Drug Misuse Research Division

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Trends in treated drug misuse in the Republic of Ireland, 1996 to 2000

Contents

Background

The National Drug Treatment Reporting System is an epidemiological database on treated drug misuse in the Republic of Ireland. It was established in 1990 in the Greater Dublin Area and was extended in 1995 to cover other areas of the country. The reporting system was originally developed in line with the Pompidou Group's Definitive Protocol and subsequently refined in accordance with the Treatment Demand Indicator Protocol (EMCDDA and Pompidou Group 2000). The National Drug Treatment Reporting System is co-ordinated by staff at the Drug Misuse Research Division of the Health Research Board on behalf of the Department of Health and Children.

Treatment demand as an indicator of problem drug use

Drug treatment data are viewed as an indirect indicator of drug misuse. These data are used at national and European levels to provide information on the characteristics of clients entering treatment, and on 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: p23). Information from the National Drug Treatment Reporting System is made available to service providers and policy makers and is used to inform local and national drug policy and planning. For example, in 1996 National Drug Treatment Reporting System data were used to identify a number of local areas with problematic heroin use (Ministerial Task Force 1996). These areas were later designated as Local Drug Task Force Areas and are continuing to provide strategic responses to drug misuse in their communities.

The monitoring role of the National Drug Treatment Reporting System is recognised by the Government in its document *Building on Experience: National Drugs Strategy 2001-2008.* Data collection for the National Drug Treatment Reporting System is one of the actions identified and agreed by Government for implementation by health boards: 'All treatment providers should co-operate in returning information on problem drug use to the Drug Misuse Research Division of the Health Research Board' (Department of Tourism, Sport and Recreation 2001: p118).

National Drug Treatment Reporting System methodology

Compliance with the National Drug Treatment Reporting System requires that one form be completed for each person who receives treatment for problematic drug use at each treatment centre in a calendar year. Service providers at drug treatment centres throughout the Republic of Ireland collect data on each individual treated for drug misuse. At national level, staff at the Drug Misuse Research Division of the Health Research Board compile anonymous, aggregated data.

For the purpose of the National Drug Treatment Reporting System, *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'. Clients who attend needle-exchange services and clients who report alcohol as their main problem drug are not included in this

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reporting system. Treatment options include one or more of the following: medication (detoxification, methadone reduction and substitution programmes), addiction counselling, group therapy, psychotherapy and/or life skills training. Treatment is provided in both residential and non-residential settings. Data returns to the National Drug Treatment Reporting System for clients attending treatment services during 2000 were provided by 154 treatment services: 136 non-residential and 18 residential (Table 1).

The main elements of the reporting system are:

a) *All cases treated* – describes individuals who receive treatment for problematic drug use at each treatment centre in a calendar year;
b) *New cases treated* – describes the sub-group of individuals who have never previously been treated for problem drug use.

In the case of the data for 'all cases treated' there is a possibility of duplication in the database, for example, where a person receives treatment at more than one centre. For those receiving methadone maintenance or detoxification, this possibility is estimated to be small since the introduction of the *Misuse of Drugs Regulations* in 1998, whereby precautions are taken to ensure that this treatment is available from one source only.

Table 1 Number and type of services providing treatment for drug addiction and number of clients treated (in brackets) as recorded in the National Drug Treatment Reporting System in the Republic of Ireland, 1996 to 2000

Drug services	1996		1997		1998		1999		2000	
Outpatient	35	(3084)	44	(3564)	81	(4551)	85	(4659)	104	(5584)
Inpatient	11	(1208)	16	(1164)	16	(1272)	16	(1004)	18	(796)
Low threshold	1	(21)	2	(180)	4	(192)	5	(347)	3	(340)
General practitioner	1	(4)	1	(2)	1	(24)	44	(426)	29	(274)
Prison	1	(154)	0	(0)	2	(4)	2	(7)	0	(0)

