the under 15s were either drug-free or used less than once weekly, in comparison with 15 per cent overall.

Table 4.19 – Frequency of Use of Primary Drug by Age							
FREQUENCY OF USE IN PAST MONTH	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
Drug free	17.9	8.5	11.3	6.7	12.3	15.8	9.9
	33.3	4.6	2.4	7.7	5.3	-	5.1
Once weekly	15.4	4.8	1.6	1.0		5.3	3.5
Twice weekly		19.8	13.2	7.7	1.8	15.8	15.6
Daily	7.7	54.8	58.1	45.2	57.9	52.6	53.5
Twice or more daily	2.6	7.4	13.4		22.8	10.6	12.3
Per cent	100.0		100.0	100.0	100.0	100.0	100.0
N=	39	540	372	104	57	19	
*Missing observations=19 Chi-sq=190.32163 with 25df.p<.000							

FREQUENCY OF USE BY ROUTE OF ADMINISTRATION OF PRIMARY DRUG

The route of administration was significantly related to the frequency of use of the primary drug of misuse in that injectors were more likely to be misusing more frequently than any other group – more than eight out of ten misusing daily or more often.

Table 4.20 – Frequency of Use by Route of Administration of Primary Drug					
FREQUENCY OF USE IN PAST MONTH	INJECT	SMOKE	EAT/DRINK	SNIFF	TOTAL
	<i>per cent</i>				
Drug Free	4.9	12.3	18.5	37.5	10.0
	1.3	8.6	7.5	12.5	
Once weekly	0.2	5.7	8.2	12.5	3.5
Twice weekly	9.8	20.0	24.7	12.5	15.7
Daily	67.0		36.3	25.0	53.4
Twice or more daily	16.9	9.8	4.8	–	12.3
Per cent	100.0	100.0	100.0	100.0	100.0
N=	533	440	146	16	1135*
*Missing observations=15 Chi-sq=185.06504 with 15df. p<.000					

ROUTE OF ADMINISTRATION OF PRIMARY DRUG BY PRIMARY DRUG

The route of administration of the primary drug follows predictable lines with the majority of opiate/opioid users injecting and an even greater majority of cannabis users smoking.

Table 4.21 – Route of Administration of Primary Drug by Primary Drug							
ROUTE OF ADMINISTRATION	OP/OP.	HYP/SED	HALLUC	VOLIN	CANNAB	OTHER	TOTAL
	<i>per cent</i>						
Inject	62.4	–	–	–	–	–	46.7
	29.3	–	6.0		98.9	8.3	38.6
Eat/Drink	8.1	100.0	92.5	–		66.7	13.2
Sniff	0.2	–	1.5	84.6	–	25.0	1.5
Per cent	100.0	100.0	100.0	100.0		100.0	100.0
N=	854	11	67	13	187	12	1144*
*Missing observations=6							

ROUTE OF ADMINISTRATION OF PRIMARY DRUG BY SEX

Significant differences were observed between males and females in the route of administration of their primary drug ($p<.003$). Females were less likely to inject but more likely to smoke their primary drug than were males.

Table 4.22 - Route of Administration of Primary Drug by Sex			
ROUTE OF ADMINISTRATION	MALES	FEMALES	TOTAL
	<i>per cent</i>		
Inject	49.0	34.8	46.7
Smoke	37.4	44.9	38.6
Eat/Drink	12.2	18.2	13.2
Sniff	1.4	2.1	1.5
Per cent	100.0	100.0	
N=	949	187	1136*
*Missing observations=14			
Chi-sq=13.88837 with 3dt. $p<.003$			

ROUTE OF ADMINISTRATION OF PRIMARY DRUG BY AGE

Also in Chapters 2 and 3 the dramatic difference between the proportion in the under 15s who inject (3 per cent) and the proportion in the 15-19 year olds who do so (45 per cent) is remarkable. The under 15s are most likely to smoke (58 per cent).

Table 4.23 – Route of Administration of Primary Drug by Age							
ROUTE OF ADMINISTRATION	<15	15-19	20-24	25-29	30-34	35+	TOTAL
				<i>per cent</i>			
Inject	2.5	44.9	52.4	54.7	49.1	31.6	46.8
Smoke	57.5	40.3	35.0	37.7	33.3	42.1	38.6
Eat/Drink	20.0	14.2	12.0	6.6	14.0	26.3	13.2
Sniff	20.0	0.6	0.5	0.9	3.5	–	1.4
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	40	543	374	106	57	19	1139*
*Missing observations = 11 Chi-sq=141.67296 with 15df. p<.000							
AGE	INJECT	SMOKE	EAT/DRINK	SMOKE	SMOKE	SMOKE	TOTAL
				<i>per cent</i>			
<15 years	0.2	5.2	5.3	50.0			3.5
15-19 years	45.8	49.8	51.3	18.8			47.7
20-24 years	36.8	29.8	30.0	12.5			32.8
25-29 years	10.9	9.1	4.7	6.3			9.3
30-34 years	5.3		5.3	12.5			5.0
35 years +	1.1	1.8	3.3	–			1.7
Per cent	100.0	100.0	100.0	100.0			100.0
N=	533		150	16			1139*
*Missing observations=11							

SECTION (c) – FACETS OF INJECTING AND NEEDLE-SHARING PRACTICES.

CLIENTS WHO HAD EVER INJECTED

The group, clients who had ever injected, will be considered now. Of those who had ever injected their primary drug (that is 53 per cent or 596 persons) the following socio-demographic characteristics were noted.

SEX

Where sex was concerned, of those first contact females who had ever injected proportionately more were currently injecting than were males (70 per cent males 78 per cent females). However if we look back at the proportions of males and females in the total population under study and

check what proportion of each sex were currently injecting, we see that the proportions are similar – 71 per cent of the males were currently injecting and 71 per cent of the females.

Table 4.24 – Currently Injecting by Sex			
CURRENTLY INJECTING	MALES	<i>per cent</i>	TOTAL
Yes	69.6	77.8	70.7
No	30.4		29.3
Per cent	100.0	100.0	100.0
N=	507	81	588*
*Missing observations=8.			

CURRENTLY INJECTING BY AGE

Only one under 15 year old had ever injected but was currently injecting. Of this group who had ever injected in 1994 the 15-19 year olds were as likely to be currently injecting as the older age groups.

Table 4.25 – Currently Injecting by Age							
	<15	15-19	20-24	25-29	30-34	35+	TOTAL
	<i>per cent</i>						
Yes	100.0	70.6	67.9	81.5	69.4	50.0	70.6
No	–	29.4	32.1	18.5	30.6	50.0	29.4
Per cent	100.0	100.0	100.0	100.0	100.0	100.0	100.0
N=	1	265	218	65	36	6	591*
*Missing observations=5							

CURRENTLY SHARING INJECTING EQUIPMENT

As in the earlier chapters, we separated the group who were currently injecting to see the characteristics of those who were currently sharing injecting equipment. The first characteristic we looked at was sex of client by whether currently sharing or not. From this we noted that females were more likely to be sharing equipment than males – a not unexpected finding given that a proportionately higher number of females are living with a drug-using partner.

Table 4.26 – Currently Sharing by Sex			
CURRENTLY SHARING	MALES	FEMALES	TOTAL
	<i>per cent</i>		
No	7.7	23.3	9.8
	92.3	76.7	90.2
Per cent	100.0	100.0	100.0
	479	73	552*

We then looked at the ages of those clients who were currently sharing injecting equipment. Of those who are currently sharing, the age group with the highest proportion of those sharing was the 30-34 year olds, as Table 4.26 shows.

Table 4.27 – Currently Sharing by Age							
CURRENTLY SHARING	<15	20-24			30-34	35+	TOTAL
				<i>per cent</i>			
Yes	–	8.7	10.2	8.6	18.2	–	9.7
No		91.3	89.8	91.4	81.8	100.0	90.3
No=	1	252	206	58	33	6	556*
*Missing observations=40							

MAIN POINTS ARISING

The proportion of clients who were teenagers in this group is 51 per cent and most of those are in the 15-19 year old group – 47 per cent. If we extend this further to the under 25s the proportion rises to 84 per cent of the clients. The females in this first treatment group were also less likely to be living with their family of origin as was the case of the other two groups (Chapters 2 and 3). A smaller proportion of females were unemployed and there was a higher proportion employed or students than were males. However, the differences are not significant.

Three-quarters of the clients cited an opiate/opioid as their primary drug of misuse and where numbers justified comment, cannabis was the drug with the longest duration of use. The differences between the behaviour of the under 15s and the 15-19 year olds in frequency of drug misuse is still a feature – the frequency jumps from 10 per cent of under 15s using daily or more often to 62 per cent of the 15-19 year olds with the same frequency of misuse. Those who injected their primary drug were the most frequent misusers.

As with the other groups, of those clients who had ever injected – 53 per cent – females were proportionately more likely to be currently injecting than were males and also more likely to be currently sharing.

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CHAPTER 5

Graphic Data

In this chapter we will first display the main variables in graphic form for Total Treatment clients and then contrast the Census and First Contact groups. The first set of pie charts in the comparative section shows that as regards gender, the proportion of males vis-a-vis females for 1994 was higher in the First Contact group.

Clients in the First Contact group were substantially younger than those in the Census group, for instance, 84 per cent were aged under 25 in 1994 in contrast with 37 per cent in the Census group.

