Drug Misuse Research Division

Treatment demand in the Health Service Executive Eastern Region, 1998 to 2002

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Summary

The data presented in this paper provide a description of demand for drug treatment services in the Health Service Executive Eastern Region (Dublin, Kildare and Wicklow) provided by the Drug Treatment Centre Board, the Health Service Executive East Coast Area (of Dublin and Wicklow), the Health Service Executive South Western Area (of Dublin and Wicklow and all of Kildare) and the Health Service Executive Northern (Dublin) Area. This paper will help inform service planning and provision. The total numbers treated in the HSE Eastern Region include cases living in another Health Service Executive (HSE) area and cases not resident in Ireland who sought treatment in the HSE Eastern Region between 1998 and 2002.

The analysis presented in this paper is based on data reported to the National Drug Treatment Reporting System.

The main findings and their implications are:

- The total number of cases treated increased by almost 20 per cent in the HSE Eastern Region between 1998 and 2002, with the largest increase occurring in the HSE Northern (Dublin) Area, where numbers rose by 62 per cent, from 1,154 in 1998 to 1,871 in 2002. In the HSE South Western Area (of Dublin and Wicklow and all of Kildare), the increase was also considerable, at 50 per cent, from 1,621 in 1998 to 2,407 in 2002. In the three HSE areas in the HSE Eastern Region, the number of drug treatment services increased, as did the demand for such services.

- The total number of previously treated cases in the HSE Eastern Region increased by 37 per cent, from 3,888 in 1998 to 5,332 in 2002. However, the total number of new cases treated during the same period depicts a more positive picture, having decreased by more than one-third, from 1,154 in 1998 to 759 in 2002. The increase in the total numbers can be attributed to the fact that the number of exits from treatment was less than the number of new cases entering treatment in each year.

- Between 1998 and 2002, opiates were the most common main problem drug reported by both new and previously treated cases in the HSE Eastern Region. The total number of treated cases reporting opiates as their main problem drug increased by 25 per cent, from 4,693 in 1998 to 5,883 in 2002. The numbers reporting problem cannabis use decreased by 31 per cent, from 225 in 1998 to 156 in 2002. This may be due to a combination of under-reporting of such cases by treatment providers and a lack of treatment places available for problem cannabis users, rather than to a reduction in the number of problem cannabis users in the region. The total

Contents

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number of cases reporting cocaine as their main problem drug, though small, increased by 19 per cent, from 62 in 1998 to 74 in 2002. The wide spectrum of problem drugs reported indicates that treatment services need to cater for a number of licit and illicit drugs used rather than focusing mainly on opiate treatment.

- In the HSE Eastern Region, the proportion of treated cases taking more than one drug increased, from 68 per cent in 1998 to 75 per cent in 2002, indicating that polydrug use is a common practice. This practice is associated with poorer treatment outcomes and is an issue that needs to be documented and addressed in a client's treatment plan.

- The number of previously treated injector cases increased in the HSE Eastern Region. The number of previously treated injector cases increased by 43 per cent, from 3,011 in 1998 to 4,310 in 2002, while the proportion of such cases increased by less than 3 per cent in the same period. The number of new injector cases treated decreased by almost one-third, from 524 in 1998 to 359 in 2002, while the proportion of such cases increased by only 1 per cent. The decrease in the number of new injector cases treated in this region is in line with the decrease in the number of new opiate cases. Half of the injector cases had started injecting before they were 20 years old. More worryingly, the total number of cases treated who reported ever sharing injecting equipment increased by 54 per cent, from 2,144 in 1998 to 3,297 in 2002. Injectors have a higher risk of acquiring blood-borne viral infections and of experiencing overdose than do non-injectors. This suggests that the drug treatment services in the HSE Eastern Region need to continue to promote the existing harm reduction services in order to prevent blood-borne viral infections (in particular HIV, hepatitis B, and hepatitis C) and drug overdose (in particular opiate-related overdose). Of note, the proportion of previously treated cases who reported injecting in the last month decreased from 51 per cent in 1998 to 36 per cent in 2002, and sharing decreased from 13 per cent in 1998 to 6 per cent 2002. Since the majority of previously treated cases were continuing in care from the previous year, this suggests that drug users who attended treatment were enabled to reduce their risk behaviours.

- The proportion of early school leavers treated increased by over one-quarter, from 1,251 in 1998 to 1,579 in 2002, while, on average, just under one-quarter of cases aged between 16 and 64 years treated in the HSE Eastern Region were employed over the five-year period. The low levels of educational achievement and employment among problem drug users emphasise the importance of close links between treatment interventions and social and occupational reintegration programmes.

Glossary of terms

- The median is the value at the mid-point in a sequence of numerical values ranged in ascending or descending order. It is defined as the value above or below which half of the values lie. Unlike the mean (average), the median is not influenced by extreme values (or outliers). For example, in the case of five drug users aged 22, 23, 24, 24 and 46 years respectively, the median (middle value) is 24 years, whereas the mean is 27.8 years. While both the median and the mean describe the central value of the data, the median is more useful since the mean is influenced by the one older person in this example.

- Incidence is a term used to describe the number of new cases of disease or events that develop among a population during a specified time interval. For example, in 2001, ten opiate users living in a specific county sought treatment for the first time. The incidence is the number of opiate cases divided by the population living in the county (say 31,182 persons in this example) expressed per given number of the population, i.e., per 100, per 1,000, per 10,000, etc.

  The calculation in this case is as follows: (10/31,182) x 10,000, which gives an incidence rate of 3.2 per 10,000 of the specific county population in 2001.

