Drug Misuse Research Division

Occasional Paper No. 2/ 2002

Trends in Treated Drug Misuse in the North Western Health Board Area[1] 1996-2000

contents

Background

Information on problem drug use is collected by the National Drug Treatment Reporting System (NDTRS). The NDTRS is an epidemiological database on treated drug misuse. It was established in 1990 in the Greater Dublin Area only. In 1995 it was extended to cover other areas of the country, including the North Western Health Board (NWHB) area. The objectives of the NDTRS are to provide reliable information on the number and characteristics of people who are treated for problem drug use; and to examine trends and patterns of problem drug use. It provides information relevant to the health consequences and social implications of drug misuse and contributes to an understanding of the epidemiology of drug misuse in Ireland. This series of papers presents data by regional health board areas.

NDTRS methodology

Data on treated drug misuse are collected routinely by staff at drug treatment agencies throughout Ireland. In the NWHB area data collection is co-ordinated by a Regional Co-ordinator. Compliance with the NDTRS requires that a form be completed for each person who receives treatment for problematic drug use. At national level, aggregated anonymous data are compiled by the Drug Misuse Research Division (DMRD), Health Research Board (HRB).

For the purpose of the NDTRS, *treatment* is broadly defined as 'any activity which aims to ameliorate the psychological, medical or social state of individuals who seek help for their drug problems'. Treatment may therefore include non-medical (addiction counselling, group therapy, psychotherapy), as well as medical interventions (detoxification, methadone substitution programmes).

The main elements of the reporting system are:

a) *All Treatment Contacts* – the reporting of *all* clients receiving treatment during a given year, and

b) *First Treatment Contacts* – the reporting of the sub-group of clients who have *never* previously been treated for problem drug use.

In the case of the 'all contact' data there is a possibility of duplication in the database, for example, where a person receives treatment at more than one centre. This is estimated to be small since the introduction of the *Misuse of Drugs Regulations* in 1998, whereby precautions are taken to ensure that treatment by way of medical prescription is available from one source only.

Treatment as an indicator of drug misuse

Drug treatment data are viewed as an indirect indicator of drug misuse and are used at national and European levels to provide information on the characteristics of clients entering treatment, and patterns of drug misuse such as types of drugs used and consumption behaviours. They are 'valuable from a public health perspective to assess needs, … and to plan and evaluate services' (EMCDDA, 1998: 23). Information from the NDTRS is made available to service providers and policy makers and forms an important element in informing local and national drug policies. Based on NDTRS data a number of local areas were targeted for special attention in 1996 (Ministerial Task Force, 1996).

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Initially eleven areas, ten in Dublin and one in Cork, all of which were characterised by social and economic disadvantage, were designated as Local Drug Task Force Areas (Ministerial Task Force, 1996). There are now fourteen areas: twelve in Dublin; one in Cork; and one in Bray (Department of Tourism, Sport & Recreation, 2001). Local Drug Task Forces were established with the aim of providing strategic local responses in areas where drug misuse was a serious problem.

In the Government's *Building on Experience. National Drugs Strategy 2001-2008*, the role of the NDTRS is recognised in ensuring that the overall aims of the strategy are met. NDTRS data collection is one of the actions identified and agreed by Government for implementation by health boards. It is stated that 'all treatment providers should co-operate in returning information on problem drug use to the DMRD of the HRB' (Department of Tourism, Sport & Recreation, 2001: 118).

Treatment provision

The emphasis of drug policy in the NWHB area is on health promotion

The emphasis of drug policy in the NWHB area is on health promotion (http://www.nwhb.ie). The *North West Interagency Drug Group*, which was established in 1995, ensures a co-ordinated response to the problem of drug misuse in the region (North West Interagency Drug Group, 1999). The goal of the Health Promotion Service is to reduce the harm caused by the misuse of alcohol and other drugs (http://www.nwhb.ie). Drug strategies promote healthy lifestyles; and the implementation of drug prevention programmes are encouraged and supported in schools and youth clubs throughout the area. Support is provided to general practitioners involved in providing methadone treatment. A direct access service for young people with drug problems is provided.

