

REPORT TO: Task Force on Drug Abuse

TERMS OF REFERENCE: To examine the extent and type of drug abuse prevalent in the Eastern Health Board Area.

As there is no practical method of measuring precisely the prevalence of drug abuse in a community, I have tried to present evidence from as many sources as possible to indicate current trends. Information from the Drug Squad and the National Drugs Advisory Centre should be an accurate barometer for changes in the extent of the misuse of drugs in the community. Evidence from these sources is unequivocal in its confirmation of a recent 'epidemic' of drug abuse in Ireland. Both these sources would, however, only represent those who had come to the notice of the Gardai or had run into difficulties with their dependence. In the case of Jervis Street, patients have, on average, been abusing drugs for four years prior to contacting the Clinic. Generally speaking, the majority of drug abusers avoid arousing attention from any official agency. In the report, I present evidence from various sources which generally supports the view that drug abuse is an increasing problem within the Eastern Health Board Area, particularly in the last eighteen months. Where possible, a more indepth profile of those abusing drugs is given. Evidence is presented under four headings:-

1. Evidence from Health Professionals.
2. Evidence from Legal Sources.
3. Evidence from Educational Sources.
4. Evidence from Voluntary Organisations.

Signed:

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Gillian Byers MB  
Research Registrar

Task Force on Drug Abuse

**EVIDENCE FROM HEALTH PROFESSIONALS**

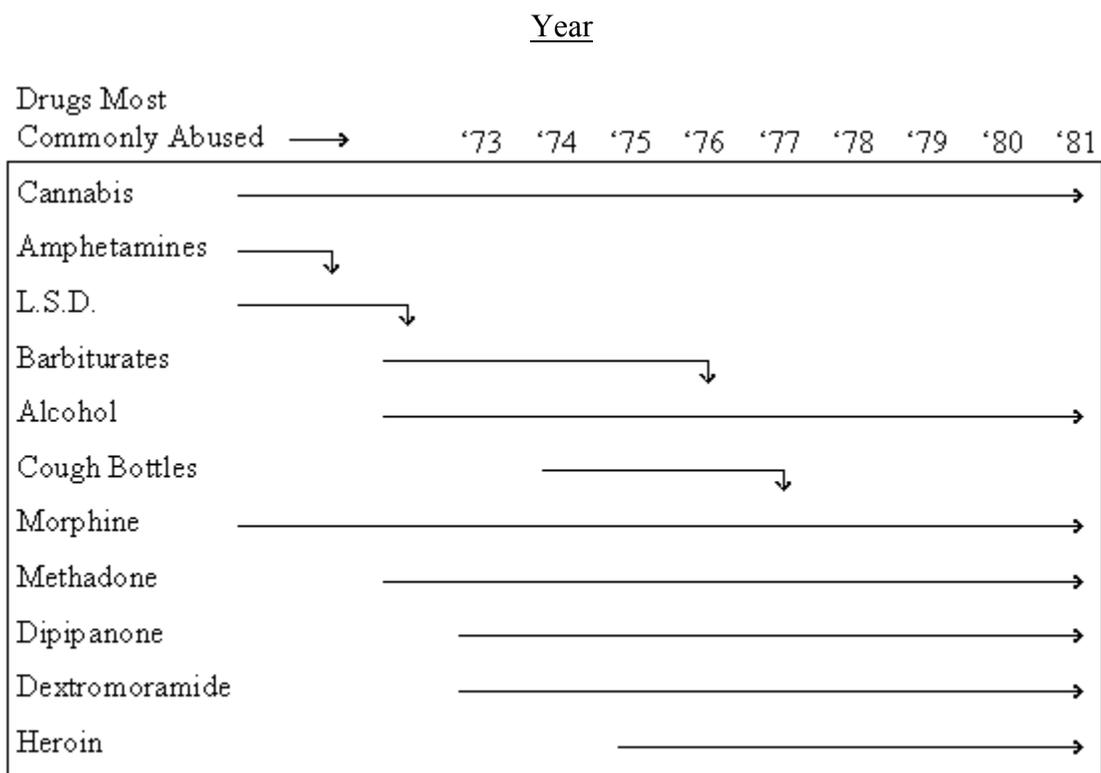
1. Drugs Advisory and Treatment Centre.
2. Hepatitis related to Drug Abuse.
3. Accident and Emergency Departments.
4. Mortality.
5. Community Care, including General Practitioners.
6. Maternity Hospitals.
7. Psychiatric Hospitals.
8. Prescribing.

DRUGS ADVISORY AND TREATMENT CENTRE  
JURVIS STREET HOSPITAL. (D.A.C.)

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The National Drugs Advisory Centre was set up in late 1969 to offer advice and treatment to those involved in the misuse of drugs. Numbers attending in the early years were small and heroin abusers were a hard core of older addicts whose first contact with heroin occurred abroad. Changes came gradually with an increasing referral rate over the years and change in emphasis regarding particular drugs. Trends in drugs abused by those attending the D.A.C. can be seen in Table A below.

TABLE A



It can be seen that the popularity of the amphetamines, L.S.D. and barbiturates has dropped in latter years. Alcohol, cannabis and morphine have remained widely used among referrals. The abuse of the synthetic opiates, methadone (PHYSEPTONE), dipipanone (DICONAL) and dextromoramide (PALFIUM) is a more recent phenomena. In fact, Ireland was the first country in the world to report an epidemic of 'DICONAL'

abuse. The emergence of heroin as one of the most commonly abused drugs from 1975 onwards is the most concerning aspect. For the year July 1981 to June 1982 heroin was used by 68.5% of those referred from the Eastern Health Board area (for treatment of a drug problem).

Figure D.A.C. (1) depicts the striking increase in referral rate to the D.A.C. which is most apparent in the last eighteen months and which shows no evidence of leveling off.

Figure D.A.C. (2) shows the numbers of patients attending each month who are abusing heroin. This gives a comparative picture for the last four years.

“We are fortunate in this country that heroin and other drugs, normally administered intravenously are not abused to any significant extent”. This statement, taken from the ‘Report of the Working party on Drug Abuse’, published in 1971, is clearly no longer true for Ireland.

The following information is taken from an analysis of new cases presenting to the D.A.C. during the year July 1981 to June 1982. A total number of 687 patients were seen, representing referrals from all over Ireland. Confining ourselves to the Eastern Health Board area, and to drugs of abuse other than alcohol, the number analysed was 426. These figures refer to new cases only. The age range was between twelve and forty-seven years. One twelve year old, one thirteen year old and six fourteen year olds were represented in the numbers. 85% of patients were between the age of fifteen and twenty-six years. Table B shows the average age of first contact, both with drugs and with the Clinic.

TABLE B

	Male	Female
Average age at first contact with drugs	17.4 years	17.7 years
Average age at first contact with Clinic	21.4 years	21.1 years

The sex ratio was 5:1 that is, 357 males and 69 females.

Our Lady of Lourdes parish in the Eastern Health Board area accounts for only approximately 2% of referrals to the D.A.C. When one considers that approximately 10% of the population at risk there are known to be abusing heroin, it is obvious that the D.A.C. is not seeing all of those involved in drugs even at the level of narcotic abuse. Table B would indicate that quite some time elapses between a persons' first contact with drugs and their seeking help from the Drugs Advisory Centre. It is possible that the level of abuse in Our Lady of Lourdes Parish is a relatively recent phenomena and will not be reflected in numbers attending the D.A.C. for some time yet.

The latest figures available from Jervis Street are for September 1982. The total number of patients who attended the Clinic was 285. Of these 204 were abusing heroin, 93 were new patients and 56 were heroin abusers attending for the first time.

The following analysis refers to new patients only. A breakdown of new patients by Eastern Health Board Community Care area is shown below in Table E.

TABLE E

Community Care Area	% of patients
1	13%
2	4%
3	16%
4	17%
5	11%
6	10%
7	17%
8	4%
9	1%
10	6%

% are rounded off to nearest whole numbers.

The Drugs most commonly abused are shown in Table C.

TABLE C

Drugs	% of patients abusing the drug
Heroin	68.5%
Cannabis	14%
Diconal	5%
Palfium	3%
Cough Bottles	3%
Solvents	3%

An unfortunate trend in recent years is the increasing number of young people who begin their experimentation with narcotic drugs rather than the former graduation from 'soft' to 'hard' drugs.

Employment Status: Although the unemployed are over-represented, all types of backgrounds are included in the figures including professional, managerial, skilled and unskilled workers, housewives and students.

Eastern Health Board Area breakdown for new patients seen in this year is shown in Table D.

TABLE D

E.H.B. Area	Number of new patients	% of total
1	51	12%
2	54	12.7%
3	81	19%
4	37	8.7%
5	28	6.6%
6	37	8.7%
7	102	24%
8	27	6.6%
9	3	0.7%
10	6	1.4%

The age range was similar to the previous 'year study' but there was an increase in the ratio of female patients from 1 : 5 to 1 : 3.5.

Table F shows the percentage of patients who admit to abuse of the drug named, as well as the percentage who admit to injecting the drug. Polyabuse (using a number of different drugs) was very common. Percentages are rounded off to the nearest whole numbers. The greater representation of drugs, other than heroin, compared with figures for the year study, probably just reflects the greater ease in obtaining such data in a prospective study of this nature.

TABLE F

Name of Drug	% admitting to abuse	% admitting to injecting
Heroin	68%	63%
Methadone	17%	5%
Morphine	34%	27%
Diconal	52%	37%
Palfium	43%	28%
Barbiturates	20%	5%
Non-barbiturate tranquillisers		
And sedatives	23%	1%
Cocaine	40%	12%
Amphetamines	19%	8%
Appetite Suppressants	3%	Nil
L.S.D.	43%	11%
Cannabis	67%	Nil
Solvents	8%	Nil
Cough Bottles	5%	Nil
Magic Mushrooms'	1%	Nil
Alcohol	20%	Nil

Over 90% of the referrals were judged to be either drug dependent or regular abusers. Experimenters rarely present to the Clinic.

