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GLOSSARY OF TERMS

A&E	Accident and Emergency
BYAP	Ballymun Youth Action Project
CDTL	Central Drug Treatment List
CICE	Church of Ireland College of Education
DAIRU	Drug Alcohol Information Working Group
DEWF	Drug Education Workers Forum
DMRD	Drug Misuse Research Division
DSU	Drug Strategy Unit
ECAHB	East Coast Area Health Board
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ERHA	Eastern Regional Health Authority
ESSD	European Society for Social and Drug Research
HIPE	Hospital In-Patient Enquiry
HRB	Health Research Board
IAAAC	Irish Association of Alcohol and Addiction Counsellors
ICAA	International Council on Alcohol and Addictions
IDG	Interdepartmental Group on Drugs
JELR	Justice, Equality & Law Reform (Dept. of)
KCCP	Kilbarrack Coast Community Programme
LDTF	Local Drug Task Force
MQI	Merchants Quay Ireland
NACD	National Advisory Committee on Drugs
NAHB	Northern Area Health Board
NAN	Nurses Addiction Network
NDC	National Documentation Centre
NDST	National Drugs Strategy Team
NDU	National Drug Unit (An Garda Síochána)
NTORS	National Treatment Outcome Research Study
OJEC	Official Journal of the European Community
RAG	Research Advisory Group
RIWG	Research and Information Working Group
SHB	Southern Health Board
SPHE	Social Personal and Health Education
SWAHB	South Western Area Health Board
THAU	Tallaght Homeless Advice Unit
UISCE	Union for Improved Services, Communication & Education
UKPHA	UK Public Health Association

FOREWORD

I am delighted to welcome this – the first progress report of the National Advisory Committee on Drugs (NACD) – since it was established in 2000.

The NACD fulfils the very important role of advising Government in relation to prevalence, prevention, treatment and consequences of problem drug use in Ireland. The Committee is overseeing the delivery of a three-year research programme aimed at addressing the priority information gaps and deficiencies in the area of drug misuse in Ireland. Research is one of the four pillars of the National Drugs Strategy 2001 – 2008 that clearly reflects the importance of having good quality data and information underpinning policy-making in this difficult and complex area.

I am delighted that this Progress Report provides an opportunity to highlight the various research projects that have been carried out – or are on-going – under the Committee's stewardship.

I want to congratulate the Committee and its Chairperson, Dr Des Corrigan, for the efficient and professional manner in which it has carried out its work to date. I also want to acknowledge the strong commitment shown by members from across the various sectors represented on the Committee. The body of work produced to date is all the richer for their input and expertise.

I wish the Committee well in the future and look forward over the coming months to seeing the results of the many studies they have commissioned.

Noel Ahern TD

Minister of State with responsibility
for the National Drugs Strategy
September 2003

CHAIRPERSON'S REPORT

As Chairperson of the NACD, I am happy to present this report covering the work of the Committee from July 2000 to July 2003, to the Minister of State with responsibility for the National Drugs Strategy, Mr Noel Ahern TD. This progress report details the work undertaken by the NACD since July 2000. In that short time we have achieved a lot and I hope this report provides the public with an overview of the crucial work that the NACD is charged with.

The members of the NACD have applied themselves with great zeal and enthusiasm to the programme of work. The level of each member's commitment is phenomenal and needs to be acknowledged. Over a three-year period, members have attended 28 full committee meetings, each of which has lasted two to three hours, with additional preparation time of at least one hour for each meeting. Over and above the Committee meetings, the members have also sat on two sub-committees each, with some members also taking part in tender review teams and research advisory groups. All in all, the Committee members have each committed at least one full working day per month to the NACD's work. I thank them all for this extraordinary input.

Other people have also made important contributions to the Committee's work. Clearly, the work of all of those involved in conducting the research, as well as those who have assisted with it in any way, deserve our gratitude. The work of our colleagues in the Department, particularly Kathleen Stack, demands special acknowledgement. Finally, in this context, the support of the three Ministers of State with responsibility for the National Drugs Strategy with whom we have worked, former Ministers of State, Chris Flood TD, and Eoin Ryan TD, and the current Minister Noel Ahern TD, needs to be publicly stated. Without their vision, tenacity and commitment, the NACD would not have been able to make the contribution we have to date.

All of this considerable body of work has been achieved with extremely tight staffing, namely, a

Director and a Research Officer, aided and abetted by two civil servants seconded by the Department. Their single-mindedness and commitment to the Committee's work has been central to our achievements.

Desmond Corrigan
September 2003



EXECUTIVE SUMMARY

This is the first report of the NACD on its research activities from July 2000 to July 2003 inclusive. When I took up the position of Director in July 2001, the Committee had already adopted its work programme, established the sub-committee structures and with the support of the Secretariat in the Department of Tourism, Sport and Recreation recruited the first members of its team. By July 2001, the NACD had held 10 meetings, held several sub-committee meetings and it had commissioned three research projects.

In just three years we have completed 6 research projects; we have initiated a further 19 research projects with budgets ranging from €12,000 to €650,000; we have 12 projects in various stages of development; and 2 more projects at concept stage. These achievements are due largely to the expertise and determination of our members and staff. Through the commitment of past and present members we have maintained the drive to bring an evidence-based approach to drugs policy and practice in Ireland. We have prepared the foundations for supporting a research and information era in drug policy development.

As this report shows, the NACD has covered a considerable amount of ground in a short period and has already made a significant contribution to public awareness on drugs issues as well as informing policy-makers and everyone concerned with drugs misuse. As is understandable, quite a significant portion of time was spent establishing the body and its *modus operandi* which is dealt with in Chapters One to Three of this report, giving the background to the Committee, its work programme and business plan.

Chapters Four to Seven then set out how the NACD has executed the various elements of its business plan up to July 2003. They deal with processes in place for planning and commissioning research, how we have collaborated with other groups and developed research capacity in Ireland on drugs. Crucially, the report also sets out in some detail the research we have completed and that which we have in hand and gives a snapshot of what we have found to date.

Looking to the future we are now preparing a new three-year work programme. We are consulting widely on this programme and welcome the views, comments and suggestions of all those stakeholders whom we serve. With a research base clearly pointing to gaps in current knowledge we will reflect on all these views when deciding priorities for the next three years should we receive a renewed mandate.

It is a privilege working with the NACD and its Chairperson, Dr Desmond Corrigan, whose sense of fairness, openness and commitment has greatly facilitated the work of the NACD. I sincerely thank Aileen O’Gorman, Research Officer, Pat O’Grady and Muiris Ó Conchúir, former and current Office Managers respectively, and Declan Crean, Secretariat, for their hard work and dedication in achieving our goals.

Mairéad Lyons

Director

September 2003



BACKGROUND TO THE NACD

Introduction

The NACD was established in July 2000 under the auspices of the Department of Tourism, Sport and Recreation to conduct, commission and analyse research on issues relating to drugs and to advise Government on policy development in the area. Since June 2002, the NACD falls under the auspices of the Department of Community, Rural & Gaeltacht Affairs.

The establishment of the NACD followed a two-year developmental phase during which an interim group was convened to make recommendations and devise a three-year work programme of research and evaluation. The Government accepted these recommendations and the NACD was established to implement the work programme.

The Committee reports to the Minister of State with special responsibility for the National Drugs Strategy and has a budget of €3.8 million over the three-year period to the end of 2003. Its goal is to advise the Government in relation to *prevalence, prevention, treatment/rehabilitation and consequences* of problem drug use in Ireland based on its analysis of research findings and information available to it.

What is the NACD?

Gathering information, developing knowledge and building understanding of why some people develop drug problems and others do not is essential. We need to know what to do, when to do it and how, if we are to make any difference to the lives of people affected by drug misuse.