Drug treatment services in the NWHB area, reporting to the NDTRS during 2000, were provided by 8 agencies: all are non-residential centres. The *type* of drug treatment provided/availed of was mainly advice/counselling/support (N=72). The treatment provided to any one individual can be a combination of a number of options. During 2000, as well as addiction counselling, 3 contacts received 'medicament free/psychosocial therapy'; 3 were involved in 'social/occupational reintegration' programmes; 4 underwent detoxification; and 3 attended a drug substitution/maintenance programme.

Extent of the problem

During 2000, 80 NWHB residents were treated for problem drug use

The number of drug users presenting for treatment[2] in the NWHB area increased from 13 in 1996 to 77 in 2000. This increase was probably due in part to improved service provision, and partly to an increase in drug use. All those who received treatment in the NWHB area during 2000 (N=77) were from the catchment area (Table 1a). A small number of people were treated elsewhere each year (N=3 in 2000). No one from outside the catchment area was treated in the NWHB in 2000.

Table 1a. Number of All Treatment Contacts* by treatment area and area of residence of clients, 1996-2000

Year	Total treated in NWHB	NWHB residents treated in NWHB	NWHB residents treated elsewhere	Others treated in NWHB	Total NWHB residents treated
1996	13	12	4	1	16
1997	17	17	4	0	21
1998	45	45	3	0	48
1999	39	37	3	2	40
2000	77	77	3**	0	80**

* Number of cases, as distinct from individuals, who received treatment for their problem drug use
** Provisional figures due to incomplete returns from the Eastern Regional Health Authority health boards

[1] Counties Donegal, Leitrim and Sligo

[2] The emphasis of this paper is on the illicit drug use of clients who received treatment between 1996 and 2000, in the catchment area covered by the NWHB (Donegal, Leitrim and Sligo)

Most of those treated in the NWHB area each year were new clients (first contacts) – they were receiving treatment for problem drug use for the first time. The number of first contacts increased from 6 in 1996 to 60 in 2000 (Table 1b).

Table 1b. Number of First Treatment Contacts* by treatment area and area of residence of clients, 1996-2000

Year	Total treated in NWHB	NWHB residents treated in NWHB	NWHB residents treated elsewhere	Others treated in NWHB	Total NWHB residents treated
1996	6	6	3	0	9
1997	14	14	3	0	17
1998	29	29	0	0	29
1999	27	25	1	2	26
2000	60	60	2**	0	62**

* Number of people who received treatment for the first time ever
** Provisional figures due to incomplete returns from the Eastern Regional Health Authority health boards

Socio-demographic information

The typical client coming for treatment is male, in his early twenties and likely to be living in the family home. There was a slight drop in the age of drug users over the period 1996 to 2000. The mean age for all contacts was 24 years in 2000, younger by three years than in 1996; the modal age (the most frequently occurring age) was 21 years in 2000 (Table 2a). The social conditions of clients fluctuated over the five-year period 1996 to 2000. Around half live in the family home, except in 1999 when nearly three-quarters were living with family. Very few clients had left school before the official school leaving age of 15 years. Employment levels fluctuated, going from 23 percent in 1996 to 36 percent in 1998 and dropping to 25 percent in 2000 (Table 2a). Despite improved economic conditions in the country there was not, as in some other areas, a consistent increasing trend in employment levels among drug users in the NWHB area. This is indicative of the social disadvantage of drug users and presents a challenge to policy makers if social exclusion and marginalisation issues are to be addressed.

The typical client coming for treatment is male, in his early twenties and likely to be living in the family home

Table 2a. Socio-demographic characteristics of All Treatment Contacts treated in the NWHB, 1996-2000

Characteristics	1996	1997	1998	1999	2000
% Males : % Females	83:17	76:24	70:30	77:23	74:26
Mean age (years)	27	26	24	23	24
Modal age (years)	23	24	20	18, 19	21
% Under 18 years of age	15	13	14	5	16
% Living with parents/family	50	47	58	74	58
% Early school leavers*	0	8	3	12	10
% Still at school	30	15	14	4	18
% Employed	23	29	36	18	25

* Left school before the age of 15 years

The majority of all contacts (78 percent) are new clients (first contacts), therefore there are no remarkable differences in trends between first and all contacts (Table 2b).