Similar proportions of clients were unemployed in the two groups in 1994. As the pie chart shows, in 1994 82 per cent of First Contact clients were unemployed and 80 per cent of Census clients.

Higher proportions of the Census clients (41 per cent) had left school prior to the official school leaving age than had the First Contact clients (26 per cent).

In the Area of Residence chart fairly similar proportions in each group came from the Inner City both North Inner City and South Inner City (First Contact group 27 per cent and Census group 30 per cent).

Although the proportions of clients in the First Contact group who came for treatment with an opiate as their primary drug were a great deal smaller than for the Census group it was still three quarters of the clients. The proportion for the Census group was 88 per cent.

Where injecting was the route of administration of primary drug, as in previous years, the difference between the two groups in 1994 was very pronounced – 47 per cent of First Contact clients and 77 per cent of Census clients.

When we compare the ages at which primary drug was first used, there is a difference between the two groups in that a higher proportion of First Contact clients were aged between 15 and 19 years old than in the Census group. Where frequency of use of primary drug is concerned fairly similar proportions of clients used daily or more often. A slightly higher proportion of clients were drug-free in the Census group.

As was to be expected the durations of use of primary drug were quite different for the Census and First Contact groups. Clients in the Census group had a far longer duration of use than had clients in the First Contact group.

Where a secondary drug was recorded, in 1994 a higher proportion of Census clients than First Contact clients used no secondary drug. For the First Treatment clients, hallucinogens were noted in nine per cent of cases in 1994, whereas three per cent was the record of use of this category of drugs for Census clients.

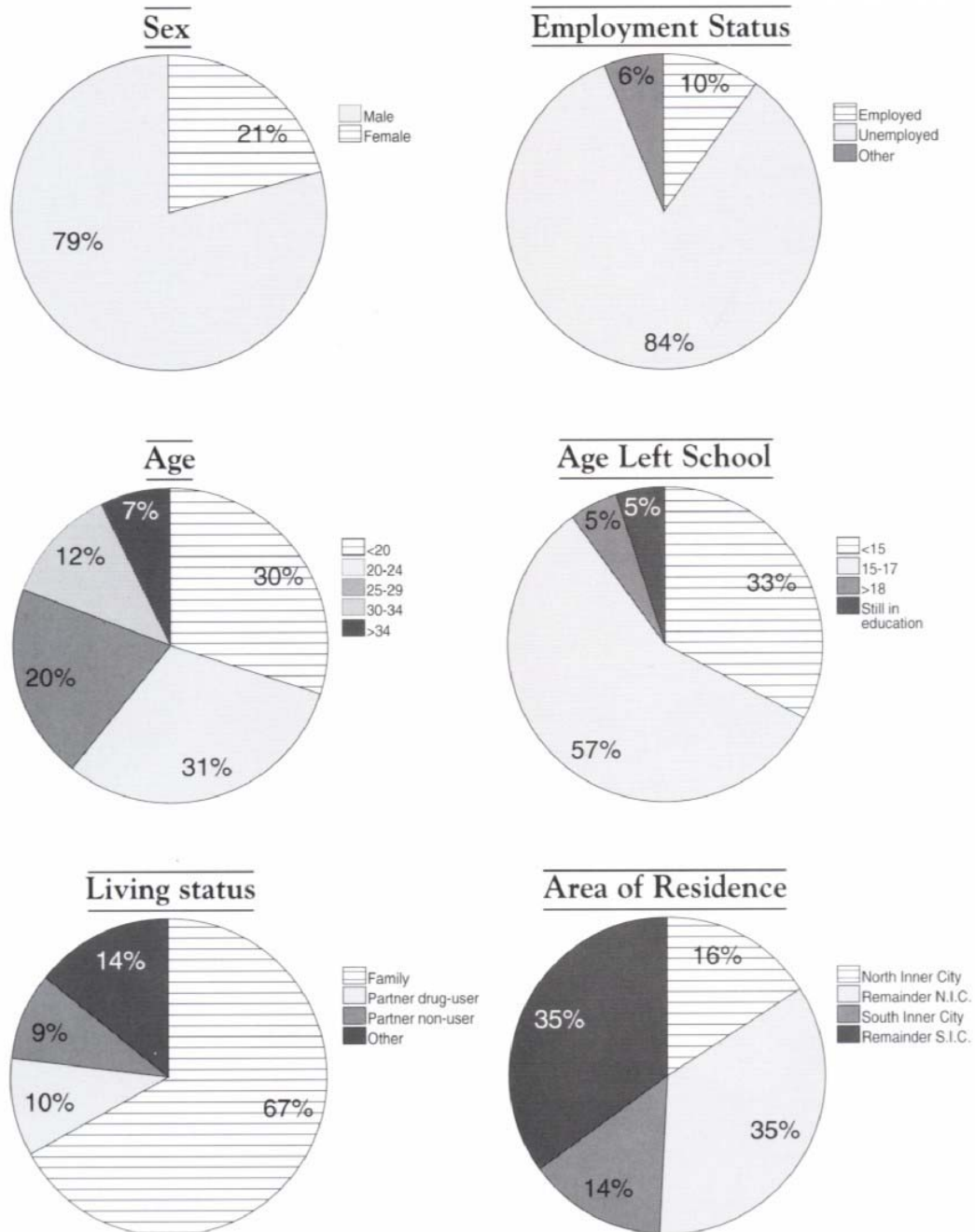
The proportions of clients who had ever injected in the two groups were also quite different. For 1994 the proportions were 52 per cent of First Contact clients; 84 per of Census clients.

Of those clients who had ever injected the proportion of those First Contact clients in the 15-19 year old age group was substantially higher than the proportion in the same age group for the Census clients – 74 per cent First Contact; 55 per cent Census.

Currently injecting figures showed that the First Contact group were slightly more likely to be injecting in 1994 than the Census group – 70 per cent in contrast with 68 per cent for the Census group. However, Census group clients were twice as likely to have been sharing injecting equipment than were First Contact clients (20 per cent Census in contrast with 10 per cent First Contact).