In the Republic of Ireland, the number of outpatient treatment centres has increased threefold, from 35 in 1996 to 104 in 2000, while the number of inpatient services has also increased, from 11 to 18 (Table 1). The number of outpatient and inpatient drug services submitting data to the National Drug Treatment Reporting System is satisfactory. As a result of the introduction of the revised treatment protocol, the number of general practitioners providing treatment has increased dramatically, from 125 in 1998 to 187 in 2000, but the number of general practitioners submitting data was very low (15.5 per cent of a possible 187 who prescribed methadone in 2000). General practitioners who have completed Methadone Level Two training are permitted to start clients on methadone maintenance. Between November 1998 and December 2000, general practitioners started 355 patients on methadone maintenance for the first time (Central Methadone Treatment List, unpublished data). Therefore, the low general practitioner participation rate indicates that there was an under representation of new cases in the National Drug Treatment Reporting System. The prison service has never submitted data on a regular basis. Up to 2001, the only drug treatment service available in Irish prisons was a detoxification programme in the Medical Unit of Mountjoy Male Prison. Between 1996 and 1999, 87 individuals completed the programme (Crowley 2000). The average age of the prisoners was 26 years and the average sentence length was four years. Even if these were all new cases, it is unlikely that the 30 patients treated each year would affect the overall treatment incidence rate in a given year.

Out of a total number of 6994 cases treated in 2000, 80 per cent were treated at outpatient services; 11 per cent were treated at inpatient services, five per cent at low threshold services and four per cent at general practice (Table 1).

Treatment provision

Given the complex nature of problems associated with drug misuse, it is recognised that there is no single treatment modality for problem drug use. Consequently, a broad range of services covering treatment and rehabilitation is provided throughout the country (O'Brien *et al* 2002). There is variation in the type of service provided in different regions. Drug substitution programmes (opiate detoxification, methadone reduction, methadone maintenance), syringe-exchange programmes and rehabilitation programmes are provided mainly in the health board areas in the eastern region where most of those seeking treatment report that heroin is their main problem drug. Substitution programmes are increasingly becoming a feature of drug services in many regions. Addiction counselling services are provided in all regions of the country. Of all treated cases who had details returned to the National Drug Treatment Reporting System for 2000 (6994), half were receiving long-term methadone maintenance, almost one-fifth started detoxification, two-fifths had some counselling and one-tenth commenced psychosocial therapy.

Extent of the problem

The number of cases presenting for treatment and reported to the National Drug Treatment Reporting System increased consistently, from 4865 in 1996 to 6994 in 2000 (Table 2). This was attributed to an increase in drug use, an increase in service provision, and an increase in the number of centres providing information.

In contrast, the number of people who presented for treatment for the first time ever (new cases) fell from 2034 in 1996 to 1622 in 1998 (Table 2). The decreasing trend in service uptake by new clients did not continue in 1999 and 2000, when the numbers increased somewhat to 1846 and 1978 respectively. The reason for the decrease in numbers of new cases in 1997 and 1998 is not altogether clear but may reflect a tapering off of the heroin epidemic in the Dublin area. The increase in new cases in 1999 and 2000 reflects the expansion in drug treatment services and the increase in reporting to the National Drug Treatment Reporting System outside the Greater Dublin Area.

Table 2 Number of cases (all and new) reported to the National Drug Treatment Reporting System in the Republic of Ireland, 1996 to 2000

Year	All cases*	New cases
	Number	
1996	4865	2034
1997	4910	1521
1998	6043	1622
1999	6443	1846
2000	6994	1978

* Number of cases, as distinct from individuals, who received treatment for problem drug use; this includes new cases, previously treated cases and cases whose treatment status is unknown. Cases whose treatment status is unknown comprise 2.5% of all cases and may include some new cases.

