Treated Drug Misuse

in the Greater Dublin Area

Report for 1992 & 1993

by
Kathleen O'Higgins and
Mary O'Brien

HRB 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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Finally, we would like to express our appreciation to Ms Lorraine Judge-Dunne for her patience and competent data entry which facilitated our task in no small degree.

List of Tables

Summary of Main Points

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;

(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;

(iii) the Report does not reflect non-treated drug misuse. 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 may be particularly useful when considered in conjunction with results from any surveys which might be undertaken and other research.

Main Points

- The number of cases, as distinct from persons, who were treated for problem drug misuse in the Greater Dublin Area in 1992 was 2,555 and in 1993 the number was 2,919.
- The *estimated* number of persons who were treated in 1992 was 2,240 and 2,573 in 1993. (See Appendix E).
- The number of clients who presented for treatment for the first time ever was 668 in 1992 and 859 in 1993.
- Three quarters of clients were male.
- Most clients (96 per cent in 1992 and 97 per cent in 1993) were between the ages of 15 and 39 years of age.
- Six out of ten lived with their family of origin.
- Eight out of ten were unemployed.
- Approaching four out of ten had left school before the official school leaving age of 15.
- In 1992 twenty-eight per cent lived in the inner city. This increased to 31 per cent in 1993.
- 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 (75 per cent in 1992, 80 per cent in 1993).
- Six out of ten clients had injected their primary drug.
- Of those who had ever injected their drugs, more than seven out of ten were currently injecting, but only one-fifth 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.

CHAPTER 1

Introduction

This report is the third in the series of reports which analyse the characteristics of drug users who presented for treatment in the Greater Dublin Area. Individual reports were published for the years 1990 and 1991 while this present one is concerned with the two-year period 1992 and 1993, thus presenting the most up-to-date information available on treated drug misuse in the Greater Dublin Area. The report is based on those data returned to the Drug Section of the Health Research Board by the participating treatment centres for the years 1992 and 1993.

The object or rationale for this report, as was that of previous reports, is to provide ongoing information to facilitate the 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. Because of the sensitive and confidential nature of the relationship between the drug misuser and the treatment centres, there are obvious constraints on the kind of information which can be gathered. The time constraints on the staff at the treatment centres completing questionnaires to furnish the Drug Section with data are also a factor in the extent of information which can be collected.

The first report in the series on treated drug misuse in the Greater Dublin Area was based on 1990 data (l). That report presented an introduction and background to the area of drug misuse in Ireland; supplied information on the history of drug misuse in Dublin, on the role of the Pompidou Group in collaborative research, the pilot drug treatment reporting system in Dublin and London and also on the Government's role and policy on drug misuse. To provide a framework for the data in this present report it would be helpful to refer to that earlier report. However, briefly, the Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (the Pompidou Group) was formed in 1971 following a proposal made by M. Georges Pompidou, the then President of the French Republic, to his colleagues in the European Community. Epidemiologists from a number of countries and a number of different backgrounds met to explore how administrative monitoring systems could be established to enable them to assess public health and social problems associated with drug misuse. Work on the actual collection of data on drug misuse in Western Europe dates from March 1980 when the Committee of Ministers of the European Community authorised interested States to enter into a Partial Agreement for the purpose of continuing within the Council of Europe the Cooperation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (the Pompidou Group). Dublin was included in the first report of the *Multi-city Study of Drug Misuse in Europe* (2) which had taken place in seven European cities. That report, which was published by the Council of Europe in 1987, brought together information from a range of different indicators of drug misuse activity, for example, first treatment demand, drug related deaths, persons charged with drug offenses and some indication of the price and purity of drugs in each of the cities. Information on persons in receipt of treatment for problem drug use was identified in that first multi-city study as one of the most important areas of information. Following that a questionnaire was drafted and used in a pilot study (by O'Hare and Hartnoll in 1989 (3)). Subsequently this questionnaire was used in the drug treatment reporting system established in Dublin in 1990. The findings of that pilot study were the basis for the subsequent data collection in Dublin and the reports of 1990, 1991 and the current 1992 and 1993 report.