The NACD established a sub-committee structure to facilitate the development and implementation of its work programme. These sub-committees are listed below:

Consequences:

The impact of drug use on individuals, families and communities

Early Warning Emerging Trends:

Linked to the EMCDDA¹, alerts us to new synthetic drugs and monitors trends in drug use

Prevalence:

How many people use drugs, what types of drugs, at what age, and in what areas

Prevention:

Activities aimed at reducing drug use in the general and specific population(s)

Treatment/Rehabilitation:

Activities aimed at changing or modifying behaviour to reduce drug use, harm and prevent relapse

Composition

The membership of the NACD reflects the range of different perspectives in the field of drug misuse. The members serve at the invitation of the Minister of State and have been drawn from the statutory, community, voluntary and academic research sectors together with senior level representation from the relevant Government Departments. (For details of members see Appendix 1).

¹ European Monitoring Centre for Drugs and Drug Addiction.

Functions

The principal functions of the NACD are to:

- Review current information and research capacity
- Identify gaps in our knowledge and understanding
- Ensure better use of information available from all sectors
- Provide analysis and interpretation of research findings
- Respond to Government requests to research issues of relevance to policy
- Work with the Drug Misuse Research Division of the Health Research Board and assist with the establishment of a National Documentation Centre
- Implement the three year programme of research and evaluation, liaising with all the relevant agencies and avoiding duplication of work; co-ordinate and advise on appropriate research projects; commission research projects
- Promote and encourage debate through the dissemination of research findings.

WORK PROGRAMME

Three Year Programme

The current work programme of the NACD, set out below, has guided the actions of the Committee, its sub-committees and staff.

Inventory of Research and Information

- To compile a comprehensive inventory of existing research, information and data sets relating to the prevalence, prevention, treatment/rehabilitation and consequences of drug misuse in Ireland

Improved Co-ordination of Research and Data Collection

- To open communication channels with key agencies to ensure that the NACD is kept informed of any new research being undertaken or new data being collected
- To establish a research network which will ensure better co-ordination and integration of research projects among relevant agencies and maximise resources in the context of the NACD's programme of research

The programme consists of the following elements:

Consequences

- To examine the impact of drug problems on society in terms of:
 - drug related deaths
 - the effect of drugs on the family and communities
 - the relationship between drugs and crime
 - the methods for tackling social nuisance related to drug misuse

Early Warning Emerging Trends

This group was originally set up in September 1997 by the Department of Health as the *ad hoc* Early Warning Committee on New Synthetic Drugs under the 1997 Joint Action by the Council of the European Union concerning information exchange, risk assessment and control of new synthetic drugs where each Member State had to set up a system of early warning on the emergence of this phenomenon. In 2001, the committee was placed on a formal basis within the NACD and its remit extended to include the monitoring of emerging trends.

Prevalence

- To determine the size and nature of drug problems in Ireland
- To determine the extent and nature of opiate use, poly-drug use and patterns of drug use (experimental, occasional, regular, non-medical and problem use) particularly among young people under 25
- To identify emerging trends and geographical spread
- To determine the extent and nature of problem use of prescription drugs
- To determine the prevalence of drug misusers not in contact with treatment services

Prevention

- To examine the effectiveness in terms of impact and outcomes of existing prevention models and programmes, with particular regard to evaluation instruments developed at European level
- To undertake comparative studies of different models with particular reference to those in operation in Local Drug Task Force (LDTF) areas²
- To determine transferability of models among different target groups

Treatment/Rehabilitation

- To examine the effectiveness in terms of impact and outcomes of existing treatment and rehabilitation models and programmes
- To examine the impact of the treatment setting
- To examine the context in which relapse occurs
- To undertake longitudinal studies of the effectiveness of existing treatment and rehabilitation models

² Also in Regional Drug Task Force areas once these bodies have been established in each Health Board Area.

BUSINESS PLAN

Once the office was established, the NACD set about developing a Business Plan. As part of the planning process, the NACD agreed the vision, mission and values set out below. Each member and sub-committee were tasked with identifying priority areas for research. These areas were then agreed and budgets assigned to commission the research. This plan was presented to the Minister of State in April 2002.

Vision

To provide a national focus for all knowledge related efforts that inform Irish policy in relation to drug misuse.

Mission

The NACD has undertaken to:

- Support the Government in significantly reducing the health, social and economic consequences of drug misuse through the provision of timely data and analysis of research
- Review its knowledge base, identifying gaps which can be addressed through research
- Ensure that evidence from scientific research forms the basis for policy formulation, development of services and continuous improvement in all its approaches to tackling drug misuse in Ireland
- Work closely with the Drug Misuse Research Division of the Health Research Board, providing advice, co-ordinating research efforts and maximising the use of resources
- Support the establishment of a National Documentation Centre

- Liaise with the relevant agencies nationally in order to co-ordinate research and resources
- Ensure participation nationally of a broad range of parties in fulfilling its research needs and dissemination of findings
- Serve all drug misuse reduction activities in providing for an effective dissemination of research findings, information and other data thus linking research to practice.

Values

The NACD agreed that the following values would guide the implementation of its work programme. The NACD will:

- manage the diversity of its membership and commit to a consensus approach in decision-making
- foster a culture of respect, dignity, transparency and fairness in all its operations
- advocate dialogue as a means of balancing the diverse views on and experiences of drug misuse in Ireland
- be objective in the collection and dissemination of information in line with its commitment to the National Drugs Strategy 2001-2008³
- commit to the highest possible standards of excellence and ethical conduct
- seek out collaborations and partnerships where there is greater benefit to achieving its goal and co-operate with everyone who can benefit from its knowledge base.

3 The strategic objective of the National Drugs Strategy 2001-2008 is to significantly reduce the harm caused to individuals and society by the misuse of drugs through a concerted focus on supply reduction, prevention, treatment and research. It sets out 100 Actions to be achieved through named bodies and agencies in order to fulfil the above objective.

Sub-committee Actions

The Business Plan sets out a series of actions for each sub-committee to undertake in the context of the NACD's three-year work programme. The sub-committees ensure that the following research is undertaken either through direct commissioning or in liaison with other agencies.

Consequences Sub-committee

1. Establish a research project that considers the different stages of economic development, regeneration projects, different community experiences and variations in drug misuse.
2. Conduct comparative research with families: changing roles; experience of multiple loss; resilience and protective factors.
3. Develop research projects that would examine housing and homelessness, drugs, crime and neighbourhoods.
4. Research public health issues and their impact on communities.

Early Warning Emerging Trends

1. Receive, share and monitor on behalf of the NACD, information from National and EU sources on New Synthetic Drugs of concern in the context of the Joint Action of 16th June 1997 concerning the information exchange, risk assessment and control of new synthetic drugs
2. Receive, share and monitor on behalf of the NACD, information on emerging trends and patterns in drug use particularly poly drug use and associated risks
3. Monitor the pilot project on emerging trends being developed at EU level, to assess its relevance to Ireland and whether it should be implemented in this country
4. Report to the NACD on a quarterly basis about emerging trends and New Synthetic Drugs, but more frequently if circumstances warrant it.

Prevalence Sub-committee

1. Review prevalence figures and current data sources to identify research gaps.
2. Commission a second capture recapture study to establish a National perspective and update Comiskey Study of 1996.
3. Commission a network analysis study to develop an Irish multiplier and benchmarks for its application.
4. Commission a population survey on drug use including alcohol and tobacco to establish baseline data in line with EMCDDA standards and drug misuse indicators.
5. Commission research into non-fatal overdoses to inform overdose rate.
6. Establish a mortality rate amongst opiate users in Ireland that can be comparable to other countries.
7. Conduct a survey of third level students to establish their drug use trends.
8. Commission a study of amphetamine use to inform service development.
9. Assess prevalence of drug misuse amongst vulnerable groups as highlighted in the National Drugs Strategy 2001-2008, Action 98 (see Appendix 4).