- Prevalence is a term used to describe the proportion of people in a population who have a disease or condition at a specific point or period in time. For example, in 2001, ten opiate users living in a specific county sought treatment for the first time, 20 opiate users returned to treatment in the year and five opiate users continued in treatment from the previous year; in total there are 35 people treated for problem opiate use in 2001. The prevalence is the total number of cases (35) divided by the population living in the county (31,182 persons) expressed per given number of the population, i.e., per 100, per 1,000, per 10,000, etc.

  The calculation in this case is as follows: (35/31,182) x 10,000, which gives a prevalence rate of 11.2 per 10,000 of the specific county population in 2001.

- Health boards and the Health Service Executive

  - On 1 January 2005 the ten health boards managing the health services in Ireland were replaced by a single entity, the Health Service Executive (HSE). The former health boards were responsible for health care provision to populations in specific geographical areas. In the interest of continuity of care, the HSE has maintained these ten areas for an interim period and called them HSE areas. The former Eastern Regional Health Authority is known as the HSE Eastern Region for this interim period.

  - When the HSE has established itself and redeployed staff, health care will be provided through four HSE regions and 32 local health offices. The local health offices will be based on the geographical boundaries of the existing community care areas. In this paper we have presented the data by HSE area (that is, by the former health board boundaries) and by the new HSE Eastern Region in order to reflect possible planning needs.

  - The table below presents the former health board structure, the present interim structure and the proposed future regional structure.

Regional Health Authority	Health boards	HSE areas	HSE regions
Not applicable	North Eastern Health Board	HSE North Eastern Area	HSE Dublin/North East Region
Eastern Regional Health Authority (ERHA*)	Northern Area Health Board	HSE Northern Area	
Eastern Regional Health Authority (ERHA)	East Coast Area Health Board	HSE East Coast Area	HSE Dublin/Mid-Leinster Region
Eastern Regional Health Authority (ERHA)	South Western Area Health Board	HSE South Western Area	
Not applicable	Midland Health Board	HSE Midland Area	
Not applicable	South Eastern Health Board	HSE South Eastern Area	HSE Southern Region
Not applicable	Southern Health Board	HSE Southern Area	
Not applicable	Mid-Western Health Board	HSE Mid-Western Area	HSE Western Region
Not applicable	North Western Health Board	HSE North Western Area	
Not applicable	Western Health Board	HSE Western Area	

*The ERHA is known as the HSE Eastern Region for the interim period.

Introduction

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated problem drug use in 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 (Hartnoll 1994) and subsequently refined in accordance with the Treatment Demand Indicator Protocol (EMCDDA and Pompidou Group 2000). The NDTRS is co-ordinated by staff at the Drug Misuse Research Division (DMRD) of the Health Research Board (HRB) on behalf of the Department of Health and Children.

Drug treatment data are viewed as an indirect indicator of drug misuse as well as a direct indicator of demand for treatment services. 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: 23). Information from the NDTRS 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 NDTRS 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 Drugs Task Force Areas and are continuing to provide strategic responses to drug misuse in their communities.

The monitoring role of the NDTRS is recognised by the Government in its document *Building on Experience: National Drugs Strategy 2001–2008*. Data collection for the NDTRS is one of the actions identified and agreed by Government for implementation by the former health boards: 'All treatment providers should co-operate in returning information on problem drug use to the DMRD of the HRB' (Department of Tourism, Sport and Recreation 2001: 118).

Methods

Compliance with the NDTRS requires that one form be completed for each person who receives treatment for problem drug use at each treatment centre in a calendar year. Service providers at drug treatment centres throughout Ireland collect data on each individual treated for drug misuse. At national level, staff at the DMRD of the HRB compile anonymous, aggregated data.

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'. Clients who attend needle-exchange services are not included in this reporting system. Up to 2004, clients who reported alcohol as their main problem drug were not included in this 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 (Table 1). In the HSE Eastern Region, data returns to the NDTRS for clients attending treatment services during 2002 were provided by 96 treatment services: 90 non-residential and six residential.

The main elements of the reporting system are defined as follows:

All cases treated – describes individuals who receive treatment for problem drug use at each treatment centre in a calendar year, and includes

(a) Previously treated cases – describes individuals who were treated previously for problem drug use at any treatment centre and have returned to treatment in the reporting year, or individuals continuing in treatment from the preceding calendar year;

(b) New cases treated – describes individuals who have never been treated for problem drug use;

(c) Status unknown – describes individuals whose status with respect to previous treatment for problem drug use is not known.

In the case of the data for 'previously treated cases' 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 considered to be small since the introduction of the *Misuse of Drugs Regulations* in 1998, whereby precautions are taken to ensure that methadone treatment is available from one source only.

The data presented in this paper provide a description of demand for drug treatment services in the HSE Eastern Region (Dublin, Kildare and Wicklow) provided by the Drug Treatment Centre Board, the HSE East Coast Area (of Dublin and Wicklow), the HSE South Western Area (of Dublin and Wicklow and all of Kildare) and the HSE Northern (Dublin) Area. This paper will help inform service planning and provision. The total numbers treated in the HSE Eastern Region include cases living in another HSE area and cases not resident in Ireland who sought treatment in the HSE Eastern Region between 1998 and 2002.

Analysis

The analysis presented provides an overview of service provision for problem drug use, numbers treated, initial treatment provided, problem drugs reported, risk behaviours engaged in, and socio-demographic characteristics of cases.