The employment status of these patients were:

Unemployed:	69%
Employed;	28%
Students:	3%

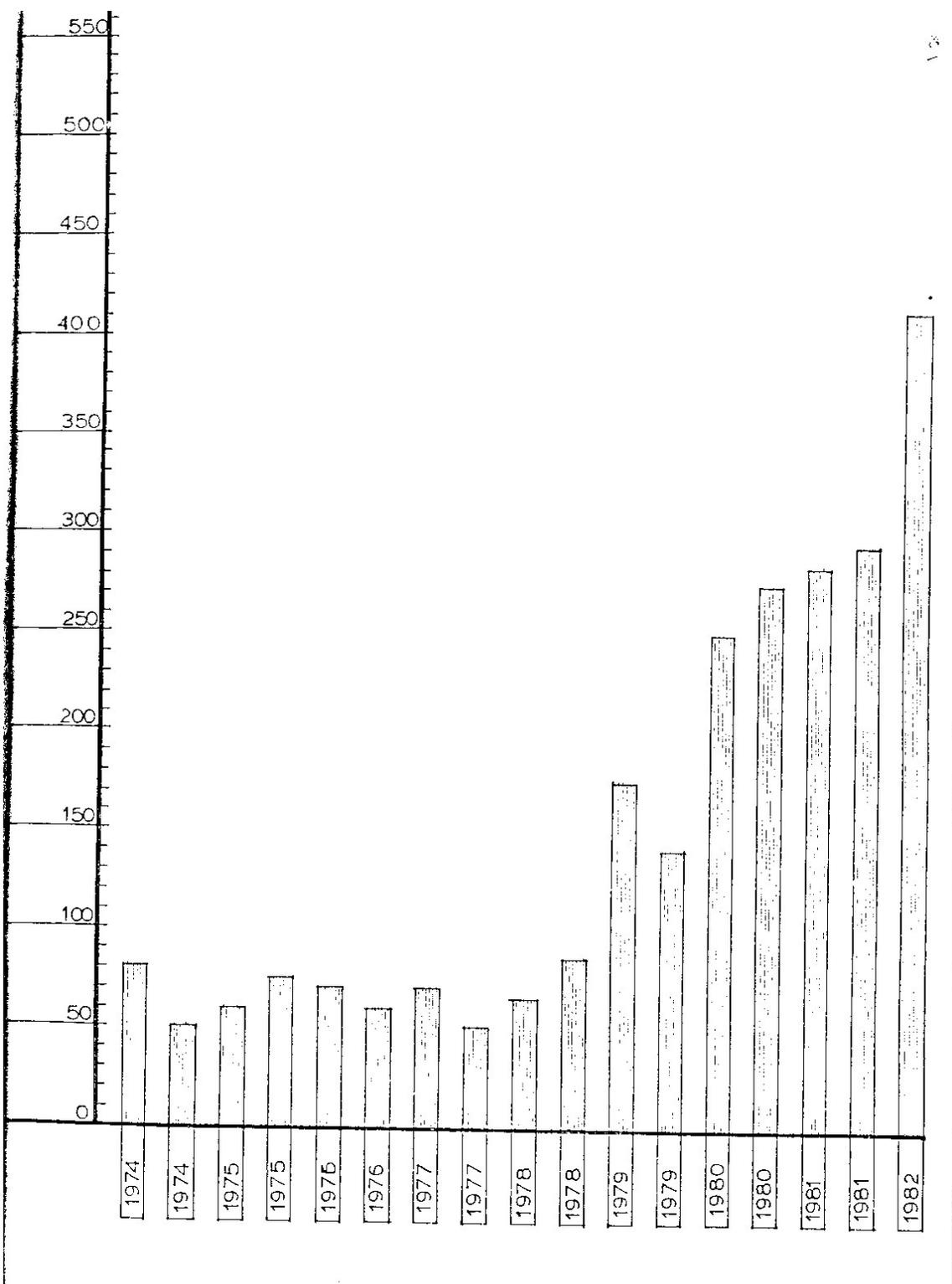
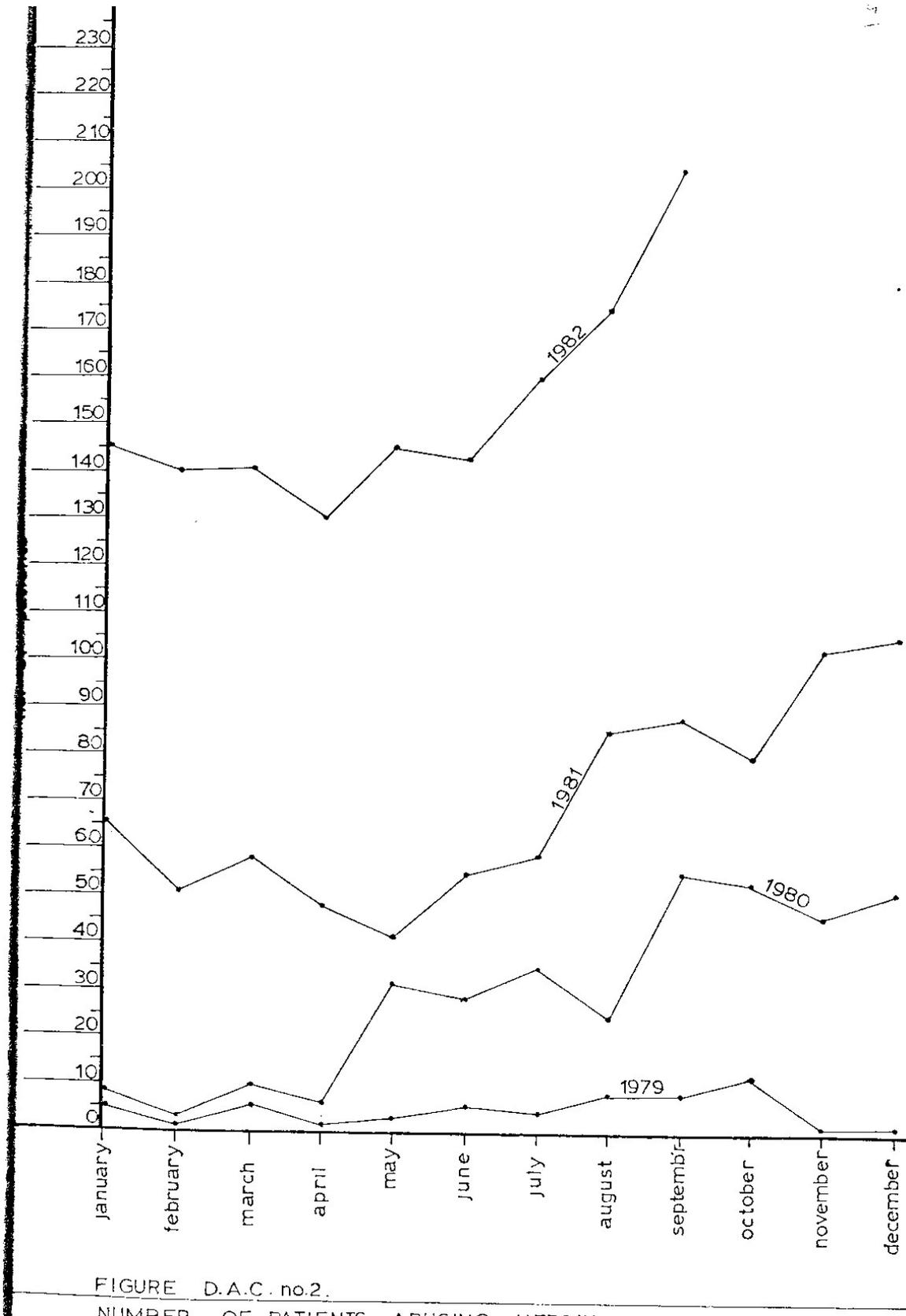


FIGURE D.A.C. no.1.

NUMBER OF NEW PATIENTS REFERRED PER SIX-MONTH PERIOD



Hepatitis related to drug abuse:

It is now well documented that hepatitis B is frequent among drug abusers, since those who use drugs intravenously, regularly share syringes and needles. Hepatitis B markers among drug abusers having been monitored by The Virus Reference Laboratory, University College Dublin since 1970. Up to the beginning of 1980, the incidence of hepatitis B surface antigen (HBsAg) has been low but increasing from an average of two cases per year between 1970 – 1974 to ten cases per year between 1975 and 1979, in proportion to a general increase in drug abuse. A paper entitled “Epidemic Hepatitis B with Delta-Antigenaemia among Dublin Drug Abusers” (Shattock A.G., Kelly M.G., Fielding J, Arthurs Y.) reports an alarming increase in hepatitis B among drug abusers in Dublin during 1981. Nowhere in the world has an epidemic of these proportions been reported when looked at in terms of number of cases of hepatitis B per head of the population. The paper reports on hundred and fifty-eight new cases of hepatitis B detected among Dublin drug abusers during the eight months from January to August 1981, during an epidemic which originated in 1980 and still continues. Figure A shows the number of new cases of hepatitis B in relation to the number of new referrals for heroin use to the Jervis Street Drug Treatment and Advisory Centre.

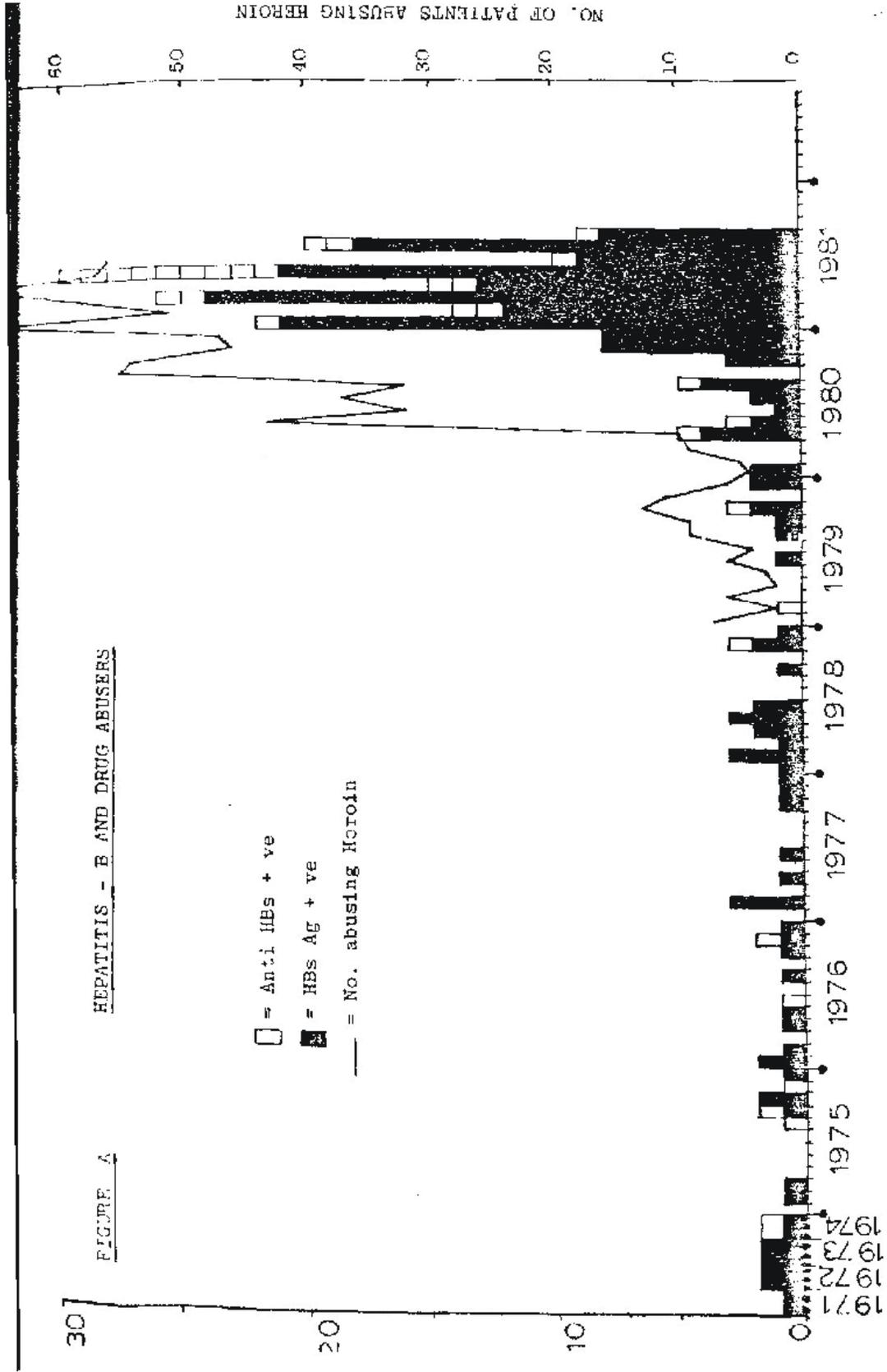
Discussions with consultants from the three Dublin hospitals dealing directly with these cases, supports the information outlined in the report. In addition, Dr J. Fielding from the Charitable Infirmary, Jervis Street, has performed liver biopsy on one hundred and twenty-six drug abusers in 1981 and suggests that the number of drug related hepatitis cases that should have had the procedure done is at least three times that figured, i.e. approximately three hundred and seventy-five cases. The 1982 figures up to September 1st is ninety-eight cases which have been biopsied (again this figure reflects about 1/3 of drug related hepatitis seen by Dr Fielding’s team). Cherry Orchard Hospital also reports an epidemic of hepatitis B cases for the year 1981 i.e. forty-three cases, almost all of which were drug related as opposed to seven cases, almost all of which were drug related as opposed to seven cases in 1980 and no case of hepatitis B in 1979. Dr O’Connor, Resident Medical Superintendent of the hospital, expressed concern at the difficulty in dealing with such cases, first of all due to lack of availability of specialist investigations, i.e. liver biopsy, in the hospital, and lack of facilities and trained personnel