Prevention Sub-committee

1. Conduct research into family dynamic, types of family work currently underway and how we can build prevention into this work.
2. Explore the experience of practitioners on the ground of interagency working from a community and organisational perspective. What were the enabling factors and what caused resistance and conflict?
3. Examine the potential of media and marketing tools to positively influence the way we view drug misuse.
4. Follow the implementation of the SPHE (Social, Personal and Health Education) to assess the assimilation of the *Walk Tall* and *On My Own Two Feet* elements of that programme.

5. Liaise with the National Drugs Strategy Team (NDST)⁴ in relation to the co-ordination of evaluation activities in the Local and Regional Drugs Task Force (LDTF, RDTF) areas, in particular with regard to prevention programmes or new ideas being piloted.

Treatment Sub-committee

1. Conduct a Longitudinal Study on the effectiveness of several treatment modalities as required in the National Drug Strategy 2001-2008, Action 99 (see Appendix 4).
2. Conduct research into the management of dual diagnosis and co-morbidity with particular regard for service development and identifying best practice.
3. Explore the phenomenon of poly-drug use and implications for services.
4. Research the effectiveness of Buprenorphine as a treatment intervention, a specific request of the Minister of State with responsibility for the National Drug Strategy.
5. Examine the needs of drug using young people and implications for service delivery.
6. Review the treatment options for vulnerable groups such as people who are homeless, working in prostitution, have left school early and the Traveller community to identify their special needs.
7. Assess the quality of services in the context of setting standards.
8. Research the effectiveness of new harm reduction mechanisms for drug users as set out in Action 100 of the National Drugs Strategy 2001-2008 (see Appendix 4).

⁴ The National Drugs Strategy Team (NDST) is a cross-departmental Team from Departments and Agencies, along with one representative each from the community and voluntary sectors, involved in the drugs field. Its purpose is to oversee the work of the Local and Regional Drugs Task Forces; address and make recommendations on issues arising, and to report on progress in this area.

Chapter Four

PLANNING AND COMMISSIONING RESEARCH

Commissioning research is a time consuming and labour intensive exercise in any field of research. Due to the complexity of researching drug issues/addiction, a significant lead in time from 6 to 18 months is required in the preparation and commissioning of the work.

There are several stages to be followed in commissioning research:

1. Agree the Research Question.
2. Agree the Design/Methodology Best Suited to Address the Research Question.
3. Prepare a Tender Brief.
4. Issue the Request for Tenders.
5. Award the Contract.
6. Agree Project Objectives Document.
7. Conflict of Interest.

1. Agree the Research Question

This is the most important phase. Clarity of objectives is necessary for each stage in the research process. In developing the research question some background information is sought, discussion of the issue takes place and finally the objectives are agreed. The timescale for this phase can be from two to six months.

2. Agree the Design/Methodology

It is necessary at this stage to discuss the methods most likely to address the research question. Issues to consider for example are: the types of approaches to be used – quantitative, qualitative, a combination of both, ethnography, or other specialist approaches such as using peer researchers. Understanding of the ethical issues is critical at this stage. The timescale for this phase can be from two to six months.

3. Prepare a Tender Brief

Once phase one and two are completed a tender brief is prepared with the aim of giving as much information as possible. Background information on the NACD, the research project and requirements for a tender submission are set out, together with the criteria for selection of tenders. A project plan is put in place outlining milestones, such as: recruiting a selection panel; timescale for the competitive process; assessment of the tenders; interviewing of candidates if necessary and dates for when contracts should be signed.

4. Issue the Request for Tenders

The NACD observes the public procurement policies of the Irish Government as set out by the Department of Finance. The EU Services Directives must be followed depending on the size of the budgets. Tenders are placed on the e-government website, on the NACD's own website and are occasionally advertised in the national press. Two competitions were advertised in the Official Journal of the European Communities (OJEC). The timescale in this phase can slow down the process of commissioning significantly, with a further four to six months for the tender competition needed from advertisement to award of contract.

5. Award the Contract

In awarding the contract, the NACD reviews the submissions against the criteria for selection and, if necessary, shortlists the candidates. Interviews may be held, where presentations are expected to address any information gaps for the tender review panel. Once satisfied with the information supplied, the NACD contract is awarded to the preferred bidder.

6. Agree the Project Objectives Document

The NACD approaches all its research projects in a standardised manner. Once the contract is awarded, the contractor must then further develop or refine the design in conjunction with a Research Advisory Group (RAG) set up for each project. The RAG provides a coaching and mentoring role, access to a varied network and expertise when needed. The design is completed in the Project Objectives Document, which becomes the research protocol guide and a point of reference. The ethical issues such as confidentiality and informed consent are addressed in the project objectives document and the contract.

7. Conflict of Interest

The NACD has a diverse expert membership, many of whom have an interest in research. In order to manage the potential for a conflict of interest, rules of procedure clearly set out members' responsibility. In addition, members and staff have fulfilled their obligations under the Ethics in Public Office Acts 1995 and 2001. The Rules of Procedure can be found on the NACD website www.nacd.ie.

Chapter Five

COLLABORATIVE PROJECTS

The NACD has been proactive in developing collaborative approaches to implementing research. Collaboration provides the benefit of building networks, relationships and improving knowledge thus enhancing the quality of our work.

Population Survey

In October 2001, the NACD made contact with the Drug and Alcohol Information and Research Unit (DAIRU) in Northern Ireland to elicit their interest in collaborating on an all-island population survey examining tobacco, alcohol and drug use.

Discussions continued over several months and an agreement was reached in March 2002 to jointly commission an all-island population survey on drug use, including tobacco and alcohol. Substantial resources have been committed by DAIRU (€325,000) and the NACD (€375,000) to date.

Over 20 meetings have taken place thus far, alternating between Belfast and Dublin, in the planning, implementation and completion of this project. The tender was widely advertised including the OJEC and the contract was awarded in September 2002 to MORI MRC. MORI MRC have completed the fieldwork, data entry and data cleaning. Over 8,000 people have been interviewed on the island of Ireland – circa 3,500 in Northern Ireland and 4,900 in Ireland. Analysis has started and key findings will be published in Autumn 2003. The information exchange, sharing of responsibilities and pooling of expertise has positively impacted on this project.

Homelessness and Drug Use⁵

The NACD has initiated other collaborative projects, such as a prevalence study on drug use amongst homeless people. As a first step, the NACD contacted the key stakeholders to discuss its plans and to ascertain the value of carrying out such work. Arising from these early discussions, the NACD undertook a review of existing research on drug misuse and homelessness in Ireland highlighting gaps in our knowledge. This paper was presented at the Merchants Quay Ireland (MQI) conference on “Homelessness and Drug Misuse: Two Faces of Exclusion” in Dublin Castle, July 2002.

Following much interest, the NACD convened an RAG of key stakeholders involved in the planning and delivery of homeless and drug treatment services to develop the research design and tender brief for this study. The contract was awarded, following a competitive tendering process, to the Research Department of MQI. The NACD and the RAG have worked closely with MQI to develop the research questionnaire and the sampling strategy. Over fifteen meetings have been held in the development of this project to date. Fieldwork is now well underway and the research is due to be completed by November 2003.

5 This research study was requested under Action 98 of the National Drugs Strategy 2001-2008 (see Appendix 4).

Travellers and Drug Use Issues⁶

An exploratory study of drug use and drug issues among the Traveller community has also been commissioned. This project has been developed in collaboration with the key agencies working with Travellers. These agencies form the RAG for this study and have been actively involved in the research design, commissioning and monitoring of the project. The RAG meetings are facilitated by the NACD. Work to date includes pooling information, sharing expertise, reviewing several drafts of tender briefs, assessing tenders, developing ethics applications, negotiating co-operation amongst the networks and facilitating access to research participants. Over twelve meetings have been held in relation to this project.

Following ethical approval by the Traveller Ethics and Information Working Group at the Department of Health and Children, the project commenced in June 2003. The research is due to be completed by December 2003.

