

**TREATED DRUG MISUSE IN
THE GREATER DUBLIN AREA
1991**

by
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and
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THE HEALTH RESEARCH BOARD

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Published in 1993 by:
The Health Research Board, An Bord Taighde Slainte,
73 Lower Baggot Street, Dublin 2, Ireland.
Telephone: 01-6761176, 6766076.

ACKNOWLEDGEMENTS

We wish to acknowledge our indebtedness to all the participating centres in the Dublin Drug Treatment Reporting System who provided us with anonymous information on clients treated by them, thereby making this study possible.

The overall support by Dr. V. O’Gorman, Health Research Board, of our work is much appreciated as are the valuable comments made by Mr. J. O’Gorman, Health Research Board, on an earlier version of this report.

We are indebted to the Department of Health who arranged funding for this project through the National Lottery.

A warm word of thanks to Ms. E. Mulleady for her patient and competent word processing through the various draft stages of this report.

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SUMMARY OF MAIN FINDINGS

The following findings from the Dublin Drug Treatment Reporting System for 1991 refer to clients who received treatment for problem drug taking and were resident in the Greater Dublin Area. Treatment was provided by a range of statutory and voluntary treatment centres considered to be representative of drug treatment availability in the catchment area.

- An estimate of 2006 persons received treatment for drug misuse in 1991
- The estimated number who received treatment for the first time was 450
- Seventy seven per cent of clients were male
- Most clients, 95 per cent, were between 15 and 39 years old
- More than half lived with their family of origin
- Thirty per cent lived in the inner city
- Forty two per cent had left school before the official school leaving age of 15, women proportionally more so than men
- Eight out of ten clients were unemployed
- In 78 per cent of cases an opiate was the primary drug of misuse, mainly heroin and morphine sulphate tablets
- The majority, 64 per cent, had injected their primary drug Half had been misusing their primary drug for five or more years
- Of those who had ever injected their drugs, 69 per cent were currently injecting, but only 20 per cent were currently sharing
- Proportionally more women than men were living with a drug misusing partner, and also more women than expected were sharing injecting equipment.

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CHAPTER 1

Introduction and Background

This report on treated drug misuse in the Greater Dublin Area in 1991, the second in a proposed series of publications, analyses the characteristics of drug users who presented for treatment, their history of drug misuse including injecting and sharing practices. Our intention is to publish concise annual reports as soon as possible after information has been returned to the Health Research Board from the participating treatment centres, and every five years to publish a more indepth analysis. The first report of treated drug misuse in Dublin 1990 (O'Hare and O'Brien, 1992) provides a more detailed context to problem drug takers' environment and background than is supplied here and could usefully be referred to in association with this report.

This work dates from the early 1980s when epidemiologists from different backgrounds met under the aegis of the Pompidou Group Council of Europe, to see how administrative monitoring systems could be established in their various cities to assess public health and social problems related to drug abuse. This type of collaboration, designed to use similar approaches in the production of information, was seen to offer greater promise in the interpretation and amelioration of problem drug use than individual approaches. Also there is considerable similarity in the drugs misused currently by people despite differences in policies and service provision in European countries.

The first report of the Multi-city Study of Drug Misuse in 7 European cities, including Dublin (Council of Europe, 1987) brought together information from a range of different indicators of drug misuse activity, such as, first treatment demand, drug related deaths, drug related Hepatitis B cases, persons charged for drug offences and price and purity of drugs in each of the cities. The validity of this approach was assessed and recommendations made on how the comparability and quality of these data could be improved.

Information provided by the treatment indicator was acknowledged as being of particular value in most cities. This led to its further development in Dublin treatment centres and a selection of London clinics/centres in 1989 (O'Hare and Hartnoll, 1989). The refinement of this indicator is ongoing and to some extent stimulated by the increasing membership of the Pompidou group has led to a pilot and developmental study of "Drug Treatment Reporting Systems and the First Treatment Demand Indicator".

The broad objectives of this study are :

- to encourage the implementation of a recommended standard framework for the routine collection and reporting of comparable core data on the profile and size of drug-using populations who contact treatment centres in different cities and countries ... and
- to produce periodic reports describing and comparing trends in treatment demand and the characteristics of drug misusers going for treatment in different parts of Europe (Hartnoll, 1993).

Eleven European cities participated in the pilot study of 1991 which tested the feasibility of collecting comparable core data in countries sometimes with different policies to drug misuse and with different levels of participation to facilitate the monitoring and interpretation of treated drug misuse patterns in Europe. Currently at least 18 countries including the Czech Republic, the Slovak Republic, Hungary and Poland, Slovenia and Bulgaria are interested in developing or have developed treatment reporting systems in their respective cities. Various technical meetings and training sessions have taken place in the past 2-3 years under the auspices of the Pompidou Group to clarify and reach agreement on basic definitions, objectives, and quality control. A

definitive protocol to be used by all participants in the system in association with an agreed form to collect information on core and optional variables is being developed. The provisional timetable is that the final version of the protocol will be completed in 1994. The implementation of this protocol will require some small changes in the form and instructions currently used in Dublin.

Apart from the obvious value of participation in this international forum, monitoring of the drug scene in Dublin, the only city in the country with a serious opiate problem, is crucial. Furthermore because a higher percentage of opiate users in Dublin than in most other countries, in the 1980s, injected their drugs we have one of the highest percentages of drug related AIDS cases among those countries who report to AIDS Surveillance in Europe (WHO-EC Collaborating Centre on AIDS, 1993).

To effect change requires a clear and accurate picture of drug misuse in Dublin, which this reporting system purports to do. The Government acknowledges the need for ongoing reliable data and included information from the Dublin Treatment System in its Strategy Report to Prevent Drug Misuse (Department of Health, 1991).

These data can also be of use to a range of bodies associated with problem drug use, such as, the Department of Health, the Eastern Health Board, and particularly to the participating centres who provide such information. The Dublin Drug Treatment Database is also available to bone fides researchers.

Our starting point is the provision of data on treated drug misuse but we plan, at a later stage, to extend this investigation to include drug users in the Greater Dublin Area not in contact with treatment services thereby providing a more reliable estimate of the total number of drug users than is currently available.

CHAPTER 2

Methodology

Objectives of the Reporting System

This reporting system was set up to provide three different but complementary sets of information as follows:

One Year Treated Prevalence

Refers to clients in treatment at the beginning of a given year together with those who entered treatment during the year, in this case 1991;

Census or Point Treated Prevalence

Refers to those persons in treatment at the beginning of the year, operationally defined for residential centres as clients in treatment on December 31st, and for non-residential centres as those who received treatment at least once in December;

First Treatment Contact or One Year Treated Incidence

Refers to clients who entered treatment for the first time ever and had not previously been treated anywhere for their problem drug use.

These data are useful in providing an overview of the extent and dimension of the drug population in Dublin. One Year Treated Incidence when accurately established is a reliable indication of the increase or decrease of treated drug misuse over time. No reliable statement can be made on the accuracy of the treated drug phenomenon in Dublin without these data. Policy makers and service providers can also find this information useful in illustrating who used which services; whether services are reaching target populations; or what the effect is of the introduction of new services. With the development of similar reporting systems in Europe added insight can be acquired from databases where participating countries have similar policies and service provisions to those in Ireland.

Catchment Area

The study catchment area is the Greater Dublin Area at 504km², within Dublin county. According to the 1991 Census of Population it comprises Dublin County Borough, its north suburbs (Fingal-part) and its south suburbs (Belgard-part) together with Dun Laoghaire County Borough and its suburbs, with a population of 915,516.

Population Surveyed

Persons who received treatment in 1991 from centres in the reporting system in the Greater Dublin Area and who reside there are the subject of our analysis. Twenty two centres participated in the system (see Appendix C for a list of these centres and their service provision). Between them they cover the range of facilities available to drug users in the Dublin area such as, medical treatment including methadone, and non-medical care from both statutory and voluntary services. As will be seen later in this chapter we believe that the group of drug users analysed is representative of those who seek treatment for their problem. Excluded are persons who receive treatment outside the Greater Dublin Area, e.g., in the United Kingdom. However the common belief is that the group of people who 'drift' between the two countries probably enter treatment at some stage in Dublin and are included in our statistics.

Study Definitions

The following are definitions of the principal terms or concepts used in this study.

Drug Misuse

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

Drug treatment is therapy given to clients in various specified centres. It may include medical treatment such as, detoxification, methadone or drug-free programmes, and psychotherapy or non-medical modalities like counselling, individual or group therapy. Whereas therapy is generally provided by professional personnel it also includes persons employed by some centres who are deemed by them to have the necessary therapeutic skills, but lack formal qualifications.