Table 2b. Socio-demographic characteristics of First Treatment Contacts treated in the NWHB, 1996-2000

Characteristics	1996	1997	1998	1999	2000
% Males : % Females	100:0	71:29	68:32	74:26	73:27
Mean age (years)	23	25	22	22	23
Modal age (years)	--**	--**	20	18	20, 21
% Under 18 years of age	17	15	17	7	18
% Living with parents/family	67	50	72	73	60
% Early school leavers*	0	0	0	5	8
% Still at school	40	20	17	5	19
% Employed	17	36	46	19	29

* Left school before the age of 15 years
** More than two modal ages identified

Problem drug use

Trends show that while misuse of cannabis has remained fairly stable, ecstasy misuse has increased

Information on the patterns of drug use, such as the types of drugs used, *how* they are taken, and whether they are taken in combination with other drugs, can be useful in assessing and planning drug treatment services. Drug use patterns in the NWHB area are similar to those in other regions of the country where cannabis is the main drug causing problems and for which most people present for treatment (O'Brien, *et al.*). Given that cannabis is smoked, this can have serious implications for the future health of a relatively young population. Trends over the period 1996 to 2000 show that while the proportion of cannabis users remained stable, at around a half, the number increased from 6 in 1996 to 39 in 2000 (Table 3a). Ecstasy use increased over the five-year period from 23 percent (N=3) in 1996, to 32 percent (N=25) in 2000. The number of opiate users fluctuated over the five-year period from 1 in 1996, to 10 in 1998, and to 5 in 2000; the proportion rose from 8 percent in 1996 to 22 percent in 1998 and fell to 6 percent in 2000.

Table 3a. Main Drug of Misuse of All Treatment Contacts treated in the NWHB, 1996-2000

Main Drug of Misuse	1996 N	(%)	1997 N	(%)	1998 N	(%)	1999 N	(%)	2000 N	(%)
Opiates	1	(8)	2	(13)	10	(22)	6	(15)	5	(6)
Cocaine	1	(8)	0	(0)	0	(0)	0	(0)	0	(0)
Ecstasy	3	(23)	3	(19)	10	(22)	12	(31)	25	(32)
Amphetamines	0	(0)	1	(6)	0	(0)	0	(0)	2	(3)
Benzodiazepines	1	(8)	0	(0)	1	(2)	1	(3)	4	(5)
Volatile Inhalants	0	(0)	1	(6)	1	(2)	0	(0)	2	(3)
Cannabis	6	(46)	9	(56)	21	(47)	20	(51)	39	(51)
Other substances	1	(8)	0	(0)	2	(4)	0	(0)	0	(0)
Total	13		17*		45		39		77	

* Percentages based on a valid N of 16

As the majority (78 percent in 2000) of all contacts are new clients there is very little difference between new clients and the overall group of all contacts (Table 3b).

Table 3b. Main Drug of Misuse of First Treatment Contacts treated in the NWHB, 1996-2000

Main Drug of Misuse	1996 N	(%)	1997 N	(%)	1998 N	(%)	1999 N	(%)	2000 N	(%)
Opiates	0	(0)	1	(7)	1	(3)	3	(11)	0	(0)
Cocaine	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Ecstasy	2	(33)	3	(21)	8	(28)	11	(41)	20	(33)
Amphetamines	0	(0)	1	(7)	0	(0)	0	(0)	2	(3)
Benzodiazepines	0	(0)	0	(0)	0	(0)	0	(0)	4	(7)
Volatile Inhalants	0	(0)	1	(7)	1	(3)	0	(0)	2	(3)
Cannabis	3	(50)	8	(57)	18	(62)	13	(48)	32	(53)
Other substances	1	(17)	0	(0)	1	(3)	0	(0)	0	(0)
Total	6		14		29		27		60	

A closer scrutiny of opiate as a main drug of misuse reveals that heroin use is not presenting as a problem in the NWHB area. Over the five-year period 1996 to 2000 the highest number of clients presenting for treatment was 9, in 1998 (Table 4a).