Service provision

The total number of treatment outlets for problem drug use in the HSE Eastern Region (Dublin, Kildare and Wicklow) and participating in the NDTRS increased between 1998 and 2002 (Table 1). The largest increase was in the number of general practitioners prescribing methadone treatment services; despite this, the number of general practitioners participating in the NDTRS remained very low. In 2002, there were 244 general practitioners prescribing methadone treatment in the HSE Eastern Region, but only 24 (10%) of these provided returns to the NDTRS. Cases who attended general practice may have differed from those who attended statutory treatment centres and this may affect the generalisability of the findings presented in this paper. The number of residential services remained more or less static throughout the five-year period. The number of low-threshold services participating in the NDTRS decreased. This was because clients attended low-threshold services until an outpatient treatment place became available. The number of outpatient services increased from 47 in 1998 to 64 in 2002. In the HSE Eastern Region, counsellors employed by statutory services did not consistently return information on cases who received counselling only, therefore, there is an under representation of cases treated for problem use of drugs other than opiates. The prison service does not participate in the NDTRS, although it does provide drug treatment services. The findings must be interpreted in the light of these limitations. There were inconsistencies in the NDTRS data collection, data coding and data entry processes for data pertaining to the HSE Eastern Region up to and including 2000. These have been rectified in the data presented in this paper; therefore, the numbers presented in this paper for the years 1998 to 2000 differ from those presented in previous publications.

Table 1 Number and type of services providing treatment for problem drug use, and number of cases* treated (in brackets) in the HSE Eastern Region (Dublin, Kildare and Wicklow)† and reported to the NDTRS, 1998 to 2002

Drug services	1998	1999	2000	2001	2002
			Number (%)		
Outpatient	47 (3968)	52 (3735)	55 (4311)	58 (5018)	64 (5382)
Residential	5 (982)	6 (712)	5 (401)	4 (312)	6 (295)
Low-threshold‡	3 (182)	4 (284)	2 (280)	2 (216)	2 (149)
General practitioner	1 (24)	37 (376)	26 (270)	27 (257)	24 (365)
Treatment in prison	2 (4)	2 (7)	0 (0)	0 (0)	0 (0)

* Numbers include cases living in another HSE area but treated in the HSE Eastern Region and recorded in the NDTRS and exclude cases living in the HSE Eastern Region but treated in another HSE area.

† Drug Treatment Centre Board, HSE East Coast Area (of Dublin and Wicklow), HSE South Western Area (of Dublin and Wicklow and all of Kildare) and HSE Northern (Dublin) Area.

‡ Low-threshold services include services that provide low-dose methadone or drop-in facilities only.

Numbers treated

Overall, the total number of cases treated for problem drug use in the HSE Eastern Region and reported to the NDTRS increased by one-fifth between 1998 and 2002 (Table 2). Each year, there was an increase in the number and proportion of previously treated cases, from 3,388 (75%) in 1998 to 5,332 (86%) in 2002. There was a steady decrease in the number and proportion of new cases, from 1,154 (22%) in 1998 to 759 (12%) in 2002.

Table 2 Number (%) of cases* treated in the HSE Eastern Region (Dublin, Kildare and Wicklow)† by treatment status reported to the NDTRS, 1998 to 2002

Treatment status	1998		1999		2000		2001		2002	
	Number (%)									
All cases	**5160**		**5114**		**5262**		**5803**		**6191**	
Previously treated cases	3888	(75.3)	3954	(77.3)	4259	(80.9)	4877	(84.0)	5332	(86.1)
New cases	1154	(22.4)	1076	(21.0)	928	(17.6)	869	(15.0)	759	(12.3)
Status unknown	**118**	**(2.3)**	**84**	**(1.6)**	**75**	**(1.4)**	**57**	**(1.0)**	**100**	**(1.6)**

* Numbers include cases living in another HSE area but treated in the HSE Eastern Region and recorded in the NDTRS and exclude cases living in the Eastern Region but treated in another HSE area.

† Drug Treatment Centre Board, HSE East Coast Area (of Dublin and Wicklow), HSE South Western Area (of Dublin and Wicklow and all of Kildare) and HSE Northern (Dublin) Area.

Of the 27,530 cases treated for problem drug use in the HSE Eastern Region and reported to the NDTRS between 1998 and 2002, the largest numbers were treated in the HSE South Western Area (10,061, or 37%), followed by the HSE Northern (Dublin) Area (7,662, or 28%). During the period under review, the Drug Treatment Centre Board treated 6,099 (22%) cases, while the HSE East Coast Area treated 3,708 (13%) cases.

Table 3 presents a breakdown of the total number of cases reported to the NDTRS by HSE area where treated between 1998 and 2002. The total number of cases treated by the Drug Treatment Centre Board decreased by over one- quarter. The Drug Treatment Centre Board is a tertiary service which provides advice to referring practitioners on the management of clients with complex problems and provides treatment for clients with more serious drug problems or co-morbid psychiatric illness. Therefore, a number of clients attending this centre are assessed only and then referred back to their practitioner (with advice on future management) or referred to another more appropriate treatment provider. Thus, the numbers accessing the services of the Drug Treatment Centre Board have not declined, but the numbers in methadone maintenance treatment have. For example, 1,334 clients received services from the Drug Treatment Centre Board in 2002, of whom 1,126 received methadone maintenance treatment. The number of cases treated in the HSE East Coast Area and reported to the NDTRS also decreased, by 9 per cent, from 864 in 1998 to 787 in 2002. This is probably due to a decrease in problem opiate use in the HSE East Coast Area. There was an almost 50 per cent increase in the number of cases treated in the HSE South Western Area, from 1,621 in 1998 to 2,407 in 2002, while in the HSE Northern Area the numbers increased by over 60 per cent, from 1,154 in 1998 to 1,871 in 2002. This suggests that the drug treatment services in these two HSE areas require continued additional resources to tackle the increasing drug problem within their areas.