Drug treatment may be provided in e.g., hospitals, therapeutic communities, residential centres, out-patient clinics, street agencies and prisons. Treatment does not include, however, information given over the telephone, or information solely related to social assistance or insurance entitlements.

Primary Drug

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

Study Questionnaire

A one page questionnaire or form designed for the EC Dublin/London pilot project was used to collect information from the participating centres in the catchment area of greater Dublin. Prior to the commencement of this study considerable public relations work was undertaken to identify and then ensure participation of centres providing treatment to drug users. The objectives and the benefits of the project were discussed and assurances given regarding the confidentiality of the data given i.e., that information from an individual participating centre would not be divulged without prior consent. Each participating centre received information on the definitions of key concepts central to the data collection and instructions regarding how the form was to be completed. Copies of the study form, instructions used to complete the form, and the drug classification are contained in Appendix D.

Coverage

Twenty two centres participated in the reporting system in 1991. No information was received during the year for seven of these named centres on the list. However if the likelihood existed of clients presenting for treatment it appeared prudent to retain their agreed participation, for example some centres in the previous year who then had no drug clients have since been approached for treatment. From our knowledge of service providers in the catchment area we feel confident that centres co-operating in the scheme represent almost complete coverage of treated drug misuse. There was some under-reporting in two of the participating centres, seen as temporary, due to pressure of work and staffing changes. The main gaps in our network are those general practitioners who e.g., provide methadone to opiate users; Mountjoy Prison, which initially returned data to us but had to discontinue due to pressure of work. Discussions are in progress to regain their co-operation.

Data Processing

Completed forms are returned to the Health Research Board in sealed plastic bags for security reasons. Data are initially checked for completeness and accuracy and this process in some instances requires further clarification with the participating treatment centres. Anonymous information is entered on an IBM compatible PC and the software used is the Statistical Package for the Social Sciences (SPSS).

CHAPTER 3

Findings

This chapter presents and comments on the findings for the year 1991. As in 1990 this is done under the two broad headings of

- One year treated prevalence
- Census and first treatment contact.

Information used in the analysis of the above measurements of treated drug misuse refers to cases not to individuals. This occurs because a client can be currently receiving treatment from more than one centre, and the anonymity of the system prevents us from determining which clients these are. An estimation of the number of clients receiving treatment is given at the end of this chapter. Analysis of data for One Year Treated Prevalence is presented first followed by a comparison between Census and First Treatment Contact cases. This comparison is considered useful as the two groups are quite distinct. The census group tends to be older than the first contact one who would not have had a previous service contact for treatment of their drug problem. In each section cases will be examined in greater detail under the following headings:

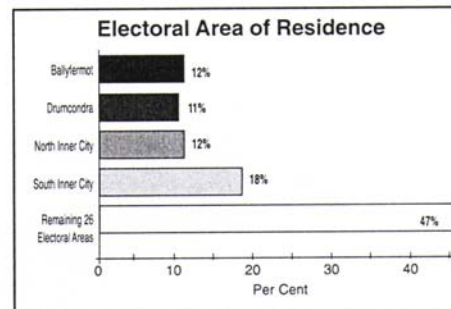
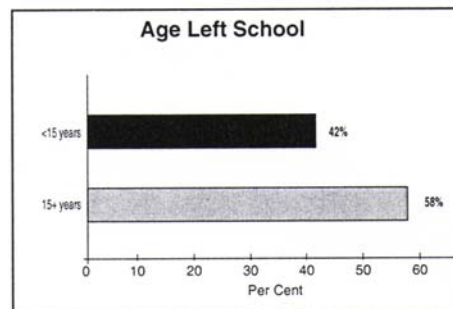
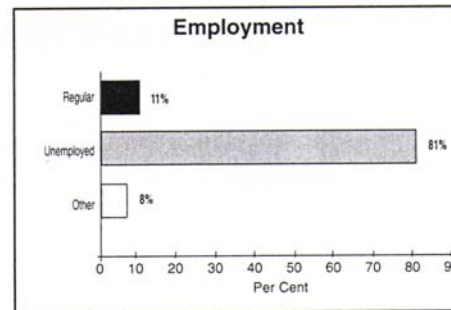
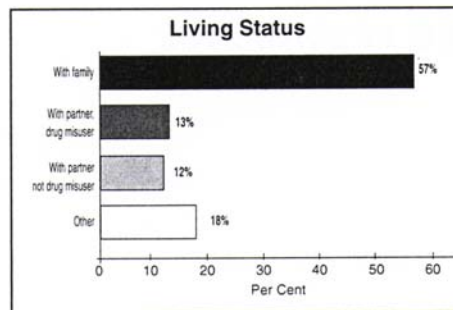
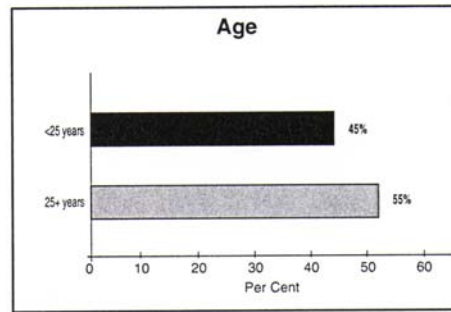
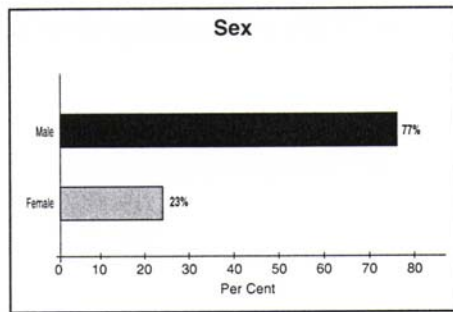
- (i) Socio-demographic characteristics;
- (ii) History of drug misuse;
- (iii) Injecting and sharing practices.

This will take the form of presenting the broad picture in bar charts and pie charts using valid percentages, that is excluding the not known or not available information. After this more detailed tabular information will be given which also refers to valid percentages. The frequency tables which are the basis of these analyses can be seen in Appendix A.

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ONE YEAR TREATED PREVALENCE

SOCIO-DEMOGRAPHIC CHARACTERISTICS (VALID %)



The socio-demographic profile of the prevalence cases shows a predominance of males at 77 per cent and a mean age of 25 years for all cases. More than half the clients lived with their family of origin. Unemployment was very high at 81 per cent and 42

per cent had left school before the age of 15 years. The population was quite localised, with more than half of those who received treatment for a drug problem resident in four of the thirty census electoral areas in Dublin.

Table 1: One Year Treated Prevalence, Dublin 1991. Specified Socio-demographic Characteristics by Sex.			
<i>Numbers and Percentages</i>			
Age		Male	Female
under 25 years	N	822	232
	%	46.1	43.3
25 years & over	N	960	304
	%	53.9	56.7
Living Status			
with family	N	1049	194
	%	62.3	38.9
with partner, drug misuser	N	145	141
	%	8.6	28.3
with partner, not drug misuser	N	234	33
	%	13.9	6.6
other	N	256	131
	%	15.2	26.3
Employment			
regular work	N	221	28
	%	12.5	5.2
unemployed	N	1483	401
	%	83.5	74.7
other	N	71	108
	%	4.0	20.1
Age Left School			
under 15 years	N	582	216
	%	39.8	50.7
15 years & over	N	880	210
	%	60.2	49.3

Table 1 presents the sex of clients by specified socio-demographic characteristics. The most notable gender differences in this table were the much higher proportion of women than men living with a drug using partner, and the greater likelihood of men than women to be living with their family of origin. Closer scrutiny of the larger percentage of women in the 'other' category showed that a higher proportion of women than men lived alone.

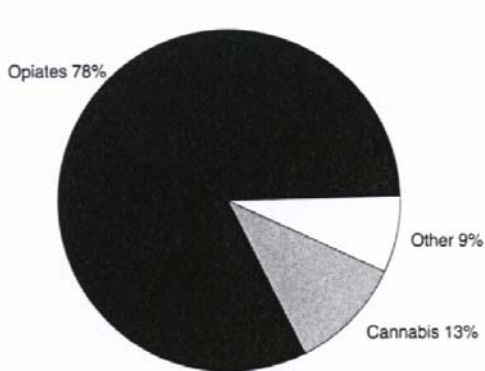
Women were less likely to be employed than men and in the case of the 20 per cent females in the 'other' employment category the majority of them were housewives. A higher percentage of women than men left school before the official school leaving age of 15.