Table 4a. Opiate as a Main Drug of Misuse for All Treatment Contacts treated in the NWHB, 1996-2000

Main Drug / Route of Administration	1996 N	1997 N	1998 N	1999 N	2000 N
Heroin	1	1	9	3	5
of whom:					
inject	1	1	4	3	3
smoke	0	0	2	0	1
other route	0	0	3	0	1
Other Opiates	0	1	1	3	0
Total	1	2	10	6	5

Among new clients heroin use is practically non-existent with one person presenting in 1997 and one person in 1999 (Table 4b).

Table 4b. Opiate as a Main Drug of Misuse for First Treatment Contacts treated in the NWHB, 1996-2000

Main Drug / Route of Administration	1996 N	1997 N	1998 N	1999 N	2000 N
Heroin	0	1	0	1	0
of whom:					
inject	0	1	0	1	0
smoke	0	0	0	0	0
other route	0	0	0	0	0
Other Opiates	0	0	1	2	0
Total	0	1	1	3	0

Trends in secondary drug use indicate that polydrug use is prevalent, with at least three-quarters of all contacts using more than one drug (Table 5a). Cannabis is the drug most likely to be involved in polydrug use each year. Over the five-year period, there was an increase in ecstasy use – from none in 1996, to 25 percent in 2000 (Table 5a). The use of alcohol[3] as a secondary drug decreased from 31 percent in 1996 to 8 percent in 2000.

Clients are likely to be involved in polydrug use

Table 5a. Secondary Drug of Misuse of All Treatment Contacts treated in the NWHB, 1996-2000

Secondary Drug of Misuse	1996 N	1996 (%)	1997 N	1997 (%)	1998 N	1998 (%)	1999 N	1999 (%)	2000 N	2000 (%)
No second drug	2	(15)	4	(25)	12	(27)	6	(15)	19	(25)
Opiates	0	(0)	1	(6)	2	(4)	0	(0)	3	(4)
Cocaine	0	(0)	0	(0)	1	(2)	2	(5)	2	(3)
Ecstasy	0	(0)	2	(13)	10	(22)	8	(21)	19	(25)
Amphetamines	0	(0)	1	(6)	0	(0)	1	(3)	2	(3)
Benzodiazepines	1	(8)	0	(0)	0	(0)	1	(3)	0	(0)
Volatile Inhalants	0	(0)	0	(0)	1	(2)	1	(3)	0	(0)
Cannabis	4	(31)	4	(25)	12	(27)	11	(28)	22	(29)
Alcohol	4	(31)	3	(19)	6	(13)	9	(23)	6	(8)
Other substances	2	(15)	1	(6)	1	(2)	0	(0)	4	(5)
Total	13		17*		45		39		77	

* Percentages based on valid N of 16

Trends among first contacts (new clients) were similar to those among all contacts, except in 1998 and 2000 when ecstasy use was very slightly higher than cannabis use among new clients (Table 5b).

[3] Alcohol may be included as a secondary drug of misuse in the NDTRS. It is NOT included as a main drug of misuse

Table 5b. Secondary Drug of Misuse of First Treatment Contacts treated in the NWHB, 1996-2000

Secondary Drug of Misuse	1996 N	1996 (%)	1997 N	1997 (%)	1998 N	1998 (%)	1999 N	1999 (%)	2000 N	2000 (%)
No second drug	0	(0)	4	(29)	7	(24)	4	(15)	14	(23)
Opiates	0	(0)	0	(0)	0	(0)	0	(0)	2	(3)
Cocaine	0	(0)	0	(0)	0	(0)	1	(4)	1	(2)
Ecstasy	0	(0)	2	(14)	9	(31)	4	(15)	17	(28)
Amphetamines	0	(0)	1	(7)	0	(0)	1	(4)	1	(2)
Benzodiazepines	0	(0)	0	(0)	0	(0)	0	(0)	0	(0)
Volatile Inhalants	0	(0)	0	(0)	1	(3)	1	(4)	0	(0)
Cannabis	3	(50)	4	(29)	8	(28)	9	(33)	16	(27)
Alcohol	1	(17)	2	(14)	3	(10)	7	(26)	5	(8)
Other substances	2	(33)	1	(7)	1	(3)	0	(0)	4	(7)
Total	6		14		29		27		60	

Risk behaviour

Injecting drug use is not a problem in the NWHB area

Trends in risk behaviour associated with drug use are quite stable in the NWHB area. Over the five-year period the mean age of initial drug use decreased from 22 years in 1996 to 17 years in 1997, and then stabilised at 16 years of age between 1998 and 2000 (Table 6a). Injecting drug use is not presenting as a problem in the NWHB: there was 1 client who ever injected in 1996 and 6 in 2000.