The number of previously treated cases reported is an indicator of continued demand for treatment by chronic drug users. The number of previously treated cases in the HSE Eastern Region returning to or continuing in treatment increased by 37 per cent, from 3,888 in 1998 to 5,332 in 2002 (Table 3). The increase in previously treated cases was in the HSE South Western Area and the HSE Northern (Dublin) Area. The number of previously treated cases attending the Drug Treatment Centre Board decreased by almost one-fifth, from 1,209 in 1998 to 977 in 2002, and in the HSE East Coast Area the number of previously treated cases decreased by 5 per cent during this period.

The total number of new cases treated in the region decreased by over one-third, from 1,154 in 1998 to 759 in 2002. The number of new cases decreased in all four of the treatment areas between 1998 and 2002. The decrease in new cases was not as substantial in the HSE East Coast Area. The decrease in new cases may be due to a combination of factors: a decrease in drug use, a change in the pattern of drug use that was not

accommodated in the treatment services, or an inadequate number of treatment places to accommodate the needs of new problem drug users (because chronic drug users occupy the available treatment places). The most likely explanation is a decrease in the number of new opiate users in the region.

Table 3 Number of cases* treated in the HSE Eastern Region (Dublin, Kildare and Wicklow)†, by Health Service Executive area and treatment status, reported to the NDTRS, 1998 to 2002

Health Service Executive area	1998		1999		2000		2001		2002	
	Number (%)									
All cases	**5160**		**5114**		**5262**		**5803**		**6191**	
Drug Treatment Centre Board	1521	(29.5)	1022	(20.0)	1235	(23.5)	1195	(20.6)	1126	(18.2)
East Coast Area (of Dublin and Wicklow)	864	(16.7)	777	(15.2)	615	(11.7)	665	(11.5)	787	(12.7)
South Western Area (of Dublin and Wicklow and all of Kildare)	1621	(31.4)	2014	(39.4)	1976	(37.6)	2043	(35.2)	2407	(38.9)
Northern (Dublin) Area	1154	(22.4)	1301	(25.4)	1436	(27.3)	1900	(32.7)	1871	(30.2)
Previously treated cases	**3888**		**3954**		**4259**		**4877**		**5332**	
Drug Treatment Centre Board	1209	(31.1)	868	(22.0)	1034	(24.3)	993	(20.4)	977	(18.3)
East Coast Area (of Dublin and Wicklow)	631	(16.2)	472	(11.9)	455	(10.7)	488	(10.0)	599	(11.2)
South Western Area (of Dublin and Wicklow and all of Kildare)	1157	(29.8)	1585	(40.1)	1525	(35.8)	1694	(34.7)	2109	(39.6)
Northern (Dublin) Area	891	(22.9)	1029	(26.0)	1245	(29.2)	1702	(34.9)	1647	(30.9)
New cases	**1154**		**1076**		**928**		**869**		**759**	
Drug Treatment Centre Board	297	(25.7)	140	(13.0)	190	(20.5)	193	(22.2)	143	(18.8)
East Coast Area (of Dublin and Wicklow)	196	(17.0)	284	(26.4)	142	(15.3)	168	(19.3)	152	(20.0)
South Western Area (of Dublin and Wicklow and all of Kildare)	436	(37.8)	402	(37.4)	415	(44.7)	318	(36.6)	253	(33.3)
Northern (Dublin) Area	225	(19.5)	250	(23.2)	181	(19.5)	190	(21.9)	211	(27.8)
Status unknown	**118**		**84**		**75**		**57**		**100**	

* Numbers include cases living in another HSE area but treated in the HSE Eastern Region and recorded in the NDTRS and exclude cases living in the Eastern Region but treated in another HSE area.

† Drug Treatment Centre Board, HSE East Coast Area (of Dublin and Wicklow), HSE South Western Area (of Dublin and Wicklow and all of Kildare) and HSE Northern (Dublin) Area.

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. A question to ascertain the type of treatment provided on admission to treatment was introduced to the NDTRS form in 1999. Of the 22,370 cases who received treatment in the HSE Eastern Region between 1999 and 2002 and were reported to the NDTRS, 22,057 had an initial treatment recorded and 313 had no treatment recorded. Of the 22,057 cases for whom initial treatment was documented, 67 per cent (14,859) received methadone maintenance, 39 per cent (8,661) received counselling or advice, 17 per cent (3,746) commenced medically assisted detoxification, 4 per cent (832) had medication-free therapy, 3 per cent (719) attended a social or occupational rehabilitation programme at their first treatment visit and 3 per cent (701) had another form of treatment. Of the 22,057 cases for whom initial treatment was documented, 7,080 (32%) had two or more initial treatments; therefore, the total number of treatments is greater than the number of cases (22,057).