The National Drugs Awareness Campaign

Developing a National Drugs Awareness Campaign is Action 38 in the National Drug Strategy 2001-2008. The Health Promotion Unit in the Department of Health and Children has responsibility for implementing this action. The NACD is represented on the committee convened to oversee the commissioning of the campaign. The NACD contributed to the tender brief, the review and short-listing of tenders and the awarding of the contract. Ongoing support was provided in the preparation of materials and the provision of current information and research. The first phase of the campaign was launched in May 2003. The NACD has commissioned a research project to track the effectiveness of this campaign over the three years. The contract has been awarded to the Centre for Health Promotion Studies, NUI Galway.

UK Research and Information Working Group (RIWG)

The RIWG is facilitated by the Home Office in the UK with the purpose of bringing together the devolved administrations of Scotland, Wales and Northern Ireland to plan research strategies and to administer allocated funding. However, the groups soon became focused on sharing information and exchanging ideas. Ireland was invited to participate in March 2002. There are four meetings per year alternating between venues and countries. The NACD have attended all four in 2002.

In 2003, two RIWG meetings have been held thus far, one in Belfast hosted by DAIRU in March 2003 and one in Dublin hosted by the NACD in June 2003. Excellent networks and relationships have been developed, which have enhanced the work of the NACD.

6 This research study was requested under Action 98 of the National Drugs Strategy 2001-2008 (see Appendix 4).

Chapter Six

CAPACITY BUILDING

Research Ethics – Guidelines on Good Research Practice

Given the centrality of commissioning research to the NACD's work, the Committee believed that the provision of clear ethical guidelines for the conducting of such research was an essential foundation for its programme of work. In this context, the NACD published a detailed paper *Research Ethics – Guidelines on Good Research Practice*.

The paper sets out a number of key principles for researchers in relation to issues of consent, respect for participants in any research, confidentiality and researchers' health and safety. The guidelines are published on the NACD website www.nacd.ie.

Quality and Standards Seminar

The NACD organised a seminar, which took place in November 2002, as part of the joint responsibilities of the NACD and the country's health boards to *"develop, in consultation with the NACD, criteria to ensure that all State funded treatment and rehabilitation programmes accord with quality standards"* as set out in Action 50 of the National Drugs Strategy 2001-2008. The aim of the seminar was to bring together the senior management teams of the addiction services throughout the country and discuss approaches to developing quality standards. The seminar consisted of inputs from five key speakers, followed by workshops on different dimensions of quality standards in relation to the provision of services to those involved in drug misuse. Overall, there was very positive feedback from participants. A report was prepared and circulated within three months of the seminar to everyone who was invited to attend. This report is published on the NACD website.

Community And Voluntary Sector Research Grant Scheme

Further to its work in conducting research into the consequences, prevalence, prevention and treatment of drug misuse, the NACD decided in December 2001 to launch a *Community and Voluntary Sector Research Grant Scheme* with the aim of generating community-based drugs research.

The scheme was developed to provide an ongoing support mechanism to groups who were interested in carrying out worthwhile research, but lacked the necessary expertise. A two-phase process, which involved a combination of research training and assessment, was set up to facilitate the development of research proposals. Following this process, five community organisations were awarded grants of between €20,000 and €25,000 at a reception hosted by the Minister of State in September 2002.

The projects are monitored and supported by the NACD Research Officer and Research Advisory Groups which were established by each of the community groups. Between five and ten meetings have been held with each of the groups as part of the NACD's capacity building role. All projects will be completed by the end of 2003.

The research grants were awarded as follows:

1. Ballymun Youth Action Project (BYAP)

BYAP is conducting a study of the role of benzodiazepines (tranquillisers) in the development of substance misuse problems in the Ballymun area of Dublin.

The research aims to investigate the relationship between benzodiazepines, opiates and other substances; describe the dynamics of benzodiazepine supply and demand in local street drug markets; examine the impact of benzodiazepine use on the community; and identify the possible models of

prevention and harm reduction that might be effective and appropriate in the community.

Fieldwork has been completed and the project is at analysis stage.

2. *Kilbarrack Coast Community Programme (KCCP)*

KCCP is to carry out a survey of drug misuse among 10-17 year olds in the Kilbarrack area of Dublin.

The study is seeking to establish the patterns and trends of drug misuse in Kilbarrack by young people in the 10 to 17 years age group; examine the processes by which young people in the area become involved in drug misuse; identify the current and potential problems which arise from their drug misuse; and assess the extent of knowledge and attitudes of drugs and drug misuse among young people.

Fieldwork has been completed and the project is now at analysis stage.

3. *Community Response*

Community Response is to carry out a study of the viability of an integrated multi-disciplinary service to families affected by problem drug use in Dublin's southwest inner city.

The study will examine the impact of problem drug use on the family; identify the extent to which problem drug users rely on family members and the extent of family resources used to support them, document the needs of family members with a particular focus on women, and assess the effectiveness of services and networks used by families affected by problem drug use.

Due to unforeseen circumstances the project was discontinued in April 2003 and funding returned.

4. *Merchants Quay Ireland (MQI)*

MQI is to carry out an exploratory study into the nature of drug use among three new ethnic minority communities in Ireland.

The study will examine the patterns of drug use among the new communities and the routes of administration of the drug(s) used; explore the reasons and motivations for drug use; establish risks the user may be exposed to; examine the level of awareness of health promotion/harm reduction strategies and drug treatment services; and identify barriers to accessing services.

Fieldwork has been completed and a report is currently being prepared.

5. *Tallaght Homeless Advice Unit (THAU)*

The THAU will examine the links between homelessness and drug use, especially heroin use, in the Tallaght area of Dublin.

The research study will examine the nature and extent of the drug use amongst the homeless population and explore the reasons behind their homelessness; examine the policies and practices of local authorities in relation to the housing of homeless drug users; explore the experiences of homeless drug users with special reference to the policies and practices of homeless services; and make recommendations aimed at informing policy at government and practice level.

Research is nearing completion with a draft report already under review.

Conferences and Events

The NACD was represented at several conferences throughout 2001, 2002 and 2003. These conferences facilitated the exchange of up-to-date information, pre-publication reviews of research and an opportunity to discuss current research issues with the authors and other participants. The NACD also hosted a number of events to release new reports and to inform people on research activities. These conferences and events are listed below in date order:

2001

June

“Economy, Culture and Community.” 1st Annual Conference Addiction Research Centre, Trinity College, Dublin.

September

“Science Meets Practice.” 44th International ICAA (International Council on Alcohol and Addictions) Conference on the Prevention and Treatment of Dependencies. Heidelberg.

September

National Drugs Strategy Ministerial Information Briefings to NAHB, ECAHB and SWAHB. Dublin.

October

European Society for Social Research on Drugs (ESSD), 12th Annual Conference. Venice.

November

“Hit the Road Jack.” Issues for the Homeless Drug User. Nurses Addiction Network (NAN) Conference. Dublin.

November

“Exclusion and Inclusion in Irish Society.” 28th Annual Conference of the Sociological Association of Ireland. Kerry.

December

NACD Launch of report “Drug Use Prevention – An Overview of Research”, Fitzwilliam Hotel, Dublin.

2002

February

International Scientific Conference on Cannabis convened by Ministers of Public Health from France, Belgium, Germany, the Netherlands and Switzerland. Brussels.

March

“Meeting the Unmet Need – Reducing the Waiting Time for Treatment.” 5th Annual General Practice Conference on Opiate Misuse. Dublin.

March

“Tackling Inequalities: Building Sustainable Communities.” UKPHA (UK Public Health Association) Annual Conference. Glasgow.

April

Citywide Conference on Family Support. Dundalk.

May

Combat Poverty Agency – Policy Seminar. Dublin

June

EMCDDA Semantics Differential Work Group Meeting. Lisbon.

July

“Homelessness and Drug Misuse: Two Faces of Exclusion.” Merchants Quay Ireland 1st Annual Conference. Dublin.

September

“Debating Public Policies on Drugs and Alcohol.” 2nd Annual Conference Addiction Centre, Trinity College, Dublin.