Socio-demographic information

Between 1996 and 2000, the typical client coming for treatment was male, in his early twenties and lived in the family home (Table 3a). In 2000, fewer clients were now living in the family home; the proportion fell from 69 per cent in 1996 to 61 per cent in 2000 (Table 3a). Closer examination of the data shows that the proportion of clients who said that they were homeless increased by two per cent; the number more than doubled from 114 in 1996 to 305 in 2000 (not shown in table). In educational terms, the proportion of those who had left school before the age of 15 remained relatively high at just over one-quarter (Table 3a). One aspect of the social condition of clients showed definite signs of improvement: the employment level increased from 11 per cent in 1996 to 28 per cent in 2000 (Table 3a). This was not surprising given the favourable economic conditions in the country during that time, although the percentage was still very low in comparison to that of the general population. The data presented in tables 3a and 3b are indicative of the social disadvantage of drug users and present a challenge to policy makers, particularly in the areas of education and employment, if social exclusion and marginalisation issues are to be addressed.

Table 3a Socio-demographic characteristics of all cases attending treatment in the Republic of Ireland and reported to the National Drug Treatment Reporting System, 1996 to 2000

Characteristics*	1996		1997		1998		1999		2000	
Mean age in years	23.6		24.2		24.7		25.4		25.7	
Median age (range)† in years	22	(16-36)	23	(16-37)	23	(17-38)	24	(17-38)	24	(17-39)
Number (%) under 18 years of age	723	(14.9)	610	(12.4)	538	(8.9)	379	(5.9)	459	(6.6)
Number (%) of males	3455	(72.0)	3322	(69.3)	4165	(70.2)	4432	(69.0)	4927	(70.7)
Number (%) living with parents/family	3227	(69.4)	3052	(65.4)	3817	(65.7)	3853	(62.7)	4099	(60.9)
Number (%) of early school leavers‡	1199	(29.1)	1133	(28.3)	1332	(27.7)	1408	(27.1)	1687	(28.5)
Number (%) still in education	220	(5.0)	222	(5.0)	192	(3.7)	195	(3.4)	242	(3.8)
Number (%) employed	504	(10.5)	691	(14.5)	1139	(19.7)	1614	(26.1)	1884	(28.0)
Total*	4865		4910		6043		6443		6994	

* It is not possible to ascertain the percentage with each characteristic of interest from the total number because not all forms had complete data.
† Age range presented is the 5th to 95th percentile (90% of all cases age are within this range).
‡ Left school before the age of 15 years.

As expected, between 1996 and 2000 new clients were somewhat younger than the overall treated group, with a higher proportion of young people less than 18 years of age (Tables 3a and 3b). In the period under review, there was a decline in the proportion of young people presenting to drug treatment services; the proportion of young new

clients (under 18 years) fell from 25 per cent in 1996 to 16 per cent in 2000 (Table 3b). This could be a reflection of the limited access to drug services meeting the specific needs of young people, particularly in Dublin, rather than a real reduction in drug use. The National Children's Strategy has identified the need for specialist adolescent addiction services in view of the different needs of young people (National Children's Strategy 2000).

During the reporting period, the proportion of new clients who lived in the family home fell from 77 per cent in 1996 to 68 per cent in 2000 (Table 3b). Employment levels among new clients were higher than those of the overall group, and they show an increasing trend, from 14 per cent in 1996 to 32 per cent in 2000 (Table 3b).

Table 3b Socio-demographic characteristics of new cases starting treatment in the Republic of Ireland and reported to the National Drug Treatment Reporting System, 1996 to 2000

Characteristics*	1996		1997		1998		1999		2000	
Mean age in years	21.2		22.0		22.1		23.2		23.2	
Median age (range)† in years	20	(15-32)	21	(15-34)	21	(16-33)	22	(16-36)	22	(16-36)
Number (%) under 18 years of age	501	(24.6)	320	(21.0)	308	(19.0)	243	(13.2)	322	(16.3)
Number (%) of males	1462	(72.8)	1067	(71.3)	1194	(74.5)	1337	(72.7)	1517	(77.0)
Number (%) living with parents/family	1509	(76.6)	1048	(71.3)	1141	(71.1)	1229	(68.9)	1312	(67.8)
Number (%) of early school leavers‡	409	(24.7)	253	(21.5)	282	(23.2)	327	(22.8)	311	(20.7)
Number (%) still in education	164	(8.8)	142	(10.1)	129	(9.0)	138	(8.2)	188	(10.4)
Number (%) employed	276	(13.8)	287	(19.2)	388	(24.8)	552	(30.9)	611	(31.8)
Total*	2034		1521		1622		1846		1978	

* It is not possible to ascertain the percentage with each characteristic of interest from the total number because not all forms had complete data.
† Age range presented is the 5th to 95th percentile (90% of all cases age are within this range).
‡ Left school before the age of 15 years.