GRAPHS
TOTAL TREATMENT CLIENTS

SOCIO-DEMOGRAPHIC CHARACTERISTICS
TOTAL TREATMENT CLIENTS
1994
N=2978*



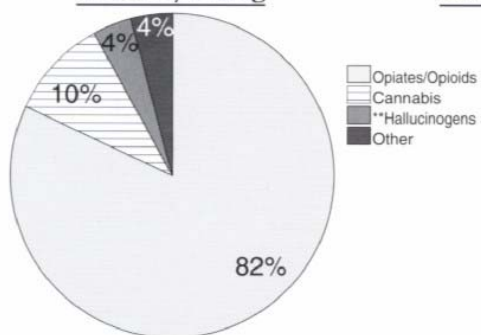
*Valid percentages used

HISTORY OF DRUG MISUSE

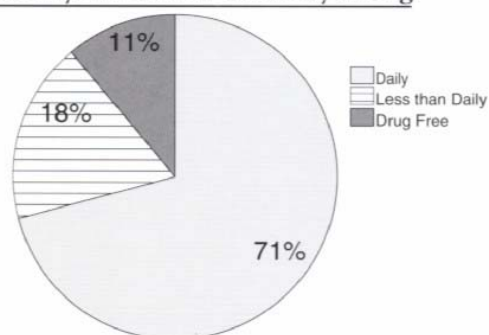
TOTAL TREATMENT CLIENTS

N=2978*

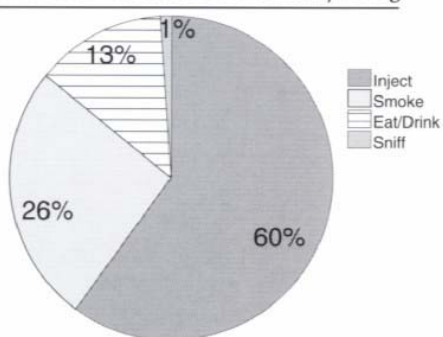
Primary Drug



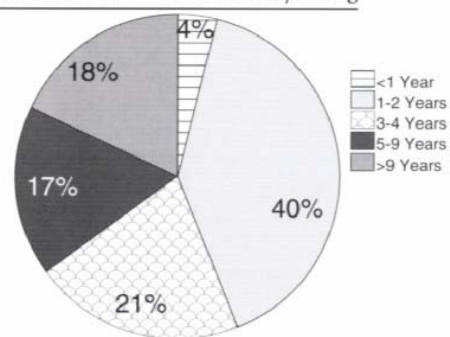
Frequency of Use of Primary Drug



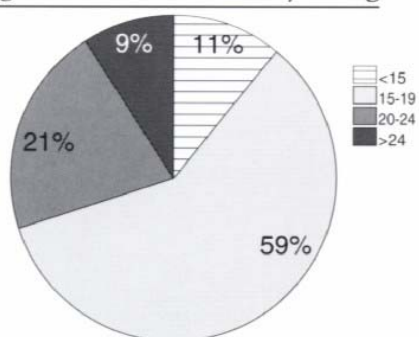
Route of Administration of Primary Drug



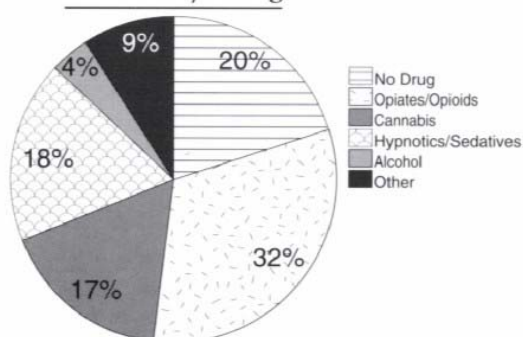
Duration of Use of Primary Drug



Age First Used Primary Drug



Secondary Drug

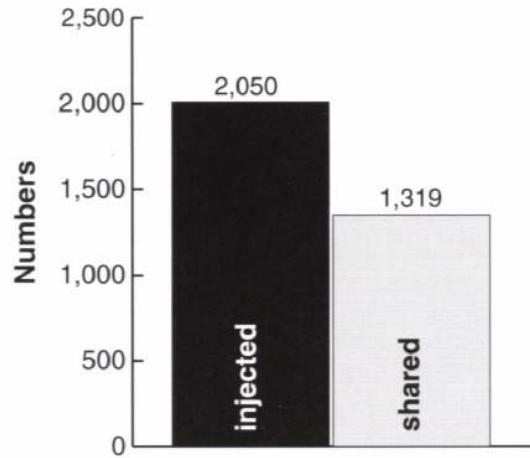


*Valid percentages used

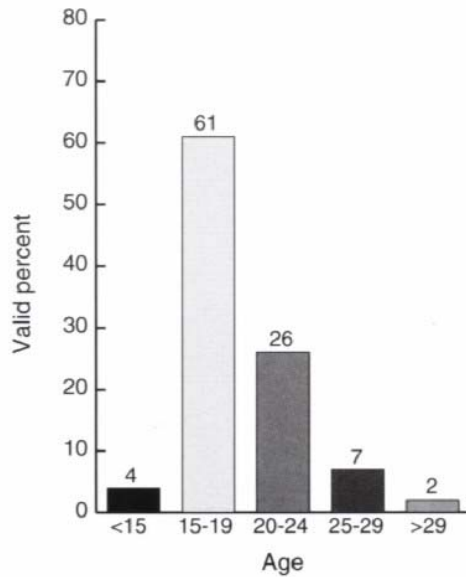
**Includes MDMA ("Ecstasy")

**INJECTING AND SHARING PRACTICES
1994
TOTAL TREATMENT CLIENTS**

Ever injected / shared injecting equipment

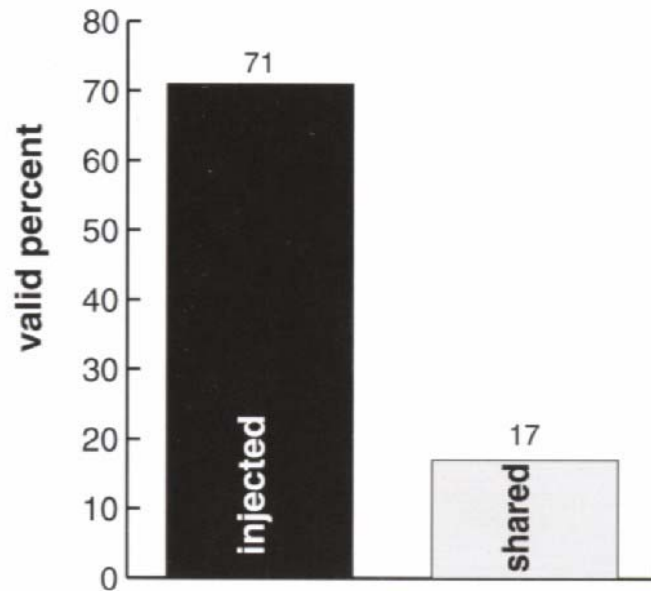


**Of those who had ever injected
Age first injected**



**INJECTING AND SHARING PRACTICES
TOTAL TREATMENT CLIENTS**

Of those who had ever injected - those currently
injecting / currently sharing injected equipment

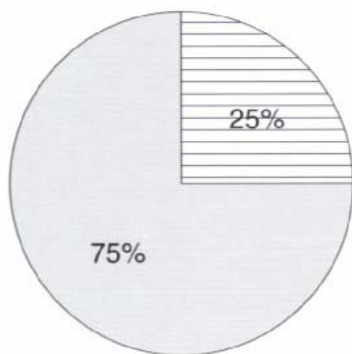


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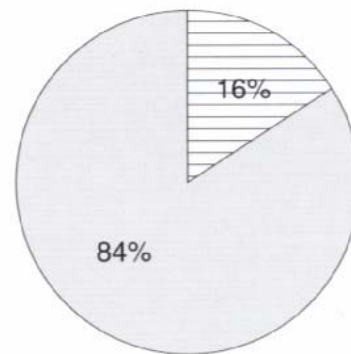
COMPARATIVE GRAPHS
CENSUS AND FIRST CONTACT CLIENTS

SOCIO-DEMOGRAPHIC CHARACTERISTICS

CENSUS CLIENTS
N=728*



FIRST CONTACT CLIENTS
N=1150*

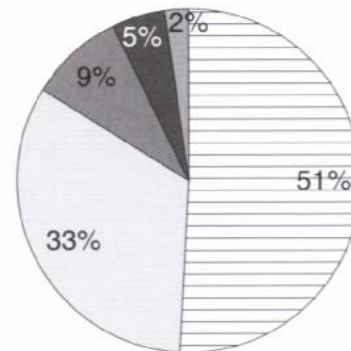
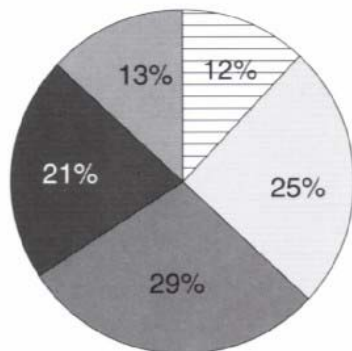


Sex

Male
Female

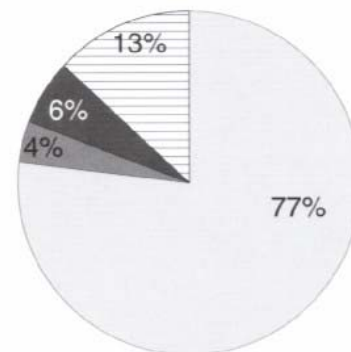
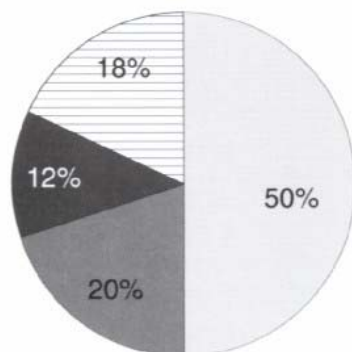
Age

<20
20-24
25-29
30-34
>34



Living Status

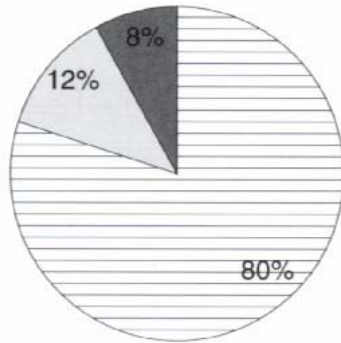
Family
Partner
Drug-user
Partner
Non-user
Other



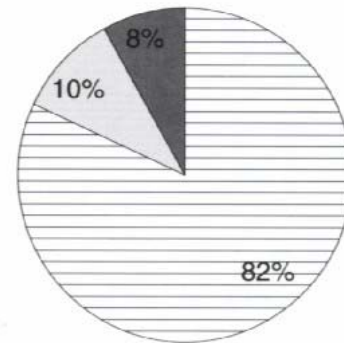
*Valid percentages used

SOCIO-DEMOGRAPHIC CHARACTERISTICS

CENSUS CLIENTS
N=728*



FIRST CONTACT CLIENTS
N=1150*

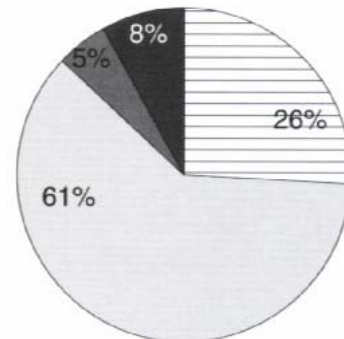
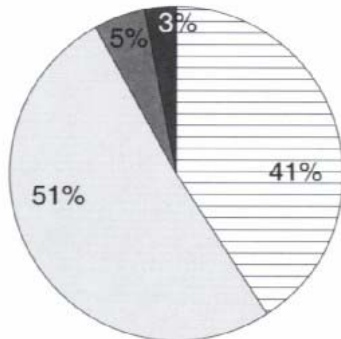


Employment status

Unemployed
Employed
Other

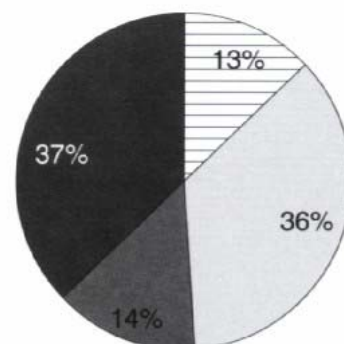
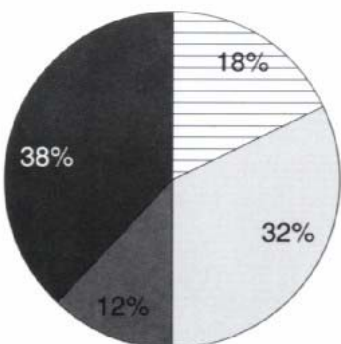
Age left school