Main problem drugs

Overall, cases treated in the HSE Eastern Region between 1998 and 2002 most frequently reported that opiates were their main problem drug (Table 4). The number of cases reporting opiates as their main problem drug increased by 25 per cent, from 4,693 in 1998, to 5,883 in 2002. The same trend in opiate use was noted for previously treated cases, with an increase of 40 per cent during the reporting period. However, the number of new cases treated for opiate use decreased by 30 per cent between 1998 and 2002. The decrease in new opiate cases may be due to a combination of factors: a decrease in opiate use itself, a change in the pattern of drug use (from opiates to cocaine) that was not catered for in the treatment services during the reporting period, or an inadequate number of treatment places to accommodate the needs of new problem opiate users (because chronic opiate users occupy the available treatment places). According to the clinical director in the HSE South Western Area, the length of the waiting list or of waiting times did not increase significantly between 1998 and 2002 (Dr Eamon Keenan, personal communication, 2005); therefore, the third explanation is unlikely. Cannabis was the second most frequently reported main problem drug between 1998 and 2002 for both new and previously treated cases. The total number reporting problem cocaine use increased by almost one-fifth during the reporting period, from 62 in 1998 to 74 in 2002. The numbers reporting ecstasy and amphetamine use decreased substantially during the reporting period.

Table 4 Main problem drug reported by cases* treated in the HSE Eastern Region (Dublin, Kildare and Wicklow)† by treatment status and reported to the NDTRS, 1998 to 2002

Main problem drug	1998		1999		2000		2001		2002	
	Number (%)									
All cases	**5147**		**5114**		**5262**		**5803**		**6191**	
Opiates	4693	(91.2)	4783	(93.5)	4989	(94.8)	5587	(96.3)	5883	(95.0)
Cannabis	225	(4.4)	165	(3.2)	119	(2.3)	80	(1.4)	156	(2.5)
Cocaine	62	(1.2)	38	(0.7)	43	(0.8)	38	(0.7)	74	(1.2)
Ecstasy	50	(1.0)	59	(1.2)	35	(0.7)	31	(0.5)	18	(0.3)
Amphetamines	27	(0.5)	20	(0.4)	2	(0.0)	3	(0.1)	2	(0.0)
Benzodiazepines	58	(1.1)	28	(0.5)	56	(1.1)	58	(1.0)	43	(0.7)
Volatile inhalants	17	(0.3)	8	(0.2)	12	(0.2)	3	(0.1)	3	(0.0)
Other substances	15	(0.3)	13	(0.3)	6	(0.1)	3	(0.1)	12	(0.2)
Previously treated cases	**3879**		**3954**		**4259**		**4877**		**5332**	
Opiates	3692	(95.2)	3830	(96.9)	4136	(97.1)	4764	(97.7)	5169	(96.9)
Cannabis	70	(1.8)	53	(1.3)	37	(0.9)	31	(0.6)	61	(1.1)
Benzodiazepines	43	(1.1)	21	(0.5)	48	(1.1)	44	(0.9)	34	(0.6)
Cocaine	35	(0.9)	21	(0.5)	24	(0.6)	21	(0.4)	48	(0.9)
Ecstasy	16	(0.4)	15	(0.4)	8	(0.2)	12	(0.2)	9	(0.2)
Amphetamines	11	(0.3)	5	(0.1)	0	(0.0)	2	(0.0)	0	(0.0)
Volatile inhalants	4	(0.1)	3	(0.1)	2	(0.0)	1	(0.0)	1	(0.0)
Other substances	8	(0.2)	6	(0.2)	4	(0.1)	2	(0.0)	10	(0.2)
New cases	**1151**		**1076**		**928**		**869**		**759**	
Opiates	902	(78.4)	883	(82.1)	786	(84.7)	775	(89.2)	629	(82.9)
Cannabis	146	(12.7)	106	(9.9)	79	(8.5)	44	(5.1)	85	(11.2)
Ecstasy	30	(2.6)	41	(3.8)	26	(2.8)	19	(2.2)	7	(0.9)
Cocaine	26	(2.3)	17	(1.6)	17	(1.8)	16	(1.8)	23	(3.0)
Amphetamines	16	(1.4)	15	(1.4)	2	(0.2)	1	(0.1)	2	(0.3)
Volatile inhalants	13	(1.1)	5	(0.5)	10	(1.1)	2	(0.2)	2	(0.3)
Benzodiazepines	11	(1.0)	3	(0.3)	6	(0.6)	11	(1.3)	9	(1.2)
Other substances	7	(0.6)	6	(0.6)	2	(0.2)	1	(0.1)	2	(0.3)
Status unknown	**117**		**84**		**75**		**57**		**100**	

* Numbers include cases living in another HSE area but treated in the HSE Eastern Region and recorded in the NDTRS and exclude cases living in the HSE Eastern Region but treated in another HSE area.

† Drug Treatment Centre Board, East Coast Area (of Dublin and Wicklow), South Western Area (of Dublin and Wicklow and all of Kildare) and Northern (Dublin) Area.

The proportion of cases treated in the HSE Eastern Region who used more than one drug (polydrug use) increased from 68 per cent in 1998 to 75 per cent in 2002 (Table 5). This practice was more commonly reported by previously treated cases than by new cases during the reporting period. Polydrug use is a practice associated with poorer outcomes. This is an issue that needs to be addressed in each client's treatment plan.

Table 5 Use of more than one drug reported by cases* treated in the HSE Eastern Region (Dublin, Kildare and Wicklow)† by treatment status and reported to the NDTRS, 1998 to 2002

Used more than one drug	1998		1999		2000		2001		2002	
					Number (%)					
All cases	**3512**	**(68.2)**	**3464**	**67.7)**	**3535**	**(67.2)**	**4233**	**(72.9)**	**4667**	**(75.4)**
Previously treated cases	2749	(70.8)	2799	(70.8)	2936	(68.9)	3657	(75.0)	4056	(76.1)
New cases	700	(60.8)	617	(57.3)	549	(59.2)	540	(62.1)	542	(71.4)
Status unknown	**63**		**48**		**50**		**36**		**69**	

* Numbers include cases living in another HSE area but treated in the HSE Eastern Region and recorded in the NDTRS and exclude cases living in the HSE Eastern Region but treated in another HSE area.