Problem drug use

Information on the patterns of drug use, such as the types of drugs being used, how they were taken, and whether they were taken in combination with other drugs, is useful in assessing and planning drug treatment services. Opiates were the main drugs for which people presented for treatment. Most people presenting for treatment for opiate misuse did so in the three health board areas in the eastern region. Consequently, Irish drug misuse trends were dominated by data from these health board areas. Of those seeking treatment for problem drug use over the period 1996 to 2000, approximately four-fifths of those treated reported that their main problem drug was an opiate (Table 4a). The number of all (opiate) contacts increased from 3840 in 1996 to 5333 in 2000 (Table 4a), but the proportion reporting opiates as their main drug declined to its lowest level in the five-year period under review. In comparison, the proportion presenting with other types of drug problems was relatively small (Table 4a). Problematic cannabis use increased, from a stable 11 per cent in 1997, 1998 and 1999, to 16 per cent in 2000 (Table 4a). According to the drug co-ordinators outside the Eastern Regional Health Authority area, alcohol is the main problem drug for which people seek treatment in these regions and this is not taken account of in the National Drug Treatment Reporting System. In the Eastern Regional Health Authority, treatment seeking for problem alcohol use may also be very common, but has not been highlighted by the management within the addiction services in this area.

Table 4a Main problem drug reported by all cases attending treatment in the Republic of Ireland and recorded in the National Drug Treatment Reporting System, 1996 to 2000

Main drug misused	1996		1997		1998		1999		2000	
	Number (%)									
Opiates	3840	(79.0)	3904	(79.8)	4872	(80.8)	5269	(81.7)	5333	(76.3)
Cocaine	25	(0.5)	42	(0.9)	86	(1.4)	58	(0.9)	78	(1.1)
Ecstasy	256	(5.3)	246	(5.0)	195	(3.2)	215	(3.3)	290	(4.1)
Amphetamines	19	(0.4)	51	(1.0)	72	(1.2)	62	(1.0)	30	(0.4)
Benzodiazepines	57	(1.2)	60	(1.2)	95	(1.6)	50	(0.8)	99	(1.4)
Volatile Inhalants	25	(0.5)	27	(0.6)	35	(0.6)	32	(0.5)	42	(0.6)
Cannabis	584	(12.0)	519	(10.6)	634	(10.5)	728	(11.3)	1081	(15.5)
Other substances	52	(1.1)	45	(0.9)	41	(0.7)	29	(0.5)	41	(0.6)
Valid number	4858		4894		6030		6443		6994	

Opiate use was less common among the sub-group of new cases, and the trend decreased from 66 per cent in 1996 to 47 per cent in 2000 (Table 4b). As might be expected, cannabis use was higher among new clients and the proportion reporting cannabis as a problem drug increased from 21 per cent in 1996 to 36 per cent in 2000 (Table 4b), reflecting an increase in cannabis use, in service provision, and in the number of centres providing information.

Table 4b Main problem drug reported by new cases starting treatment in the Republic of Ireland and recorded in the National Drug Treatment Reporting System, 1996 to 2000

Main drug misused	1996		1997		1998		1999		2000	
	Number (%)									
Opiates	1337	(65.8)	933	(61.5)	969	(59.9)	1122	(60.8)	934	(47.2)
Cocaine	17	(0.8)	22	(1.5)	32	(2.0)	28	(1.5)	33	(1.7)
Ecstasy	191	(9.4)	159	(10.5)	120	(7.4)	143	(7.6)	208	(10.5)
Amphetamines	13	(0.6)	34	(2.2)	37	(1.9)	36	(2.0)	19	(1.0)
Benzodiazepines	13	(0.6)	19	(1.3)	23	(1.4)	12	(0.7)	25	(1.3)
Volatile inhalants	18	(0.9)	12	(0.8)	22	(1.4)	20	(1.1)	31	(1.6)
Cannabis	420	(20.7)	318	(21.0)	397	(24.5)	474	(25.7)	703	(35.5)
Other substances	23	(1.1)	19	(1.3)	19	(1.2)	11	(0.6)	25	(1.3)
Valid number	2032		1516		1619		1846		1978	