The second *Multi-city Study of Drug Misuse in Europe* (4) was published in 1993 and involved 13 European cities, including Dublin. This multi-city approach which reviews drug misuse trends in different cities within a comparative framework is now being extended to include countries in Central and Eastern Europe.

The goals of the Expert Epidemiology Group, as set out in the Definitive Protocol of the Pompidou Group, for the future development and use of treatment reporting systems are as follows:

(1) to improve the quality, usefulness and comparability of epidemiological data collection on drug misuse in Europe;

(2) to collate up-to-date epidemiological information and to compare and interpret trends in drug misuse in different European countries.

Returning to this present series, the second report *Treated Drug Misuse in the Greater Dublin Area, 1991* (5), while concentrating on treated drug misuse, elaborated on the further action taken, which included the publication in 1989 of the previously mentioned O'Hare and Hartnoll study and the continuing activities of the Pompidou Group.

The Definitive Protocol will be used as a basis for the collection of the 1995 treatment data in Dublin and elsewhere in Ireland. That Protocol contains an amended questionnaire but one which is not markedly different from the one in current use, together with detailed instructions for the recording of these data.

In the Irish context the need for the provision of on-going reliable data was acknowledged in the *Government Strategy to Prevent Drug Misuse* (6). As was stated in previous reports in this present series, the data collected and analysed in this report can also be of use to a range of service providers in the area of drug misuse. Bodies such as the Department of Health, the Eastern Health Board and the statutory and voluntary bodies who participate in the treatment of problem drug users should find it particularly valuable.

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) socio-demographic characteristics;

(ii) history of drug misuse;

(iii) 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 the choice of these variables by the Pompidou Group as being the most relevant in the data it was possible for their treatment reporting systems to collect. Frequency Tables are in Appendix A and population figures are noted in Appendix B.

The geographical area covered by the study is the Greater Dublin Area, comprising approximately 504km^2 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 1992 or 1993 at any one of the 22 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 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 almost complete 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.

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, 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, methodone 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.

DATA COLLECTION

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 has been used for the previous reports so the data examined are similar for each of the years. The questionnaire was originally designed for the previously mentioned Dublin/London pilot project. Prior to the commencement of that study, considerable public relations work was undertaken to identify and then ensure participation of centres providing treatment to drug users. In obtaining the cooperation of the 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. Scalable 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. This is necessary since a client 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.

For the years 1992 and 1993, which are the subject of this Report, no information was received from four and six of the participating treatment centres respectively.

Data were collected on the three previously mentioned categories, firstly on Census or Point Treated Prevalence and these 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 the 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. Where Total Treatment Contacts were concerned these data refer to all persons who received treatment for their problem drug misuse at any time during the calendar year of 1992 or 1993 and include the Census clients of the previous December. 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 1992 or 1993 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

Chapter 2 focuses on data obtained on the one-year treated prevalence of clients who attended the treatment clinics – total treatment contacts covering their socio-demographic background, the history of their drug misuse and their sharing and injecting behaviour. Each year will be commented upon and compared with the results for the other year. In Chapter 3 the emphasis is on point-treated prevalence, that is clients in treatment on a census date. Again the socio-demographic data on these clients are noted, the history of their drug misuse and their sharing and injecting behaviour. For Chapter 4, a similar approach as in the two previous chapters will be taken on clients who were first treated in 1992 or 1993. Chapter 5 will discuss the graphs which are based on the data, first on total treatment clients and then on the comparisons between the census clients and the first treatment clients. The final chapter will contain our concluding remarks.

CHAPTER 6

Concluding Remarks

This Report on treated drug misuse in the Greater Dublin Area in the years 1992 and 1993 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.

The proportion of clients presenting for treatment in 1993 had increased over the 1992 figure by 14 per cent.

There was also a small increase in the proportion of clients who lived in the inner city -from 28 per cent in 1992 to 31 per cent in 1993. 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 1993 was somewhat higher than in 1992 – 80 per cent in contrast with 75 per cent. Isolating the younger First Contact group, while they would have a smaller proportion of problem opiate users than the total treated population, they showed a large increase in opiate use as their primary drug – from 45 per cent in 1992 to 64 per cent in 1993. No doubt consequent on that increase, the proportion of those injecting their primary drug in the First Contact group increased from 34 per cent in 1992 to 44 per cent in 1993. This group also showed an increase in the proportion first using in the 15-19 year age group (55 per cent in 1992 to 61 per cent in 1993) and in the duration of use before presenting for treatment (46 per cent in 1992 to 53 per cent in 1993).

