

Drug Misuse Research Division of the Health Research Board

The Drug Misuse Research Division of the Health Research Board was established in 1989 to provide information on the growing problem of drug misuse in Ireland.

The core activities centre around the maintenance and development of the National Drug Treatment Reporting System, drug misuse research and the dissemination of information on drug misuse.

European collaboration includes participation in the Pompidou Epidemiology Group of the Council of Europe. In addition the Drug Misuse Research Division is the designated Irish Focal Point for the European Monitoring Centre for Drugs and Drug Addiction's REITOX Network.

Acknowledgements

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Foreword

This Statistical Bulletin based on the National Drug Treatment Reporting System – NDTRS, provides information regarding *treated* drug misuse in the Republic of Ireland for 1997 and 1998. Drug misuse which occurs outside the treatment context is not included.

Due to rapid expansion of drug treatment services without the administrative backup to support the completion of timely NDTRS forms, a number of delays were experienced in receiving data from treatment centres for 1997 and 1998. Accordingly, it was decided to publish the statistical information in *Bulletin* format for 1997 and 1998. This format, involving little text, would allow for rapid publication, as soon as all the data became available.

Considerable effort has been invested in the introduction of new systems for the collection of the National Drug Treatment Reporting System information. With the cooperation of designated Health Board personnel [see below], this should ensure the timely return of information to the National Drug Treatment Reporting System in the future. Thus with the active involvement of Health Board personnel and treatment centres, it is planned to have no more than a six-month lag in the production of nationwide reports on the National Drug Treatment Reporting Systems in the future. It is planned to have NDTRS data for 1999 reach the HRB by mid-April 2000 and to publish the *Annual Report on Treated Drug Misuse in Ireland 1999* later in the year.

Persons responsible for the National Drug Treatment Reporting System [NDTRS] Returns in each Health Board Area – operative from August 1999
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Eastern Regional Health Authority

East Coast Area Health Board
Northern Area Health Board
South Western Area Health Board

NDTRS Co-ordinator: Ms. Alva Byrne
NDTRS Co-ordinator: Mr. Roger Healy
NDTRS Co-ordinator: Ms. Louise Devlin

Midland Health Board

NDTRS Co-ordinator: Dr. Pat Doorley

Mid Western Health Board

NDTRS Co-ordinator: Dr. Mary Donovan

North Eastern Health Board

NDTRS Co-ordinator: Dr. Declan Bedford

North Western Health Board

NDTRS Co-ordinator: Ms. Bernie Hyland

Southern Health Board

NDTRS Co-ordinator: Dr. Timothy Jackson

South Eastern Health Board

NDTRS Co-ordinator: Ms. Martina Kidd

Western Health Board

NDTRS Co-ordinator: Ms. Fiona Walsh

Introduction

This Statistical Bulletin provides information regarding *treated* drug misuse in the Republic of Ireland for 1997 and 1998. Drug misuse which occurs outside the treatment context is not included – its extent is unknown. The Statistical Bulletin is based on data collected through the National Drug Treatment Reporting System [NDTRS].

The NDTRS is an epidemiological database providing information on people who present themselves to the health services throughout the country for help with their drug use problems. These problems may involve the misuse of controlled drugs such as cannabis, ecstasy, heroin etc.; or prescribed drugs such as benzodiazepines or antidepressants. Volatile inhalants such as solvents or glue are also included.

Data is provided to the NDTRS through centres or service locations where drug use is treated. The locations cover a range of services and facilities including both medical and non-medical care. Returns were received for 68 service locations in 1997 and 100 locations in 1998. Not all possible centres made returns. Amongst the reasons for services not returning data were – no clients presented for treatment or returns were not forthcoming, due, for example, to lack of resources. The 2000 data set will be more comprehensive, since mechanisms have been put in place in co-operation with the Irish College of General Practitioners¹ to collect data from GPs practising under the Methadone Treatment Protocol², and negotiations are underway regarding the inclusion into the NDTRS of persons treated within the prison services. In conclusion, it is felt that the centres which have returned data for 1997 and 1998, represent reasonable coverage of *treated* drug misuse in Ireland.

Data Collection

The data included in this Bulletin are gathered on the basis of a form completed by each of the treatment services for each of their clients presenting for problem drug misuse, (see Appendix 1 for a copy of the form). One return only is made for each client treated in the course of a year. In obtaining the co-operation of treatment providers, the objectives and the value of assembling and reporting the data are discussed and assurances regarding the confidential nature of the data are given. For example, no names appear on the forms and no information about an individual participating centre is divulged to third parties.