Table 2: One Year Treated Prevalence, Dublin 1991. Specified Socio-demographic Characteristics by Age.			
<i>Numbers and Percentages.</i>			
Sex		Under 25 years	25 years & over
male	N	822	960
	%	78.0	75.9
female	N	232	304
	%	22.0	24.1
Living Status			
with family	N	713	516
	%	71.2	44.7
with partner, drug misuser	N	62	214
	%	6.2	18.5
with partner, not drug misuser	N	64	203
	%	6.4	17.6
other	N	163	221
	%	16.3	19.2
Employment			
regular work	N	95	150
	%	9.1	12.1
unemployed	N	840	1027
	%	80.5	82.6
other	N	108	66
	%	10.4	5.3
Age Left School			
under 15 years	N	325	476
	%	37.7	46.3
15 years & over	N	537	551
	%	62.3	53.7

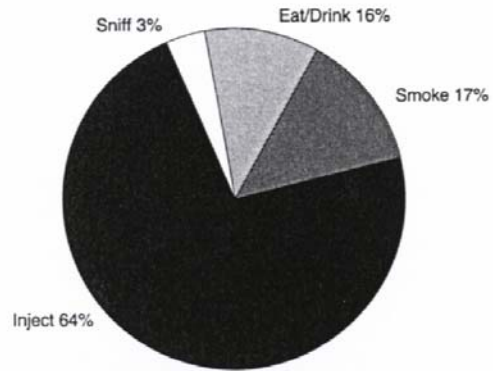
Differences between the two age groups of under 25 years, and 25 years and over, in Table 2, were not very remarkable except for living arrangements where, not surprisingly more of the younger group were living with their family of origin while the older

group were more likely to be living with a partner whether a drug user or not. Clients in the younger age group had a higher proportion who remained longer at school than the older group.

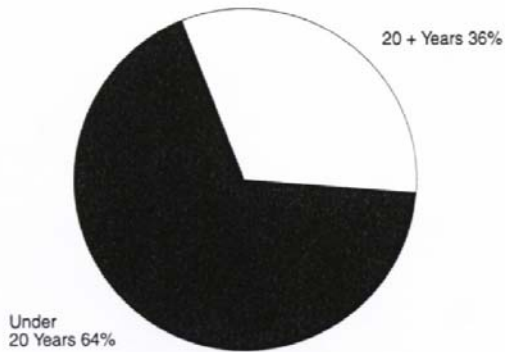
HISTORY OF DRUG MISUSE (VALID %)



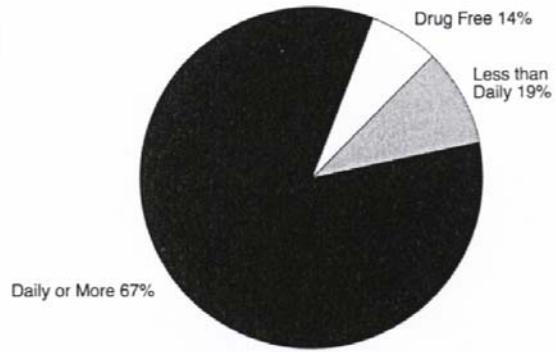
PRIMARY DRUG



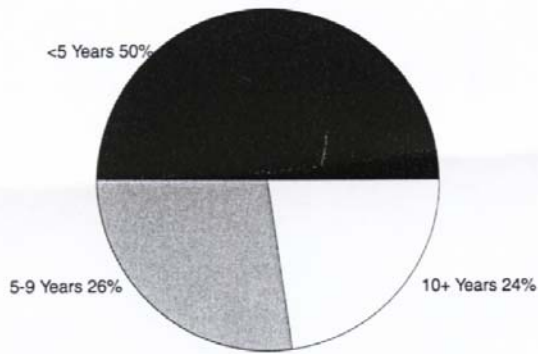
ROUTE OF ADMINISTRATION



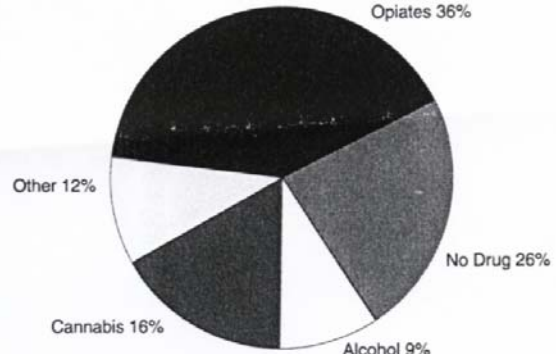
AGE FIRST USED



FREQUENCY OF USE



DURATION IN YEARS



SECONDARY DRUG

The primary drug of misuse, that is the one which at the time of contact was causing the most problems and for which treatment was sought, was in 78 per cent of cases an opiate, mainly heroin for 37 per cent of cases followed by morphine sulphate tablets at 30 per cent. The term 'opiate' is used to cover an opiate, which is a natural derivative of the opium poppy such as heroin or morphine, as well as an opioid, a synthetic drug with effects similar to that of an opiate, such as methadone.

The next highest reported primary drug was cannabis at 13 per cent. Sixty four per cent of clients injected their primary drug. A majority had used their primary drug before the age of 20 years, the mean age was 19 years. A high proportion, 67 per cent, were using drugs daily in the month prior to treatment, 14 per cent were drug free. This drug free category referred mainly to clients 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.

Half of the clients were using their primary drug for less than five years.

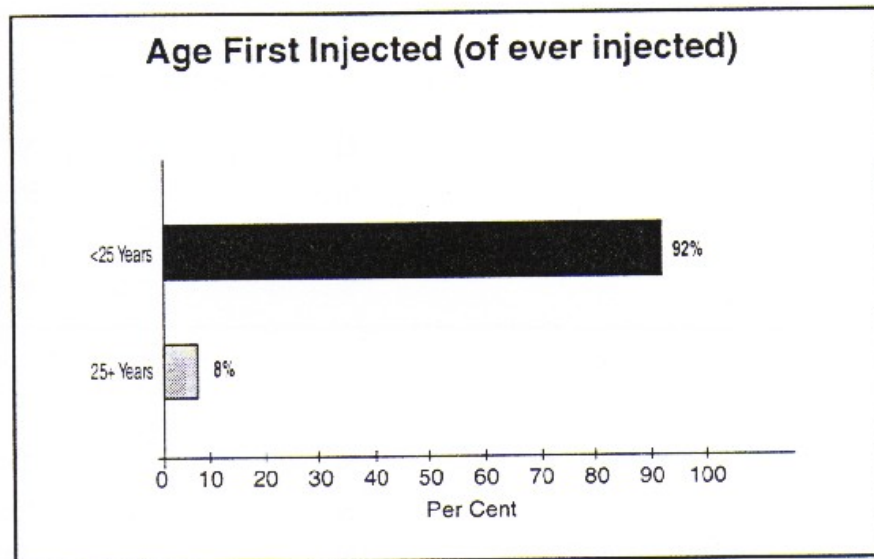
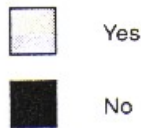
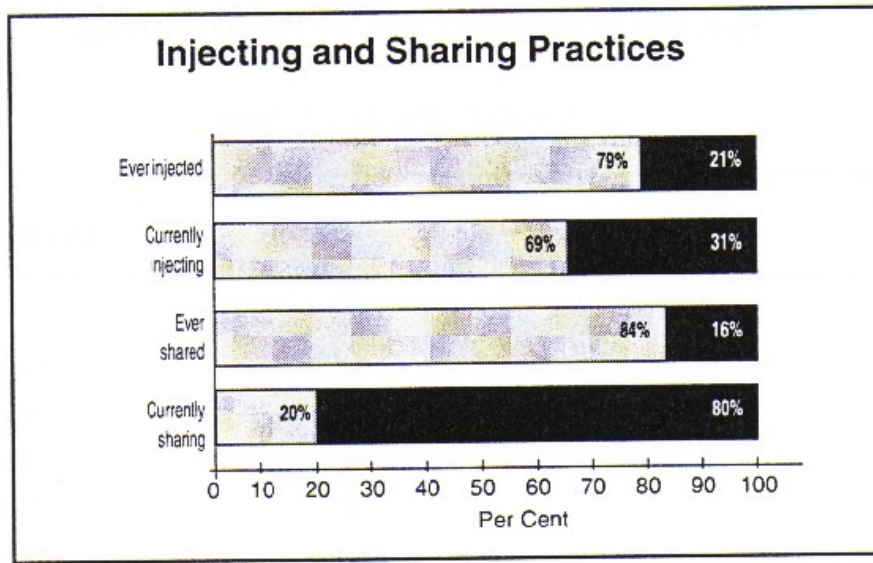
When asked about a secondary drug of misuse 36 per cent recorded an opiate, 16 per cent cannabis and 9 per cent alcohol. Whereas the definition of drug misuse precluded alcohol as a primary drug, it could be recorded as a secondary drug. The drugs mentioned in the 'other' category included hypnotics and sedatives (mostly valium) and hallucinogens, mainly LSD. For 26 per cent of cases no drug was reported.