September

European Society for Social Research on Drugs (ESSD) 13th Annual Conference. Helsinki.

September

“Drug Prevention in Europe.” Garda Síochána Conference, Hippocrates EU Funded Programme. Naas, Co. Kildare.

September

NACD Launch of the 5 Research Projects funded by the Community and Voluntary Sector Research Grant Scheme. Dublin.

October

NACD Launch of the report on the “Use of Buprenorphine as an Intervention in the Treatment of Opiate Dependence Syndrome”, Davenport Hotel, Dublin.

November

NACD Information Briefing on the development of the first Research Outcome Study in Ireland Evaluating Drug Treatment Effectiveness (ROSIE). Mercer Hotel, Dublin.

November

NACD seminar on developing “Quality in Addiction Services”. Mullingar.

2003

February

Pompidou Group – (Co-operation Group to Combat Drug Use and Illicit Trafficking in Drugs) Seminar on Ethics, Professional Standards and Drug Addiction. Strasbourg.

February

NCPP – Towards a New Generation of Partnership; delivering the Civil Service Change and Modernisation Programme. Seminar: Dublin.

March

RIWG Seminar, Belfast.

May

NACD hosted a one day seminar on Approaches to Estimating Drug Prevalence in Ireland, Citywest Hotel. Dublin.

June

Seminar on Drug Awareness Campaigns. British-Irish Council. Dublin.

June

NACD hosted RIWG Meeting: Rationalisation Seminar. Dublin.

July

EMCDDA Expert Meeting on Quality, Standards and Data Collection in the field of social reintegration in an enlarged European Union. Lisbon.

July

Health Impact Assessment – An Introductory Seminar. Institute of Public Health in Ireland. Dublin.

July

Consultation Forum with non-Governmental Organisations on Preparations for the 10th Anniversary of the International Year of the Family. Department of Social & Family Affairs. Dublin.

Presentations

The Director and the Research Officer at the NACD, as part of their briefs, disseminate the research being conducted and research completed to key audiences on an ongoing basis. Throughout 2001, 2002 and 2003 over 50 hours were contributed to presentations across the country as follows:

2001

MSc Addiction Policy, Trinity College, Dublin.

SPHE⁷ Training Day, Dublin.

IDG⁸, Dublin.

NDST, Dublin.

Local Drug Task Force Co-ordinators, Dublin.

2002

Regional Drug Co-ordinators, Carlow.

MQI/UCD Certificate in Addiction Studies, UCD.

Midland Health Board Inter Agency Group, Mullingar.

North Western Health Board, Inter-agency Group, Donegal.

Addiction Studies Course, South Western Area Health Board, Dublin.

Northern Area Health Board, Management Team, Dublin.

East Coast Area Health Board, Management Team, Dublin.

South Western Area Health Board, Management Team, Dublin.

MA Addiction Studies, Dublin Business School.

Merchants Quay Ireland First Annual Conference “Homelessness and Drug Misuse: Two Faces of Exclusion.” Dublin.

Canal Communities Local Drug Task Force – Seminar.

7 Social Personal and Health Education.

8 Interdepartmental Group on Drugs.

2003

One-Day Training Workshop for Short-listed applicants to the Community and Voluntary Sector Research Grant Scheme.

Addiction Studies Course – East Coast Area Health Board, Dublin.

Interdepartmental Group on Drugs – National Drug Awareness Campaign.

Questions and Answers Seminar – East Coast Area Health Board, Bray.

Interdepartmental Group on Drugs – Cocaine/Capture Recapture Studies.

DEWF – Work of NACD.

Research Training Workshop – Ballymun Youth Action Project.

Information Briefing – Drug Use Among the Homeless Research.

Masters in Addiction Studies – Dublin Business School.

MQI Presentation on the Homeless – Central Hotel, Dublin.

NACD Training

Project Management: Irish Times, all staff.

Media Training: Montague Communications.
Five NACD chairpersons, two staff

Powerpoint Training: two staff

SPSS Training: two staff members

Computer Training MS Office: staff

National Documentation Centre on Drug Use in Ireland

The establishment of a National Documentation Centre (NDC) on Drug Use, to provide information support on drug-related research to everyone who needs it in Ireland, was one of the key recommendations of the Interim Advisory Committee that preceded the NACD. The NACD has worked with the Drug Misuse Research Division (DMRD) of the Health Research Board (HRB) to establish the NDC, which opened in December 2002.

A central element of this resource is the Electronic Library of Irish related research material. This comprises a bibliographical database with links to the full text of reports, conference papers, journal articles, etc. Access to this electronic library is available through the NDC's website www.hrb.ie/ndc.

The NDC (which is based in Holbrook House, Holles Street, Dublin 2) also holds a special library of drug-related material, both published and unpublished. The NDC has a team of three dedicated officers to maintain, develop and support the information gathering and storing function of the NDC.

Many of the NACD research projects and consultants have benefited greatly from the availability of this important resource.

COMPLETED RESEARCH

Since its establishment in 2001, the NACD has completed a number of significant research projects on:

1. Drug Use Prevention – An Overview of Research
2. Use of Buprenorphine as an intervention in the treatment of Opiate Dependence Syndrome
3. Consequences for Communities of Drug misuse
4. Overview of Research on Drug Use among the Homeless in Ireland
5. Overview of prevalence information in Ireland.
6. A Capture Recapture study of opiate use in Ireland

1. Drug Use Prevention – An Overview of Research

Dr Mark Morgan from St Patrick's College, Drumcondra, undertook a review of national and international literature in relation to drug use prevention. The main conclusion of the report is that there is no single 'drug problem' with one dramatic solution.

Main Recommendations:

- A need exists to prioritise certain substance abuses over others, namely the more dangerous ones such as opiates.
- Drug prevention policies should not ignore the role that solvents, alcohol and tobacco play in the overall scheme of things and policy should not underestimate the symbiotic relationship between illegal and legal drug use.
- A distinction should be made between the preventative measures aimed at occasional and experimental use of cannabis and that of the

prevention of problem-use of other illegal substances, which are associated with deprivation. There is a need, however, for broad based programmes focusing on experimental drug use by young people from all social backgrounds.

- Efforts to tackle serious drug use should firstly concentrate on the social causes.
- There is a need to work pro-actively with families to prevent drug misuse by their children.
- There must be sufficient structural change in Government Departments to facilitate high levels of inter-agency co-operation on the matter.
- There is a need to integrate programmes that deal with social exclusion.
- Professionals should complement the work already carried out by teachers in their role in primary drug prevention education.
- Schools should be encouraged to develop their own drug prevention policies in line with the recommendations of the National Drugs Strategy (2001-2008).
- Journalists should have access to authoritative information on drug problems and on prevention specifically.
- Finally, the report recommended that new ways of using the mass media more effectively, in the context of the National Drugs Strategy (2001-2008), needed to be explored.

2. Use of Buprenorphine as an Intervention in the Treatment of Opiate Dependence Syndrome

This report was prepared by the National Medicines Information Centre and the National Centre for Pharmacoeconomics at St James's Hospital, Dublin. The research team was led by Dr Mary Teeling. The research was undertaken at the request of the Minister of State, in 2001, on the effectiveness of buprenorphine as a form of treatment for opiate dependence.

Main recommendations

- Following this systematic review of buprenorphine's potential usefulness as an intervention in the treatment of heroin addiction, the NACD proposed to the Government that buprenorphine should be viewed as another effective treatment option in the management of heroin addiction. It was found that it has a better safety profile than methadone.
- The review stated that the use of buprenorphine might prove cost-effective in selected Irish settings. The NACD recommended that pilot studies be initiated in a range of treatment settings, including GP surgeries.
- The review pointed out that the use of buprenorphine is not risk-free and should be used in conjunction with non-drug treatments such as counselling and other psycho-social supports.
- The review indicated that the abuse potential of buprenorphine is significant. The NACD believe that this can be managed by using a system of supervised dispensing.