Table 6a. Risk Behaviours of All Treatment Contacts treated in the NWHB, 1996-2000

Risk Behaviours	1996	1997	1998	1999	2000
Mean age of initial drug use (years)	22	17	16	16	16
Mean age 1st injected (years)	16	21	19	19	21
Ever Injected N	1	3	8	5	6
of whom:					
'ever shared' N	1	0	5	2	4
'currently injecting' N	0	1	2	2	1
'currently sharing' N	0	0	1	0	0

Trends among new clients are similar to those of the overall group of all contacts (Table 6b).

Table 6b. Risk Behaviours of First Treatment Contacts treated in the NWHB, 1996-2000

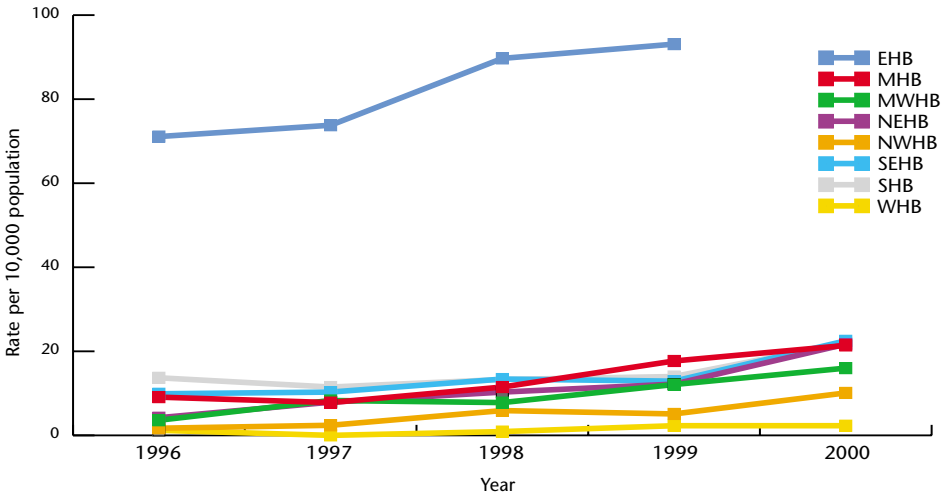
Risk Behaviours	1996	1997	1998	1999	2000
Mean age of initial drug use (years)	17	17	16	16	16
Mean age 1st injected (years)	Na	21	16	17	23
Ever Injected N	0	3	1	2	2
of whom:					
'ever shared' N	0	0	0	0	1
'currently injecting' N	0	1	0	1	0
'currently sharing' N	0	0	0	0	0

Na: Not applicable

Regional trends

Figures 1a and 1b provide a comparison of the rates of treated drug misuse among residents in different health board areas of Ireland for all and first treatment contacts respectively. As the majority of people treated for problem drug use are in the 15-39 year age group, the rates were based on this age group of the population in each health board area. It is immediately obvious that in the ERHA health board areas (formerly EHB) the rate is much higher than in other regions of the country. However, there is not great variation in regional trends. In all cases the trend shows an increase in those presenting to drug treatment services (Figure 1a).