¹ The *Report of the Methadone Treatment Services Review Group. Dublin : Department of Health and Children 1998*, recommended that doctors complete one of the NDTRS forms for each person for whom methadone is prescribed (p.19).

² Department of Health (1993). *Report of the Expert Group on the Establishment of a Protocol for the Prescribing of Methadone*. Dublin: Department of Health.

The data collected fall into two main categories as follows :

- (a) Total Treatment Contacts - refers to the reporting of all cases receiving treatment at any time during the calendar year and is often referred to as All Contacts/Clients;
- (b) 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.

The Total Treatment Contacts or All Contacts, referred to in this Bulletin signify cases, and not individuals³. In contrast, the First Treatment Contacts or one-year Treated Incidence, refers to persons who received treatment for the first time ever during 1997 and 1998 as relevant – thus these data refer to individuals. Over time first treatment data can point to trends and changing patterns of problematic drug use.

Definitions Used in the Bulletin

Drug Misuse : The working definition of drug misuse in this Bulletin is - the taking of a legal and/or illegal drug or drugs (excluding alcohol other than as a secondary drug of misuse, and excluding tobacco) which harms the physical, mental or social well-being of the individual, the group or society.

Drug Treatment : Any activity which is targeted directly at people who have problems with their drug use and which aims to ameliorate the psychological, and medical or social state of individuals who seek help for their drug problems. This activity may 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. These range from medical treatments, such as detoxification, methadone substitution programmes or drug-free programmes, to non-medical therapies which can include addiction counselling, group therapy and psychotherapy. Apart from specialised centres, drug treatment may be provided in hospitals, therapeutic communities, residential centres, out-patient clinics, community facilities, street agencies, prisons and by general practitioners. Under the definition of treatment used in this Bulletin, information given over the telephone, or information solely concerned with queries about social welfare entitlements or benefits are not included as treatment.

Main/Primary Drug : The main/primary drug is defined as the drug which, at the time of the current treatment contact, the client states is causing most problems and for which he or she has sought treatment.

³ The term **cases** rather than individuals or clients is more appropriate, since the possibility of double counting can not be ruled out [see discussion in Moran, R., O'Brien, M. & Duff, P. (1996). Treated Drug Misuse In Ireland. National Report 1996. Dublin: Health Research Board].

Frequency of Use : This term refers to ‘how often’ a person has used their primary drug within the 30 days prior to contact with the centre.

Sharing : The term refers to whether a person has shared injecting equipment. As noted in previous reports, ‘sharing’ is a difficult concept to define since its practice is understood quite differently by different people. Sharing injecting equipment with a partner is often not regarded as ‘sharing’. Therefore it will be difficult to assess accurately the level of sharing of equipment as treatment centres record clients’ accounts of their practices.

Opiates : The term ‘opiates’ refers to opiates and opioids, both natural and synthetic.

Area of Residence : The area of residence of clients in the Eastern Health Board was coded according to the Epidemiological Information System, Street Index for Dublin City and County (Johnson et al 1987)⁴. In other Health Board areas, the country where the patient resides is coded.

When reading the tables the following should be noted.

- The following headings are used in the presentation of the statistical information
 - Socio- Demographic Information
 - Risk Behaviour
 - Problem Drug Use
 - Treatment Contact Details

- Information contained within the Bulletin, is presented according to the Health Board area in which the client is resident. This may be in contrast to the health board where treatment was received, although in most cases the health board ‘residence’ and the health board ‘treatment’ are one and the same as can be seen from the Tables 1 and 2 in Appendix 2.

- Information on the numbers of cases receiving treatment within each of the health boards is shown on Table 25 “*Health Board Areas - Number of Clients Treated*” of the respective sections.

- In the event of zero cases being found within a category of the table, then that category is omitted from the table.

⁴ Johnson, Z.; Johnson, H. & Lambe, V. (1987). Epidemiological Information System. Street Index, Dublin City and County. Dublin. Eastern Health Board.

NDTRS - Summary of Main Results for 1997 and 1998, -NATIONAL DATA-

SECTION 1. NATIONAL DATA

Socio-Demographic Information & Treatment Contact Details

- The total number of cases treated in centres, which make returns to the National Drug Treatment Reporting System, continued to rise from 4,910 returns in 1997 to 6,043 in 1998. Table 1
- The number of individuals who received treatment *for the first time* increased from 1,528 in 1997 to 1,625 in 1998. Table 32
- Eighty six percent (86%) of the total number of cases in the NDTRS were treated in the Eastern Health Board in 1997; and 85% in 1998. Table 25
- More males than females were treated - 69% of all contacts treated in 1997 were male, 70% in 1998. Table 1
- Sixty-one percent of all cases in 1997 and 58% in 1998 were under 25 years of age. Table 2
- The percentage of all cases receiving treatment and in gainful employment had increased from 14% in 1997 to 20% in 1998. Table 5
- In 1997 and 1998 approximately sixty-five percent (65%) of those receiving treatment lived with their parents or other family members. Table 6
- Approximately a quarter of cases treated lived with another drug user (27% in 1997 and 26% in 1998). Table 7