3. Consequences for Communities: a discussion of the context and consequences of community drug problems 1976-2001

Mr Barry Cullen of the Addiction Research Centre, Trinity College, Dublin, conducted a literature review and analysis of research and information available in relation to the consequences of drug misuse for families and communities.

Given the dearth of appropriate research literature on this topic in Ireland, Mr Cullen made a number of recommendations on future research needs in this area.

- In-depth evaluation of comparative treatment outcomes, with particular attention to the value of community-based treatment.
- In-depth research on the drugs-crime relationship, with particular attention to the impact of drug misuse, drug dealing and related crime on local economies, and the social embeddedness of drugs and crime within urban neighbourhoods, and among specific groups and families.
- One or two large comparative research projects that examine the experience of Dublin within the overall context of a suitable multi-city research project.
- Young people's exposure to and use of drugs from within suburban environments, other urban areas, particularly outside Dublin and among particular groups, such as Travellers.
- Comprehensive analyses of community responses to the drugs problem.
- Comparative research on families with drug using and non-drug using members undertaken from within an ecological model.
- Research on the relationship between drug misuse and housing, paying particular attention to the operation of local authority estate management; the effects of new housing legislation, especially as these relate to children and families; and the social and health needs of homeless drug users.

- Research that continuously and critically examines the aims and performance of national drugs policy.

4. Overview of Research on Drug Misuse among the Homeless in Ireland

This overview was prepared by the NACD's Research Officer, Aileen O'Gorman. It explores the links between drug use and homelessness, using published Irish studies as a basis for the findings. This report reviews the findings of five different Irish studies concerned with the health problems of the homeless. It finds that:

- there are numerous studies published concerning homelessness in Ireland however, there is little evidence available concerning the extent of drug misuse among this group
- there is a need for service providers in both homeless and drug treatment sectors to re-evaluate elements of the care they provide for this marginalized group
- there is a need for further research in this area to provide an informed view of the link between drug misuse and homelessness in order to implement relevant and effective strategies.

5. Overview of Prevalence Information in Ireland

An overview of prevalence information in Ireland was prepared by Dr Gemma Cox, Addiction Research Centre, Trinity College, Dublin. Based on recommendations contained therein, the Prevalence Sub-committee commissioned research such as the Network Analysis Study. A summary publication based on Dr Cox's report was published in 2003.

6. A Capture Recapture Study of Opiate Use in Ireland

A 3 source Capture Recapture Study of the prevalence of opiate use in Ireland, 2000 to 2001 was completed in May 2003. This research was led by Dr Alan Kelly from the Small Area Health Research Unit in Trinity College and his colleagues Ms Marlen Carvalho and Mr Conor Teljeur. They examined the prevalence of opiate use in Ireland using three data sources:

- The Central Drug Treatment List (CDTL)
- The National Garda Study on Illicit Drug Use and Related Criminal Activity
- The Hospital In-Patient Enquiry database (HIPE)

The methodology used determines a prevalence estimate based on identifying the number of individuals in each data source and the overlap of those appearing in one, two or three data sets. The numbers are then modelled using a statistical technique to provide an estimate.

Overall, it is estimated that in 2001, 14,452 people were using heroin in Ireland. When the figures for Dublin only were extracted and the statistical technique reapplied it showed there were 12,456 people using heroin aged between 15 and 54 years. This compares favourably with the 1996 figure of 13,461.

The most significant changes appear to be in the aging profile of heroin users. There are fewer young people aged 15-24 using opiates, a phenomenon that will need to be investigated further. Whilst there are more heroin users in the age group 25-34 and 35-44 than in 1996. This can be attributed in part to changes in the population over time but also to the improved availability of drug treatment services.

The results are available on the website and were presented at a Seminar in May 2003 on Approaches to Estimating Drug Prevalence in Ireland. A publication will be available in Autumn 2003.

Dr Kelly and his team are testing the feasibility of presenting estimates at a local level to Local Drug Task Forces using the figures currently available to them.

Chapter Eight

COMMISSIONED RESEARCH

In addition to the research already published, the NACD has commissioned a number of other studies, due for publication during 2003.

Consequences

Cannabis Overview

The NACD has commissioned an overview of the scientific information on cannabis to inform knowledge regarding the use of cannabis. This study is being carried out by a number of researchers – Dr Mark Morgan (St Patrick's College, Drumcondra), Mr Johnny Connolly (Independent Researcher)⁹, Dr Dominique Crowley (UCD) and Dr Claire Collins (UCD).

The areas that will be covered include:

- Pharmacotoxicological information
- Psychological effects on cognition, mood and mental functioning
- Sociological/criminological information
- Public health risks: epidemiological information, physical and mental health and performance impairment.

A comprehensive document has been prepared and is nearing completion. Publication is expected by the end of 2003.

Community Study

The NACD commissioned a study to examine how communities' experiences of the drug situation has changed since 1996. This study is being carried out by Dr Hilda Loughran and Dr Mary Ellen McCann (UCD).

The study will explore the experiences of three communities and develop indicators of a community drug problem. The study will describe the various initiatives that have been developed in the intervening years and the communities' influence on these initiatives. The study will also focus on the lessons that have been learned and how these may influence future development in similar communities.

Three communities have been selected and a research team has been recruited. Training has been provided and secondary data collection initiated. The project is of two years duration and not expected to finish before December 2004.

Impact of Drug Use on Families

The NACD commissioned a scoping study to investigate the information gaps and research needs regarding the impact of drug use on families. Dr Kieran McKeown was contracted to carry out this small study in collaboration with the Family Support Network of the Dublin Citywide Drugs Crisis Campaign. A paper was presented to the sub-committee for consideration. Discussions are on-going and a project is unlikely to commence before conclusion of the prevention family support services study.

⁹ Now employed by DMRD in HRB.

Prevalence

Capture Recapture Study

(see Chapter 7)

Network Analysis Study

The brief of this study is to conduct a network analysis of opiate users and to provide information on the nature of their drug use. It is being undertaken by Dr Jamie Saris and Dr Catherine Comiskey, NUI Maynooth. A sample of 150 opiate users is being surveyed, with 40 opiate users participating in further in-depth interviews.

The issues being examined include drug treatment, drug related offences (types) and overdoses, all of which will assist in establishing benchmarks and multipliers. The multiplier can then be applied to the benchmark such as the number of those in treatment and an estimate of prevalence can be produced. The in-depth analysis will provide additional information on all aspects of opiate use from the amount of heroin used, the method of ingestion, its cost and availability.

Progress has been good with new and interesting information emerging. The fieldwork has been completed. Analysis of preliminary findings is underway, with a progress report expected in October 2003.

General Population Study

(See Chapter 5)

Cocaine Review

The NACD conducted an assessment of cocaine use in Ireland. The research analysed Irish statistics on cocaine gathered from a number of sources including:

- Local community feedback
- Garda Síochána and Customs and Excise statistics under the Misuse of Drugs Act
- Drug Test Analysis from the laboratory located in the Drug Treatment Centre Board and the Medical Bureau for Road Safety

- Data from the National Drug Treatment Reporting System
- Survey of cocaine users through UISCE¹⁰ and Merchants Quay Ireland.

A report was submitted to Government in April 2003 outlining a review of available literature on treatment and prevention and an analysis of the information gathered in Ireland. Publication is due in October 2003.

Key findings are showing upward trends in seizures and consumption. Numbers attending for treatment are small when compared with heroin but increasing. Growing numbers of heroin dependent drug users are also using cocaine. There is no drug of substitution in the management/treatment of cocaine. Most effective treatments are structured Cognitive Behavioural Therapy (CBT) type programmes.

Prevention

Family Support Study

A study exploring the contribution of family support services to drug use prevention is currently being carried out by Unique Perspectives, an independent research company. This study will build on the work of Dr Mark Morgan on drug use prevention strategies and on Dr Kieran McKeown's review of family support services in Ireland (see below).