† Drug Treatment Centre Board, HSE East Coast Area (of Dublin and Wicklow), HSE South Western Area (of Dublin and Wicklow and all of Kildare) and HSE Northern (Dublin) Area.

Among the cases treated in the HSE Eastern Region between 1998 and 2002 who reported use of a second problem drug, opiates, benzodiazepines and cannabis were the second problem drugs most frequently reported (Table 6). The number of cases reporting either benzodiazepines or cannabis as their second problem drug increased substantially during the period under review. The numbers reporting opiates as their second problem drug decreased by more than one-quarter between 1998 and 2002, while the numbers reporting cocaine increased substantially, from 272 in 1998 to 738 in 2002, suggesting the early years of a cocaine epidemic. The numbers reporting ecstasy as a second problem drug decreased by 25 per cent during the period under review.

Table 6 Second problem drug reported by cases* treated in the HSE Eastern Region (Dublin, Kildare and Wicklow)† by treatment status and reported to the NDTRS, 1998 to 2002

Second problem drug	1998		1999		2000		2001		2002	
	Number (%)									
All cases	**3512**		**3464**		**3535**		**4233**		**4665**	
Opiates	1028	(29.3)	907	(26.2)	808	(22.9)	683	(16.1)	747	(16.0)
Benzodiazepines	1022	(29.1)	1044	(30.1)	1208	(34.2)	1578	(37.3)	1553	(33.3)
Cannabis	761	(21.7)	716	(20.7)	772	(21.8)	1142	(27.0)	1290	(27.7)
Cocaine	272	(7.7)	397	(11.5)	440	(12.4)	474	(11.2)	738	(15.8)
Ecstasy	183	(5.2)	185	(5.3)	159	(4.5)	183	(4.3)	137	(2.9)
Alcohol	92	(2.6)	87	(2.5)	62	(1.8)	107	(2.5)	125	(2.7)
Other substances	91	(2.6)	73	(2.1)	50	(1.4)	48	(1.1)	50	(1.1)
Amphetamines	58	(1.7)	47	(1.4)	28	(0.8)	15	(0.4)	20	(0.4)
Volatile inhalants	4	(0.1)	8	(0.2)	8	(0.2)	3	(0.1)	5	(0.1)
Previously treated cases	**2749**		**2799**		**2936**		**3657**		**4055**	
Opiates	886	(32.2)	795	(28.4)	695	(23.7)	584	(16.0)	627	(15.5)
Benzodiazepines	864	(31.4)	900	(32.2)	1072	(36.5)	1425	(39.0)	1412	(34.8)
Cannabis	508	(18.4)	520	(18.6)	560	(19.1)	946	(25.9)	1089	(26.9)
Cocaine	218	(7.9)	329	(11.8)	394	(13.4)	423	(11.6)	658	(16.2)
Ecstasy	114	(4.1)	116	(4.1)	109	(3.7)	140	(3.8)	116	(2.9)
Alcohol	63	(2.3)	61	(2.2)	52	(1.8)	87	(2.4)	95	(2.3)
Amphetamines	28	(1.0)	17	(0.6)	11	(0.4)	9	(0.2)	15	(0.4)
Volatile inhalants	2	(0.1)	4	(0.1)	2	(0.1)	1	(0.0)	4	(0.1)
Other substances	66	(2.4)	57	(2.0)	41	(1.4)	42	(1.1)	39	(1.0)
New cases	**700**		**617**		**549**		**540**		**541**	
Cannabis	244	(34.9)	181	(29.3)	192	(35.0)	187	(34.6)	180	(33.3)
Benzodiazepines	139	(19.9)	133	(21.6)	127	(23.1)	141	(26.1)	127	(23.5)
Opiates	122	(17.4)	102	(16.5)	106	(19.3)	92	(17.0)	104	(19.2)
Ecstasy	67	(9.6)	66	(10.7)	46	(8.4)	42	(7.8)	20	(3.7)
Cocaine	50	(7.1)	66	(10.7)	39	(7.1)	46	(8.5)	68	(12.6)
Amphetamines	30	(4.3)	28	(4.5)	16	(2.9)	6	(1.1)	4	(0.7)
Alcohol	22	(3.1)	23	(3.7)	10	(1.8)	20	(3.7)	28	(5.2)
Volatile inhalants	2	(0.3)	4	(0.6)	6	(1.1)	2	(0.4)	1	(0.2)
Other substances	24	(3.4)	14	(2.3)	7	(1.3)	4	(0.7)	9	(1.7)
Status unknown	**64**		**48**		**50**		**36**		**69**	

* Numbers include cases living in another HSE area but treated in the HSE Eastern Region and recorded in the NDTRS and exclude cases living in the HSE Eastern Region but treated in another HSE area.

† Drug Treatment Centre Board, HSE East Coast Area (of Dublin and Wicklow), HSE South Western Area (of Dublin and Wicklow and all of Kildare) and HSE Northern (Dublin) Area.