for managing the special need of the young addict. Referrals to Cherry orchard have rarely been in contact with the Jervis Street services.

Sir Patrick Dun's Hospital also has a specialist interest in this field. A recent report entitled 'A secondary outbreak of hepatitis B among contact of drug abusers in Dublin' (Kelly D.A., Karroll D, Shattock A.G., O'Connor E, Weir D.G.) reflects a disturbing aspect of our recent hepatitis B epidemic. The report shows that following the epidemic in drug abusers, there has been a steady increase in the numbers of hepatitis B positive patients who were not drug abusers, a peak being attained four months later than the start of the epidemic in drug abusers (Figure B). This epidemic has been mainly confined to Dublin where the number of cases among non-drug abusers has doubled in this time. (Table 1). The aim of the study was to investigate the extent of the spread of this epidemic to 'non-drug abuser' contacts of the parenteral drug abuser. The study indicates that, at present, the groups most at risk of acquiring hepatitis B, apart from drug abusers themselves, are their sexual partners (accounting for approximately 40% of cases of hepatitis B among non-drug abusers) and the medical and technical staff who care for them (accounting for approximately 25% of case of hepatitis B among non-drug abusers). It should be noted that a mother who is hepatitis B positive is likely to infect her newborn child during the birth process and this child may then become hepatitis B positive for life. Ultimately this epidemic has increased the number of hepatitis B antigen positive patients in Ireland. Inevitably this will lead to an increase in the number of carriers and of patients with chronic liver disease, cirrhosis and eventually hepato-cellular carcinoma. The implications for the overall health of this society are serious and should not be underated.

TABLE I

		Numbers of HBsAG Positive Patients 1980 – 1981	
		<u>1980</u>	<u>1981</u>
Dublin:	Drug Abusers	34	170
	Non-Drug Abusers	45	109



# HEPATITIS - B IN DUBLIN 1980 - 81

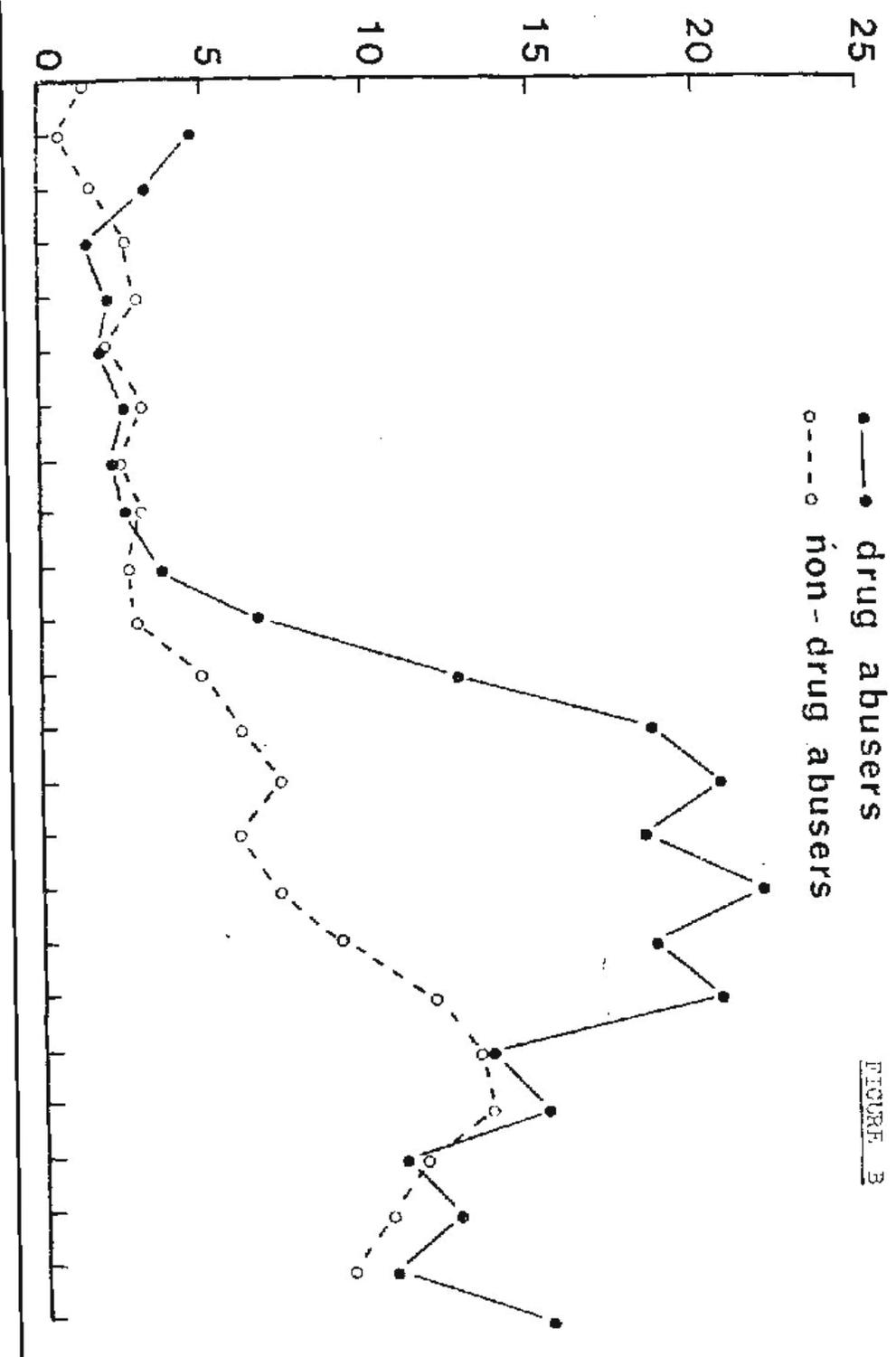


FIGURE 3

## ACCIDENT AND EMERGENCY DEPARTMENTS

It is known that many of those who are dependent on drugs go to casualty departments either to try and obtain drugs or because of problems related to their dependence (de Alarcon and Rathod 1968). An analysis of all drug related incidents seen in casualty departments, in a particular area, should therefore shed some light on the nature and extent of serious drug problems in the general population.

A survey was undertaken in Dublin Hospitals during September 1982 to look at patients presenting to accident and emergency department with problems of drug abuse. Only patients abusing illicit and controlled drugs and substances obviously taken for their psychic effects or to avoid withdrawal symptoms, were included in the study. Parasuicides, accounting for the bulk of drug overdoses seen in casualty, are well documented in the literature and do not form part of this study.

All fourteen hospitals with accident and emergency departments in the Dublin area, took part in the survey. (Naas General Hospital also agreed to take part but no cases were seen there during the four week period concerned). It should be noted that the figures may underestimate the problem as casualty personnel admit that cases may not have been recorded when the departments were particularly busy.

Results: 30 separate individuals involved in the abuse of drugs attended accident and emergency departments during a four week period from September 1st, 1982.

TABLE 1

EHB Community Area	1	2	3	4	5	6	7	8
% Patients attending	11.1%	18.1%	11.1%	9.7%	11.1%	16.7%	16.7%	5.6%

The majority of these patients were between 16 and 25 years. The youngest was aged 14 years.

The occupational status can be seen in Table 2.

TABLE 2

Occupation	Student	Employed	Unemployed
% of Patients	5.6%	22.2%	72.2%

Table 3 shows (a) the percentage of patients who admit to abusing the drugs named and (b) the percentage of those who claim to inject those drugs.

TABLE 3

Drug Abused	% of patients admitting to abuse	% of patients admitting to injecting the drug
Heroin	68.8%	62.5%
Methadone	6.3%	2.5%
Morphine	11.3%	7.5%
Diconal	23.8%	20%
Palfium	11.3%	7.5%
Barbiturates	6.3%	1.3%
Tranquillisers		
And sedatives	11.3%	1.3%
Cocaine	7.5%	3.8%
Amphetamines	3.8%	1.3%
L.S.D.	12.5%	3.8%
Cannabis	21.3%	---
Solvents	8.8%	---
Cough Bottles	1.3%	---
Magic Mushrooms <sup>7</sup>	3.8%	---

58% of those admitting to taking heroin were judged by casualty staff to be dependent on the drug. A further 33% were judged to be continual abusers and the remaining 9% were thought to be experimenting.

Table 4 shows the percentage of this population of drug abusers who are currently involved with Jervis Street Drugs Advisory Centre. It is clear that this is a separate group to those surveyed in the D.A.C. during this month and that many have never (as yet) made contact with the Clinic.

TABLE 4

Attendance at Drugs Advisory Clinic	% of patients
Attending at present	1.5%
Not currently attending	48.5%
Have never attended	50%

Reason for attendance at casualty can be seen in Table 5.

TABLE 5

Reason for attendance	% of patients
Accidental Overdose	27.5%
Overdose – ? intentional	3.8%
Trauma	20%
Sepsis	18.8%
Adverse psychological reaction to drug taken	6.3%
Effort to obtain opiate drugs	2.5%
Effort to obtain non-opiate drugs	2.5%
Hepatitis	1.3%
Impotence secondary to drug use	1.3%
Reason not recorded	16.2%

23.7% of those attending required admission to hospital. The remaining 76.3% were discharged after treatment. There were no deaths recorded.