The research will examine the extent to which current services explicitly identify drug problems as a target of their activities; the extent to which family support work (that is both work done by drug agencies and general family support work which does not explicitly identify drug issues as one of its targets) may be judged to play a role in the prevention of drug problems; and the potential of expanding the scope of family support so as to enhance its capacity with regard to drug prevention.

An RAG supports and monitors the project. A draft report is due in Autumn 2003.

¹⁰ UISCE – Union for Improved Services, Communication and Education.

Treatment

National Longitudinal Study

Dr Catherine Comiskey is leading a team from NUI Maynooth, in collaboration with the Centre for Drug Misuse Research in Glasgow, to carry out a longitudinal study evaluating drug treatment effectiveness. The study will be known as ROSIE (Research Outcome Study in Ireland Evaluating Drug Treatment Effectiveness) and will be a large-scale project, similar to the UK's National Treatment Outcome Research Study (NTORS). The research, which will be completed by late 2005, will involve a sample of around 500 drug users.

The research instrument has been designed and tested in a pilot study. The findings were reported on and reviewed by the RAG. Some adjustments were made. ROSIE will begin in August 2003.

Dual Diagnosis

This is a study to examine the structures of mental health and addiction services and how they experience and manage dual diagnosis (i.e. the simultaneous presence of both an addiction and a mental health disorder). This study will be carried out using both national and international comparisons. A team from Dublin City University (DCU) School of Nursing, led by Mr Liam MacGabhann, is carrying out the research.

A research instrument has been designed, tested and implemented. Both qualitative and quantitative approaches have been used. Findings are expected in November 2003.

Harm Reduction

A literature review on harm reduction approaches is being carried out by a team from DCU School of Nursing, led by Mr Gerard Moore. This is aimed at exploring ways of minimising the harm from the sharing of equipment used to take drugs. The report is now in the final stages of completion and will be considered by the NACD in Autumn 2003.

Other Treatments

Two reports, one on **Lofexidine** and the other on **Naloxone** reviewing their use in managing opiate dependency have been undertaken by the National Medicines Information Centre, St James's Hospital, Dublin. The reports are at publication stage and will be circulated in Autumn 2003.

ONGOING RESEARCH DEVELOPMENTS

Consequences

Public Health Issues

The sub-committee have been examining the public health issues relating to drug use and their impact on communities. Several meetings have been held with community groups and statutory services to illicit information on defining the most problematic public health issues. These have been predominantly HIV/AIDS and Hepatitis C. Some communities are experiencing the problem to a greater degree than others and we are interested in exploring this further. Development of this research is ongoing. The report on Harm Reduction may be particularly helpful to the development of research in this area.

Drugs, Crime and Neighbourhood

Drugs, crime and neighbourhood issues have not received priority pending discussions with the National Crime Council on its research plans and priorities. The NACD is actively collaborating with the Garda Research on Illicit Drug Use and Related Criminal Activity.

Early Warning Emerging Trends

Risk Assessments

As part of its work programme, the sub-committee has commented on the 6 risk assessment exercises conducted by the EMCDDA. These assessments included a toxicological report, a review of the social aspects of its use and its availability on the market for each of the following compounds:

- MDMD (ecstasy analogue)
- GHB (gamma-hydroxybutyrate)
- Ketamine
- 4MTA
- PMMA
- 2C-1, 2C-T-2, 2C-T-7
- TMA-2.

Data Collection

The committee is currently discussing how it will meet the objectives of the Programme for Government and the National Drugs Strategy regarding the identification of new drug trends such as the spread of heroin into new areas. The Research Officer has prepared a briefing paper on models of emerging trends monitoring systems to inform these discussions.

Prevalence

Drug Use Among Third Level Students

The Prevalence Sub-committee has expressed a need to examine drug use trends amongst third level students and also to examine the trends in using amphetamines. It was decided to await the results of the population survey before planning further research on these issues. A small sample of third level students will be captured in the population survey. The NACD is liaising with the relevant bodies in establishing what information is available to it for consideration. Specific questions on amphetamine use are asked of all respondents in the population survey. Detailed analysis of the population survey findings will provide us with information relevant to these issues in 2003.

Non Fatal Overdoses

Some preliminary discussions have been held with ERHA¹¹ and an A&E¹² consultant regarding conducting research in A&Es to determine the level of non-fatal overdoses. Due to ongoing research activities within A&Es, it was decided to defer developing this project to the next triennial programme.

¹¹ Eastern Regional Health Authority.

¹² Accident and Emergency.

Mortality Rates

Mortality rates of opiate users in Ireland need to be established together with a clear definition of drug related death. Several discussions and meetings have been held on this issue and the process is ongoing.

Vulnerable Groups

The National Drugs Strategy 2001-2003 requested the NACD examine the issue of drug use among vulnerable groups such as homeless people, Travellers, early school leavers and sex workers. Studies on drug use among homeless people and the Traveller community are now underway. Literature reviews of existing studies on early school leavers and sex workers is in progress, these will help shape the development of research proposals regarding drug use among these groups.

Prevention

Inter-agency work

A review of literature will be undertaken in 2003 of Irish-based reports and evaluations of interagency working, partnership processes across agencies and sectors and collaborative processes. The Irish evidence needs to be collated before we can plan an appropriate research project or NACD action. This data gathering is underway.

Social, Personal & Health Education (SPHE)

The Prevalence Sub-committee and the NACD liaise with the SPHE programme through its members and also through participation on committees within the Department of Education & Science. We are awaiting the report on an evaluation of SPHE commissioned by that Department.

Evaluations

In 2002, a preliminary meeting was held with the NDST to explore the issue of conducting evaluations of interventions and projects. This process is ongoing.

Treatment

Poly Drug Use

Increasingly, the NACD has become aware that poly drug use is more and more common and is one of the destabilising factors in any treatment or rehabilitation process. It is anticipated that the population survey will provide information about poly drug use within our society. The ROSIE study will be able to capture poly drug use among its research participants accessing treatment and highlight the implications for treatment effectiveness over time.

Under 18s and Treatment

The NACD is represented, through its Research Officer, on a special committee exploring the treatment needs of young people. This committee is convened and chaired by the Department of Health & Children and has commissioned some preliminary research on the issues.

RESEARCH – FUNDING ALLOCATIONS

(for Research Projects Commissioned by 31 July 2003)

	(includes VAT where applicable)		(includes VAT where applicable)
Consequences		Treatment	
Cannabis Overview		Buprenorphine Report	
Dr Mark Morgan	€9,050.80	NMIC, Dr Mary Teeling	€37,139.45
Ms Claire Collins	€9,663.06	Publication	€6,850.00
Mr Johnny Connolly	€5,929.00		
Community Study		Dual Diagnosis	
Dr Mary Ellen McCann/ Dr Hilda Loughran, UCD	€121,000.00	Mr Liam MacGabhann, DCU	€60,500.00
Consequences for Communities of Drug Misuse		Harm Reduction	
Mr Barry Cullen, TCD	€9,903.96	Mr Gerry Moore, DCU	€14,520.00
Scoping Study on Family Research		Lofexidine and Naloxone Reviews	
Dr Kieran McKeown	€4,840.00	NMIC, Dr Mary Teeling	€12,000.00
		Longitudinal Study	
		Dr Catherine Comiskey & Dr Gloria Crispino-O'Connell, NUI, Maynooth	€634,887.00
		Quality Seminar	€5,093.49
Prevalence		Community and Voluntary Sector Research Grant Scheme	
Capture/Re-capture Study		Ballymun Youth Action Project	€25,000.00
Dr Alan Kelly, TCD	€25,096.61	Community Response	€20,000.00
Drug Use amongst Homeless People		Kilbarrack Coast Community Programme	€25,395.00
Merchants Quay Ireland	€64,000.00	Merchants Quay Ireland	€25,395.00
Drug Use amongst the Traveller Community		Tallaght Homeless Advice Unit	€25,395.00
Vision 21	€60,000.00		
Network Analysis Study			
Dr Jamie Saris & Dr Catherine Comiskey, NUI, Maynooth	€131,447.00		
Population Survey			
MORI/MRC	€649,770.00		
Review of Prevalence Information			
Dr Gemma Cox, TCD	€7,618.00		
Editing: Ms Marie Lowe	€2,926.00		
Approaches to Estimating Drug Prevalence in Ireland – Publication	€6,800.00		
Cocaine Review	€10,000.00		
		Supporting Actions/Activities	
		PR/Communications	
		Montague Communications (over 18 months)	€83,490.00
Prevention		Total Allocated	€2,180,957.37
Prevention Report			
Dr Mark Morgan	€8,500.00		
Publication of Report	€24,500.00		
Family Support Study			
Unique Perspectives	€68,365.00		