<15 years old
15-17 years old
>17 years old
Still in education



Area of residence

North Inner city
Remainder of South
South Inner City
Remainder of North

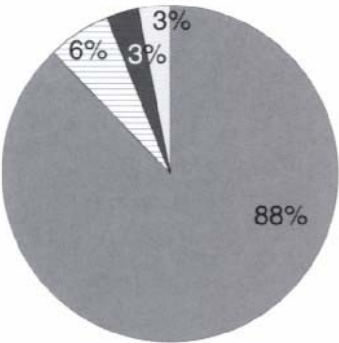


City refers to Greater Dublin Area

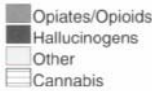
*Valid percentages used

HISTORY OF DRUG MISUSE

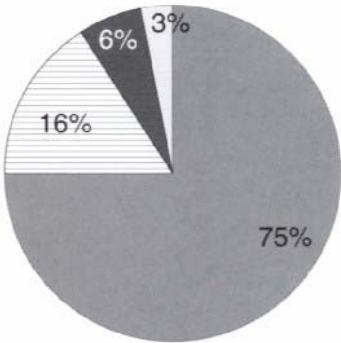
CENSUS CLIENTS
N=728*



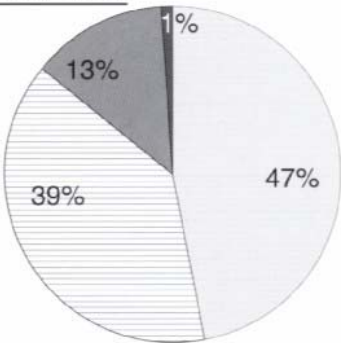
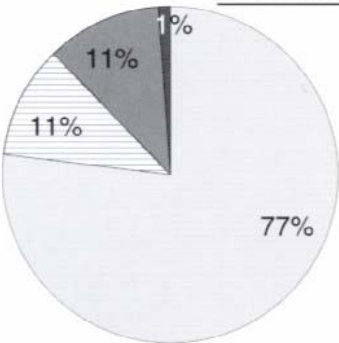
Primary drug



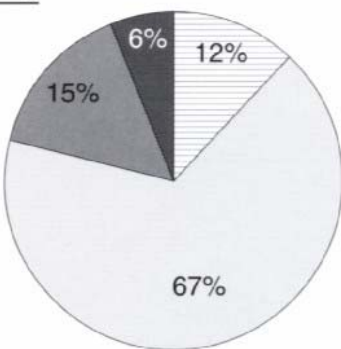
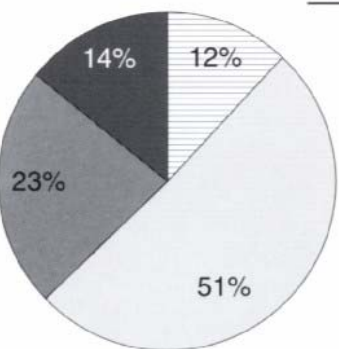
FIRST CONTACT CLIENTS
N=1150*



Route of administration of primary drug



Age first used primary drug



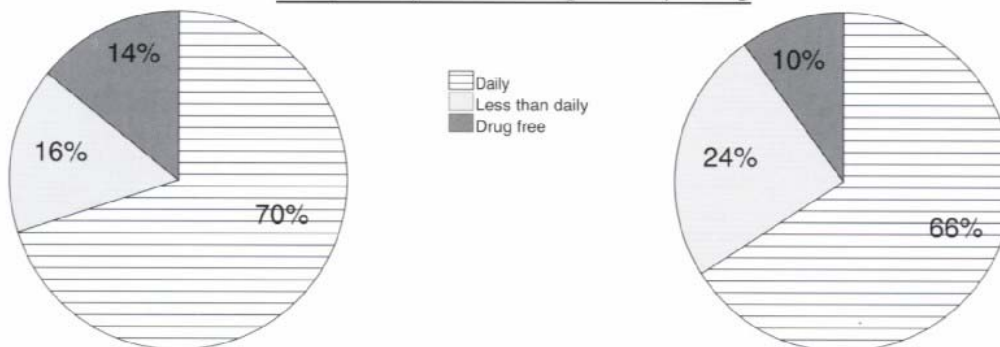
*Valid percentages used

HISTORY OF DRUG MISUSE

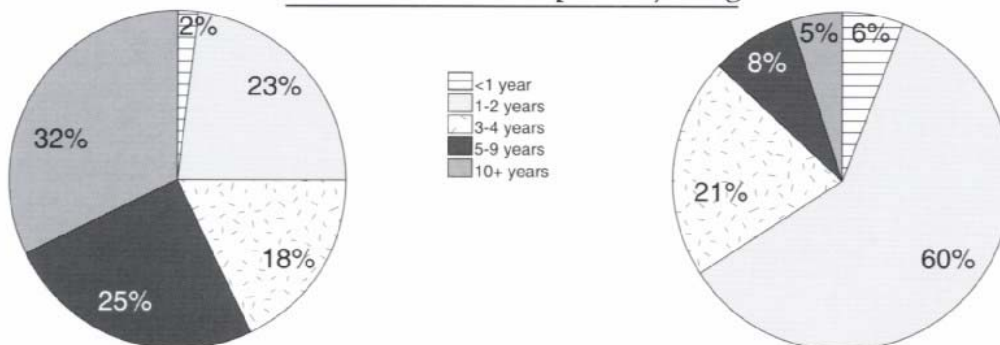
CENSUS CLIENTS
N=728*

FIRST CONTACT CLIENTS
N=1150*

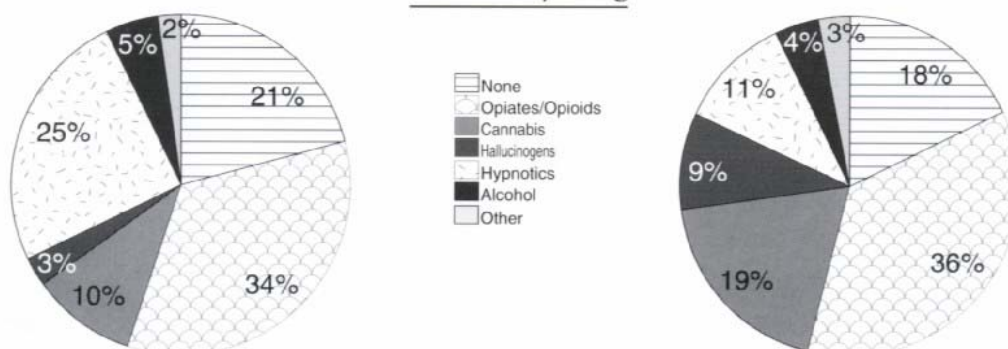
Frequency of use of primary drug



Duration of use of primary drug



Secondary drug



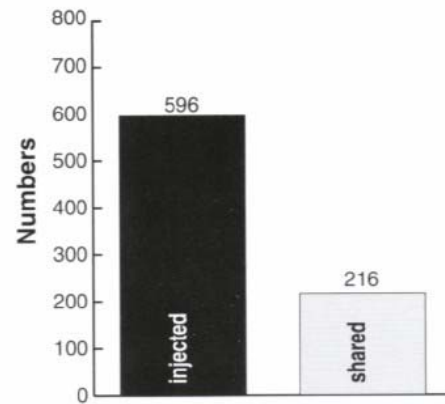
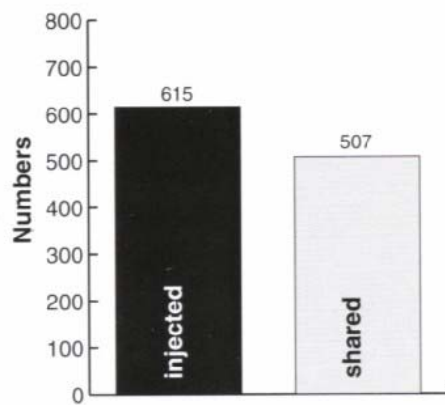
*Valid percentages used

INJECTING AND SHARING PRACTICES

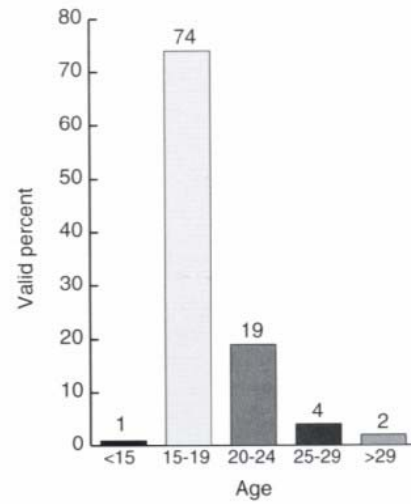
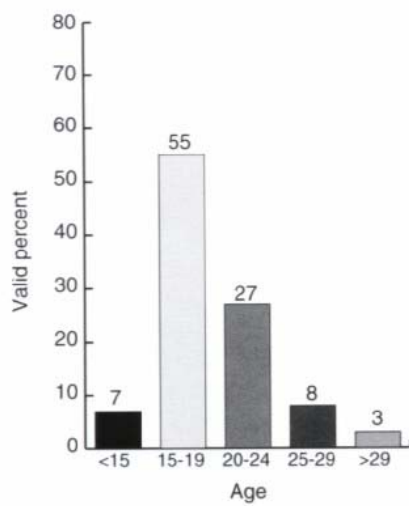
CENSUS CLIENTS
N=728*