In July 1975, a survey conducted by A.H. Ghodse studied drug incidents occurring in 62 London casualty departments. The most notable comparison to be made between this study and our September 1982 survey is the absolute number of patients admitting to heroin abuse.

	Number of patients Admitting to heroin abuse
July 1975: 62 London Casualty Departments	55 patients
September 1982: 14 Dublin Casualty Departments	55 patients

## MORTALITY DUE TO ABUSE OF DRUGS

Thirty-three deaths among known drug dependant persons, who had attended the National Drugs Advisory and Treatment Centre since its establishment in October 1969, have been investigated and are described below.

A further two deaths occurred as a result of hepatitis, caused by parenteral drug abuse. These two persons had not attended Jervis Street Drug Treatment Centre.

Data was obtained from the Drug Centre files, the Coroner's office and Cherry Orchard Hospital.

Age of victims at the time of death ranged from fifteen years to thirty-five years.

Sex ratio of those who died – thirty-two were male and three were female.

Causes of death were:

- |    |   |   |          |
|----|---|---|----------|
| 1. | Asphyxia due to inhalation of vomitus following a drug overdose | – | 9 cases. |
| 2. | Cardio-respiratory failure due to Drug overdose                 | – | 7 cases. |
| 3. | Acute liver failure secondary to Hepatitis                      | – | 4 cases. |

Other causes included septicaemia, drowning, hanging and other violent suicides. In seven cases, drugs were not directly linked with death although drugs may have been a factor. Three of these died from burns or carbon monoxide poisoning, one from pneumonia, one from cerebral haemorrhage. In one case the cause of death cannot be ascertained and in another the result of the Conorer's inquest is awaited.

It is probable that these figures do not include all deaths among Irish drug abusers as some deaths may have occurred abroad and some may have been recorded as death due to natural causes.

## COMMUNITY CARE

In May 1982, the Task Force requested submissions from the Directors of Community Care, regarding the prevalence of drug abuse in their area. Specific data was generally unavailable. However, in Area 3 and Area 7, independent surveys had been conducted. Area 1 xxxxxxxx information on numbers from the dun Laoire area. The main findings of these surveys are reported below.

### Community Care Area 3:

In October 1981, health professionals, in conjunction with others working in the community, carried out a survey within Community Care Area 3 (inner city). A target area comprising of 350 families was chosen.

#### Results:

- (a) 40 families had at least one member who abused heroin.
- (b) 57 individual abusers are represented, of which 39 were over the age of 18 years and 18 were between the age of 12 and 18 years.
- (c) The youngest known heroin abuser was 12 years old who had, at that time, been abusing for 2 years.
- (d) The number of children considered 'at risk' from residing within these families was 35.
- (e) Figures are considered to be an underestimate, as abusers may not have been in contact with any of the agencies surveyed.

A 'Youth Department Project' is currently being organised as a response to the drug problem in this area, which hopes to provide a comprehensive range of services to the youth of the area.

### Community Care Area 7:

Our Lady of Lourdes parish lies within the inner city part of Area 7. Concerned workers in this area compiled a list of those, known to them, to be heroin abusers. Criteria for inclusion in the number was that the abuser should be known as such, to two separate workers. The number considered to be heroin dependent was 93. 55 were male and 38 were female. Two of those listed were aged 13, four were aged 14 and seventy-seven were between the age of 15 and 24 years. There are current plans, by the Medico

Social Research Board, to carry out a profile study of this group, and any further abusers that may come to notice. A pilot scheme (similar to that in Area 3) is planned for this area to handle the increasing drug problem, offering advice, education, preventive and rehabilitation services.

#### Community Care Area I:

A report, prepared by a local councillor, regarding the number of drug offenders in the Dun Laoire area was made available. (Figures relate to 1979).

Information contained in the report regarding Dun Laoire area residents includes:

- (a) 60 persons were prosecuted for offences relating to cannabis use.
- (b) 25 to 30 regular cocaine users were known to the Gardai.
- (c) 45 to 50 persons were prosecuted for offences relating to barbiturate abuse.
- (d) It is suggested that there were no persons mainlining heroin in the Dun Laoire area at that time. However, the Drugs Advisory Centre does receive referrals of heroin dependent patients from this area.

As specific information regarding the number of drug abusers, who were in contact with Community Care Services, was not readily available, a prospective survey was carried out in September 1982. This was done with the assistance of the Directors and their Community Care Teams. The numbers refer to cases seen by public health nurses, area medical officers, social workers and community welfare officers during four weeks in September 1982.

Forty cases were reported to have been in contact with Community Care personnel during that month. 30 were heroin abusers (29 were judged to be physically dependent). Heroin abuse was often associated with other opiates and cannabis use. Those not abusing heroin were reported as using diconal, cannabis, L.S.D. and cough bottles.

Table A below shows the breakdown of cases by sex and drugs used.

TABLE A

	Males	Females	Male and Female
Heroin Abusers	13	17	30
Non-heroin Abusers	5	5	10
TOTAL	18	22	40

Only five of the forty individuals were currently attending Jervis Street D.A.C.

Breakdown of returns by Community Care Area is in Table B.

TABLE B

Community Care Area	1	2	3	4	5	6	7	8	9	10
No. of cases	0	4	13	8	6	6	4	0	0	0

Community Care personnel would appear to come into contact with the drug abusing population only to a small degree. The reasons for this area probably two fold.

1. Drug abusers tend to avoid involvement with health professionals unless they get into difficulties with their habit.
2. The work of Community Care Teams often has to be directed mainly towards the elderly and families with young children. The particular concern of those in Community Care regarding 'children at risk' may account for the larger number of females represented in the cases record.

A group of 46 adolescents in Area 8 were surveyed through Youth Clubs under the auspices of the Catholic Youth Council. The average age was 15.5 years. Males and females were equally represented.

Table C shows the number claiming to use the drugs named.

TABLE C

Drug	Number Abusing
Cannabis	13
Solvents	14
Heroin	4
L.S.D.	5
Cocaine	8
Amphetamines	7
Barbiturates	5
Cigarettes	22
Alcohol	41

25% claimed to have been 'drunk' more than ten times in the past year.

9% claimed to have been 'stoned' on drugs more than ten times in the past year.

The experiences of General Practitioners varied widely regarding contact with drug abusers. Information was received from over 40 practices in the Dublin area. Numbers of drug abusers seen by general practitioners ranged from none in the past year to more than fifteen per week. Referral rate would often relate to the policy of the practice regarding drug abusers. Doctors known to be 'sympathetic' would generally see a larger number. Different responses to the drug dependent patient included:

1. Immediate referral to the National Drugs Advisory Centre.
2. Long term maintenance with opiates.
3. Detoxification programme.
4. Supplying syringes and needles to parenteral abusers to decrease the risk of hepatitis.

Doctors noted that opiate dependent patients generally presented in an effort to obtain drugs. Patients attending with problems relating to other drugs of abuse was minimal. Doctors reported only isolated cases of referrals for abuse of solvents. However, most expressed concern over the increase in dependence to hypnotics and minor tranquillisers.

### MATERNITY HOSPITALS

Of those drug dependent patients attending Jervis Street Drugs Advisory Centre, approximately 20% are women of child bearing age. Information was sought from maternity hospitals and units in Dublin regarding the incidence of drug dependence, particularly opiate dependence, in Dublin mothers.

The National Maternity Hospital in Holles Street could cite just two patients using heroin who were delivered in 1981.

The Rotunda Hospital cited one case in 1981 but five cases had been recorded for the first eight months of 1982.

The Coombe Lying-In Hospital have noted a marked increase in drug dependent mothers attending in 1981. Hospital personnel submitted a paper entitled "The Emergence of Maternal Drug Addiction as a Problem in Ireland" to the Irish Medical Journal. Table M shows the incidence of Drug Dependent Mothers attending the Coombe Hospital from 1973 to 1981.

TABLE M

	Year								
	'73	'74	'75	'76	'77	'78	'79	'80	'81
Number of Drug dependent Mothers	1	2	1	1	2	1	0	0	9

80% of these mothers were dependent on heroin.

Studies have shown that the incidence of retarded intra-uterine growth, with its subsequent problems for the newborn, is approximately five times more common in drug dependent mothers. There was a welcome absence of this problem in the Coombe mothers. However, the average duration of drug dependency prior to pregnancy was only two years and we may well see the emergence of fetal malnourishment and its sequelae, if the problem of drug dependency becomes more entrenched. Problems attending babies

born to opiate dependent mothers, in the newborn period, include withdrawal symptoms, prematurity, a higher incidence of aspiration pneumonia, hypocalcaemia and respiratory alkalosis. Mothers who have drug related hepatitis (53.8% of the Coombe sample) may transmit this to their infants during delivery. An abnormally high death rate has also been reported among infants and children in the homes of addicted parents.

### GENERAL PSYCHIATRIC SERVICES

The extent of drug abuse being dealt with by our Psychiatric Services is difficult to ascertain, principally because information refers only to the in-patient population. No information is available regarding out-patient attendance for the problem of drug abuse. General Psychiatric Hospitals in the Dublin area would, as a rule, refer drug abusers (particularly opiate abusers) to the specialist centre in Jervis Street.

The latest year for which figures are available is 1979. (Figures relating to 1975 are in brackets for comparison). The total number of admissions with a diagnosis of drug dependence (I.C.D.8 code 304.0 to 304.9) for 1979 was 131 (183). This accounted for just 0.5% (0.7%) of all admissions to psychiatric hospitals so this clearly represents a very small part of their work. The rate of admissions for drug dependence was 3.8 per 100,000 population (6.1). If admissions from the Eastern health Board are taken separately, admissions with a diagnosis of drug dependence represents a rate of 5.8 per 100,000 population (12.2). Of these admissions, 25% (22%) were dependent on opiates or synthetic analgesics with similar effects. Those dependent on barbiturates accounted for 18% (28%). Males with a diagnosis of drug dependence outnumbered the females by just 1.3 : 1 in both 1979 and 1975.

Dr Stevenson, a Consultant attached to St. Dymphna's Special Unit for alcohol dependency, reports no evidence of heroin abuse among patients there but tells of the occasional patient who has substituted alcohol for heroin in latter years. He also confirms a decline in the use of barbiturate drugs.

St. Brendan's Assessment Unit, which is called on to deal with a great number of psychiatric emergencies and incidences, notified only two cases involving drugs of abuse seen during the month of September 1982.

The impressions of those involved in Child Psychiatry is that drug abuse per se is not responsible for an increase in referrals to the recognised services. However, drug use, particularly alcohol and solvent use, is an increasingly common incidental finding among those children referred with emotional and conduct disorders.

## PRESCRIBING

The ultimate origin of many drugs which are being abused is through the prescription pad. In 1981, forty people were charged with forging prescriptions. However, it cannot be assumed that all forgeries are detected. Valid prescriptions would account for the vast majority of prescribable drugs which are abused.