Table 3: One Year Treated Prevalence, Dublin 1991. Specified Characteristics by Primary Drug.			
<i>Numbers and Percentages</i>			
		Opiates	Other Drugs
Sex			
male	N	1403	387
	%	76.8	76.8
female	N	424	117
	%	23.2	23.2
Age			
under 25 years	N	720	331
	%	39.8	66.1
25 years & over	N	1088	170
	%	60.2	33.9
Age First Used Drugs			
under 20 years	N	979	372
	%	59.2	81.9
20 years & over	N	676	82
	%	40.8	18.1
Duration of Drug Use			
under 5 years	N	787	259
	%	48.3	56.9
5-9 years	N	447	101
	%	27.4	22.2
10 years & over	N	396	95
	%	24.3	20.9

In Table 3 specified characteristics of clients whose primary drug of misuse was an opiate are compared to those who used other drugs. A higher proportion of older clients used opiates and of those who used 'other drugs' the vast majority of them did so for the

first time before the age of 20. Differences between these two broad drug groups must however be regarded cautiously in this and subsequent tables as the numbers involved in the 'other drugs' category are small.

INJECTING AND SHARING PRACTICES (VALID %)



Seventy nine per cent of clients treated during 1991 had at some stage injected their drugs. Of these more than two thirds were currently injecting; eight out of ten had shared injecting equipment at some time but

only a fifth were currently sharing. Most (92 per cent) of those who had ever injected a drug had done so before the age of 25 years, the mean age was 19.

**Table 4: One Year Treated Prevalence, Dublin 1991.
Specified Characteristics of those who had Ever Injected by
Currently Injecting.**

Numbers and Percentages

		Currently Injecting	
		Yes	No
Sex	male	N	860
		%	76.2
female		N	269
		%	23.8
Age	under 25 years	N	456
		%	40.7
25 years & over		N	665
		%	59.3
Primary Drug of Misuse	opiates	N	1117
		%	98.8
other drugs		N	14
		%	1.2
Ever Injected	yes	N	1133
		%	100.0
no		N	-
		%	-

Of the 1774 clients who had ever injected a drug, 1133 were currently doing so on presenting for treatment. As can be seen from Table 4 there are no great differences between those clients who were

injecting at the time of treatment contact and those who were not except with regard to the type of drug. Clients who were using opiates were more likely to be injecting than those who were using other drugs.

**Table 5: One Year Treated Prevalence, Dublin 1991.
Specified Characteristics of those who had Ever Injected by
Currently Sharing.**

Numbers and Percentages

		Currently Sharing	
Sex		Yes	No
male	N	191	918
	%	67.0	78.9
female	N	94	245
	%	33.0	21.1
Age			
under 25 years	N	124	472
	%	44.4	40.9
25 years & over	N	155	683
	%	55.6	59.1
Primary Drug of Misuse			
opiates	N	285	1089
	%	100.0	93.6
other drugs	N	-	74
	%	-	6.4
Currently Injecting			
yes	N	286	637
	%	100.0	55.8
no	N	-	505
	%	-	44.2

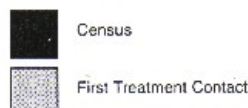
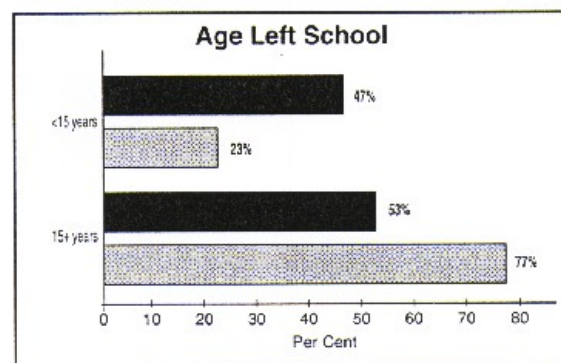
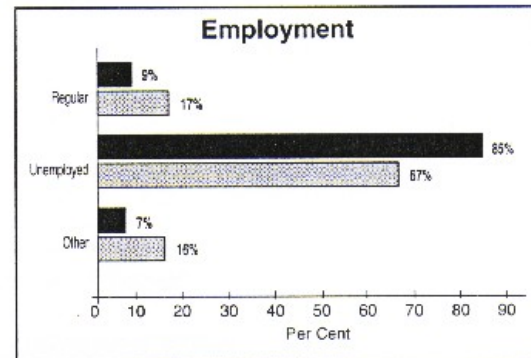
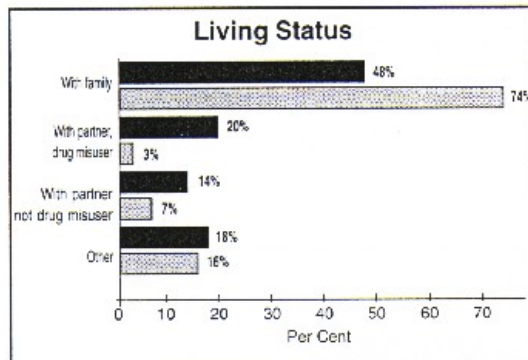
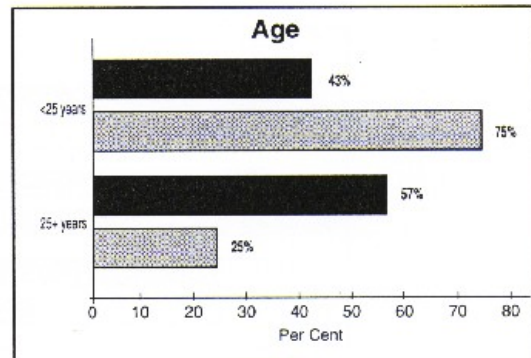
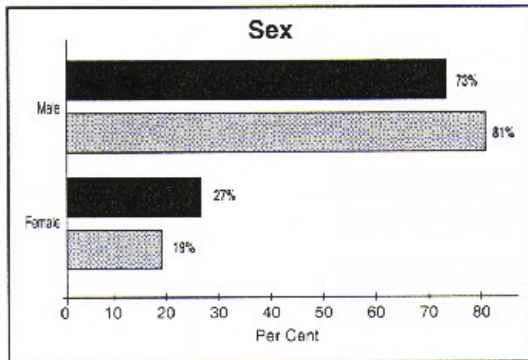
This table shows that only 286 clients alleged they were currently sharing injecting equipment when they contacted a treatment service. Opiates were the

only drugs used in sharing practices. Notably, women were more likely than expected to be sharing injecting equipment.

CENSUS AND FIRST TREATMENT CONTACT

SOCIO-DEMOGRAPHIC CHARACTERISTICS (VALID %)

A profile of the socio-demographic characteristics of census and first treatment contact cases is presented her.



As seen above comparatively more of the first contact group were males and younger than the census group. They tended to be still living at home and

were less likely to be unemployed or to have left school before the age of 15 years than the census cases.

**Table 6: Census and First Treatment Contact, Dublin 1991.
Specified Socio-demographic Characteristics by Sex.**

<i>Numbers and Percentages</i>					
		CENSUS		FIRST CONTACT	
		Male	Female	Male	Female
Age					
under 25 years	N	209	67	271	60
	%	45.0	39.2	75.3	71.4
25 years & over	N	255	104	89	24
	%	55.0	60.8	24.7	28.6
Living Status					
with family	N	246	44	262	53
	%	55.3	26.8	76.4	63.1
with partner, drug misuser	N	60	63	4	8
	%	13.5	38.4	1.2	9.5
with partner, not drug misuser	N	72	12	27	4
	%	16.2	7.3	7.9	4.8
other	N	67	45	50	19
	%	15.1	27.4	14.6	22.6
Employment					
regular work	N	46	8	67	10
	%	10.2	4.8	18.7	11.5
unemployed	N	392	130	250	47
	%	87.1	77.8	69.6	54.0
other	N	12	29	42	30
	%	2.7	17.4	11.7	34.5
Age Left School					
under 15 years	N	156	83	70	19
	%	43.0	58.9	24.9	35.2
15 years & over	N	207	58	211	35
	%	57.0	41.1	75.1	64.8

The most notable difference between the sexes in Table 6 was in the living arrangements, as seen earlier for prevalence clients. Women were less likely to be living with their family of origin and much more likely to be living with a drug using partner. This was more marked in the census group. The higher 'other' female component of living status, related to

women living alone.

A majority in both groups were unemployed while the high percentage of women in the 'other' category were mostly full time students. A higher proportion of women than men in both groups left school before the age of 15.