FIRST CONTACT CLIENTS
N=1150*

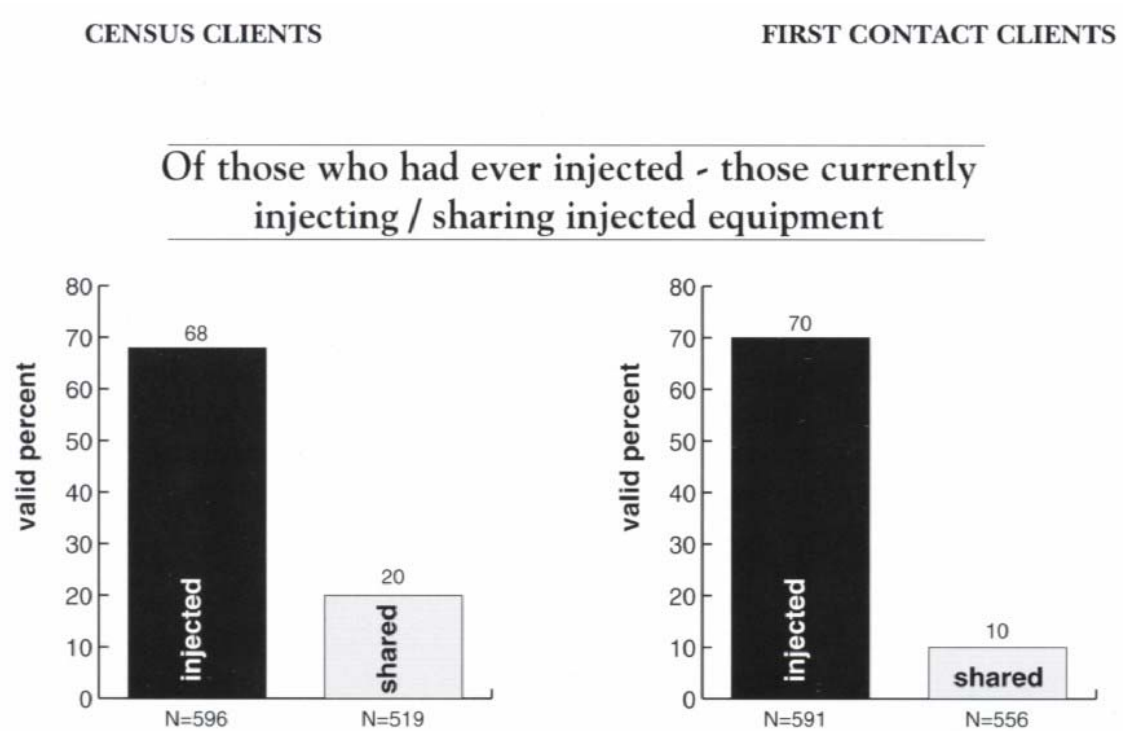
Ever injected / shared injecting equipment



Of those who had ever injected Age first injected



INJECTING AND SHARING PRACTICES



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CHAPTER 6

Concluding Remarks

This Report on treated drug misuse in the Greater Dublin Area in the year 1994 used data returned by the treatment centres. These data then relate to those problem drug users who present for treatment rather than all those who have drug problems, or indeed all those who use drugs. The results of the analysis confirm most of what is already known about problem drug users who present for treatment.

There was no change in the proportion of clients who lived in the inner city – 31 per cent in 1993 and 30 per cent in 1994. As in previous years, clients were characterised by levels of unemployment and low education far in excess of those for the population in general.

As would be expected, opiates remained the drugs for which most of the clients sought treatment. Again the proportion in 1994 had increased over that of previous years now reaching 82 per cent of the total treatment clients. Isolating the younger First Contact group, while they would have a somewhat smaller proportion of problem opiate users than the total treated population, they still showed a proportion of three-quarters of opiate use as their primary drug. The proportion of those injecting their primary drug in the First Contact group was 47 per cent in 1994.

Of all the clients who received treatment, seventy per cent of the 1994 clients had injected their primary drug at some stage in the past. Of those, 71 per cent were currently injecting. Of those who had ever shared – 59 per cent of the total treatment clients – the proportion of those who were currently sharing in this group for 1994 was 17 per cent. Again isolating the First Contact group, whom it will be remembered include the younger misusers, the comparative proportions for that group for those who had ever injected were 51 per cent and of that group, the proportion who were currently injecting was 71 per cent. Of those clients who has ever shared – 45 per cent of first treatment clients – 10 per cent were currently sharing injecting equipment.

On the use of specific types of drugs, the rise is chiefly in the use of opiates (mainly heroin and morphine sulphate tablets) and here the increase in the number of teenagers using opiates would cause concern. Sixty-eight per cent of all teenagers coming for treatment for the first time in 1994 had been misusing opiates. Also regarding this younger group of clients coming for treatment for the first time, a high proportion were using cannabis (21 per cent). A proportion of 7.5 per cent were coming for treatment for misuse of hallucinogens. As we pointed out last year, ecstasy is a fairly recent arrival on the market and has become associated with socialising. It therefore may have more appeal than other drugs to the younger group. Among the very young clients (under 15s), there was a sub-group of users of volatile inhalants but the drug most likely to be used by these clients was cannabis (42 per cent). It must be emphasised that the number of clients who were under 15 and were receiving treatment was very small. Nevertheless the situation of these young people must give grounds for worry. One other particularly disturbing finding in relation to teenagers was that 71 per cent of those who had ever injected in the 15-19 year age group were currently injecting in 1994.

As in previous years the most probable profile of the problem drug user who has come to a treatment centre would be that of a young, poorly educated, unemployed male, living in a deprived city area and misusing heroin. We found teenagers to be a particularly at-risk group with a disturbing number of them injecting heroin. Since Department of Health records show

that in 1994 almost half (43 per cent) of those who test positive for HIV were intravenous drug users, the importance of targeting this group of very young drug users with prevention and education programmes hardly needs to be stressed. While the schools' programmes may reach a substantial number of young people, these programmes may be inadequate to reach the group who have already left school before the official school-leaving age. One-third of the total number of clients treated in 1994 would be in this group of early school-leavers and indeed if we include those leaving at 15 years old the proportion approaches two-thirds.

There were significant differences between the characteristics of the male and female clients. For instance, male clients were more likely to be still living with their families of origin. Another difference between the sexes was that proportionately more female clients were living with a drug-using partner than were male clients. What may or may not have followed from that particular situation was that females were proportionately more likely to be sharing injecting equipment than males. 'Sharing' is, however, a problematic concept as drug users may define it differently. For instance, some would not regard sharing injecting equipment with a partner as sharing. Often only when the person with whom they share needles is outside of their circle would they define that as 'sharing'.

There was a continuing rise in the numbers attending the treatment centres for all the groups of clients involved. This may be a reflection of an expansion of the services available. As we pointed out in our last Report services were developed by the Eastern Health Board with the opening of the three satellite clinics and there is continuing development of services. The number of first contact clients or incidence is a good indicator of increasing or decreasing numbers coming into treatment and this number has substantially increased – from 859 in 1993 to 1150 in 1994. However, it is not possible to know whether or not these figures reflect a rise in drug misuse in the general population.

It is relevant here to refer to the present focus of public and governmental attention on the problem of drug misuse. Mr Austin Currie, Minister for State at the Department of Health has commented that there are approximately 800 people on the waiting list for treatment and has stressed the need for the opening of new treatment centres to cater for the needs of these drug misusers. In any compilation or estimation of numbers of drug misusers in Dublin, this figure has to be taken into consideration. As stressed at the opening of this Report, the figures we are analysing are of those persons who are already being treated for drug misuse.

We have referred on a number of occasions throughout the report to our intention of producing a five-year report in 1995 covering the years 1990 to 1994 to examine trends in regard to various socio-demographic characteristics, the history and practices associated with drug misuse and the duration of misuse. The data are, of course, service dependent so the picture they provide of the extent and nature of drug problems will be influenced by the drug service provision. Whether this provision accounts totally for the increasing numbers appearing in our Reports is a question needing further investigation.