Overall eighty-three per cent of the 1992 clients had injected their primary drug at some stage. The proportion for 1993 was similar at 82 per cent. Of those who had ever shared the proportion in this group for 1992 was 59 per cent and 60 per cent in 1993. 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: 1992 – 41 per cent: 1993 – 50 per cent. For sharing, the proportions for 1992 and 1993 were 19 per cent and 25 per cent respectively.

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. Fifty-one per cent of all teenagers coming for treatment for the first time in 1993 had been misusing opiates. Also regarding this younger group of clients coming for treatment for the first time, a high proportion are using hallucinogens, mainly ecstasy and to a lesser extent LSD. Ecstasy, of course, 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. 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 be grounds for worry. One other particularly disturbing finding in relation to teenagers was that over 60 per cent of those who had ever injected in the 15-19 year age group were currently injecting in 1992 and this had risen to 72 per cent in 1993. Isolating the first contact group, the proportions were similar for that group. However, a higher proportion of those currently injecting were in the first contact group in 1993 than there were in 1992 – 42 per cent in 1992 and 49 per cent in 1993.

The most probable profile of the problem drug user would be that of a young, unemployed male, living in a deprived city area misusing heroin. However, 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 half of those who test positive for HIV are

intravenous drug users, the importance of targeting this group of very young drug users with prevention and education programmes need hardly 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. Over one-third of the total number of clients treated in both 1992 and 1993 would be in this group of early school-leavers.

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 proportionally 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 do not regard sharing injecting equipment with a partner as sharing. Only when the person with whom they share needles is outside of their circle would they define that as 'sharing'. Another characteristic on which females differed from males was that, particularly in the First Contact group, they were more likely to be younger coming for treatment and in 1992 proportionately three times more likely to be still in school. The implication from this finding is that girls are more likely than boys to be receiving treatment for problem drug use while still at school. Whereas in 1993 the difference between boys and girls was not as great as in the previous year, it was still considerable.

The differing proportions of men and women coming for treatment, in that males are three times more likely to be receiving treatment than females, may or may not reflect the types and adequacy of services provided. It may be true that women in Dublin are less likely to become involved in drug misuse anyway. Without research into such a possibility it is impossible to come to a satisfactory conclusion. There was a continuing rise in the numbers attending the treatment centres for all the groups of clients involved. This could, however, be a reflection of an expansion of the services available. For instance, during the period under review in this Report services were developed by the Eastern Health Board with the opening of three satellite clinics. On the other hand, the number of first contact clients or incidence is a good indicator of increasing or decreasing numbers coming into treatment and these have substantially increased. We do not know whether or not these figures reflect a rise in drug misuse in the general population.

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 durations 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 drug service provision. Whether this provision accounts totally for the increasing numbers is a question needing further investigation.

references

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

2 Council of Europe, (1987). *Multi-city Study of Drug Misuse in Amsterdam, Dublin, Hamburg, London, Paris, Rome, Stockholm,* Strasbourg: Council of Europe.

3 O'Hare, A., and R. Hartnoll (1989). *The Dublin/London Drug Research Project,* P-PG Epid (89) 11. Strasbourg: Council of Europe.

4 Hartnoll, R., Avico, U., Ingold, F.R., Lange, K., Lenke, L., O'Hare, A., and A. de Roy-Motshagen, (1989). 'A Multi-city Study of Drug Misuse in Europe'. *Bulletin on Narcotics,* XLI, 1 & 2, pp. 3-27.

5 O'Hare, A., and M. O'Brien, (1993). *Treated Drug Misuse in the Greater Dublin Area 1991.* Dublin: The Health Research Board.

6 Department of Health, (1991). *Government Strategy to Prevent Drug Misuse.* Dublin: Department of Health.