**Table 7: Census and First Treatment Contact, Dublin 1991.
Specified Socio-demographic Characteristics by Age.**

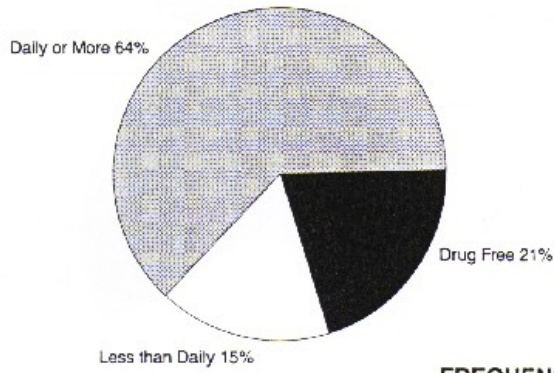
		CENSUS		FIRST CONTACT	
		Under 25 years	25 years & over	Under 25 years	25 years & over
<i>Numbers and Percentages</i>					
Sex					
male	N	209	255	271	89
	%	75.7	71.0	81.9	78.8
female	N	67	104	60	24
	%	24.3	29.0	18.1	21.2
Living Status					
with family	N	166	123	253	59
	%	63.1	35.7	79.6	57.3
with partner, drug misuser	N	32	91	4	5
	%	12.2	26.4	1.3	4.9
with partner, not drug misuser	N	16	68	11	20
	%	6.1	19.7	3.5	19.4
other	N	49	63	50	19
	%	18.6	18.3	15.7	18.4
Employment					
regular work	N	20	34	43	32
	%	7.4	9.8	13.1	28.6
unemployed	N	231	291	221	73
	%	85.9	83.6	67.4	65.2
other	N	18	23	64	7
	%	6.7	6.6	19.5	6.3
Age Left School					
under 15 years	N	102	137	63	26
	%	44.7	49.6	25.6	29.5
15 years & over	N	126	139	183	62
	%	55.3	50.4	74.4	70.5

There were no great differences in Table 7 between the younger and older age categories in either the census or first contact groups, except again in the living arrangements. As would be expected proportionally less of the older group were living with the family of origin and more of them lived with a partner whether a drug user or not. In the

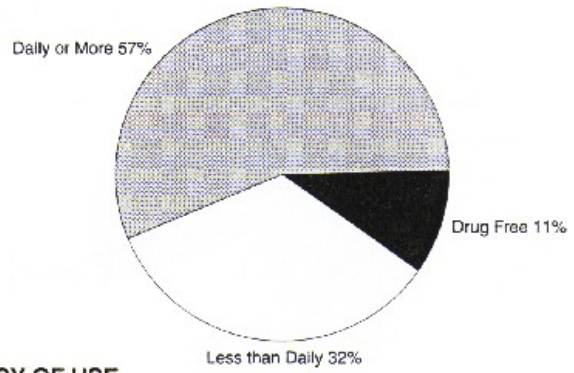
employment category whereas there were no differences between the age groups in the census, this was not the case for first contact clients where a higher proportion of the older age group had regular work. The high percentage of under 25 year olds in the 'other' category were mainly students.

HISTORY OF DRUG MISUSE (CONTD.)

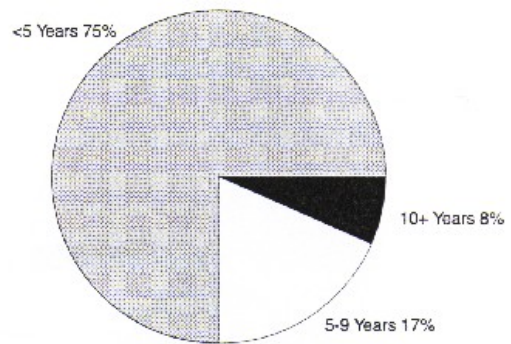
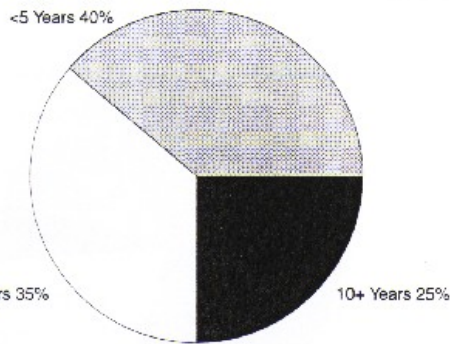
CENSUS



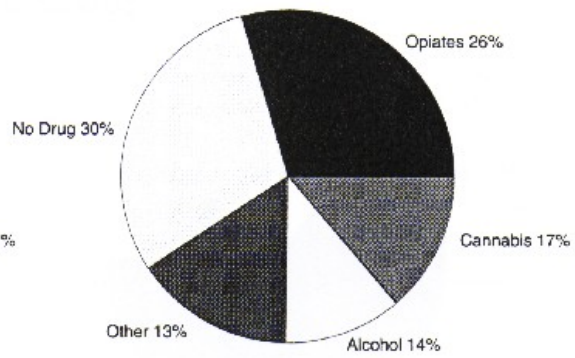
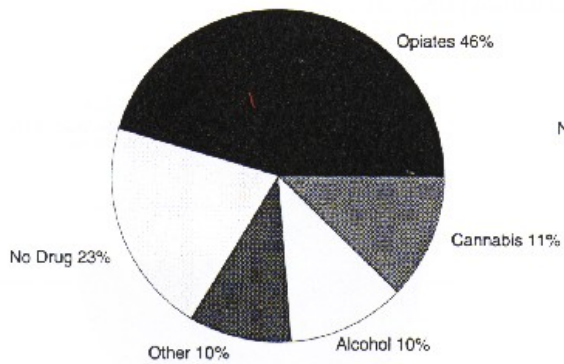
FIRST CONTACT



FREQUENCY OF USE



DURATION IN YEARS



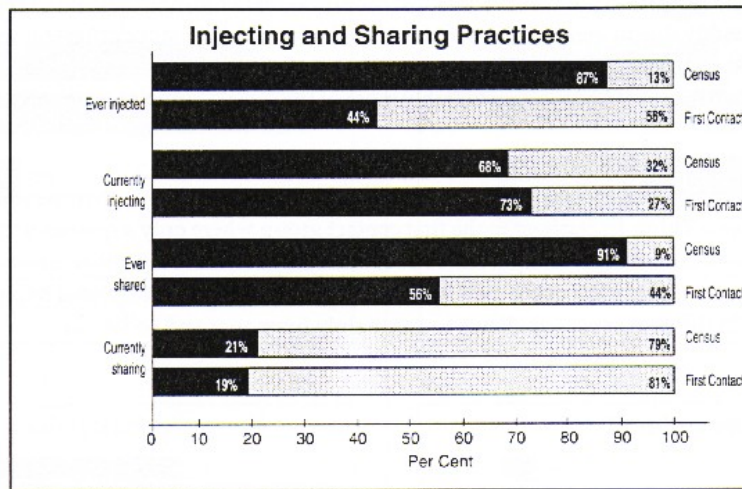
SECONDARY DRUG

Although an opiate was the primary drug of misuse for both census and first contact clients, comparatively more of the first contact group used cannabis and 'other' drugs which were mainly volatile inhalants (solvents) and hypnotics and sedatives (valium). As a consequence of this less of the first contacts injected their primary drug and more of them smoked it. The age at which the primary drug was first used did not show any difference as between the two groups. More than half of clients in both groups were using drugs on a daily basis, a somewhat higher proportion in the case of the census group. A higher proportion, 21 per cent, of census clients were drug free possibly due to their participation in a methadone maintenance programme, as compared to 11 per cent of the first contacts. Not surprisingly a much higher proportion of the first contact clients had been using drugs less than five years, while considerably more of the census group were involved for a period of ten years or more.

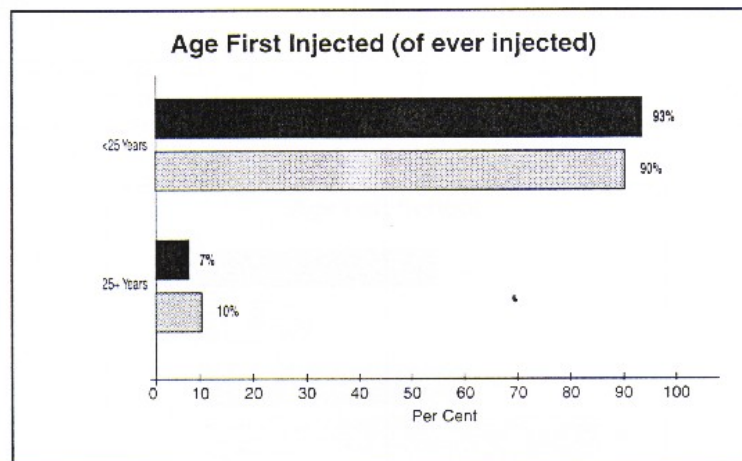
An opiate was the preferred secondary drug for nearly half the census clients with no secondary drug reported for a quarter of cases. This is in contrast to the first contact group where only a quarter used an opiate and for nearly a third no secondary drug was reported. A more detailed analysis of the 'other' secondary drug category showed that the first contacts were using mainly hallucinogens (LSD and Ecstasy) and hypnotics and sedatives (valium) whereas in the case of census clients it was mainly hypnotics and sedatives.