BIBLIOGRAPHY

- Bury, G., O'Kelly F., and L. Pomeroy, (1993). The use of primary care services by drug users attending a HIV prevention unit'. *Irish Medical Journal*, Vol. 86, No. 2.
- Butler, S., (1991). 'Drug Problems and Drug Policies in Ireland: A quarter of a Century Reviewed'. *Administration*, Vol. 39, No.3.
- Butler, S., and M. Woods, (1992). 'Drugs, HIV and Ireland: Responses to Women in Dublin'. In Dorn, N., S.Henderson and N. South (Eds). *Aids, Women, Drugs and Social Care*. London: Falmer Press.
- Carney, P.A., Timms, M.W.H., and R.D. Stevenson, (1972). 'The Social and Psychological Background of Young Drug Abusers in Dublin'. *British Journal of Addiction*, Vol. 67, pp. 199-207.
- Carr, A.J., Hart, I., and M.G. Kelly, (1980). 'Irish Drug Abusers: Their Social Background'. *Irish Medical Journal*, Vol. 73, No.12.
- Carr, A.J., Hart, I., and M.G. Kelly, (1981) 'Irish Drug Abusers II : Their Psychological Characteristics'. *Irish Medical Journal*. Vol. 74, No. 1.
- Carr, A.J., Hart I., and M.G. Kelly (1981). 'Irish Drug Abusers III: Psycho – Social Typology'. *Irish Medical Journal*, Vol. 74, No.2.
- Charleton P. (1986) *Controlled Drugs and the Criminal Law*. Dublin: An Clo Liúie.
- Comberton J. (1982) *Drugs and Young People*. Dublin: Ward River Press.
- Corrigan D. (1990) The pathology of drugs of abuse in humans', *I.P.U. REVIEW*, July/August.
- Corrigan D. (1994) *Facts about Drug Abuse in Ireland*. Dublin: The Health Promotion Unit, Department of Health, 1994 (3rd edition).
- Council of Europe, (1987). *Multi-city Study of Drug Misuse*. Strasbourg: Council of Europe.
- Council of Europe, (1992). *Multi-city Study of Drug Misuse*. (1990), Update of data. Strasbourg: Council of Europe.
- Dean, G., Bradshaw J., and P. Lavelle, (1983). *Drug Misuse in Ireland, 1982 -1983. Investigation in a North Central Dublin Area and in Galway, Sligo and Cork*. Dublin: The Medico-Social Research Board.
- Dean, G., Smith, R., Power, B., Quilter, V., Murray, M., Bury, A., and J. Walsh (1984). *Heroin use in a Dun Laoghaire Borough Area 1983 -1984*. Dublin: The Medico-Social Research Board.
- Dean, G., Lavelle, P., Butler, M., and J.S. Bradshaw, (1984). *Characteristics of Heroin and non - Heroin users in a North-Central Dublin Area*. Dublin: The Medico-Social Research Board.
- Dean, G., O'Hare, A., O'Connor, A., Kelly, M., and G. Kelly, (1985). The Opiate Epidemic in Dublin 1979-1983'. *Irish Medical Journal*, Vol. 78, No.4.
- 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*, Vol. 80, No.5.
- Dean, G., Lavelle, P., O'Kelly, F.D., Power, B., and I. Hillery, (1992). 'Follow-up of a cohort of intravenous heroin users in North and South Central Dublin and in Dun Laoghaire'. *Irish Medical Journal*, Vol.85, No.1.
- Devlin F. (1994). *Family Communication and Self-Esteem*. Dublin: Department of Health, The Health Promotion Unit, Cork Social and Health Education Project, Southern Health Board.
- Department of Justice (1993). *Annual Report on Prisons and Places of Detention for the year 1991*. Dublin: The Stationery Office.

- Department of Justice (1994). *Annual Report of An Garda Siochana 1993*. Dublin: The Stationery Office.
- Department of Justice (1994). *The Management of Offenders – a Five Year Plan*. Dublin: The Stationery Office.
- Department of Justice (1993). *Annual Report of the Revenue Commissioners 1992*. Dublin: The Stationery Office.
- Fielding, J.F., Shattock, A.G., Doyle, G.D., and M.G. Kelly, (1983). 'Non-A Non-B Hepatitis in Parenteral Drug Abusers'. *Irish Medical Journal*, Vol. 76, No.10.
- Flynn S., and P. Yeates, (1985). *Smack, The Criminal Rackets in Ireland*. Dublin: Gill and Macmillan.
- Grube, J.W., and M. Morgan, (1986). *Smoking, Drinking and other Drug Use among Dublin Post Primary School Pupils*. Dublin: The Economic and Social Research Institute. Paper No.132.
- Grube, J.W., Morgan, M., and Kathleen A. Kearney, (1989). 'Using self-generated identification codes to match questionnaires in panel studies of adolescent substance use.' *Addictive Behaviours*, Vol. 14, pp. 159 -171.
- Grube, J.,W., and M. Morgan, (1990). 'Attitude – Social Support Intentions: Contingent - Consistency Effects in the Prediction of Adolescent Smoking, Drinking and Drug Use.' *Social Psychology Quarterly*, Vol 53, pp. 329-339.
- Grube, J.,W., and M. Morgan, (1990). 'The structure of problem behaviours among Irish adolescents'. *British Journal of Addiction*, Vol. 85, pp.667-675.
- Grube, J.W., and M. Morgan, (1990). *The development and maintenance of smoking, drinking and other drug use among Dublin post-primary pupils*. Dublin: The Economic and Social Research Institute. Paper No.148.
- Grube, J.W., and M. Morgan, (1991). 'Closeness and peer group influence'. *British Journal of Social Psychology*, Vol.30, pp. 159-169.
- Herity, B.A., Horgan, J.M., Bourket, G.J., and K.Wilson-Davis, (1977). Tobacco, Alcohol and other Drug use among Medical Students. *Journal of the Irish Medical Association*, 70,18, pp. 532-539.
- Hutchinson L., E. Keenan, M. Cheasty, J.J. O'Connor, G. McCarthy, (1995) 'A Comparison of Attendance for Drug Misuse to Dublin Accident and Emergency Departments 1985-1993', *Irish Medical Journal*, Volume 88, No.2, pp. 56-57.
- Keenan, E., Dorman, A./and J. O'Connor, (1993). 'Six Year Follow Up of Five Pregnant Opiate Addicts'. *Irish Journal of Medical Science*, Vol. 162, No. 7, pp. 252-255.
- Keenan, E., Gervin, M., Dorman, A., and J.J. O'Connor, (1993). 'Psychosis and Recreational use of MDMA ("Ecstasy")'. *Irish Journal of Psychological Medicine*, Vol.10, No.3, pp. 162-163.
- Kelly, M.G., Shattock, A.G., Doyle, G.D., and J.F. Fielding (1982). 'Drug Induced Liver Disease'. *Irish Medical Times*, (Nov or Dec 1982).
- Kelly D.A., D. Carroll, A.G. Shattock, E. O'Connor/D.G. Weir (1983) 'A Secondary Outbreak of Hepatitis B Among Contacts of Drug Abusers in Dublin', *Irish Medical Journal*, Volume 76, No. 4.
- Kelly G.E. (1994) 'Minimum size of the AIDS epidemic in Ireland', *Irish Medical Journal*, Volume 87, No.1.
- Kirke, P., Gough, C., Wilson-Davis, K., O'Rourke, A., and G. Dean, (1973). Drugs – A Study of Irish Rural Post-Primary Schoolchildren 1970-1971. *Journal of the Irish Medical Association*, 66,9.
- Lavelle, P., (1986). *Heroin Misuse in a North Central Dublin Area 1985. A follow-up on the 1982-83 Drug Misuse in Ireland Study*. Dublin: Medico-Social Research Board.

- Morgan, M., and J.W. Grube, (1989). 'Drug use in Irish Schools : A comparison with other countries'. *Oideas* (Journal of the Department of Education), Vol. 34, pp.21-31.
- Morgan M., J.W. Grube, (1991) 'Closeness and peer group influence'/*British Journal of Social Psychology*, Volume 30, pp. 159-169.
- Morgan M., J.W. Grube (1994) *Drinking amongst Post-Primary School Pupils*. Dublin: The Economic and Social Research Institute, Paper No.164.
- Murphy M., K. Gaffney, O. Carey, E. Dooley, F. Mulcahy, (1992) The impact of HIV disease on an Irish prison population'. *International Journal of STD and AIDS* Volume 3, pp. 426-429.
- National AIDS Strategy Committee, (1992). *Reports and Recommendations of the Sub Committee of the National Committee on : Care and Management of Persons with HIV/AIDS; HIV/AIDS Surveillance (Interim Report) ; Education and Prevention Strategies; Measures to Avoid Discrimination against Persons with HIV/AIDS*. Dublin: Department of Health.
- National Co-ordinating Committee on Drug Misuse, (1991). *Government Strategy to Prevent Drug Misuse*, Dublin: Department of Health.
- Nevin, Monica., Wilson-Davis, K., O'Rourke, A., and G. Dean, (1971). 'Drugs – A Report on Study in Dublin Post-Primary Schoolchildren', 1970. *Journal of the Irish Medical Association*, 64, 406.
- O'Connor, J.J., Stafford-Johnson, S., Kelly, M.G., and G.Byers, (1986). 'Attendances for drug misuse to Dublin Accident and Emergency Departments'. *Irish Medical Journal* Vol. 7,9,11, pp. 328-329.
- 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*, Vol. 157, No. 5, pp. 146-149.
- O'Connor, J.J., E. Moloney, R. Travers, A. Campbell (1988) 'Buprenorphine Abuse among Opiate Addicts', *British Journal of Addiction*, Volume 83, pp. 1085-1087
- O'Connor, J.J., S. Stafford-Johnson (1990) The Abuse of Prescribed Medication', *Irish Doctor*, March.
- O'Connor, J.J. (1991) The Threat of Crack', *Journal of the Irish College of Physicians and Surgeons*, Volume 20, No. 1.
- O'Hare A. (1992) *Multi-city Study of drug misuse. 1990 Update of data for Dublin City Report*. Strasbourg: The Council of Europe
- O'Hare, A., and M. O'Brien, (1992). 'Treated Drug Misuse in the Greater Dublin Area 1990'. Dublin: The Health Research Board.
- O'Hare, A., and M. O'Brien, (1993). 'Treated Drug Misuse in the Greater Dublin Area 1991'. Dublin: The Health Research Board.
- O'Higgins K., and M. O'Brien, (1994). 'Treated Drug Misuse in the Greater Dublin Area Report for 1992 & 1993'. Dublin: The Health Research Board.
- 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*, Vol. 57, pp.2.
- O'Mahony, Paul and Thomas Gilmore (1982). *Drug Abusers in the Dublin Committal Prisons: A Survey*. Dublin: The Stationary Office.
- O'Mahony, Paul and Eamonn Smith, (1984). 'Some personality Characteristics of Imprisoned heroin addicts'. *Drug and Alcohol Dependence*, Vol. 13, pp. 255-256.
- O'Mahony, Paul, (1986). *A Survey of Drug Users in Mountjoy Prison. A presentation to the Criminological Association*.