NARCOTIC ANALGESICS: The reports of the General Medical Services (Payments)

Board from 1976 to 1981 show no change in the frequency of prescribing 'centrally acting analgesics and antitussives' which remain at just under 3% of the total. Analysis of the prescribing patterns for the narcotic analgesic drugs most used by those abusers who attend the Drugs Advisory Centre, was undertaken. The three compounds scrutinised were:

PALFIUM (dextromoramide)

DICONAL (dipipanone)

PHYSEPTONE (methadone)

The Pharmaceutical Society of Ireland confirm these to be among the main drugs of abuse in this category.

Information regarding sales and prescriptions was supplied by the Companies who market the drugs concerned. The data regarding 'DICONAL' and 'PHYSEPTONE' relates to General Medical Service prescriptions only, whereas data regarding 'PALFIUM' relates to all prescriptions. Figure P. shows the number of these tablets prescribed over recent years. The only remarkable point is the increase in the prescribing of physeptone tablets in the last eighteen months. As physeptone (in its linctus form) is the drug used by the National Drugs Advisory Centre to detoxify narcotic dependents, this may be a reflection of individual doctors in general practice prescribing for the purpose of detoxifications. The majority of hospital doctors would use the linctus form.

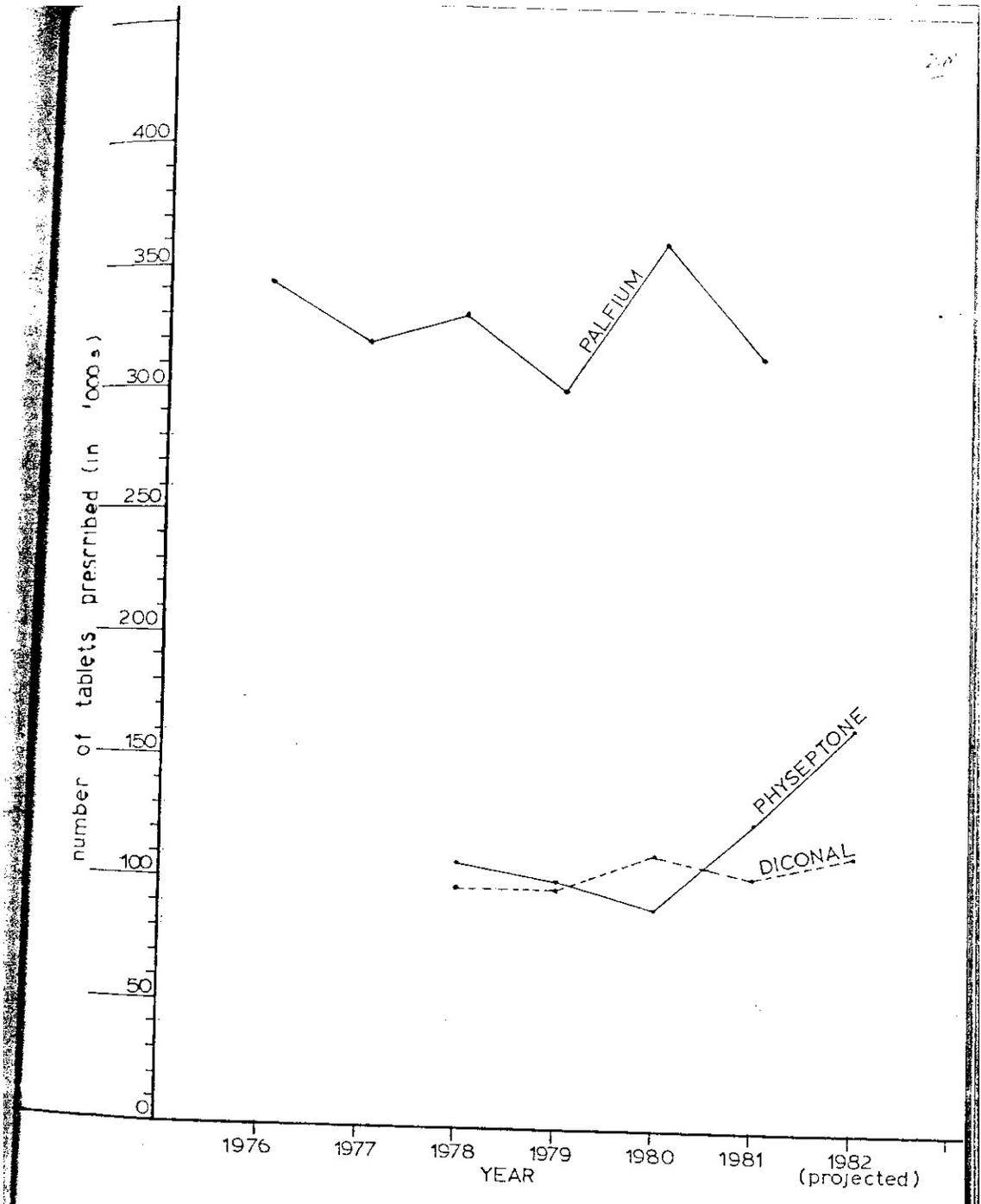


FIGURE P.  
(NUMBER OF TABLETS PRESCRIBED)  
SYNTHETIC OPIATE PRESCRIBING

HARBITURATES: In 1976, Barbiturates were the tenth most commonly prescribed during the General Medical Service.

From 1977 onwards, these drugs were no longer in the 'top thirty' most commonly prescribed drugs in the scheme. This decline in prescribing frequency was reflected in referrals to the Drugs Advisory Centre for abuse of Barbiturates which fell considerably in 1977 and thankfully continues to fall.

STIMULANTS: Such compounds as Dexamphetamine, Methylphenidate and the stimulant appetite suppressants (Ionamin, Tenuate, Duromine, Ponderax) have a capacity for abuse by virtue of the mood stimulating effect. The decline in the prescribing of these substances as shown in Table S is encouraging. Again this is reflected in the amount of amphetamine type dependency seen in the Drugs Advisory Centre which has gradually decreased over the years.

TABLE S

YEAR	1977	1978	1979	1980	1981
PRESCRIBING FREQUENCY FOR C.N.S. STIMULANTS IN THE G.M.S.	60,379	59,247	52,913	49,821	49,196

HYPNOTICS AND SEDATIVES: Many youths involved in drug abuse admit that their first experiments with drugs were found in the home. The drugs most widely abused at this level are the benzodiazepines, usually in conjunction with alcohol. Diazepam (VALIUM, ATENSINE) remains the second most widely prescribed drug in the General Medical Services. The hypnotics Nitrazepam (MOGADON) and Flurazepam (DALMANE) are also among the top fifteen most frequently prescribed drugs. Their ready availability, coupled with the intolerance to psychic discomfort in our society, leads to these compounds being very widely abused. This is reflected in:

- A: A growing number of people who contact the National Drugs Advisory Centre and other agencies with problems involving chemical dependency to benzodiazepines.
- B: The large number of intentional overdoses involving these compounds.
- C: The growing use of these compounds by young people looking for kicks!

## EVIDENCE FROM LEGAL SOURCES

1. Garda Information.
2. Probation and Welfare Services.
3. Psychiatric Assessment of Drug Offenders.

### GARDA INFORMATION

The statistics relating to the illegal possession of drugs under the Dangerous Drugs Act 1934, Section 78 of the Health Act 1970 and the Misuse of Drugs Act 1977, are shown in the following graphs and tables.

These have been prepared from figures obtained from the Dublin Drug Squad. These annual figures refer to the Dublin Metropolitan Area and Table A below, shows the percentage of the national total of drug offenders charged in this area.

TABLE A

Year	Percentage of total of drug offenders Charged in Dublin Metropolitan Area
1978	60%
1979	61%
1980	68%

Figure G1 shows the number of persons charged with illegal possession from 1973 to 1981. A significant increase has occurred in latter years. The magnitude principally reflects a growing drug problem rather than a higher detection rate.

Figure G2 shows the number of drug seizures made by the Gardai over the same years and the trend is compared with the manpower of the Dublin Drug Squad at the end of each year. It is notable that the number of seizures in 1981 was over twice the number of seizures in 1980.

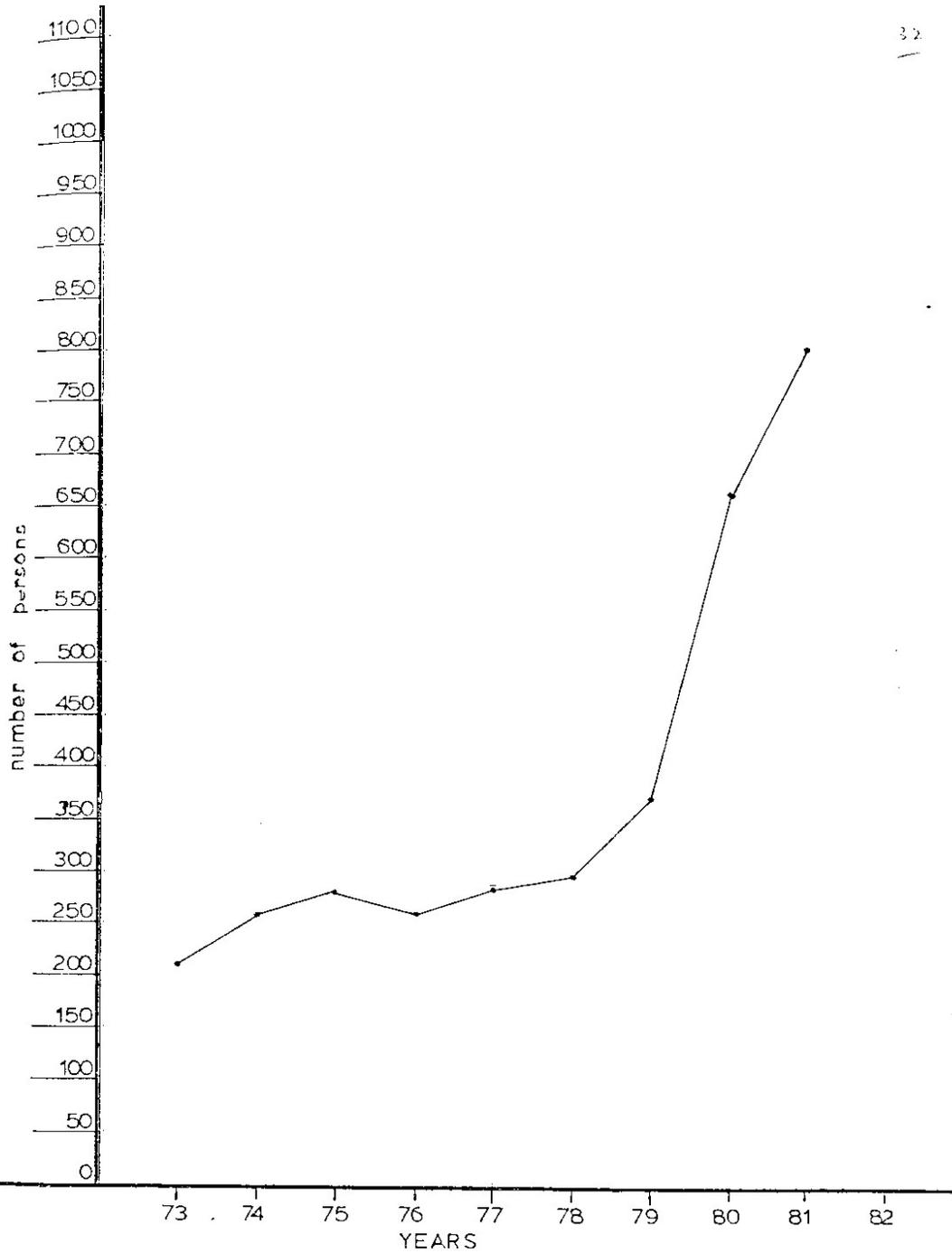


FIGURE G. no. 1.