INJECTING AND SHARING PRACTICES (VALID %)

The figures which follow highlight the main features of injecting and sharing practices among the census and first treatment contact cases.



Yes
 No



Census
 First Treatment Contact

The top bar chart shows that the percentage of clients who had at some time injected a drug was much higher for census cases. Of those who had and were currently doing so the difference was not marked between census and first contacts. But in the case of census clients a much higher proportion of them

shared injecting equipment when compared to the first contact group. There was no great difference between the two groups of those who were currently sharing injecting equipment nor regarding age when injecting commenced (bottom bar chart).

**Table 8: Census and First Treatment Contact, Dublin 1991.
Specified Characteristics by Primary Drug.**

Numbers and Percentages

		CENSUS		FIRST CONTACT	
		Opiates	Other Drugs	Opiates	Other Drugs
Sex					
male	N	381	80	190	172
	%	70.8	85.1	85.2	76.1
female	N	157	14	33	54
	%	29.2	14.9	14.8	23.9
Age					
under 25 years	N	212	62	144	187
	%	39.4	66.0	66.1	83.1
25 years & over	N	326	32	74	38
	%	60.6	34.0	33.9	16.9
Age First Used Drugs					
under 20 years	N	308	76	112	176
	%	63.5	85.4	53.8	84.6
20 years & over	N	177	13	96	32
	%	36.5	14.6	46.2	15.4
Duration of Drug Use					
under 5 years	N	182	43	158	153
	%	38.5	48.3	76.0	73.6
5-9 years	N	168	29	36	35
	%	35.5	32.6	17.3	16.8
10 years & over	N	123	17	14	20
	%	26.0	19.1	6.7	9.6

The above table shows that first contact males, rather than census ones, were more likely to be opiate users than misusing other drugs, largely explicable in terms of the marked predominance of males in this group, as noted earlier. The converse was true for the females. As might be expected proportionally more of the first contact opiate users were aged under

25 years while those from the census group were in the older age group.

A greater proportion of clients among the census and first contacts had started to use a drug other than an opiate before the age of 20 years.

Table 9: Census and First Treatment Contact, Dublin 1991. Specified Characteristics of those who had Ever Injected by Currently Injecting.					
<i>Numbers and Percentages</i>					
		CENSUS Currently Injecting		FIRST CONTACT Currently Injecting	
		Yes	No	Yes	No
Sex					
Male	N	227	119	113	44
	%	67.6	74.4	83.7	86.3
Female	N	109	41	22	7
	%	32.4	25.6	16.3	13.7
Age					
under 25 years	N	128	64	90	33
	%	38.1	40.0	67.2	67.3
25 years & over	N	208	96	44	16
	%	61.9	60.0	32.8	32.7
Primary Drug of Misuse					
Opiates	N	330	148	134	42
	%	98.2	92.5	99.3	82.4
Other	N	6	12	1	9
	%	1.8	7.5	0.7	17.6
Ever Injected					
Yes	N	336	160	135	51
	%	100.0	100.0	100.0	100.0
No	N	-	-	-	-
	%	-	-	-	-

Table 9 takes a closer look at those clients who had at some time injected in relation to their alleged current practice at the time of treatment contact. There were no major divergences from the overall

picture on p. 26 as far as sex and age were concerned. Opiates were the drugs that were most commonly injected in both treatment groups.

**Table 10: Census and First Treatment Contact, Dublin 1991.
Specified Characteristics of those who had Ever Injected by
Currently Sharing.**

Numbers and Percentages

		CENSUS Currently Injecting		FIRST CONTACT Currently Sharing	
		Yes	No	Yes	No
Sex					
male	N	52	273	21	111
	%	53.6	74.4	70.0	86.7
female	N	45	94	9	17
	%	46.4	25.6	30.0	13.3
Age					
under 25 years	N	40	141	22	83
	%	41.2	38.4	75.9	65.9
25 years & over	N	57	226	7	43
	%	58.8	61.6	24.1	34.1
Primary Drug of Misuse					
opiates	N	97	350	30	119
	%	100.0	95.4	100.0	93.0
other drugs	N	-	17	-	9
	%	-	4.6	-	7.0
Currently Injecting					
yes	N	97	199	30	78
	%	100.0	55.7	100.0	61.4
no	N	-	158	-	49
	%	-	44.3	-	38.6

The profile in Table 10 for those who were currently sharing presents some differences - women in both groups were much more likely to be sharing their

injecting equipment than men. Opiates were the only drugs which were currently shared.

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ESTIMATION OF RATES

Estimation of Rates for Treated Drug Misuse

Definitions of the three basic concepts

one year treated prevalence,
census, or point treated prevalence, and
first contact, or one year treated incidence

have been given earlier. What follows here is an explanation of how rates for treated drug misuse for these three measurements have been estimated. Rates are compiled for a 15-39 year age group as 95 per cent of drug users in this study were in that age range.

The data presented so far relate to cases not to persons, so before one can compute rates for the three periods involved some estimate must be obtained of persons who entered treatment for their drug misuse in greater Dublin.

It can confidently be stated that there was little if any duplication of individuals reported to the Health Research Board from treatment centres, as all forms are manually checked prior to entry to the computer and again by the computer at the end of the year to detect duplicate client numbering within centres. There was, however, an element of double counting between centres.

At the moment our only way of dealing with this situation is through the use of a question on the intake form which relates to "Currently in Contact with Other Centres for Drug Misuse?" "If yes, specify". "Currently", in this context refers to the 30 days prior to the clients' entry to treatment. The reply to this question and the specification of the centre where treatment occurred enables us to estimate the extent of double counting.

Fifty five per cent of clients were not currently in contact with another centre for treatment of their drug problem. Of the remaining 45 per cent 25 per cent were in current contact with a service within the Dublin reporting system, 10 per cent in contact with a service outside the system (e.g., a General Practitioner, Cherry Orchard Hospital, Narcotics Anonymous, or outside Ireland, or a combination of these); these latter contacts were noted but excluded from our estimates. And for 10 per cent the information was not known with regard to whether in current contact or not.

The figure returned for duplicate contact was divided by two; of the unknown figure half was presumed not in current contact and the half in current contact was divided by two. The resulting estimates for the Greater Dublin Area are as follows:

One Year Treated Prevalence

2006 persons, or 5.2 per 1000 of the population aged 15-39.

Census, or Point Treated Prevalence

535 persons, or 1.4 per 1000 of the population aged 15-39.

First Contact, or One Year Treated Incidence

450 persons, or 1.2 per 1000 of the population aged 15-39.

The 1986 Census of Population, the most recent available with information on age, was used to calculate rates.

We believe a more accurate approach should be considered in overcoming the problem of double counting by the use of an attributor involving e.g., client's date of birth, number of letters in forename and surname which has been used successfully in other European cities.

CHAPTER 4

Discussion

As this is only the second report in the planned ongoing annual series of reports from the Dublin Drug Treatment Reporting System it is not prudent to over focus on changes that occurred in the two year period, only in so far as the latest 1991 figures relate to existing trends. Nor does it seem appropriate to review the literature in the discussion of trends when such a review was done just a year ago. A longer time frame of perhaps five years is required for informed and detailed comment on observed trends over time. This brief discussion therefore concentrates on main differences that emerged from the data and where relevant a linked comment is made to the findings of 1990.

More than three quarters of the 1991 treated prevalence population were male compared with less than a quarter female. However, the proportions were different when one looked at the figures for census and first treatment contact cases, where, for example, one saw a marked predominance of male drug users in the first contact group while the proportion of women contacting treatment was only a fifth of the male figure. A similar position was noted in the 1990 data, further substantiating the belief of many drug workers that women tend to present later for treatment, if at all (Woods, 1992).

Other findings relating to gender differences which emerged for the prevalence population showed that women were proportionally more likely than men to:

- be living with a drug using partner and more likely than expected to be currently sharing injecting equipment;

- have left school before the official school leaving age and

- be older when they first used their primary drug.

In a Dublin context it has been noted (O'Hare and O'Brien, 1992) that treated drug users are an ageing group. This trend has been confirmed in 1991 showing that 55 per cent of the prevalence group was aged 25 or more years compared to 51 per cent in 1990, implying that younger and perhaps never previously treated drug users are not entering treatment to affect existing trends.

Fifty seven per cent of clients compared to 51 per cent in 1990 lived with their family of origin, and as expected a higher proportion of those aged under 25 years were so doing in contrast to the older age group. As referred to earlier more women than would be expected (28 per cent) were living with a drug using partner; this was particularly marked in the older census group where the percentage was 38, up 14 per cent from the previous year.