Respondents who reported that opiates were their main problem drug were examined separately and this revealed that the proportion using heroin rather than other opiates had increased by five per cent, from 88 to 93 per cent between 1996 and 2000 (Table 5a). The numbers involved in heroin use increased from 3384 in 1996 to 4942 in 2000. Among opiate users there was an upward trend in injecting heroin use, from 53 per cent in 1996 to 70 per cent in 2000 and this has very serious implications for the health of opiate users (Table 5a). The use of other opiates such as codeine, dihydrocodeine and methadone was stable between 1996 and 1998, and decreased in 1999 and 2000 (Table 5a), perhaps indicating that heroin, the drug of choice, was more readily available or that there were tighter regulations on prescription opiates. During the reporting period, opiate/heroin use was concentrated mainly in the Dublin area.

Table 5a All cases attending treatment in the Republic of Ireland and reporting an opiate as the main problem drug, as recorded in the National Drug Treatment Reporting System, 1996 to 2000

Opiate primary drug and its route of administration	1996		1997		1998		1999		2000	
	Number (%)									
Heroin users of whom:	3384	(88.1)	3442	(88.2)	4323	(88.7)	4878	(92.6)	4942	(92.7)
injected	1776	(52.5)	2227	(64.7)	2829	(65.4)	3436	(70.4)	3458	(70.0)
smoked	1526	(45.1)	1146	(33.3)	1337	(30.9)	1354	(27.8)	1405	(28.4)
other route	3	(0.1)	23	(0.7)	26	(0.6)	24	(0.5)	15	(0.3)
not known	79	(2.1)	46	(1.3)	131	(3.0)	64	(1.3)	64	(1.3)
Other opiate users	456	(11.9)	462	(11.8)	549	(11.3)	391	(7.4)	391	(7.3)
Valid number	3840		3904		4872		5269		5333	

The number of heroin users presenting for treatment for the first time fell from 1288 in 1996 to 888 in 2000 (Table 5b). The pattern of heroin use among new clients in Dublin during the early 1990s was characterised by the emergence of chasing the dragon (Smyth *et al* 2000). This coincided with a surge in the number of young people entering treatment for the first time. In 1996, new clients were more likely to smoke rather than inject the heroin (Table 5b). Between 1997 and 1999, there was an increase in the proportion who reported injecting heroin and a corresponding decrease in the proportion smoking heroin. It would seem that heroin users, who initially were reluctant to inject the drug, were more willing to do so once the heroin use had become habitual (Cassin *et al* 1998; Dillon 2001; Moran *et al* 2001). The upward trend in intravenous heroin use among new clients did not continue into 2000, when the route of administration was almost equally divided between injecting and smoking (Table 5b).

Table 5b All new cases starting treatment in the Republic of Ireland and reporting an opiate as the main problem drug, as recorded in the National Drug Treatment Reporting System, 1996 to 2000

Opiate primary drug and its route of administration	1996		1997		1998		1999		2000	
	Number (%)									
Heroin users of whom:	1288	(96.3)	894	(95.8)	907	(93.6)	1074	(95.7)	888	(95.1)
injected	471	(36.6)	432	(48.3)	448	(49.4)	627	(58.4)	442	(49.8)
smoked	784	(60.9)	448	(50.1)	445	(49.1)	433	(40.3)	434	(48.9)
other route	1	(0.1)	4	(0.4)	4	(0.4)	4	(0.4)	5	(0.5)
not known	32	(2.5)	10	(1.1)	10	(1.1)	10	(0.9)	7	(0.8)
Other opiate users	49	(3.7)	39	(4.2)	62	(6.4)	48	(4.3)	46	(4.9)
Valid number	1337		933		969		1122		934	