- O'Mahony, Paul, (1989). 'An Investigation of Attitudes and Information on Aids'. *The Irish Journal of Psychology*, Vol.10, No.1, pp. 21-38.
- O'Mahony, Paul, (1990). 'Abstinence in treated and untreated opiate abusers: A study of a prison sample'. *Irish Journal of Psychological Medicine*, Vol. 7, No.2, pp.121-123.
- O'Mahony P., M. Barry (1992) 'HIV risk of transmission behaviour amongst HIV infected prisoners and its correlates', *British Journal of Addiction*, Volume 87, pp. 1555-1560.
- Ryan W.J., Y. Arthurs, M.G. Kelly, J.F. Fielding (1982) 'Heroin Abuse with Hepatitis B Virus Associated Chronic Active Hepatitis in a Twelve-year-old Child', *Irish Medical Journal*, Volume 75, No.5, pp. 166.
- Shattock, A. G., Fielding, J.F., and M.G. Kelly (1982). 'Non-A, Non-B Hepatitis and Delta infection in Dublin: A preliminary report'. In: *Proceedings of the Hepatitis Workshop, Stirling, Scotland*, Ed: Hopkins and Fields, pp. 53-56.
- Shattock, A. G., Arthurs, Yvonne, Doyle, G.D., and J.F. Fielding (1984). 'Chronic Active Hepatitis in Intravenous Drug Abusers May be Delta Agent Infection Associated'. *Irish Journal of Medical Science*, Vol. 153, No.1, pp.17-19.
- Shattock, Alan, G., and Bridget M. Morgan (1984). 'Sensitive Enzyme Immunoassay for the Detection of Delta Antigen and Anti-Delta, Using Serum as the Delta Antigen Source'. *Journal of Medical Virology*, Vol. 13, pp. 73-82.
- Shattock, A.G., Finlay, H., and I.B. Hillary (1987). 'Possible reactivation of hepatitis D with chronic delta antigenaemia by human immunodeficiency virus'. *British Medical Journal*, Vol. 294, pp. 1656-1657.
- Shattock, A. G., Morris, Marie, Kinane, Kevin, and Ciaran Fagan (1989). 'The Serology of delta hepatitis and the detection of IgM anti-HD by EIA using serum derived delta antigen'. *Journal of Virological Methods*, Vol. 23, pp. 223-240.
- Shattock A.G., M.G. Kelly, J. Fielding, Y. Arthurs (1982) 'Epidemic Hepatitis B with Delta Antigenaemia among Dublin Drug Abusers', *Irish Journal of Medical Science*, Volume 151, No.11, pp. 334-338
- Shattock A.G., F.M. Irwin, B.M. Morgan, I.B. Hillary, M.G. Kelly, J.F. Fielding, D.A. Kelly, D.G. Weir, (1985). 'Increased severity and morbidity of acute hepatitis in drug abusers with simultaneously acquired hepatitis B and hepatitis D virus infections', *British Medical Journal*, Volume 290, pp. 1377-1380.
- Shattock A.G., L. Jones, M. O'Mahony, I.B. Hillary (1989) 'Changes in Incidence of Hepatitis B in Ireland from 1970 -1987', *Irish Journal of Medical Science*, Volume 158, No.8, pp. 210-214.
- Shelley, E., O'Rourke, F., O'Rourke, A., and K. Wilson-Davis, (1982). 'Drugs – A Study in Dublin Post-Primary Schools'. *Irish Medical Journal*, Vol.75, No.7.
- Shelley, E.B., Wilson-Davis K., and A. O'Rourke, (1984). 'Drugs a Study in Post-Primary Schools situated outside Dublin 1981'. *Irish Medical Journal*, Vol.77, No.1.
- Williams, H., O'Connor, J.J., and A. Kinsella, (1990). 'Depressive Symptoms in Opiate Addicts on methadone maintenance'. *Irish Journal of Psychological Medicine*, Vol. 7, No.1, pp. 45-46.

APPENDIX A

Frequency Tables 1994

NUMBERS			
	TOTAL TREATMENT	CENSUS	FIRST CONTACT
Table A1			
Type of Contact			
new client	1780	178	1150
old client	1171	549	—
not known	27	1	—
Table A2			
Ever Previously Treated			
never	1269	119	1150
previously treated	1678	604	—
not known	31	5	—
Table A3			
In Contact with Other Centres			
no	2101	483	1150
yes	762	192	—
not known	115	53	—
Table A4			
Secondary Drug of Misuse			
Opiates/Opioids	949	251	410
Stimulants	65	10	25
Hypnotics/Sedatives	541	181	124
Hallucinogens	187	23	103
Volatile Inhalants	10	2	8
Cannabis	518	70	221
Alcohol	120	34	48
Other	2	—	1
No secondary drug	579	155	207
Not known	7	2	3

NUMBERS			
	TOTAL TREATMENT	CENSUS	FIRST CONTACT
Table A5			
Under 15 years	360	94	144
15-19 years	1244	232	617
20-24 years	374	121	79
25 years +	178	67	30
no secondary drug	579	155	207
not known	243	59	73
Table A6			
Frequency in Past Month			
	264	65	101
	170	31	69
once weekly	183	39	97
	483	83	255
daily	797	175	
twice or more daily	336	152	51
no secondary drug	579	155	207
not known	166	28	59
Table A7			
Route of Administration			
inject	492	177	144
smoke	533	71	223
eat/drink	1226	292	528
sniff	39	6	17
no secondary drug	579	155	207
not known	109	27	31
Table A8			
Duration in Years			
<1 year	71	8	40
1-2 years	781		456
3-4 years	392	77	165
5-9 years	464	128	128
10 years +	399	158	67
no secondary drug	579	155	207
not known	292	78	87

APPENDIX B

Population of the Greater Dublin Area 1991

AGE AND SEX NUMBER AND PERCENTAGES			
	TOTAL	CENSUS	FIRST
Under 15	<i>Male</i>	<i>Female</i>	<i>Total</i>
	112769	106825	219594
	51.4		100.0
	25.8	22.4	24.0
15-19	43446	43882	87328
	49.8	50.2	100.0
	9.9	9.2	9.5
20-24	4323	46168	89400
	48.4	51.6	100.0
	9.9	9.7	9.8
25-29	36418	40130	76548
	47.6	52.4	100.0
	8.3	8.4	8.4
30-34	32927	35454	68381
	48.2	51.8	100.0
	7.5	7.4	7.5
35-39	29236	31931	61167
	47.8	52.2	100.0
	6.7	6.7	6.7
40-44	27397	29154	56551
	48.4	51.6	100.0
	6.3	6.1	6.2
45+	112364	144183	256547
	43.8	56.2	100.0
	25.7	30.2	28.0
All ages	437789	477727	915516
Sex percentage	47.8	52.2	100.0
Column Total	100.0	100.0	100.0
<i>Source: Ireland, Census of Population 1991, Central Statistics Office</i>			

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APPENDIX C

Dublin Drug Reporting System

TREATMENT CENTRES

The Drug Treatment Centre Board

- A statutory out-patient counselling, prescribing (methadone) and detoxification service, with 10 beds in Beaumont Hospital.

Coolmine Therapeutic Community

- A voluntary non-prescribing agency providing counselling and support at induction, day programme, residential and after care level.

The Rutland Centre

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

The Ana Liffey Drug Project

- A voluntary non-prescribing street agency offering counselling and support at day care level.

Addiction Counsellors

- A statutory non-prescribing service operated in the Dublin Community Care areas by eight professional workers from various health centres offering counselling and support at day care level.

Ballymun Youth Action Project

- A voluntary non-prescribing community based agency offering individual counselling, group work, family counselling and a range of social activities.

General Practitioner

- A non-prescribing, counselling and support service offered by a general practitioner. Benzodiazepines have occasionally been used to detoxify patients.

St. Patrick's Hospital

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

St. John of God Hospital

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

Mountjoy Prison

- A detoxification, counselling and support service.

St. Patrick's Institution

- A detoxification, counselling and support service.

Arbour Hill Prison

- A detoxification, counselling and support service.

Probation Service, Smithfield

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

Talbot Day Centre

- A statutory community-based programme for drug free youth providing remedial education, individual and group counselling. Group therapy is also available for family members.

Mater Dei Counselling Centre

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

Ushers Island Clinic and Day Centre

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

Wheatfield Prison

- A detoxification, counselling and support service.

Candle Community Trust

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

Merchant's Quay Project

- A voluntary service providing counselling and advice to drug users affected by HIV and also referral to other agencies.

Baggot Street Clinic

- A statutory service offering harm minimisation, methadone maintenance, counselling, psychotherapy, detoxification programmes, residential treatment and rehabilitation programmes.

Aisling Clinic

- A statutory service offering harm minimisation, methadone maintenance, counselling, psychotherapy, detoxification programmes, residential treatment and rehabilitation programmes.

City Clinic

- A statutory service offering harm minimisation, methadone maintenance, counselling psychotherapy, detoxification programmes, residential treatment and rehabilitation programmes.