Problem Drug Use & Risk Behaviours

- For 70% of all cases the main drug of misuse was heroin in 1997 (71% in 1998); 10.6% were treated for cannabis misuse in both 1997 and 1998, figures for ecstasy misuse were 5% and 3% respectively. Six percent of all cases in 1997 and 1998 were treated for problem methadone use. Table 10
- More than seven in ten cases had first used their main drug of misuse while still teenagers (70% started before 20 years in 1997 while in 1998 this had risen to 72%). Table 13
- In 1997, 89% of cases had first used any drug (not including alcohol) while in their teens, by 1998 this figure had increased to 91%; i.e. 9 out of 10 cases had first used a drug other than alcohol while still in their teens. Table 19
- The percentage injecting their main drug of misuse was 49% in 1997 and 51% in 1998. Table 11
- As many as 63% of cases in 1997 had injected at some stage of their drug using careers i.e. 'ever injected', this rose to 66% in 1998. Table 22
- In 1997, 1,693 were injecting in the month before treatment, in 1998 this figure was 1,976. Table 20
- Seventy-one percent (71%) of clients coming to treatment *for the first time* in 1997 had been using their main drug for 2 years or more, this figure had increased to 73% in 1998. Table 45

NDTRS - Summary of Main Results for 1997 and 1998

-EIGHT REGIONAL HEALTHBOARDS-

SECTION 2. EASTERN HEALTH BOARD

- Total number of returns to the NDTRS increased from 4,156 in 1997 to 5,076 in 1998. *Table 1.*
- Over 80% of cases were receiving treatment for heroin use, while less than 5% were being treated for cannabis use as their main drug in 1997 and in 1998. *Table 10.*

SECTION 3. SOUTHERN HEALTH BOARD

- Total number of returns to the NDTRS increased from 260 in 1997 to 303 in 1998. *Table 1.*
- In the period between 1997 and 1998 heroin as the main drug of misuse decreased (7% to 5% of all cases), as did the percentage of ecstasy cases (37% to 29%). In the same period misuse of cocaine (1% to 4% of cases) and cannabis (32% to 40%) increased. *Table 10.*
- In 1997, 21% of cases being treated for drug misuse were in regular employment, this increased to 30% in 1998. *Table 5.*

SECTION 4. NORTH-WESTERN HEALTH BOARD

- Total number of returns to the NDTRS increased from 21 in 1997 to 48 in 1998. *Table 1*
- An increase in those receiving treatment for heroin use (10% to 21% of all cases) was found between 1997 and 1998. Fifteen people were being treated for use of either ecstasy or cannabis (as main drug) in 1997, this figure rose to thirty-one for 1998. *Table 10*
- While the numbers who 'ever injected' rose from five in 1997 to eleven in 1998, the number of cases who 'ever shared injecting equipment' rose from zero in 1997 to five in 1998. *Tables 22 & 24*

SECTION 5. MIDLAND HEALTH BOARD

- Total number of returns to the NDTRS increased from 66 in 1997 to 96 in 1998. *Table 1*
- In 1997, 12% (n=8) of all cases were treated for heroin as main drug of misuse, this rose to 24% (n=23) of cases in 1998. *Table 10*
- For 1998, of those who 'had ever injected' (14 people), 36% (5 people) 'had ever shared injecting equipment'. *Tables 22 & 24*

SECTION 6. WESTERN HEALTH BOARD:

- Total number of returns to the NDTRS was 2 and 14 for 1997 and 1998 respectively. *Table 1*
- Of the 14 returns received for 1998, 6 (43%) reported heroin as the main drug of misuse. *Table 10*

SECTION 7. MID-WESTERN HEALTH BOARD:

- Total number of returns to the NDTRS decreased from 102 in 1997 to 96 in 1998. *Table 1*
- A decrease in all cases receiving treatment for ecstasy (main drug) use occurred between 1997 and 1998 (21% to 12% respectively), while those receiving treatment for ecstasy as a secondary drug increased (18% in 1997 to 24% in 1998). *Table 15*
- The percentage of cases referred by general practitioners dropped from 50% of all referrals in 1997 to 34% in 1998. *Table 31*

SECTION 8. NORTH-EASTERN HEALTH BOARD:

- Total number of returns to the NDTRS increased from 94 in 1997 to 128 in 1998. *Table 1*
- In 1997, 61% of cases in treatment for drug misuse were unemployed, by 1998 this figure had dropped to 44%. *Table 5*
- In 1998, the main sources of referral for cases entering treatment programs was the General Practitioner (22%) and the Courts, Probation or the Gardaí (20%). *Table 31*
- Of those cases resident in the NEHB, in 1998, 54% received treatment within their own health board, however 43% received treatment within the Eastern Health Board. This was in contrast to 1997 where all of the 94 NEHB residents received treatment elsewhere. *Appendix 2*

SECTION 9. SOUTH-EASTERN HEALTH BOARD:

- Total number of returns to the NDTRS increased from 155 in 1997 to 201 in 1998. *Table 1*
- There was an increase in the percentage of cases, using heroin as their main drug 7% (n=11) in 1997 to 11% (n=22) in 1998. Fifty-nine percent (n=119) of cases receiving treatment in 1998 had cannabis as their main drug of misuse. *Table 10*
- In 1998, 95% of cases treated for drug misuse, had first used any drug (excluding alcohol) before 20 years of age. *Table 19*

Appendix 1

Appendix 2

TABLE 1

Health Board Area of Treatment/Area of Residence. All Contacts. Numbers and Valid Percentages.

1997											
HEALTH BOARD TREATED		AREA OF RESIDENCE									TOTAL
		EHB	SHB	NWHB	MHB	WHB	MWHB	NEHB	SEHB	Outside Ireland	
EHB	n	4087	6	3	6	2	4	89	10	6	4213
	%	98.3	2.3	14.3	9.1	100.0	3.9	94.7	6.5	100.0	86.7
SHB	n	4	218	0	0	0	1	0	7	0	230
	%	0.1	83.8	0.0	0.0	0.0	1.0	0.0	4.5	0.0	4.7
NWHB	n	0	0	17	0	0	0	0	0	0	17
	%	0.0	0.0	81.0	0.0	0.0	0.0	0.0	0.0	0.0	0.3
MHB	n	1	0	0	60	0	0	0	0	0	61
	%	0.0	0.0	0.0	90.9	0.0	0.0	0.0	0.0	0.0	1.3
WHB	n	0	0	0	0	0	0	0	0	0	0
	%	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
MWHB	n	53	30	1	0	0	94	4	10	0	192
	%	1.3	11.5	4.8	0.0	0.0	92.2	4.3	6.5	0.0	3.9
SEHB	n	11	6	0	0	0	3	1	128	0	149
	%	0.3	2.3	0.0	0.0	0.0	2.9	1.1	82.6	0.0	3.1
TOTAL	N	4156	260	21	66	2	102	94	155	6	4862
TOTAL	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

TABLE 2.

Health Board Area of Treatment/Area of Residence. All Contacts. Numbers and Valid Percentages.

1998											
HEALTH BOARD TREATED		AREA OF RESIDENCE									TOTAL
		EHB	SHB	NWHB	MHB	WHB	MWHB	NEHB	SEHB	Outside Ireland	
EHB	n	4984	5	2	9	6	5	55	15	3	5084
	%	98.2	1.7	4.2	9.4	42.9	5.2	43.0	7.5	30.0	85.1
SHB	n	4	252	0	1	0	2	0	3	1	263
	%	0.1	83.2	0.0	1.0	0.0	2.1	0.0	1.5	10.0	4.4
NWHB	n	0	0	45	0	0	0	0	0	0	45
	%	0.0	0.0	93.8	0.0	0.0	0.0	0.0	0.0	0.0	0.8
MHB	n	0	0	0	85	0	0	0	0	0	85
	%	0.0	0.0	0.0	88.5	0.0	0.0	0.0	0.0	0.0	1.4
WHB	n	0	0	0	0	7	0	0	0	1	8
	%	0.0	0.0	0.0	0.0	50.0	0.0	0.0	0.0	10.0	0.1
MWHB	n	68	45	0	0	1	79	3	1	3	200
	%	1.3	14.9	0.0	0.0	7.1	82.3	2.3	0.5	30.0	3.3
NEHB	n	1	0	1	0	0	0	69	0	0	71
	%	0.0	0.0	2.1	0.0	0.0	0.0	53.9	0.0	0.0	1.2
SEHB	n	19	1	0	1	0	10	1	182	2	216
	%	0.4	0.3	0.0	1.0	0.0	10.4	0.8	90.5	20.0	3.6
TOTAL	N	5076	303	48	96	14	96	128	201	10	5972
TOTAL	%	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0