Overall, drug users presenting for treatment were likely to use more than one drug (Table 6a). Trends in secondary drug use show high levels of polydrug use among drug users attending treatment, although the proportion decreased slightly from 76 per cent in 1996 to 70 per cent in 2000 (Table 6a). Opiates, benzodiazepines and cannabis were the drugs most likely to be involved. In 1999 and 2000, there was a shift from opiates to benzodiazepines as the most common secondary drug (Table 6a). There has been a small but steady increase in the use of cocaine as a secondary drug from three per cent in 1996 to seven per cent in 2000 (Table 6a). Injecting cocaine as a secondary drug was closely associated with injecting heroin as a main drug (not shown in table).

Table 6a Reported second problem drug and second drug type for all cases attending treatment in the Republic of Ireland and recorded in the National Drug Treatment Reporting System, 1996 to 2000

Secondary drug misuse	1996		1997		1998		1999		2000	
					Number (%)					
No secondary drug	1112	(23.8)	1167	(24.2)	1787	(29.6)	1968	(30.5)	2068	(29.6)
Opiates	1027	(22.0)	1066	(22.1)	1071	(17.7)	990	(15.4)	893	(12.8)
Cannabis	776	(16.6)	648	(13.4)	930	(15.4)	986	(15.3)	1052	(15.0)
Benzodiazepines	755	(16.2)	951	(19.7)	1039	(17.2)	1094	(17.0)	1258	(18.0)
Ecstasy	380	(8.1)	340	(7.0)	373	(6.2)	437	(6.8)	566	(8.1)
Alcohol	247	(5.3)	173	(3.6)	219	(3.6)	225	(3.5)	368	(5.3)
Cocaine	121	(2.6)	196	(4.1)	292	(4.8)	442	(6.9)	502	(7.2)
Amphetamines	77	(1.7)	113	(2.3)	176	(2.9)	160	(2.5)	140	(2.0)
Volatile inhalants	11	(0.2)	12	(0.2)	6	(0.1)	16	(0.3)	21	(0.3)
Other substances	161	(3.4)	160	(3.3)	150	(2.5)	125	(1.9)	126	(1.8)
Valid number	4667		4826		6043		6443		6994	

Among new cases, there were high levels of polydrug use (Table 6b). In these cases the pattern was somewhat different with cannabis as the drug most likely to be involved (in 18 per cent of cases in 1999 and 2000), followed by ecstasy and benzodiazepines (Table 6b). Increasing alcohol use as a second drug was also reported (Table 6b). Among new clients, there was a small increase in the use of cocaine as a secondary drug, from three per cent in 1996 to four per cent in 2000.

Table 6b Reported second problem drug and second drug type for new cases attending treatment in the Republic of Ireland and recorded in the National Drug Treatment Reporting System, 1996 to 2000

Secondary drug misuse	1996		1997		1998		1999		2000	
					Number (%)					
No secondary drug	515	(26.5)	445	(29.7)	521	(32.1)	670	(36.3)	583	(29.5)
Cannabis	392	(20.2)	262	(17.5)	330	(20.3)	330	(17.9)	361	(18.3)
Opiates	267	(13.7)	167	(11.1)	136	(8.4)	138	(7.5)	146	(7.4)
Benzodiazepines	220	(11.3)	196	(13.1)	142	(8.8)	159	(8.6)	147	(7.4)
Ecstasy	215	(11.1)	163	(10.9)	173	(10.7)	226	(12.2)	317	(16.0)
Alcohol	141	(7.3)	76	(5.1)	104	(6.4)	100	(5.4)	207	(10.5)
Cocaine	50	(2.6)	48	(3.2)	60	(3.7)	86	(4.7)	71	(3.6)
Amphetamines	58	(3.0)	72	(4.8)	100	(6.2)	98	(5.3)	83	(4.2)
Volatile inhalants	9	(0.5)	4	(0.3)	4	(0.3)	9	(0.5)	15	(0.8)
Other substances	80	(4.1)	68	(4.5)	52	(3.2)	30	(1.6)	48	(2.4)
Valid number	1945		1501		1622		1846		1978	

Risk behaviour

The increasing prevalence of high-risk behaviours, such as injecting and sharing practices associated with opiate and, more recently, cocaine use has very serious implications for the future health of the population of drug users involved in these practices. This is particularly the case in relation to the transmission of infectious diseases such as HIV, hepatitis B and hepatitis C.