Risk behaviours

The number and proportion of previously treated injector cases increased in the HSE Eastern Region. The number of previously treated injector cases increased by 43 per cent, from 3,011 in 1998 to 4,310 in 2002, while the proportion of cases increased by less than 3 per cent in the same period. The number of new injector cases treated decreased by almost one-third, from 524 in 1998 to 359 in 2002, while the proportion of cases increased by only 1 per cent. The decrease in the number of new injector cases treated in this region is in line with the decrease in the number of new opiate cases. Half of the injector cases had started injecting before they were 20 years old. More worryingly, the total number of cases treated who reported ever sharing injecting equipment increased by 54 per cent, from 2,144 in 1998 to 3,297 in 2002. Injectors have a higher risk of acquiring blood-borne viral infections and of experiencing overdose than do non-injectors. This suggests that the drug treatment services in the HSE Eastern Region need to continue to promote the existing harm reduction services in order to prevent blood-borne viral infections (in particular HIV, hepatitis B, and hepatitis C) and drug overdose (in particular opiate-related overdose). Of note, the proportion of previously treated cases who reported injecting in the last month decreased from 51 per cent in 1998 to 36 per cent in 2002 and sharing decreased from 13 per cent in 1998 to 6 per cent 2002. Since the majority of previously treated cases were continuing in care from the previous year, this suggests that drug users who attended treatment were enabled to reduce their risk behaviours.

Table 7 Risk behaviours reported by cases* treated in the HSE Eastern Region (Dublin, Kildare and Wicklow)† by treatment status and reported to the NDTRS, 1998 to 2002

Injecting and sharing status	1998	1999	2000	2001	2002
All cases – injector status known	**4933**	**5003**	**5172**	**5700**	**6039**
Median age (range)‡ started drug use, in years	15 (11-22)	15 (11-22)	15 (11-21)	14 (11-21)	14 (11-21)
Median age (range)‡ started injecting, in years	19 (15-27)	19 (14-28)	19 (14-28)	19 (14-29)	19 (15-29)
Number (%) ever injected	3605 (73.1)	3924 (78.4)	4214 (81.5)	4419 (77.5)	4709 (78.0)
Of whom:§					
'ever shared'	2144 (59.5)	2551 (65.0)	2884 (68.4)	3128 (70.8)	3297 (70.0)
'currently injecting'	1932 (53.6)	1778 (45.3)	1829 (43.4)	1834 (41.5)	1731 (36.8)
'currently sharing'	505 (14.0)	484 (12.3)	459 (10.9)	370 (8.4)	291 (6.2)
Previously treated cases – injector status known	**3726**	**3879**	**4190**	**4796**	**5219**
Median age (range)‡ started drug use, in years	15 (11-22)	15 (11-22)	15 (11-21)	14 (11-21)	14 (11-20)
Median age (range)‡ started injecting, in years	19 (15-27)	18 (14-27)	19 (14-28)	19 (14-28)	19 (15-28)
Number (%) ever injected	3011 (80.8)	3272 (84.4)	3644 (87.0)	3959 (82.5)	4310 (82.6)
Of whom:§					
'ever shared'	1868 (62.0)	2205 (67.4)	2592 (71.1)	2884 (72.8)	3101 (71.9)
'currently injecting'	1544 (51.3)	1404 (42.9)	1514 (41.5)	1545 (39.0)	1491 (34.6)
'currently sharing'	404 (13.4)	373 (11.4)	383 (10.5)	290 (7.3)	239 (5.5)
New cases – injector status known	**1110**	**1049**	**912**	**853**	**743**
Median age (range)‡ started drug use, in years	15 (11-22)	15 (12-23)	15 (11-22)	15 (11-23)	15 (11-24)
Median age (range)‡ started injecting, in years	19 (15-28)	19 (15-30)	19 (15-31)	19 (15-32)	19 (15-34)
Number (%) ever injected	524 (47.2)	599 (57.1)	517 (56.7)	423 (49.6)	359 (48.3)
Of whom:§					
'ever shared'	239 (45.6)	320 (53.4)	270 (52.2)	228 (53.9)	175 (48.7)
'currently injecting'	343 (65.5)	344 (57.4)	290 (56.1)	266 (62.9)	221 (61.6)
'currently sharing'	90 (17.2)	108 (18.0)	72 (13.9)	75 (17.7)	48 (13.4)
Status unknown	**97**	**75**	**70**	**51**	**77**

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‡ Age range presented is the 5th to 95th percentile (90% of all cases are within this age 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.

Socio-demographic characteristics

The median age of new and previously treated cases attending drug treatment services in the HSE Eastern Region increased by two years in the period under review. The median age of new cases was lower than the median age of previously treated cases between 1998 and 2002 (Table 8). The proportion of all treated cases aged less than 18 years decreased by almost 6 per cent over the reporting period. As expected, the proportion of cases aged less than 18 years was much higher among new cases than among those previously treated. Overall, 68 per cent of cases who attended drug treatment services were male. From 1998 to 2002, there was a marginal decrease in the proportion of male cases treated for problem drug use. From 1998 to 2002, the proportion of cases who lived with their parents or family decreased, from 65 per cent in 1998 to 56 per cent in 2002; this trend was similar for both new and previously treated cases. Overall, 29 per cent of cases treated in the period under review had left school early. The proportions were higher among previously treated cases than among new cases. It is clear that early school leavers are more common among those seeking treatment for problem drug use, but the exact relationship between leaving school early and problem drug use is unclear. Between 1998 and 2002, almost one-quarter of treated cases aged between 16 and 64 years were employed. This indicates that those with drug problems may be less likely to find or retain employment. This emphasises the importance of close linkages between treatment interventions and social, educational and occupational reintegration programmes.