Appendix 1

CURRENT NACD MEMBERSHIP

Chairperson

Dr Des Corrigan, School of Pharmacy, Trinity College

Vice Chairperson

Dr Mary Ellen McCann, Voluntary Drug Treatment Network

Members

Dr Joe Barry, Eastern Regional Health Authority

Mr Willie Collins, Southern Health Board

Mr Tony Geoghegan, Irish Association of Alcohol & Addiction Counsellors (IAAAC)

Dr Derval Howley, National Drugs Strategy Team

Mr David Keenan, Voluntary Drug Treatment Network

Dr Eamon Keenan, Consultant Psychiatrist, Eastern Regional Health Authority

Mr David Moloney, Department of Health and Children

Supt Barry O'Brien, Garda National Drugs Unit

Mr Liam O'Brien, Community Sector

Mr Barry O'Connor, Department of Justice, Equality & Law Reform

Dr Máirín O'Sullivan, Department of Education & Science

Ms Anna Quigley, Community Sector

Dr Hamish Sinclair, DMRD, Health Research Board

Ms Kathleen Stack, Drugs Strategy Unit, Department of Community, Rural & Gaeltacht Affairs

Former NACD Members

Mr Billy Byrne, Department of Justice, Equality & Law Reform

Dr Shane Butler, Trinity College.

Mr Jimmy Connolly, IAAAC

Mr Gary Broderick, Voluntary Drug Treatment Network

Dr Mark Morgan, St Patrick's College, Dublin

Dr Louis O'Carroll, Eastern Regional Health Authority

Fr Seán Cassin, Voluntary Drug Treatment Network

Ms Ruby Morrow, Department of Education & Science

Ms Kate Ennals, Combat Poverty Agency

Ms Mary Jackson, Department of Health & Children

Mr Jimmy Duggan, Department of Health & Children

Mr Tom Gilsen, Community Sector

Ms June Meehan, Combat Poverty Agency

Ms Rosalyn Moran, DMRD, Health Research Board

Ms Mary O'Brien, DMRD, Health Research Board.

MEMBERS OF SUB-COMMITTEES (NOT SITTING ON MAIN COMMITTEE)

1. *Consequences:*

Ms Irene Kirwan
Drug Strategy Unit, Department of Community,
Rural & Gaeltacht Affairs

2. *Early Warning/Emerging Trends:*

Ms Lylia Crossan
Crime Division, Department of Justice, Equality
& Law Reform

Ms Pauline Leavy
Medical Bureau of Road Safety, University College
Dublin

Det Garda Pat Davis
Garda National Drug Unit, "C" Branch, Dublin Castle,

Ms Siobhan Stokes
State Laboratory, Abbotstown, Co Dublin

Dr Daniel O'Driscoll
Head of Drugs Unit, The Forensic Science
Laboratory, Department of Justice, Equality
& Law Reform

Mr Tom McGuinn
Department of Health & Children

Ms Anya Pierce
Toxicology Department, Beaumont Hospital, Dublin

Mr John Kelly
Drug Strategy Unit, Department of Community,
Rural & Gaeltacht Affairs

3. *Prevalence:*

Dr Alan Kelly
Department of Community, Health and General
Practice, Trinity College, Dublin

4. *Prevention:*

Ms Elaine Butler
Drug Education Workers Forum

Ms Olive McGovern
Health Promotion Unit,
Department of Health & Children

Ms Ruby Morrow
Formerly of Department of Education & Science
and now Church of Ireland College of Education

5. *Treatment:*

Mr John Kelly
Drug Strategy Unit Department of Community,
Rural & Gaeltacht Affairs

Dr Íde Delargy
Irish College of General Practitioners (ICGP)

Ms Frances Nangle-Connor
Irish Prison Service (IPS)

Appendix 2

TABLE OF SUB-COMMITTEE MEMBERSHIP

		NACD	Consequences	EWET	Prevalence	Prevention	Treatment
Dr Des Corrigan	Sch Pharmacy TCD	X	X	X	X		
Dr Mary Ellen McCann	Voluntary Drug Treatment Network	X	X			X	
Dr Joe Barry	ERHA	X			X		X
Mr Willie Collins	SHB	X		X	X		X
Tony Geoghegan	IAAAC	X	X				X
Dr Derval Howley	NDST	X	X				X
Mr David Keenan	Voluntary Drug Treatment Network	X				X	X
Dr Eamon Keenan	ERHA	X	X				X
Mr David Moloney	Dept Health & Children	X		X	X		X
Supt Barry O'Brien	Garda NDU	X	X		X		
Mr Liam O'Brien	Community Sector	X					X
Mr Barry O'Connor	Dept JELR	X	X		X		
Dr Máirín O'Sullivan	Dept Education & Science	X				X	
Ms Anna Quigley	Community Sector	X	X		X		
Dr Hamish Sinclair	Health Research Board	X	X	X	X		X
Ms Kathleen Stack	DSU, Dept Comm Rural & Gaeltacht Affairs	X			X		
Mr John Kelly	DSU, Dept Comm Rural & Gaeltacht Affairs			X			X
Ms Irene Kirwan	Dept Comm Rural & Gaeltacht Affairs		X				
Ms Lylia Crossan	Dept JELR			X			
Ms Pauline Leavy	UCD			X			
Det Garda Pat Davis	Garda NDU			X			
Ms Siobhan Stokes	State Laboratory			X			
Dr Daniel O'Driscoll	Dept JELR			X			
Mr Tom McGuinn	Dept Health & Children			X			
Ms Anya Pierce	Toxicology Dept Beaumont Hosp			X			
Dr Alan Kelly	TCD				X		
Ms Elaine Butler	Drug Workers Education Forum					X	
Ms Olive McGovern	Dept Health & Children					X	
Ms Ruby Morrow	CICE Rathmines					X	
Dr Íde Delargy	GP						X
Ms Frances Nangle-Connor	Irish Prison Service						X

Appendix 3

NACD STAFFING AND RESOURCES

Ms Mairéad Lyons	Director
Ms Aileen O’Gorman	Research Officer
Mr Muiris Ó Conchúir	Higher Executive Officer (Current Officer Manager)
Mr Declan Crean	Clerical Officer

Appendix 4

ACTIONS REQUIRED OF THE NACD UNDER THE NATIONAL DRUG STRATEGY

In the National Drugs Strategy 2001-2008, the NACD was requested to undertake the following actions.

- 98 To carry out studies on drug misuse amongst the at-risk groups identified e.g. Travellers, prostitutes, the homeless, early school leavers etc. Including de-segregation of data on these groups. It is essential that the individuals and groups most affected by drug misuse and those involved in working to reduce, treat and prevent drug misuse have immediate access to relevant statistical information.
- 99 To commission further outcome studies, within the Irish setting to establish the current impact of methadone treatment on both individual health and on offending behaviour. Such studies should be an important tool in determining the long term value of this treatment.
- 100 To conduct research into the effectiveness of new mechanisms to minimise the sharing of equipment e.g. non-reusable syringes, mobile syringe exchange facilities etc. to establish the potential application of new options within particular cohorts of the drug using population i.e. amongst younger drug misusers, within prisons etc.



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