Over the five-year period under review, half of all cases had started to use drugs before the age of 15 (Tables 7a and 7b) and half of all injecting drug users had injected before the age of 19 (Tables 7a and 7b). Injecting drug use was a major problem, with an increasing number of cases having injected at some time in the past (2555 in 1996 increased to 4484 in 2000) (Table 7a).

Table 7a Risk behaviours for all cases treated for problem drug use in the Republic of Ireland and reported to the National Drug Treatment Reporting System, 1996 to 2000

Injecting and sharing status	1996	1997	1998	1999	2000
Median age (range)* started drug use in years	15 (11-21)	15 (11-22)	15 (11-22)	15 (11-21)	15 (11-21)
Median age (range)* started injecting in years	18 (14-27)	19 (15-28)	19 (15-27)	19 (14-28)	19 (14-28)
Number injector status known	4683	4767	5694	6271	6829
Number (%) ever injected	2555 (54.6)	2979 (62.5)	3750 (65.9)	4323 (68.9)	4484 (65.7)
Of whom:†					
'ever shared'	1533 (68.8)	1798 (71.1)	2207 (70.3)	2767 (75.5)	3000 (75.9)
'currently injecting'	1492 (61.0)	1694 (62.3)	1976 (58.4)	1860 (49.3)	1894 (47.8)
'currently sharing'	382 (30.8)	461 (34.1)	519 (32.7)	495 (30.5)	476 (28.8)

* Age range presented is the 5th to 95th percentile (90% of all cases age are within this range).
† From the data presented in this table, it is not possible to ascertain the exact percentage of injectors with each risk factor of interest because not all declared injectors were asked the subsequent injecting questions.

Levels of risk behaviours were not as high among those attending treatment for the first time (Table 7b). In 2000 just one-third (624/1933) had ever injected. This indicates that treatment services have the opportunity to prevent two-thirds of those seeking treatment from moving to injecting, rather than smoking or snorting, heroin or cocaine respectively.

Table 7b Risk behaviours for new cases treated for problem drug use in the Republic of Ireland an reported to the National Drug Treatment Reporting System, 1996 to 2000

Injecting and sharing status	1996	1997	1998	1999	2000
Median age (range)* started drug use in years	15 (11-21)	15 (11-23)	15 (11-22)	15 (11-22)	15 (11-22)
Median age (range)* started injecting in years	19 (15-28)	19 (15-29)	19 (15-28)	19 (15-30)	19 (15-31)
Number injector status known	1960	1470	1545	1795	1933
Number (%) ever injected	631 (32.2)	545 (37.1)	573 (37.1)	790 (44.0)	624 (32.3)
Of whom:†					
'ever shared	278 (50.5)	249 (55.6)	253 (54.6)	435 (65.7)	312 (61.1)
'currently injecting'	416 (66.8)	367 (70.0)	352 (66.3)	364 (56.8)	325 (60.5)
'currently sharing'	117 (32.1)	114 (36.7)	93 (32.2)	110 (32.2)	79 (27.4)

* Age range presented is the 5th to 95th percentile (90% of all cases age are within this range).
† From the data presented in this table, it is not possible to ascertain the exact percentage of injectors with each risk factor of interest as not all known injectors had completed the subsequent injecting questions.

National trends

Figure 1 presents the incidence and prevalence of treated drug misuse in the Republic of Ireland. As the majority of people treated for problem drug use were in the 15 to 39 year age group, the rates for the Republic of Ireland were calculated based on this age group of the population. Between 1997 and 2000, the incidence of treated drug misuse increased gradually, from 10.3 to 12.4 per 10,000 of the 15 to 39 year population, but never returned to the high incidence rate of 13.9 in 1996. Over the same time period, the prevalence of treated drug misuse increased from 33.0 to 44.3, indicating that a large proportion of drug users who were previously treated for drug misuse require continued care and place a heavy burden on treatment services.