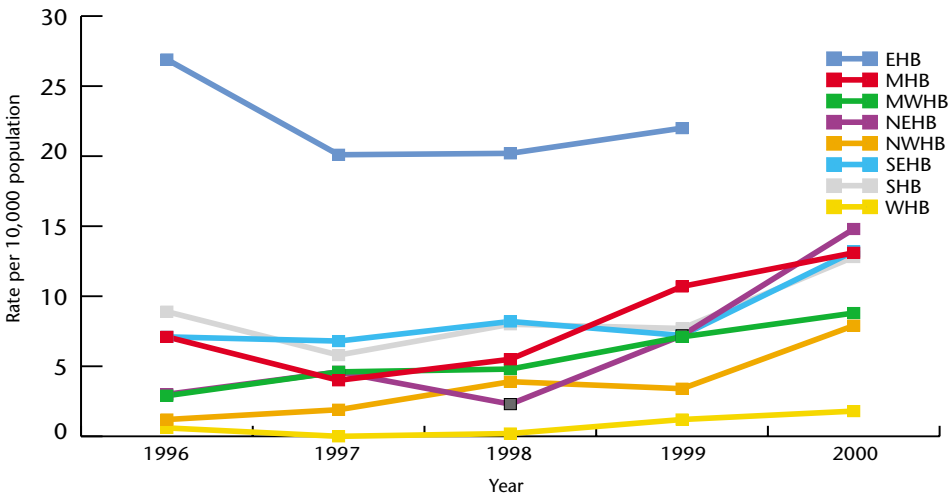
Figure 1a. Trends in All Treatment Contact rates for 15 - 39 year olds by Health Board of Residence, 1996-2000*. Rates per 10,000 population **



* Trends for 1996-1999 only in the EHB due to incomplete returns for 2000
** Population figures for each health board are based on the Census for Population 1996, Central Statistics Office

There was an upward trend in first treatment contacts between 1996 and 2000 in all regions (Figure 1b). Increased provision of services at individual health board level is of course a factor that must be borne in mind when considering such trends. Where there are accessible drug user oriented services provided, people are more likely to approach them. However, it would appear that the upward trends also indicate a real increase in drug misuse.

Figure 1b. Trends in First Treatment Contact rates for 15 - 39 year olds by Health Board of Residence, 1996-2000*. Rates per 10,000 population **



* Trends for 1996-1999 only in the EHB due to incomplete returns for 2000
** Population figures for each health board are based on the Census for Population 1996, Central Statistics Office

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Value of NDTRS

- Data from the NDTRS provide a profile of drug users presenting to the treatment services. This gives planners and service providers an insight into the number and type of clients availing of treatment services.
- Data on clients receiving treatment for the first time can indicate, over time, changing patterns and trends in problematic drug use. It is thus possible to distinguish new populations of drug users coming for treatment, from more long term chronic drug users.
- A particular benefit of this database is that it provides a foundation for carrying out other more detailed investigations. The value increases over time if data are collected systematically for a number of years. Examples include studies of changes in behaviour patterns in different subgroups, or comparisons with samples of untreated drug users. The DMRD welcomes collaborative research using the NDTRS database.
- The DMRD will provide to the agency, if required, an analysis of returns made to the NDTRS. This can be very useful to the agency for end of year appraisal of clients, or for research purposes.

General information

The Drug Misuse Research Division of the Health Research Board is involved in national and international research, information gathering and dissemination activities in relation to drugs and drug misuse.

National activities include drug misuse research; maintenance and development of the National Drug Treatment Reporting System; and development of a National Documentation Centre on drug misuse issues in Ireland. The documentation centre will serve as an information resource in the area of drug misuse and will consist of a bibliographic database comprising records and registers of published and unpublished current research; an electronic library containing full texts of research reports included in the bibliography; and a library containing hard copies of material cited in the bibliography.

At European level the DMRD is the designated Irish Focal Point for the European Information Network on Drugs and Drug Addiction (REITOX) of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Work with the EMCDDA includes the development and harmonisation of key indicators of drug misuse, and participation in the European Database on Demand Reduction Activities (EDDRA). This work is designed to meet the needs of health professionals, researchers and policy makers involved in the planning and implementation of activities to reduce the demand for drugs. The DMRD also participates in the Pompidou Group of the Council of Europe in developing methodological approaches in the field of drug misuse research.

Through its research, information and dissemination activities the DMRD provides a picture of drug misuse, its health consequences and initiatives underway in the field of drug misuse research and policy.

Acknowledgements

The authors would like to express sincere thanks to all those who contribute to the work of the Drug Misuse Research Division. Without the ongoing support of staff at drug treatment agencies and the support of Ms Bernie Hyland and Ms Clare Mc Garraghy it would not be possible to maintain the NDTRS. Their co-operation is very much appreciated and valued.
The authors would like to acknowledge the assistance of their colleagues Dr Hamish Sinclair and Ms Lucy Dillon who provided useful comments on this paper.

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