Conclusions

Overall, the total number of cases treated for problem drug use in the HSE Eastern Region and reported to the NDTRS increased by one-fifth between 1998 and 2002. The number of previously treated cases returning to or continuing in treatment increased by 37 per cent, from 3,888 in 1998 to 5,332 in 2002. The total number of new cases treated decreased by over one-third, from 1,154 in 1998 to 759 in 2002. The decrease in new cases may be due to a combination of factors: a decrease in drug use, a change in the pattern of drug use that was not accommodated in the treatment services, or an inadequate number of treatment places to accommodate the needs of new problem drug users (because chronic drug users occupy the available treatment places). The most likely explanation is a decrease in the number of new opiate users in the region. Both new and previously treated cases in the HSE Eastern Region between 1998 and 2002 most frequently reported that opiates were their main problem drug. The total number of treated cases reporting cocaine as their main problem drug increased by almost 20 per cent. The wide spectrum of problem drug types reported indicates that treatment services need to cater for a number of licit and illicit drugs used rather than focusing on one or two drugs. Cannabis, cocaine and benzodiazepines are important second drugs and, as such, need to be addressed in treatment programmes. Polydrug use remains a common practice that needs to be addressed in a client's treatment plan. The number of treated injector cases increased by just over 30 per cent, from 3,605 in 1998 to 4,709 in 2002. The total number of cases who reported ever sharing injecting equipment increased by 54 per cent, from 2,144 in 1998 to 3,297 in 2002. A higher proportion of previously treated injector cases shared injecting equipment than did the new cases who injected. This suggests that the drug treatment services in the HSE Eastern Region require more prevention, harm reduction and treatment interventions, focusing primarily on the needs of chronic drug users returning to treatment after a period of absence. The number of early school leavers increased by 26 per cent between 1998 and 2002 and just under one-quarter of 16–64-year-olds were employed over the five-year period. The low levels of educational achievement and employment among chronic problem drug users emphasise the importance of close links between treatment interventions and social and occupational reintegration programmes.

Table 8 Socio-demographic characteristics of cases* treated in the HSE Eastern Region (Dublin, Kildare and Wicklow)† by treatment status and reported to the NDTRS, 1998 to 2002

Characteristics‡	1998		1999		2000		2001		2002	
All cases‡	**5160**		**5114**		**5262**		**5803**		**6191**	
Median age (range)§ in years	23.9 (17.3-37.9)		24.7 (18.4-38.4)		25.4 (18.8-38.9)		26.0 (19.1-40.0)		26.6 (19.3-40.5)	
Number (%) under 18 years of age	415	(8.1)	213	(4.2)	175	(3.3)	149	(2.6)	158	(2.6)
Number (%) of males	3502	(69.0)	3421	(67.1)	3552	(67.7)	3900	(67.9)	3937	(67.1)
Number (%) living with parents/family	3335	(65.4)	3060	(60.1)	3050	(58.6)	3246	(60.2)	3255	(56.2)
Number (%) homeless		††		††		††	370	(7.3)	361	(6.7)
Number (%) of early school leavers**	1251	(29.3)	1212	(28.4)	1427	(31.1)	1520	(29.7)	1579	(28.6)
Number (%) still in school	98	(9.1)	72	(9.6)	55	(10.0)	27	(5.9)	57	(13.0)
Number (%) aged 16 to 64 years employed	878	(18.2)	1260	(26.0)	1341	(26.8)	1337	(24.5)	1329	(22.9)
Previously treated cases‡	**3888**		**3954**		**4259**		**4877**		**5332**	
Median age (range)§ in years	24.8 (18.2-38.8)		25.5 (18.9-38.8)		26.1 (19.5-39.1)		26.5 (19.8-40.2)		27.0 (20.0-40.7)	
Number (%) under 18 years of age	171	(4.4)	88	(2.2)	65	(1.5)	62	(1.3)	65	(1.2)
Number (%) of males	2594	(67.8)	2613	(66.2)	2815	(66.3)	3271	(67.8)	3361	(66.6)
Number (%) living with parents/family	2431	(63.3)	2288	(58.1)	2392	(56.7)	2679	(59.2)	2755	(55.1)
Number (%) homeless		††		††		††	307	(7.2)	308	(6.6)
Number (%) of early school leavers**	988	(29.9)	984	(29.5)	1258	(32.8)	1334	(30.7)	1413	(29.3)
Number (%) still in school	22	(3.6)	16	(3.8)	5	(1.7)	8	(3.0)	12	(4.6)
Number (%) aged 16 to 64 years employed	609	(16.5)	922	(24.6)	1082	(26.5)	1131	(24.6)	1184	(23.5)
New cases‡	**1154**		**1076**		**928**		**869**		**759**	
Median age (range)§ in years	21.2 (16.0-32.5)		22.4 (16.7-36.0)		22.8 (16.3-36.3)		23.2 (17.1-36.3)		23.5 (16.1-38.2)	
Number (%) under 18 years of age	228	(19.8)	118	(11.0)	106	(11.4)	85	(9.9)	88	(11.7)
Number (%) of males	835	(73.2)	743	(69.4)	676	(73.0)	590	(68.6)	512	(70.0)
Number (%) living with parents/family	840	(73.4)	720	(67.2)	625	(67.9)	544	(66.0)	461	(63.9)
Number (%) homeless		††		††		††	60	(7.7)	50	(7.2)
Number (%) of early school leavers**	240	(27.0)	218	(24.8)	160	(22.5)	179	(24.1)	151	(23.7)
Number (%) still in school	72	(16.6)	53	(17.1)	50	(21.4)	18	(9.8)	43	(25.9)
Number (%) aged 16 to 64 years employed	248	(23.8)	320	(31.3)	242	(27.8)	195	(24.1)	134	(19.3)
Status unknown	**118**		**84**		**75**		**57**		**100**	

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‡ 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 are within this age range).

** Left school before the age of 15 years.

†† Not applicable.

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