The majority, or 81 per cent of drug users, were unemployed when they presented for treatment. This must be associated in some way with the fact that 42 per cent had left school before the official school leaving age of 15. More than half (53 per cent) were resident in four electoral areas in greater Dublin commonly linked with high levels of unemployment, poor housing, and with a history of drug related crime, dealing and use. Thirty per cent were from the two North and South

Inner city electoral areas. This association is not surprising and has been a recurrent finding over the past 10 years. (Dean, Bradshaw and Lavelle, 1983; O'Mahony and Smith, 1984; Lavelle, 1986; Dean, O'Hare, O'Connor et al, 1987; O'Kelly, Bury, Cullen et al, 1988; O'Hare and O'Brien, 1992).

Clients in contact with treatment services were routinely asked to name the primary drug which caused them most problems and for which treatment was sought. An opiate was the drug named in the majority of cases, in 85 per cent of census cases and in 50 per cent of first contact ones - in the latter case a high proportion of clients had sought treatment for cannabis use. This preference for an opiate is in line with the experience of other European cities (Council of Europe, 1993). Among the Dublin prevalence population the route of administration of their primary drug was, in two thirds of cases injecting, mainly heroin, followed by morphine sulphate. Injecting of the latter drug is cause for concern and its increased availability in Dublin in recent years has been noted (O'Connor, 1992). The habit of injecting opiates has been almost indigenous here compared to e.g., opiate addicts in Britain where a high percentage there have traditionally smoked the drug (Hartnoll, Avico, Ingold et al, 1989).

The injecting of opiates has serious implications for the high percentage of AIDS cases in Ireland that are drug related. Offering some evidence of change are the data showing that comparatively fewer first contact clients in 1991 than in 1990 were injecting their primary drug and more were smoking it. The majority of drug users, 67 per cent, used their primary drug on a daily basis, while the mean duration of primary drug use was six years.

It is generally accepted that given the increasing disapproval associated with sharing of injecting equipment there are psychological reasons to suppose that clients may under report the extent to which they share. Given the above caveat our 1991 data showed that of those who had ever injected their drugs, most, or 84 per cent, had also at some time shared their injecting equipment. When the same group was asked whether they were currently sharing their equipment only 20 per cent acknowledged so doing. There was little difference between the older census group and the younger first contact one regarding the proportion who were currently sharing. Almost all who injected drugs had commenced so doing before the age of 25, the mean age when first injected was 19 years.

CHAPTER 5

Conclusions

Despite some changes noted in findings between 1990 and 1991 from the Dublin Drug Treatment Reporting System the profile of drug users, their preferred drugs and modes of administration remain depressingly similar. The characteristic of disadvantage which defines this group either in a personal way in being early school leavers and jobless; or environmentally in being over represented in those areas of the city associated with poor housing, vandalism, unemployment, and a history of crime and drug use, has been one of the principal research findings from a range of studies in the Dublin area over the past 10 years, referred to in Chapter 4. These findings have also been noted in parts of the UK, Haw (1985); Parker, Bakx and Newcombe (1986) and more recently in Barcelona where Domingo-Salvany, Hartnoll and M^oAnto (1993) found rates for use of Emergency Rooms by drug users, (a service which plays an important role in providing medical care to that group) were highly correlated with areas of the city associated with unemployment, illiteracy and low socio-economic group. Such findings all point to the fact that treated drug users are not typical of persons who live in the 'normal' areas of cities. One might suggest that the better off middle class section of the population seek private treatment and in other than their own area, given the stigmatised nature of the problem. To some extent this indeed may be true and needs to be investigated.

A recent review by Robins 1993 of her earlier "Study on a Follow-up of Vietnam Drug Users" 1973, led to the reiteration of her earlier findings. Principal among these were that treatment was not the explanation of why so few US enlisted men who had been addicted to narcotics (opium and heroin) while in Vietnam remained addicted on their return home, as the proportion who had entered treatment was low. Addiction she concludes "looks very different if you study it in a general population than if you study it in treated cases". Drug users who appear for treatment according to Robins have special problems, mainly related to a prior history of anti-social behaviour, that will not be solved just by getting them off drugs. This view is also voiced by Cohen (1993) who states that scientists have typically studied clinical sub samples of very heavy problematic users which leads to false generalisation of drug use as distinct from drug misuse.

Findings from studies referred to already tie in with drugs users' history of anti-social behaviour, as a consequence perhaps of their life experiences. In a Dublin context many treated drug users could be viewed as victims of victims who find legitimate avenues blocked to their aspiration of obtaining a job and living in a decent home. These new insights on problem drug users who have to contend with other than their drug habit present a challenge for future treatment and rehabilitation programmes, in particular if this cycle of behaviour by a vulnerable sub-class in our society is to be addressed. As suggested in our 1990 report the planned establishment of Community Drug Teams with a defined catchment area might be a good context to ask pertinent questions which would lead to appropriate action.

While it may be true that much of what is termed drug taking in some general populations may come under the heading of drug use rather than drug misuse, the situation in those cities where IV use is prevalent may have altered this hypothesis. Some of the recent findings from the UK suggest e.g., that the majority of drug injectors in Glasgow remain out of contact with treatment (Frischer 1992), and that a high proportion of HIV positive drug injectors in London never received treatment or help for their drug use (Rhodes, Donoghoe, Hunter et al, 1993). On the

other hand the actual number of HIV positive current injectors in Glasgow is low, maybe due to a small reservoir of HIV infection and relatively low rate of sharing injecting equipment, (Frischer, Leyland, Cormack et al, 1993) - a finding which may indicate a variability of injecting and sharing practices in different cities. These studies are part of an ongoing effort in the UK to establish accurate prevalence estimates of the most serious aspects of problem drug taking i.e., injecting drug use and HIV infection. Given the high proportion

of treated drug users who inject their drugs in Dublin, it is imperative that the true magnitude and severity of the drug problem here is addressed. There are now quite well established procedures which would enable us to gain access to reliable estimates of such prevalence, or use available instruments to provide information on the 'hidden' proportion of drug users in a defined area.

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APPENDIX A

FREQUENCY TABLES

	Treated Prevalence		Census		First Contact	
	N	%	N	%	N	%
Table A1						
Type of Contact						
new client	1159	49.1	225	35.3	450	100.0
old client	1190	50.4	407	63.9	-	-
n/k	10	0.4	5	0.8	-	-
Table A2						
Ever Previously Treated						
never	543	23.0	93	14.6	450	100.0
previously treated	1784	75.6	533	83.7	-	-
n/k	32	1.4	11	1.7	-	-
Table A3						
In Contact with Other Centres						
no	1290	54.7	332	52.1	450	100.0
yes	901	38.2	227	35.6	-	-
n/k	168	7.1	78	12.2	-	-
Table A4						
Sex						
male	1806	76.6	464	72.8	363	80.7
female	546	23.1	173	27.2	87	19.3
n/k	7	0.3	-	-	-	-
Table A5						
Age						
<25 years	1056	44.7	276	43.3	331	73.6
25+ years	1268	53.7	359	56.4	113	25.1
n/k	35	1.5	2	0.3	6	1.3
Table A6						
Living Status						
alone	156	6.6	51	8.0	23	5.1
with family	1246	52.8	290	45.5	315	70.0
with friends	54	2.3	11	1.7	11	2.4
partner, drug misuser	286	12.1	123	19.3	12	2.7
partner, not drug misuser	267	11.3	84	13.2	31	6.9
institution	19	0.8	4	0.6	8	1.8
homeless/transient	51	2.2	13	2.0	12	2.7
other	109	4.6	33	5.2	15	3.3

n/k	171	7.2	28	4.4	23	5.1
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	Treated Prevalence		Census		First Contact	
Table A7						
Employment Status						
regular work	249	10.6	54	8.5	77	17.1
unemployed	1890	80.1	522	81.9	297	66.0
student	75	3.2	9	1.4	57	12.7
housewife	74	3.1	27	4.2	6	1.3
other	30	1.3	5	0.8	9	2.0
n/k	41	1.7	20	3.1	4	0.9
Table A8						
Age Left School						
<15 years	801	34.0	239	37.5	89	19.8
15+ years	1092	46.3	265	41.6	246	54.7
n/a	78	3.3	11	1.7	57	12.7
n/k	388	16.4	122	19.2	58	12.9
Table A9						
Level Reached						
primary	341	14.5	92	14.4	34	7.6
secondary	1045	44.3	216	33.9	204	45.3
third level	28	1.2	3	0.5	9	2.0
n/a	77	3.3	11	1.7	56	12.4
n/k	868	36.8	315	49.5	147	32.7
Table A10						
Primary Drug of Misuse						
opiates/opioids	1832	77.7	538	84.5	223	49.6
stimulants	19	0.8	4	0.6	8	1.8
hypnotics/sedatives	101	4.3	14	2.2	24	5.3
hallucinogens	23	1.0	3	0.5	12	2.7
volatile inhalants	49	2.1	8	1.3	29	6.4
cannabis	295	12.5	59	9.3	150	33.3
other	18	0.8	6	0.9	3	0.7
n/k	22	0.9	5	0.8	1	0.2
Table A11						
Age First Used						
<20 years	1352	57.3	384	60.3	288	64.0
20+ years	758	32.1	190	29.8	128	28.4
n/k	249	10.6	63	9.9	34	7.6