NUMBER OF PERSONS CHARGED BY  
DUBLIN DRUGS SQUAD

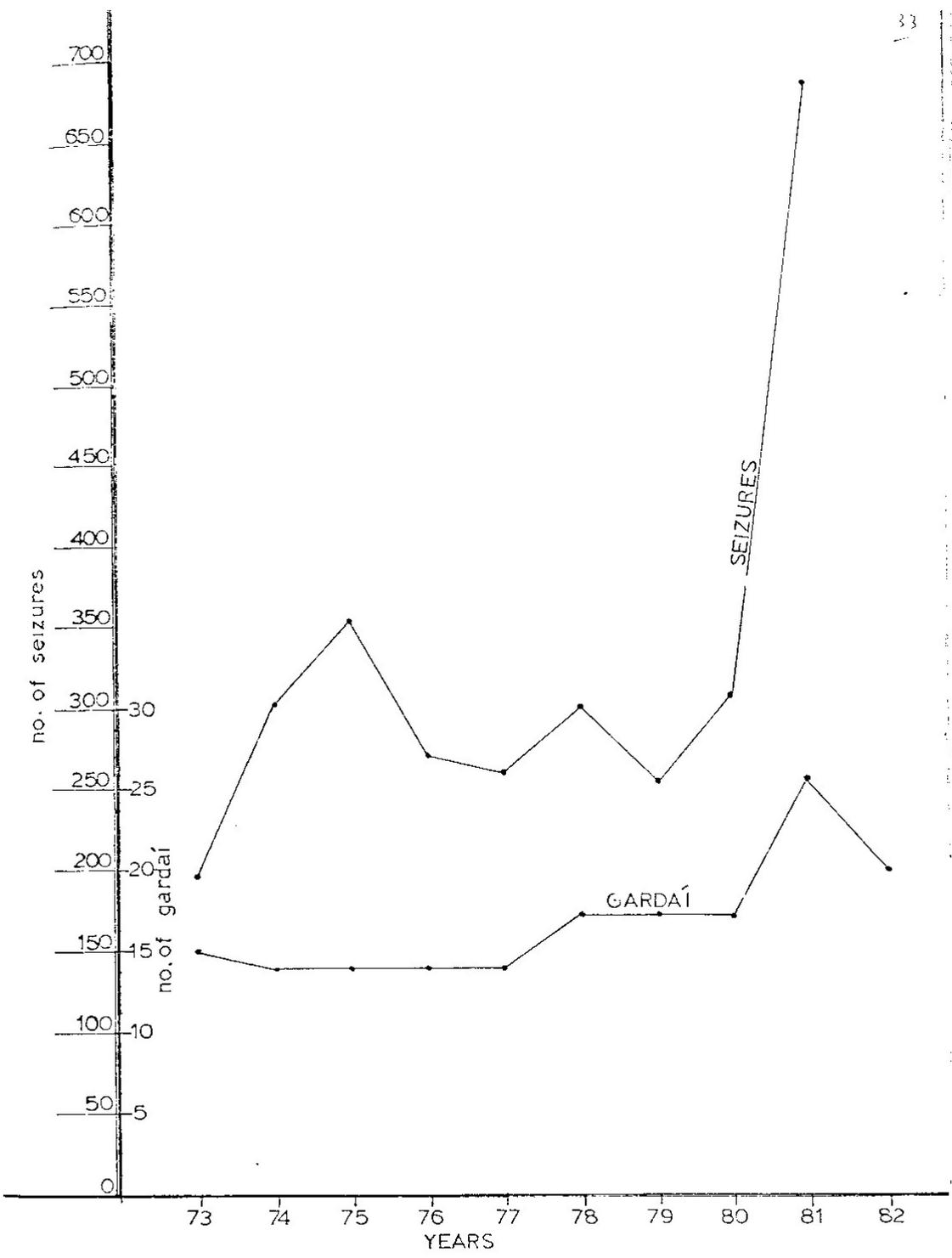


FIGURE G. no. 2.

NUMBER OF DRUG SEIZURES MADE BY  
DUBLIN DRUGS SQUAD

NUMBER OF GARDAÍ IN D.D.S.

Table B shows the number of seizures of various drugs made annually from 1973 to 1981.

TABLE B

Seized	Year								
	1973	1974	1975	1976	1977	1978	1979	1980	1981
Heroin	8	4	3	3	1	3	3	29	117
Morphine	17	35	30	25	13	28	11	19	9
L.S.D.	19	16	15	0	1	0	6	3	10
Cocaine	3	6	8	3	0	0	6	12	5
Synthetic Opiates	26	58	?	41	51	42	29	58	39
Cannabis Sativa	93	136	72	95	107	107	116	179	430

Figure G3 depicts numbers of seizures of cannabis and heroin. The trend is very apparent with a 2.5 order increase in cannabis seizures from 1980 to 1981 and a 4 fold increase in heroin seizures over the same period.

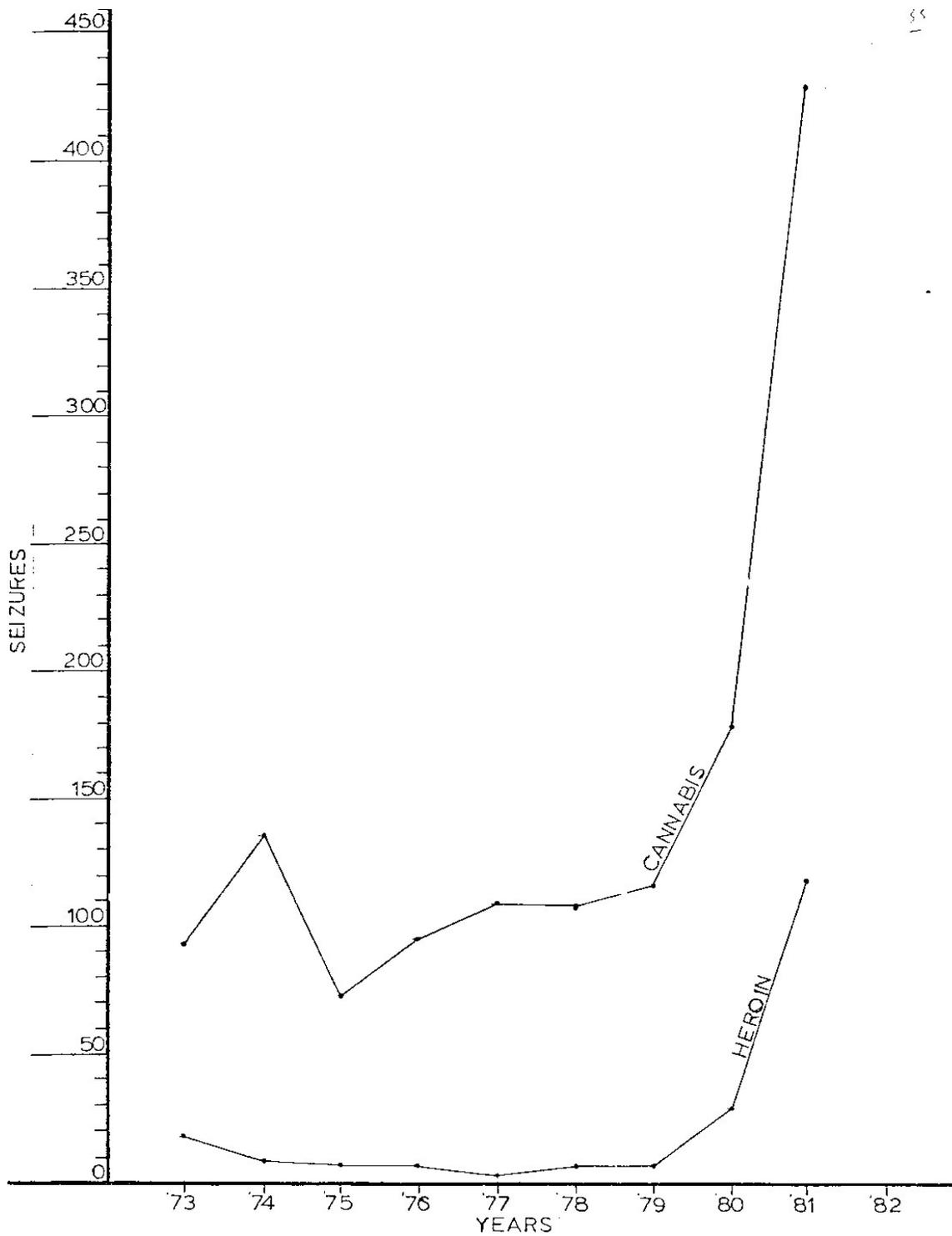


FIGURE G. no.3.

NUMBER OF HEROIN SEIZURES MADE BY D.D.S.

NUMBER OF CANNABIS AND RELATED SUBSTANCE  
SEIZURES MADE BY D.D.S.

Age Breakdown:

An age breakdown of those charged since 1975 can be seen in Table C.

TABLE C

Year	Total Number of persons charged in D.M.A.	% of those charged who were under 17 years	% of those charged who were 17-21 years	% of those charged who were over 21 years
1975	283	0%	38%	62%
1976	259	1%	25%	74%
1977	283	2%	15%	83%
1978	298	1%	18%	81%
1979	368	1%	25%	74%
1980	669	<1%	25%	74%
1981	815	<1%	31%	68%

Percentages are rounded off and ages were not available for a number of the persons charged, but the figures may indicate again a slight shift from the over 21's to the 17-21 years age group.

Table D shows the sex breakdown of person charged. Number of males added to number of females does not give the total number of persons charged as the sex was not always recorded.

TABLE D

Year	Male	Female	Male to Female Ratio
1975	240	43	6.6 : 1
1976	229	30	7.6 : 1
1977	206	24	8.5 : 1
1978	251	39	6.4 : 1
1979	331	37	8.9 : 1
1980	478	110	4.3 : 1
1981	718	97	7.4 : 1

Male to Female ratio seen among referrals to the Drug Advisory Centre was 5 : 1. The generally higher ratio reported in Table d may reflect a greater propensity for the male drug abuser to come to the notice of the Gardai.