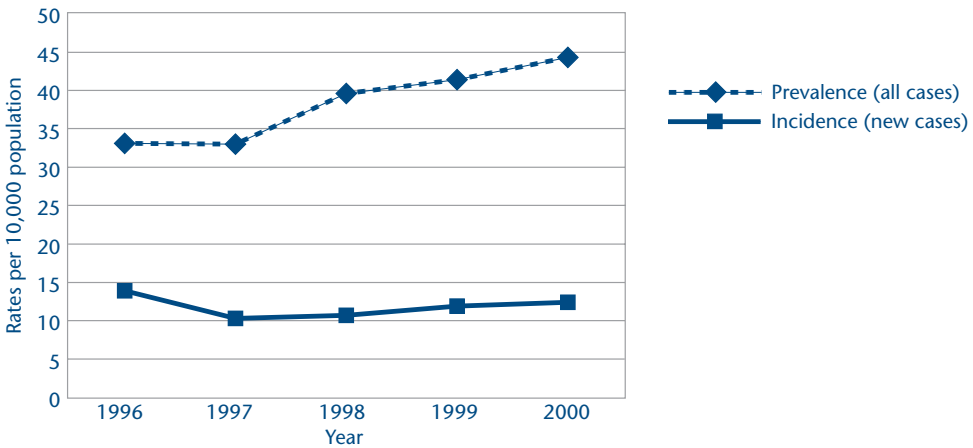

Figure 1 Incidence and prevalence of treated drug misuse among persons aged between 15 and 39 years in the Republic of Ireland per 10,000 population, 1996 to 2000 (Central Statistics Office 2002)

Figure 2 presents the incidence and prevalence of treated heroin misuse. The incidence of treated heroin misuse fell sharply from 9.5 in 1996 to 6.4 in 1997 per 10,000 of the 15 to 39 year old population and has remained stable from 1997 to date. The decrease in new cases of heroin misuse indicates a possible tapering off of the epidemic. The prevalence of heroin misuse has increased steadily from 25.3 in 1996 to 34.3 in 2000. This increase is an indicator that problem heroin use has become a chronic condition requiring continued care or repeated treatment over time.

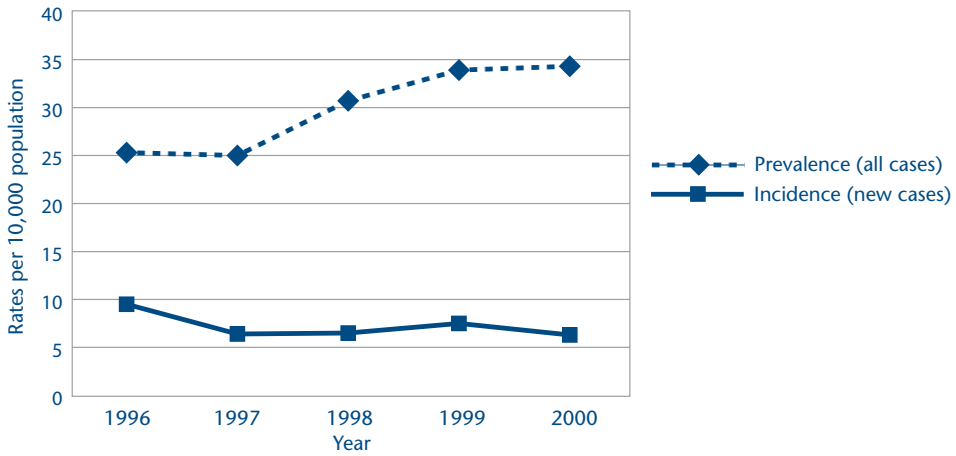

Figure 2 Incidence and prevalence of treated heroin use among persons aged between 15 and 39 years in the Republic of Ireland per 10,000 population, 1996 to 2000 (Central Statistics Office 2002)

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