	Treated Prevalence		Census		First Contact	
Table A12						
Frequency Post Month						
drug free	312	13.2	124	19.5	48	10.7
<once weekly	150	6.4	33	5.2	50	11.1
once weekly	49	2.1	15	2.4	15	3.3
twice + weekly	216	9.2	40	6.3	77	17.1
daily	559	23.7	128	20.1	108	24.0
twice + daily	935	39.6	252	39.6	142	31.6
n/k	138	5.8	45	7.1	10	2.2
Table A13						
Route						
inject	1410	59.8	444	69.7	158	35.1
smoke	375	15.9	67	10.5	172	38.2
eat/drink	350	14.8	65	10.2	71	15.8
sniff	62	2.6	9	1.4	36	8.0
n/k	162	6.9	52	8.2	13	2.9
Table A14						
Duration in Years						
<5 years	1046	44.3	225	35.3	311	69.1
5-9 years	550	23.3	197	30.9	72	16.0
10 + years	492	20.9	140	22.0	34	7.6
n/a	2	0.1	2	0.3	-	-
n/k	269	11.4	73	11.5	33	7.3
Table A15						
Secondary Drug of Misuse						
opiates/opioids	844	35.8	293	46.0	117	26.0
stimulants	27	1.1	10	1.6	6	1.3
hypnotics/sedatives	180	7.6	36	5.7	17	3.8
hallucinogens	42	1.8	4	0.6	23	5.1
volatile inhalants	11	0.5	1	0.2	7	1.6
cannabis	380	16.1	72	11.3	76	16.9
alcohol	219	9.3	60	9.4	64	14.2
other	17	0.7	9	1.4	4	0.9
n/a	606	25.7	148	23.2	135	30.0
n/k	33	1.4	4	0.6	1	0.2

	Treated Prevalence		Census		First Contact	
Table A16						
Age First Used						
<20 years	1064	45.1	317	49.8	208	46.2
20 + years	431	18.3	125	19.6	67	14.9
n/a	606	25.7	148	23.2	135	30.0
n/k	258	10.9	47	7.4	40	8.9
Table A17						
Frequency Post Month						
drug free	221	9.4	77	12.1	30	6.7
<once weekly	237	10.0	44	6.9	60	13.3
once weekly	89	3.8	27	4.2	20	4.4
twice + weekly	385	16.3	121	19.0	86	19.1
daily	362	15.3	109	17.1	65	14.4
twice + daily	252	10.7	55	8.6	33	7.3
n/a	606	25.7	148	23.2	135	30.0
n/k	207	8.8	56	8.8	21	4.7
Table A18						
Route						
inject	495	21.0	194	30.5	51	11.3
smoke	392	16.6	73	11.5	80	17.8
eat/drink	645	27.3	159	25.0	151	33.6
sniff	25	1.1	5	0.8	9	2.0
n/a	607	25.7	148	23.2	135	30.0
n/k	195	8.3	58	9.1	24	5.3
Table A19						
Duration in Years						
<5 years	623	26.4	169	26.5	183	40.7
5-9 years	454	19.2	160	25.1	58	12.9
10 + years	369	15.6	105	16.5	29	6.4
n/a	606	25.7	148	23.2	135	30.0
n/k	307	13.0	55	8.6	45	10.0
Table A20						
Ever Injected						
yes	1774	75.2	524	82.3	192	42.7
no	479	20.3	79	12.4	242	53.8
n/k	106	4.5	34	5.3	16	3.6

	Treated Prevalence		Census		First Contact	
Table A21						
Age						
First injected						
<25 years	1243	52.7	395	62.0	139	30.9
25+ years	114	4.8	31	4.9	16	3.6
n/a	479	20.3	79	12.4	242	53.8
n/k	523	22.2	132	20.7	53	11.8
Table A22						
Currently injecting						
yes	1133	48.0	336	52.7	135	30.0
no	551	23.4	167	26.2	55	12.2
n/a	479	20.3	79	12.4	242	53.8
n/k	196	8.3	55	8.6	18	4.0
Table A23						
Ever Shared						
yes	1291	54.7	440	69.1	90	20.0
no	248	10.5	46	7.2	72	16.0
n/a	479	20.3	79	12.4	242	53.8
n/k	341	14.5	72	11.3	46	10.2
Table A24						
Currently sharing						
yes	286	12.1	97	15.2	30	6.7
no	1199	50.8	375	58.9	132	29.3
n/a	479	20.3	79	12.4	242	53.8
n/k	395	16.7	86	13.5	46	10.2

APPENDIX B

**POPULATION OF THE GREATER DUBLIN AREA
1981 AND 1986**

Age and Sex

Numbers

Age	1981			1986		
	Male	Female	Total	Male	Female	Total
>15	133,948	127,618	261,566	124,308	117,674	241,982
15-19	47,469	49,682	97,151	46,232	46,039	92,271
20-29	78,282	84,491	162,773	82,541	88,414	170,955
30-39	55,740	58,092	113,832	59,702	63,715	123,417
40-49	42,863	46,002	88,865	45,474	48,637	94,111
50 +	79,736	111,192	190,928	83,828	114,392	198,220
Total	438,038	477,077	915,115	442,085	478,871	920,956

Source: Ireland, Census 1981 and 1986, Central Statistics Office.

APPENDIX C

**DUBLIN DRUG REPORTING SYSTEM
TREATMENT CENTRES**

The Drug Treatment Centre Board

(formerly the National Drug Advisory and Treatment Centre).

- 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.

The 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

- Anon-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.

Mater Child Guidance Clinic

- A statutory agency providing out-patient services, for example, counselling and therapy.

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 day, 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.

Institute of Psychosocial Medicine

- A private out-patient service providing counselling and therapy.

Aids Resource Centre

- A HIV reduction centre, using out reach approaches including a harm minimisation programme.

APPENDIX D

**DRAFT CORE DATA FOR DRUG TREATMENT
REPORTING SYSTEM**

POMPIDOU-EU PROJECT

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

1. City

2. Treatment Centre

3. Client No.

4. Date

5. Type of Contact with This Centre
 1. new client
 2. old client
 3. n/k

6. Ever previously Treated (Anywhere)
 1. never
 2. prev. treated
 9. n/k

7. Currently in Contact with Other Centres
 (a) 1. no (for drug misuse)
 2. yes
 9. n/k
 (b) if yes, specify

8. Sex
 1. male
 2. female

9. Age in Years (99 n/k)

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

11. Area of Residence

12. Ethnicity
 1. white national
 2. black - afro-caribbean
 3. black - asian
 4. other ethnic minority specify
 5. other white (non-national) specify

13. Employment Status
 1. full-time
 2. part-time/regular
 3. unemployed
 4. full-time student
 5. full-time housewife
 6. other

14. Education (a) Age left school (99 n/k)
 (b) Highest level reached

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)

- City or Health Board Area**
Enter appropriate code which will be provided.
- 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 had 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 either 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 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 treatment 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 of misuse.

Age First Used

Record age in years for the drug recorded.

Frequency Past Month (prior to current treatment contact) Record the relevant code for the drug recorded in the space provided from list supplied.

Route

Record the relevant code for the drug recorded in the space provided from the 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		Nitrazepam	07
Buprenorphine	01	Temazepam	08
Codeine (linctus)	02	Triazolam	09
Dextromoramide	03	Other minor Tranquillizers	10
Dextropropoxyphene	04	Major tranquillizers	11
Dihydrocodeine	05	Other hypnotics and Sedatives	88
Dipipanone	06		
Heroin	07	4. Hallucinogens	
Methadone	08	Lysergic Acid Diethylamide	01
Morphine	09	Amanita Muscaria	02
(including Morphine Sulphate		Psilocybin	03
Tablets – MST)		Phencyclidine	04
Opium	10	MDMA (Ecstasy)	05
Pentazocine	11	MDA	06
Pethidine	12	Other hallucinogens	88
Other opiates/opioid	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		Nitrites	05
like drugs	05	Other volatile inhalants	88
Cocaine	06		
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		
Diazepam	03	7. Alcohol	
Flurazepam	04		
Lorazepam	05	8. Other drugs	
Oxazepam	06		