By September 1982, 8480 persons had come to the notice of the Gardai due to their involvement in the misuse of drugs. No further breakdown is available.

The Forensic Science Laboratory of the Department of Justice revealed the following information regarding case numbers dealt within recent years.

TABLE E

	1980	1981	1982 Projected
Overall case numbers	1,699	2,499	3,630
Drugs case numbers	589	1,181	2,304
Drugs as a % of overall number	35%	47.5%	63%
Increase over previous year		200%	195%

In 1981, Heroin accounted for 17.3% of all drugs cases dealt with by the laboratory for the Dublin Metropolitan Area.

All the information above reflects a growing drug problem, particularly in relation to cannabis and heroin.

PROBATION SERVICES

Community Based Probation Officers returned notification forms for all clients known to be drug users, seen during the month of September 1982. Cases returned numbered 170. A breakdown of cases by Eastern Health Board Community Care area can be seen below in Table P.

TABLE P

Community Care Area	% of patients
1	11%
2	8%
3	31%
4	6%
5	6%
6	11%
7	18%
8	11%
9 (Kildare)	Nil
10 (Wicklow)	<1%

Information regarding area of residency was missing in 28 cases and is likely to have been from just one or two areas so some figures represented in the Table may be artificially low. However area 3 and area 7 are again the most highly represented areas. 85% were under the age of 25 years with the bulk between age 17 years and twenty-two years.

Males outnumbered females by 4 : 1.

Occupational status was as follows:

Student: 4%

Employed: 34%

Unemployed: 62%

The percentage of those admitting to abuse of heroin is the same as the Jervis Street new referrals, i.e. 68% but abuse of all the other drugs named (see Table F in 'Evidence from Drugs Advisory Centre') was admitted to about half as often as the Jervis Street population. I would suggest that this discrepancy merely reflects the abusers' greater tendency to admit to polyabuse in a Clinic situation as compared to the probation Service.

28% of these 170 clients were involved with the Jervis Street Clinic during this month according to the survey. However, only a small number of these appeared for the first time at the Clinic during the four weeks of the survey and therefore duplication is minimal.

Prison Based Probation Officers returned "Notification of Drug Abuse" forms for 92 inmates in the following penal centres.

<u>St. Patrick's Institution</u>	54 males
<u>MountJoy Prison</u>	26 males
<u>Women's Prison, MountJoy</u>	12 females

Figures relate to clients dealt with during September 1982. No breakdown is available for Community Care area as this information was frequently missing and a certain proportion of the clients were from outside the Eastern Health Board. Ages ranged between sixteen years and thirty-two years. The average age was twenty years. The ratio of males to females was 6.6 " 1. Table Q shows the percentage of those admitting to abusing the drug named and the percentage admitting to using the parenteral route. Of those who admit to heroin use, 70% were judged to be drug dependent, 22% were thought to be regular abusers and 8% were thought to be experimenters.

TABLE Q

Drug Name	% admitting to abuse	% who claim to inject the drug
Heroin	63%	62%
Methadone	14%	14%
Morphine	17%	16%
Diconal	21%	15%
Palfium	20%	5%
Barbiturates	27%	8%
Tranquillisers and sedatives	16%	3%
Cocaine	9%	2%
Amphetamines	24%	6%
L.S.D.	15%	1%
Cannabis	46%	Nil
Solvents	9%	Nil
Magic Mushrooms'	Nil	Nil

PSYCHIATRIC ASSESSMENT OF DRUG OFFENDERS

Sixteen such drug abusers were reported as being assessed during the month of September 1982 – all but one of these, in Ushers Island Day Centre.

One was a sixteen year old female who was experimenting with tranquillisers. The remainder were in their early twenties.

Twelve of these offenders injected heroin and were dependent on the drug as well as abusing a combination of other drugs.

The profile of the remaining cases were as follows:-

1. Male, abusing heroin and cannabis but not drug dependent.
2. Male, abusing cannabis only.
3. Male, non-opiate user but abusing cannabis, barbiturates, amphetamines, L.S.D. and minor tranquillisers.

In the case of this group, it is possible that they appear in data relating to the Probation Service or the Drugs Advisory Centre.

## EVIDENCE FROM EDUCATION SOURCES

1. School Surveys.
2. Educational Psychologists.
3. Guidance Counsellors.
4. Union of Students in Ireland.

## SCHOOL SURVEYS

The Medico Social Research Board, in conjunction with the Health Education Bureau, the Irish Cancer Society and the Department of Community Health, Trinity College, have carried out two surveys of second level school children. One took place in 1970/71 and the second in 1980/81. Just over 5,000 children were studied and the main findings are set out below. These studies are concerned with Dublin Post Primary Schools. Table 1 refers to the number of respondents who had ever taken during other than those prescribed by a Doctor.

TABLE 1

	Age under 16 years	Age 16 years and over
1970/71 Survey	1.3%	4.9%
1980/81 Survey	9%	20%

Table 2 shows the percentage claiming to have used the drugs named. (1980/81 study).

TABLE 2

Name of Drug	% claiming to have taken drug
Marijuana	8.5%
Heroin	1%
Cocaine	Nil
L.S.D.	Nil
Glue	0.1%
Mushrooms	0.1%
Tranquillisers	0.5%
Amphetamines	0.1%
Have never attended	

The authors suggested, because the question regarding drug use was open, (i.e. drug names not suggested to the respondents), some may not have considered solvents,

tranquillisers of magic mushrooms to be drugs and may have omitted to mention their use.

Other findings were as follows:-

1. 21% of those under 16 years knew people who used drugs. 44% of those over 16 years knew people who used drugs.
2. 61% stated that their source of supply was a friend.
3. Those who were regular smokers or drinkers, were more likely to also state that they had used unprescribed 'drugs'.
4. Contact with and the use of drugs did not differ between social classes.

I conducted a pilot study among a sample of secondary school children fifteen months after the M.S.R.B. 1980/81 study and after much public debate on drug abuse. The sample was 5% of the size of the M.S.R.B. study and had the same bias towards male respondents, i.e. 60% male and 40% female. The average age was 15 years 3 months which probably indicates a slight bias towards the senior cycle pupils.

Table 3 shows the responses to whether they believed the drugs named were dangerous.

TABLE 3

Drug Named	I believe the drug <u>can</u> be dangerous	I believe the drug <u>cannot</u> be dangerous	I don't know	I never heard of the drug
Cannabis	69%	20%	9%	2%
Solvents	93%	2%	4%	1%
Heroin	94%	1%	4%	1%
Morphine	67%	4%	14%	15%
Methadone	22%	1%	10%	67%
L.S.D.	78%	3%	9%	10%
Cocaine	75%	10%	12%	3%
Amphetamines	48%	15%	18%	19%
Barbiturates	44%	6%	14%	36%
Other Tranquillisers	67%	19%	14%	Nil
Cigarettes	76%	21%	3%	Nil
Alcohol	68%	28%	4%	Nil

Five questions were included on the knowledge of drug terms and effects.

#### Question 1

Drug related hepatitis is most likely caught by?

26% gave the correct answer which was "Using someone else's needle to inject yourself".

64% replied "Don't know".

The remainder gave incorrect answers.

#### Question 2

Cole turkey means?

36% gave the correct answer which was "Getting off drugs without medical help".

53% replied "Don't know".

The remainder gave incorrect answers.

#### Question 3

Babies born to mothers who are heroin addicts are most likely to?

59% gave the most correct answer which was "Be addicted themselves".

32% replied "Don't know".

#### Question 4

Drinking alcohol and taking barbiturates together may lead to?

47% gave the most correct answer which was "Death".

41% replied "Don't know".

The remainder gave incorrect answers including 5% who said "It would lead to increased energy".

#### Question 5

Snorting heroin can?

51% gave the correct answer which was "Can make you addicted to heroin".

41% replied "Don't know".

The remainder gave incorrect answers.

Table 4 shows the responses to the question where would you go first if you had a question about drugs?

TABLE 4

	Response of whole group	Response of those 16 years and upwards
Family	46%	37%
Friends	25%	26%
Teachers	2%	1%
Doctors	8%	11%
Books, T.V., Newspapers, etc.	13%	15%
Other	6%	10%

Table 5 shows the percentage of those who claim to have used the drugs named.

TABLE 5

Name of Drug	Percentage who claim to have	M.S.R.B. 1980/81 Study
Cannabis	20%	8.5%
solvents	7%	0.1%
Heroin	1%	1%
Morphine	2%	---
Methadone	Nil	---
L.S.D.	2%	Nil
Cocaine	4%	Nil
Amphetamine	3%	0.1%
Barbiturates	3%	0.5%
Other Transquillisers	16%	
Cigarettes	70%	---
Alcohol	85%	---

Table 6 (a) shows those who received specific drug education and Table 6 (b) shows the effect which the respondents felt it had.

TABLE 6 (a)

Drug Education Received	% of Respondents
At school only	26%
From parents only	19%
At Youth Club	3%
Elsewhere or a combination of above	24%
None received	28%

TABLE 6 (b)

Effect of Drug Education Received	% of Respondents
Led to increased use of drugs	1%
No effect on my using or no using drugs	38%
Led to decreased use of drugs	1%
Led to my initial taking of drugs	1%
Convinced me not to start	36%
No drug education received or unsure of effect	22%

Other Observations included:

1. 70% had never used drugs (excluding alcohol and nicotine).
2. 10% claim to have been stoned on drugs more than three times in the past year.
3. 54% claim to have drunk to excess in the previous year.
4. 17% claim to have 'been drunk' on more than ten occasions in the past year.
5. 67% claim to know people who use drugs.

6. Among those who claim to have taken drugs, there is a higher percentage who believe drugs (particularly CANNABIS), not to be dangerous.

This pilot study was based on a study of Adolescents in Maryland, USA, carried out in 1980.

Education Psychologists in the Department of Education did not feel that drug abuse was a growing source of referral to their service. However, they do feel that those children already experiencing difficulties are more commonly involved with drugs in recent years. They are more concerned with alcohol abuse among school children and would welcome education for personal development to be included in the curriculum.

Through the Institute of Guidance Counsellors, submissions were requested from counsellors in twenty Dublin post-primary schools, regarding their experience and views of the problem of drug abuse among students. To date, replies are only available from five schools; secondary, community and comprehensive schools are represented. The following information and ideas were given:-

1. Counsellors were aware of an escalating problem in the community but felt that it was those who were not at school who were mainly affected.
2. They reported that experimentation was becoming more common but regular involvement was infrequently seen. Cases that were known, mainly involved solvents and tranquillisers in the younger groups and cannabis in the older pupils. Only three pupils were known to be using heroin.
3. One counsellor, who appears to have close personal contact with his students, claimed that between 50 and 60% have tried cannabis by the age of seventeen.
4. All of the respondents were gravely concerned about alcohol abuse among second level pupils. One reported that 30 to 40% take it "to excess" (c.f. 54% in pilot survey) and others claimed that drunkenness and regular heavy drinking was commonplace among school going teenagers.
5. Respondents would welcome measures to reduce availability of drugs, education programmes for teachers and parents and more advertisements to discourage 'drinking'. All but one would welcome specific drug education for pupils, preferably within a health education programme. They would prefer to see a less emotive, more rational response from parents and educators, towards the question of drug use.