APPENDIX D

Draft Core Data for Drug Treatment Reporting System

POMPIDOU-EC PROJECT

(Complete Boxes, write information and circle codes as appropriate)

<p>1. City <input type="text"/></p> <p>2. Treatment Centre <input type="text"/></p> <p>3. Client No. <input type="text"/></p> <p>4. Date <input type="text"/></p> <p>5. Type of Contact with this Centre 1. new client 2. old client 3. n/k</p> <p>6. Ever previously Treated (Anywhere) 1. never 2. prev. treated 9. n/k</p> <p>7. Currently in Contact with Other Centres (a) 1. no (for drug misuse) 2. yes 9. n/k (b) if yes, specify</p> <p>8. Sex 1. male 2. female</p> <p>9. Age in Years (99 n/k) <input type="text"/></p>	<p>10. Living Status 1. alone 2. with family 3. with friends 4. with partner-drug misuser 5. with partner-not drug misuser 6. institution 7. homeless/transient 8. other 9. n/k</p> <p>11. Area of Residence </p> <p>12. Ethnicity 1. white national 2. black - afro-caribbean 3. black - asian 4. other ethnic minority specify 5. other white (non-national) specify..... 9. n/k</p> <p>13. Employment Status 1. full-time 2. part-time/regular 3. unemployed 4. full-time student 5. full-time housewife 6. other 9. n/k</p> <p>14. Education (a) Age left school (99 n/k) <input type="text"/> (b) Highest level reached</p>
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15. Problem Drug use

	Drug Name	Age First Used	Frequency Past Month (see code)	Route (see code)	Duration in years
Primary					
Secondary					

(Alcohol may only be recorded as a secondary drug of misuse)

Frequency Past Month

1. drug free
2. less than once monthly
3. once weekly
4. twice or more weekly
5. daily
6. twice or more daily
9. n/k

Route

1. inject
2. smoke
3. eat/drink
4. sniff
9. n/k

16. Ever Injected

- (a) 1. yes
 2. no
 9. n/k
- (b) Age first injected (99 n/k)

17. Currently Injecting

1. yes
2. no
3. n/k

18. Ever Shared

1. yes
2. no
3. n/k

19. Currently Sharing

1. yes
2. no
3. n/k

INSTRUCTIONS FOR COMPLETION OF FORM

(to be completed once for each client for the period under review)

1. **City/Health Board Area**
Enter appropriate code which will be provided.
2. **Treatment Centre**
Enter treatment centre code which will be provided.
3. **Client Number**
This should be a number which uniquely identifies the client. The first two digits will be the treatment centre code, the third digit the specialist code, where one exists within the centre, otherwise a zero will be used. The remaining five digits relate directly to the client and will be computer generated or supplied by the centre.
4. **Date**
This refers to the date on which the client makes contact with the centre. The first two digits refer to the day, the second two to the month and the last two to the year. Where day or month is represented by one digit, this digit should be entered in the second box of day or month, and a zero entered in the preceding box of day or month.
5. **Type of Contact with This Centre**
Circle the relevant code. New client is a client making a first contact with the treatment centre, old client is a client making a second or subsequent contact. It should be possible in all cases to distinguish between new and old clients and code accordingly, however code 9 is provided when this information is not known.
6. **Ever Previously Treated**
Circle the relevant code. Never, refers to a client who has never has a drug-related treatment contact anywhere for drug misuse and is therefore making a first ever treatment contact. Previously treated, refers to a client who has already made contact whether with the centre for which information is being completed or who has had any other drug treatment contact elsewhere. This is a crucial question and it is essential that accurate information be obtained. (Please note that where a client is recorded as “never previously treated” he/she cannot be coded as “old client” in Q.5, nor as “currently in contact with other centres” in Q.7).
7. **Currently in Contact with other Centres – for a drug problem**
 - (a) Circle the relevant code. No, refers to a client who has not been in contact with another drug treatment centre(s) in the 30 days prior to the current contact. Yes, relates to a client who is or has been in contact with another centre(s) in the 30 days prior to the start of this treatment contact. It should be possible in all cases to establish whether a client is currently in contact with other centre(s) or not; however, code 9 is provided when this information is not known.
 - (b) Where a current contact with other centre(s) has been ascertained and code 2 in the (a) part of the question is circled then the name(s) of the other centre(s) should be recorded.
8. **Sex**
Circle in the appropriate code.
9. **Age**
Record the client’s age in years at time of contact with the centre in the boxes provided.
10. **Living Status**
Circle the relevant code, and specify where necessary. Living status refers to current living status. Code 2, with family, refers to living with family of origin. Codes 4 and 5 relating to

partner – drug misuser/not drug misuser – may refer to a spouse or to a male/female partner lived with.

11. Area of Residence

Record the current area of residence by using the codes in the EIS street index.

12. Ethnicity

Circle relevant code and specify where necessary.

13. Employment Status

Record current employment status by circling the relevant code and specifying where necessary.

14. Education

(a) Record age in years when left full time education in boxes provided.

(b) Record the highest educational level reached. Government sponsored work schemes are not regarded as educational schemes and therefore should not be recorded here.

15. Problem Drug Use (refers to the month before presenting for treatment) Primary

Record the drug name which the client alleges at the time of current contact is causing most problems and for which treatment is sought.

Alcohol may not be recorded as a primary drug of misuse and clients whose primary drug of misuse is alcohol should be excluded from the system.

Secondary

Where the client is misusing a second drug in addition to the primary one specified record the name. If none, write none. Alcohol may be recorded as a secondary drug.

Age First Used

The age in years at which the client first misused the drug recorded.

Frequency Past Month

(prior to current treatment)

Record the relevant code for the drug recorded in this space provided from list supplied.

Duration in Years

Record the number of years for which the drug recorded has been actively misused. Six months to less than 12 months misuse should be recorded as one year. Less than six months misuse should be recorded as 0.

16. Ever Injected

(a) Circle the relevant code.

Injection refers to inserting a needle into a vein, muscle tissue, or under the skin.

(b) Record age in years when first injected.

(Please note that if “no” is recorded for this question then Q.17, 18 and 19 are not applicable).

17. Currently Injecting

Circle the relevant code. Injection refers to inserting a needle into a vein, muscle tissue, or under the skin.

18. Ever Shared

Circle the relevant code.

19. Currently Sharing

Circle the relevant code.

DRUG CLASSIFICATION

1. Opiates and Opioids			
Buprenorphine	01	Oxazepam	06
Codeine (linctus)	02	Nitrazepam	07
Dextromoramide	03	Temazepam	08
Dextropropoxyphene	04	Triazolam	09
Dihydrocodeine	05	Other minor tranquillizers	10
Dipipanone	06	Major tranquillizers	11
Heroin	07	Other hypnotics and sedatives	88
Methadone	08	4. Hallucinogens	
Morphine	09	Lysergic Acid Diethylamide	01
(including Morphine Sulphate Tablets – MST)		Amanita Muscaria	02
Opium	10	Psilocybin	03
Pentazocine	11	Phencyclidine	04
Pethidine	12	MDMA (Ecstasy)	05
Other Opiates/Opioids	88	MDA	06
		Other hallucinogens	88
2. Stimulants		5. Volatile Inhalants	
Amphetamine	01	Glue	01
Dexamphetamine	02	Butane	02
Methamphetamine	03	Other Solvents	03
Methylphenidate	04	Petrol	04
Other amphetamine like drugs	05	Nitrites	05
Cocaine	06	Other volatile inhalants	88
Crack	07	6. Cannabis	
Other cocaine forms	08	Herbal	01
		Resin	02
3. Hypnotics and Sedatives		Oil	03
Barbiturates	01	Other cannabis forms	88
Chlordiazepoxide	02	7. Alcohol	
Diazepam	03	8. Other Drugs	
Flurazepam	04		
Lorazepam	05		

APPENDIX E

Estimation of Rates for Treated Drug Misuse

The Report of treated drug misuse in the Greater Dublin Area for 1994 was based on information on three groups of clients – the total treatment contacts group; the Census of clients in treatment in December group and the first treatment contacts group. We now give the rates for treated drug misuse for each of these groups. Since the data presented in this Report related to cases and not to persons, some estimate must be obtained of the actual number of persons who entered treatment for their drug misuse in the Greater Dublin Area, in order to calculate the rates for the three groups involved (see previous reports for details of method of calculation) (1).

It may be stated with confidence that the level of duplication of individuals reported to the Health Research Board from treatment centres was minimal, if existing at all. All report forms were checked individually before data entry and a check was again carried out at the end of year to detect any duplicate client numbering within centres. There is, however, a possibility of some double counting having arisen between centres. Because of this we included on the report form a question on whether or not the client was currently in contact with other centres for treatment of drug misuse and if the response was affirmative then the person completing the report form was asked to specify which centre or centres were involved. 'Currently' in this context referred to the thirty days prior to the client's attendance for treatment. The response to the question and the specification of the other centre or centres where treatment was given enabled some estimate of the level of double counting to be made.

Rates have been calculated for the 15-39 year age group. This age group accounted for 95 per cent of the drug users covered by this Report.

The rates were calculated to be:

Total Treatment Contacts

Number	2702
Rate	7.1

Census of Clients in Treatment in December

Number	657
Rate	1.7

First Treatment Contacts

Number	1150
Rate	3.0

Rates were per '000 population aged between 15 and 39, based on 1991 *Census of Population*. The number of persons in that age group in the Census was 382,824.

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