The Deputy President of the Union of Students in Ireland reported that, in the last fifteen months, there has been an apparent increase in cannabis use among third level Irish Students. He suggested a figure of 50% experimenting and 10% regularly abusing. Magic Mushrooms were also abused by particular groups but he was aware only of isolated cases involving other drugs. Drug abuse appeared to be causing difficulties, both personal and academic, among only a small minority of students. He noted that drugs are becoming increasingly hard to avoid and feels that students have not enough knowledge regarding the dangers of drug abuse to base their choice on. This lack of knowledge, combined with the liberal attitude towards drugs, which is prevalent in third level institutions, would be expected to lead to ‘dabbling’ among students.

## EVIDENCE FROM VOLUNTARY ORGANISATIONS

1. Coolmine Lodge Therapeutic Community.
2. Rutland Centre.
3. Mater Dei Counselling Centre.
4. Adam and Eve Counselling and Consultation Centre.
5. The Samaritans.
6. The Hanley Centre.
7. Contact.
8. The national Council for Travelling People.

## VOLUTARY ORGANISATIONS

Coolmine Lodge Therapeutic Community provides a residential recovery programme for drug abusers. They record a steady increase in the number of residents since 1980. Figure CI shows the average monthly figures from 1973 to 1981 for (a) drug abusers contacting the Community and (b) drug abusers accepted as residents by the Community. (Monthly figures were used as annual reports did not refer to definite twelve month periods). The trend would appear to reflect a substantial increase in referrals in latter years.

In 1981, the number of drug abusers to contact Coolmine was 246. The number accepted as residents 68. 85% of these were from the Dublin area. 81% were opiate abusers. The average age of the residents is twenty-one years. Over the years, it has been noted that there is on average 6.7 years delay between age of first contact with drugs and age of contact with Coolmine (compare this with the average four year delay prior to contact with Jervis Street Drugs Advisory Centre). A further trend noticed by Coolmine is recent evidence that their residents now come from all socio-economic groups whereas previously the majority came from the more deprived sections of society. Table A below shows the educational attainment of residents accepted in 1981.

TABLE A

Level of Educational attainment	Intermediate Cert Level	Leaving Cert Level	University Level
Number of persons	38	10	2

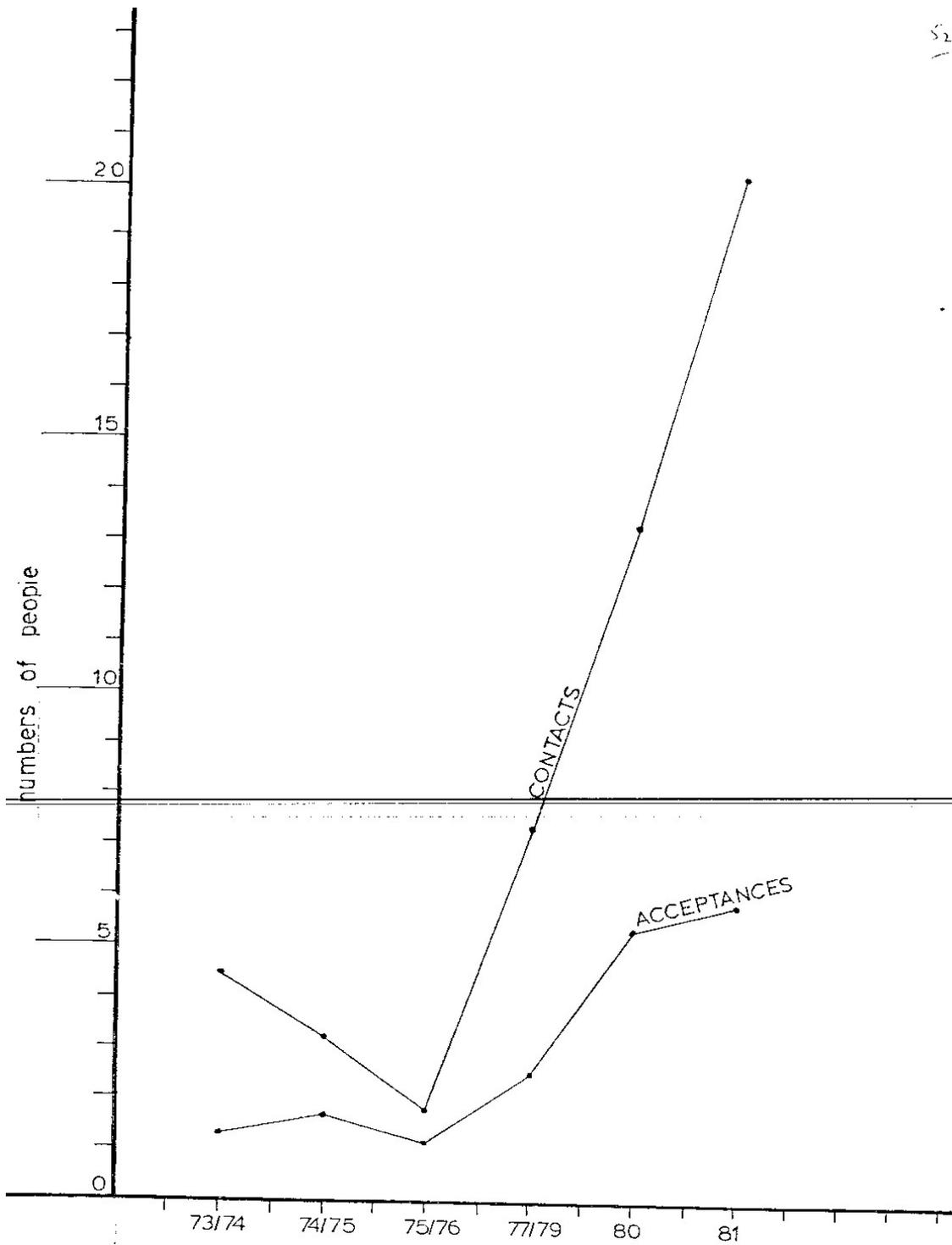


FIGURE C no.1.

AVERAGE MONTHLY FIGURES;

(1) drug-users contacting Coolamine.

(2) drug-users accepted as residents

Table B shows the number of residents who left against staff advice as a percentage of new residents accepted.

TABLE B

	73/74	74/75	75/76	77/79	'80
% of those leaving against advice	50%	44%	104%	81%	55%

The 1980 Annual Report states that evidence suggests that many of those who have left prematurely have benefited to the extent that they have stayed off drugs. A study is being undertaken to find out more exact information regarding their subsequent relationship, if any, with drugs.

The Rutland Centre provides a residential therapy unit for substance abusers after detoxification. In an eighteen month period from March 1981 to August 1982, 8% of their 329 admissions were primary opiate abusers. The remaining 92% were either alcohol dependent or cross addicted to both alcohol and tranquillisers or sedatives. Among the opiate dependents, the ratio of males to females was just 1.5 : 1.

The Mater Dei Counselling Centre aims at helping adolescents who present with a variety of emotional and/or behavioural difficulties. The Centre maintains close links with the Drugs Advisory Centre through their Consultant Psychiatrist, Dr M.G. Kelly. A young person attending the D.A.C. may be referred to Mater Dei if it is considered that maintaining contact with the D.A.C. might expose him to 'Contamination' by the more severely addicted. In 1980, the Centre saw 76 new clients and considered that 40 of these were at risk of drug taking. In 1981, 83 new clients were seen and 50 of these were considered to be at risk of drug taking. 50% of referrals have admitted experimentation with cannabis. Those in the Centre feel that young people experiencing personal difficulties are at the greatest risk of drug taking and that their particular service can therefore offer a preventive service in this field.

The Adam and Eve Counselling and Consultation Centre deals with referrals resulting from personal or personality problems. For the period January to July 1982, approximately 600 clients were seen. Of these, only 5-6% (34 clients) were involved in the use of illicit drugs (cannabis, heroin, L.S.D.). Almost all of these had experimented, become frightened and sought help. However, dependency on medically prescribed drugs (mainly tranquillisers and sedatives) was a problem among 30% of referrals (183 clients) and the Centre considers this problem to be an ever increasing and grave situation.

The Samaritans is primarily a suicide prevention, caring agency, providing a twenty-four hour service but, of course, they deal with all areas of human problems. Table S shows the number of new callers to the service over the past four years whose primary problem was drug addiction.

TABLE S

	'78	'79	'80	'81
Number of the New Callers with a Drug Addiction Problem	28	34	15	105
% who were suicidal	36%	44%	33%	33%

Although there was a noticeable increase last year in the numbers of people presenting drug addiction as the first or main problem, the Director has pointed out that these figures, by no means represent the number of contacts from those with a drug related problem, as many would be classified under 'dispiritment' or some other category. Also, the figures only refer to 'new' callers who account for only one-quarter of the total calls in any given year.

The Hanley Centre offers assistance to individuals and families experiencing an alcohol problem. From July 1981 to July 1982, they cited 27 cases where dependency on drugs, other than alcohol, was a problem. 7 of these were involved in illicit drugs.

Contact, which up until their present disbandment, was dealing with problems affecting mainly the under 30's. Their experience was mainly of an alarming increase in the number of young people dependent on the medically prescribed tranquillisers and sedatives. The numbers attending who were involved with illicit drugs was minimal.

The National Council for Travelling People revealed the following information about the children of itinerants. About four years ago, the abuse of solvents among these children reached its peak with about 50 abusers. This year, the number is just 23 children who habitually abuse solvents, almost exclusively in the form of glue sniffing and taking place in the city centre. The age range is between 9 years and 16 years. The abuse of alcohol is common among the parents of this group. As yet, itinerant children are not known to be involved with opiate drugs like heroin but those working close to them believe that such a development is just a matter of time.

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Director.
38. The Hanley Centre, Dun Laoire – Odette Thompson.

Oral evidence was supplied by:

1. Dr. Alan Shattock Ph.D., Virus Reference Laboratory, Belfield.
2. Dr. J. Fielding FRCP, The Charitable Infirmary, Jervis Street.
3. Dr. D. Kelly, Sir Patrick Dunn's Hospital.
4. Dr Eamonn O'Connor, medical Superintendent, Cherry Orchard Hospital.
5. A sample of General practitioners.
6. Dr R.D. Stevenson MRCPsych., St. Dymphna's Unit.
7. Dr A. McGuinness MRCPsych., St. Brendan's Hospital.
8. Dr. Paul McCarthy MRCPsych., Eastern Health Board Child Psychiatric Department – Clinical Director.
9. Mark Durkan, Deputy President, Union of Students in Ireland.
10. Educational Psychologists, Department of Education.
11. Declan Roche, Director, Rutland Centre.
12. Anne Marie Ryan, Social Worker, CONTACT.
13. Eric McGrath, Exchange House and Council for the Travelling people.